

**GUIDELINES FOR STUDY LEAVE:  
Common Principles**

**A North Western Deanery Department of Postgraduate  
Medical and Dental Education Publication**

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## **Guidelines for study leave: common principles**

This current edition builds on the work undertaken by update working party (2006) and incorporates the changes to the structure of training brought about by Modernising Medical Careers

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## Introduction

- 1.1 The first edition of these guidelines was published in July 2000 having been produced by a working party drawn from key educators from across the Deanery. The group also considered the study leave guidelines of the Conference of Postgraduate Medical Deans and other relevant publications. The document was designed to assist STC Chairmen, Clinical Tutors and Course Organisers when considering applications for study leave; to ensure the budgets were used effectively to promote learning and to ensure equity of access for trainees throughout the Deanery.
- 1.2 The implementation of the Department of Health initiative, Modernising Medical Careers, substantially altered the postgraduate training of all doctors in the UK and therefore required a fundamental review of study leave guidelines in the Deanery to ensure they remain fit for purpose.
- 1.3 The purpose of this document is to provide guidelines that need to be considered when dealing with applications for study leave. It is not envisaged that these guidelines will form a series of written answers to every issue involved in the granting of study leave. The guidelines are based on the common principle that the subject of study leave should be taken in the context of the whole specialty programme and decisions are informed by the individual trainee's circumstances. These guidelines set the framework within which decisions can be made, setting out the definitions, aims and processes to be gone through.

## Definitions:

Study leave is a key element in preparing and maintaining skills and overall competence for all branches of medicine and testify to comply with the GMC publication 'Duties of a Doctor' and the relevant GDC publications. However, this document makes clear that it should not be seen in isolation. It needs to be included within an overall educational programme incorporating clinical supervision, locally arranged teaching, audit, case conferences and journal clubs. Study leave represents the additional component (as defined in 2.2 below) through which trainees request time away from the workplace to attend educational activities. These activities may involve the payment of fees, and in that situation the trainee can request a contribution, or in some cases the whole fee. The extent of support will be based primarily on the contribution the educational activity makes to an overall training plan with explicit objectives, but within an overall financial framework to ensure equity between trainees and specialties. This financial allocation is not an entitlement but an allowance carried over only in exceptional circumstances.

- 2.1 The Terms and Conditions of Service for Hospital Medical and Dental Staff state:

"Professional or study leave is granted for postgraduate purposes approved by the employing authority, and includes study (usually, but not exclusively or necessarily, on a course), research, teaching, examining or taking examinations, visiting clinics and attending professional conferences".

And allows a maximum of 30 days per annum

- 2.2 All trainees who are engaged in postgraduate training (except Foundation Year 1) are eligible to receive funding for study leave. The following groups are included;
- Foundation Year 2 trainees
  - Dental Foundation trainees (DF)
  - ST's, GPSTs and FTSTAs
  - St3+( SpR), LATs and FTTAs
- 2.3 Trainees in Locum for Service (LAS) placements should be considered for study leave only if their post is intended to develop their career. Any LAS placement that lasts for less than three months is thought unlikely to be suitable for the purposes of career development. If study leave is sought, the educational supervisor and TPD should clarify how the placement is to contribute to career development.
- 2.4 All trainees are encouraged to develop critical appraisal skills during their training, including through audit and research. For trainees involved in 'out of programme' research placements (OOPR), study leave is not normally available, although Training Programme Directors can support study leave at their discretion in exceptional circumstances.

These posts should be contrasted with placements that are incorporated within Programmes as recognised placements approved for training by GMC but involve a significant research commitment (ACF and ACL). They can be recognised for study leave as part of the overall programme because they are reviewed as distinct posts by GMC and have prior approval for training as part of an approved training programme. They can also be recognised because they will have a clinical component sufficient for the placement to contribute towards a Certificate of Completion of Training (CCT) on an equal basis to other clinical placements. For these posts study leave is available on the same basis as other trainees taking part in a training programme for the clinical component and they will also receive an additional allocation of funding for the research component. TPDs will identify trainees falling in these categories and distinguish them clearly from those undertaking OOPR placements

- 2.5 Those trainees who are on **maternity or paternity leave** should have access to study leave only in exceptional circumstances. This approval should only be given once the issues surrounding contractual and medical indemnity have been clarified with the Postgraduate Dean, the relevant lead employer and the provider of the course/conference/educational programme which the trainee has applied to attend.
- 2.6 **Less than full time trainees (LTFT)** should have access to study leave in the same way as full-time trainees. However, LTFTs should only have access to the same total amount of funding for the duration of their training programme as full-time trainees have for the duration of their programme. The study leave budget for LTFTs and their *pro rata* allowance needs to be amended and monitored accordingly.

The number of study days per annum for which flexible trainees are eligible should correlate with the number of sessions they work. For example, a

flexible St3+ (SpR) working 5 sessions per week should be allowed 15 study days per annum (half the total for a full-time trainee).

- 2.7 Trainees who are absent from work on **sick leave** are not usually eligible for study leave unless there are exceptional circumstances.

## Principles of Study Leave

COPMeD Study Leave Guidelines 2006 make the assumptions that study leave should:

- Enhance learning
- Normally be planned as an integral part of a training programme (which would include work-based and multi-professional learning opportunities)
- Where offered within a training programme, be accompanied by an expectation that trainees take up these opportunities (70% attendance is commonly required)
- Be used to provide education and training not otherwise easily acquired in the work place setting
- For most trainees, include a majority component that is defined as essential for the specialty or programme, with a proportion remaining for tailoring to individual needs; where considered integral to the training programme e.g. Foundation Programmes or vocational training for general practice, trainees should continue to have access to teaching and training delivered in the work place or department
- Where study leave is integral to a programme, the extent to which this subsumes part of the annual number of days available for study leave should be made explicit e.g. in the programme literature provided during recruitment and selection
- Routinely be part of the appraisal dialogue, and outcomes may contribute to assessments
- Be part of the documentation accumulated by doctors or dentists for revalidation
- Be quality controlled routinely by deaneries and providers, shown to provide value for money, and be quality assured.

Trainees who fail to attend the teaching provided for them within the Deanery without good cause can expect to be refused other applications for study leave and may fail to have the educational experience accredited.

Study leave is not an entitlement, but an allowance and the needs of patients must always take precedence. The BMA's *1997 Junior Doctors Handbook* lists, under paragraphs 250 - 254 of the Terms and Conditions of Service that there should be provision for professional or study leave for postgraduate education and teaching. Though discretionary, study leave should be granted to the maximum extent consistent with maintaining essential services and within the recommended standards. This is generally regarded to be not less than 30 days per year.

## **Aims of study leave**

- 3.1 Study leave should be taken as near to the workplace as possible, for a given learning experience of comparable quality. In granting study leave, the search for suitable training opportunities should radiate out from the current post, through to the local area, Deanery, Regional, National and International venues. At each stage, the possibility of courses being provided closer to the current base should be explored.
- 3.2 Study Leave will be viewed as needs-based and the budget will be used to support an individual educational plan St3+ (SpR) across a trainee's full training programme. A planned educational programme for each period of training should be negotiated between the trainee and their educational supervisor at the start of the attachment, within the context of the trainee's portfolio of previous experience and their career goal. The programme should be reviewed at regular intervals.

## **The relationship to learning plans**

- 4.1 Early in the training post or programme, each trainee will meet with his or her educational supervisor to discuss the trainee's aspirations and the formal and informal learning opportunities of the post or programme. The meeting should result in an educational plan with an outline of how study leave might augment existing learning opportunities.
- 4.2 The planned educational programme for each trainee should amalgamate the following:
- the individual aspirations and career aims of the trainee;
  - the need to meet national expectations (e.g. as laid down by the Faculties/Royal Colleges);
  - the needs of the NHS to have a workforce delivering effective clinical care;
  - the needs of the clinical department in which the trainee is working;
  - the need to acquire those generic skills essential to effective contribution to, and function within, an evolving NHS (appendix 8.7).

A trainee's study leave programme should be regarded as one component of this planned educational programme.

- 4.3 It is anticipated that trainees will meet regularly (ideally once a week) with their clinical or educational supervisors to review progress towards meeting their educational objectives set out in their learning plan.
- 4.4 Study leave should be an opportunity for trainees to avail themselves of education and training not easily acquired in their clinical workplace and includes formal bleep free learning events. It should enable a trainee to attend specialised courses, training and meetings.

## **Application to trainee groups**

### **Foundation Training**

#### **Trainees in foundation year 1**

- 5.1 Trainees in F1 are not eligible for study leave with the exception of taster sessions. Arrangements for F1 taster sessions should be covered in the local foundation programme study leave guidance and any days allocated for this activity must be taken from the F2 30 day maximum. F1 trainees are provided with a formal training programme as stipulated by the *New Doctor*.
- 5.2 Each training programme will establish a regular session of at least four hours a week in which trainees will learn in a small group setting with their peers. The content of the sessions should focus on generic skills such as developing professional values, ethical issues, patient discussion communication and consultation skills, organisational skills and team working skills. These sessions must be bleep free.
- 5.3 In addition F1 trainees should be released to attend Trust wide activity such as the 'Grand Round' and any departmental meetings. These sessions should be bleep free.

#### **Trainees in foundation year 2**

- 5.4 In addition trainees in F2 will have access to 30 days study leave per annum, consistent with maintaining services.
- 5.5 In order to develop professional values and behaviours each trainee will be released to at least four hours a week of group based activity to develop professional values and skills. Some of these sessions should involve other health care professionals. The time must be bleep free. A Programme which is able to demonstrate that trainees are able to attend weekly bleep free sessions will be able to apply to the Foundation School Management Committee for some of the 30 study leave days to be allocated to these sessions.
- 5.6 A minimum of 10 days per annum and proportionate funding should be allocated to support formal educational programmes in generic professional training and other aspects of F2 training. This will be provided within the Health Economy/Foundation School. The funding will cover the cost of educational activities
- 5.7 The remaining time and funding will be utilised to support other aspects of F2 training, relating to specific objectives and competences as specified in the Foundation Curriculum, including careers development
- 5.8 Funding will not be allowed to support professional examinations nor preparation for them
- 5.9 The trainee will agree with the educational supervisor as part of their educational plan as to how the study leave will be most effectively used to

support acquisition of foundation programme curriculum competencies, explore career opportunities and trainee's wider professional development.

### **Management of Study leave allocation**

- 5.10 The Foundation Programme Director will manage the process and authorise the request for study leave once they are satisfied that the proposed leave will meet the specified educational objectives in the trainees personal development plan.
- 5.11 The Foundation Programme Director is responsible for setting up a local study leave policy which includes an appeals process which should be accessible and transparent for the Trainees.

### **Study leave Budget**

- 5.12 Each Foundation Programme/Health Economy will be allocated an annual budget based on the per capita basis according to the number of approved F2 placements.
- 5.13 The Foundation Programme Director will propose the use of study leave funding in an annual plan which must be signed off by the local Foundation Board. The Foundation Programme Director will submit an audited accounts on the use of study leave in the annual report to the Foundation School, which will be reviewed at the biennial monitoring visits. A Trust will be expected to demonstrate that all foundation trainees have access to four hours bleep free group based learning a week before the flexibility in funding is considered. The Administrator for Foundation Training must keep accurate accounts of the use of study leave.
- 5.14 Mandatory courses including life support courses will continue to be the responsibility of the Employing Trust and should be provided for all trainees working within the Health Economy, however if trainees request certified/national life support courses this can be covered from the study leave funding as long as it is included as part of the annual study leave plan

### **Dental Foundation Trainees**

- 5.15 Dental Foundation trainees **(in approved Dental Foundation Programmes)**. Trainees are required to attend the deanery-organised day release programmes. This amount to 15 days in DF2. Proportionate funding from the indicative study leave budget will be allocated to these programmes.
- 5.16 Other study leave should meet the requirements of the DF Curriculum and, wherever possible, the career aims of the individual trainee. Learning for DF should, wherever possible, take place within the Deanery.
- 5.17 Trainees should plan, in consultation with their Educational Supervisor, their study leave programme at least 6 months in advance. This will facilitate release from service commitment and maximise the educational benefit. Approval should be sought from the clinical supervisor and/or rota master to ensure service release. Prospective approval is also required from the DFTPD. NO re-imburement of expenses will be made without prior approval being obtained using the Deanery approval process.

- 5.18 Formal learning that takes place within a Trust needs to be fully protected (bleep free) if it is to contribute towards the annual allocation of study leave. The quality of teaching provided by the Trust will be regularly reviewed. The number of days of study leave allocated for attendance at locally provided, fully protected educational programmes will need to be approved by the TPD but will not normally count for more than 50% of the annual study leave allocation.

### **Core Trainees (CT1/2 and FTSTA) including GP trainees in hospital placements**

- 5.19 Learning for ST/CT or equivalent should, wherever possible, take place within the Deanery. Formal learning that takes place within a Trust needs to be fully protected (bleep free) if it is to contribute towards the annual allocation of study leave
- 5.20 Most core programmes are delivering formal learning on a sector or regional basis. Study leave should meet the curriculum and career aims of the trainees. This is particularly important for GP trainees working in different hospital settings.
- 5.21 The number of days of study leave allocated for attendance at locally provided, fully protected educational programmes will need to be approved by the TPD but will not normally count for more than 50% of the annual study leave allocation.

### **Higher specialty trainees; ST3+ and above (SpR).**

- 5.22 Specialties have individual patterns of study leave which meet the training needs of that specialty. The full day and half day educational release courses run by many specialties in the Deanery for their St3+ (SpR)/STs/GPSTs will count towards an individual's study leave. These programmes will normally count up to 50% towards a trainee's annual study leave. There is variation, between programmes, in the proportion of a GPST3s annual study leave time taken up by the structured release course.
- 5.23 Guidance about the educational programmes and how they will count towards study leave will be issued by individual Specialty Schools or STCs.
- 5.24 Overseas study leave funding outside the core specialty learning programme is exceptionally available to St3+ (SpR)'s usually to present their work in an international forum. When considering requests for study leave abroad, TPDs and Educational Supervisors need to be satisfied that the equivalent experience is not available in the UK, and the experience contributes towards the training of the doctor to function in the modern NHS. Funding will normally only be available to trainees in the training programme and will be at the discretion of the Postgraduate Dean.

## **Audit**

6.1 Medical Royal Colleges, GMC and St3+ (SpR) assessment panels require evidence of regular participation in clinical audit. The Deanery has identified three levels of education and training in audit:

- understanding the theory and potential of audit (e.g. lecture or seminar);
- to see and understand how a culture of audit driven change has improved quality of care for patients (e.g. a department log of audits) and demonstration of how the cycle of audit improves patient care (e.g. by repeating an audit done by an earlier trainee);
- hands on experience of audit and responsibility for audit of own practice

6.2 Audit can be considered part of clinical activity and workplace based learning. However, study leave may be appropriately used for the planning, preparation and presentation of audit by the individual doctor in training.

## Approval, monitoring and adjudication

- 7.1 The initial recommendation for study leave will be given by the trainee's Educational Supervisor taking account of the agreed learning plan.
- 7.2 This recommendation will be countersigned by the person responsible for monitoring study leave.

|  |                                       |
|--|---------------------------------------|
| For F2                                   | The Foundation Programme Director     |
| For DF (Dental)<br>For STs(core ) FTSTAs | TPD<br>TPD for the core specialty     |
| For STs ( higher)<br>(ST3+ (SpR))s       | The TPD/Specialty Study Leave Adviser |
| For all GP STs                           | The GP TPD                            |

- 7.3 Monitoring of study leave by the Foundation Programme Director/Clinical Tutor/TPD will ensure that approval is given in accordance with this Deanery guidance and that study leave is equitable in terms of time and funding.
- 7.4 Trainees who take leave from clinical duties for study leave with or without funding may be subject to disciplinary action if time or funding is not used for the purposes for which it was agreed.
- 7.5 In the event of a refusal to grant study leave, there is a mechanism of adjudication which will be practised at two levels;

**Stage 1** – the trainee will approach the Foundation Programme Director/Clinical Tutor/ TPD for an explanation of how the guidance was applied. Clarity in the application of the principles should resolve most appeals at this stage.

**Stage 2** – in exceptional circumstances, the appeal will be adjudicated by the Postgraduate Dean (or Deputy). Brief statements from the trainee and the Foundation Programme Director/Clinical Tutor/ TPD will be required particularly with regard to any special circumstances which may apply.

# Appendices

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### **COGPED:**

National forum of the Directors of Postgraduate General Practice Education responsible for advising, interpreting and implementing national policy on postgraduate general practice education.

### **COPMeD:**

National forum of Postgraduate Medical Deans and co-opted bodies responsible for advising, interpreting and implementing national policy on postgraduate medical education.

### **Director of Medical Education**

The Director of Medical Education (DME) is a joint appointment by the Postgraduate Dean and the Trust who has responsibility for managing the arrangements for postgraduate medical education. A few trusts retain the title Clinical Tutor for this role.

The DME or designated deputy has responsibility for considering applications for study leave from foundation trainees and SHOs in dental specialties

### **Educational Supervisor:**

#### **The GMC definition (PMETB March 2009) of *educational supervisor* is:**

“A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a training placement or series of placements. The educational supervisor is responsible for the trainee’s educational agreement.”

### **Clinical Supervisor**

#### **The GMC definition (PMETB March 2009) of *clinical supervisor* is:**

“A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee’s clinical work and providing constructive feedback during a training placement. Some training schemes appoint an educational supervisor for each placement. The roles of clinical and educational supervisor may then be merged.”

### **Foundation Programme Director:**

The foundation training programme director (FPD) is responsible for the overall management and quality control of a Foundation Programme (unit of approval) that consists of 10-30 tracks designed for foundation training across a health economy (Acute, mental health and primary care trusts). S/he will work with the local lead educators to ensure that each placement of the programme and the programme as a whole meets the Deanery standard for training and that each trainee is able to access a comprehensive range of experiences which will enable them to gain the competences necessary for full registration and completion of foundation training.

## **GP TPD**

Is the local representative responsible for the overall structure and organisation of the local programme including mentorship of trainees, reports for ARCP and approving Study Leave applications. Primary Care Medical Educators (PCMEs) are responsible for organising and delivering the taught course for GPST during their programme and the GP contextualised education for GPST1 and 2s.

## **Joint Royal Colleges Physicians Training Board (JRCPTB):**

The JRCPTB acts for and is accountable to the Royal Colleges of Physicians in respect of the administration of higher specialist training in general (internal) medicine (GIM) and the medical specialties and mono-specialties.

## **Joint Committee for Higher Surgical Training (JCHST):**

The JCHST acts for and is accountable to the Royal College of Surgeons in respect of the administration of specialist training in general surgery and the surgical specialties and sub-specialties.

## **Postgraduate Deaneries:**

The designated area of responsibility of a postgraduate dean, appointed by an SHA.. The Postgraduate Dean is responsible for the commissioning, leadership and delivery of medical and dental postgraduate training in NHS North West.

## **GMC**

The purpose of the General Medical Council (GMC) is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. The law gives the GMC four main functions under the *Medical Act 1983*:

- keeping up-to-date registers of qualified doctors
- fostering good medical practice
- promoting high standards of medical education and training
- dealing firmly and fairly with doctors whose fitness to practise is in doubt

The GMC's role in medical education and training changed on 1 April 2010 after PMETB merged with the GMC.

## **Regional Adviser:**

The primary role of the Regional Adviser is to co-ordinate regional College activities. The Regional Adviser maintains close contact with the College Tutors to ensure that any changes in College policy are widely circulated.

## **Specialty Advisory Committees (SAC):**

These are national committees which relate to the Royal Colleges or their Faculties or higher training committees. The SACs act as sub-committees of the JCHMT and JCHST. They are specialty-specific and concerned with setting standards, curriculum content and monitoring trainees' progress on behalf of the relevant College.

### **Specialty Study Leave Adviser:**

The person responsible for advising (on behalf of the Specialty Training Committee) on the education and training relevance of all study leave for all trainees within the specialty i.e. ST3+ (SpR)'s, STs, LATs, FTTAs, LTFT trainees and those trainees on the funded part of maternity leave. The Specialty Study Leave Adviser will have an overview of the annual *per capita* sum and the total indicative budget for the duration of training for that specialty.

### **Specialty Training Committees (STC):**

Specialty-specific committees which supervise and manage the delivery of training programmes and to whom review panels report. Their membership is usually agreed with the relevant Royal College or Faculty. They are based in each deanery and are accountable to the postgraduate dean. The training programme director (TPD) (who is responsible to the postgraduate dean) has a key role in managing the higher or core training programme. They are also responsible for overseeing study leave for specialty trainees if the specialty has not chosen/elected a specialty study leave adviser.

### **Training Programme:**

A structured period of medical training designed to culminate in the award of a Certificate of Completion of Training (CCT). They are usually managed by a programme director. Separate training programmes agreed with the postgraduate dean and which do not lead to a CCT are followed by doctors on Fixed-Term Training Appointments (Type II programmes) or FTSTA (core).

## Appendix 2

### Advice for Foundation Programme Directors considering study leave applications from Foundation Year 2 trainees.

#### Eligibility

- 1.1 Foundation year 2 trainees are eligible for study leave funded by the Postgraduate Dean.
- 1.2 Educational approval for study leave is vested in the Foundation Programme Director.
- 1.3 Foundation year 1 trainees are not eligible for study leave.

#### Provision

- 2.1 Each Foundation Programme Director will develop policy/guidance (including an appeal process) to quality control the process of study leave for the foundation trainees in their programme
- 2.2 The FPD will submit the policy/processes and a report on the use of study leave in the preceding year, including detailed accounts to the Foundation School in the annual report.
- 2.3 Study leave in the foundation programme is intended to support trainees with release from clinical work and provide financial support for courses or a grant towards course to meet aims and objectives of the foundation curriculum.
- 2.4 Foundation study leave should integrate with the total training package.
- 2.5 Foundation trainees should be free to attend generic education events, including leadership, appropriate for their foundation training regardless of the placement they are undertaking at the time, provided essential service commitments are covered.
- 2.6 The foundation programme directors need to plan study leave allocation in a managed way across the whole programme.
- 2.7 The approval of study leave and funding is discretionary. FPDs and educational supervisors should work with the North Western Deanery guidance paragraphs 2.1., 3.1, 3.2 in the main document.
- 2.8 Study Leave provision is as follows:  
Foundation Year 2 trainees  
Study leave is normally permitted up to a maximum of 30 day per year consistent with maintaining essential services (a minimum of 10 days can be allocated to the weekly/fortnightly/monthly formal in-house teaching programme, if the sessions are truly bleep free)

Foundation Year 1 trainees

No study leave permitted with the exception of taster sessions. Days allocated for this activity must be taken from the F2 30 day maximum.

- 2.9 When calculating study leave all the days approved and carrying a liability for expenses are counted, including weekends and Bank Holidays. Time spent travelling to and from the even is also counted.
- 2.10 Permission for leave should be sought by the trainee from the placement where the leave period will occur. Failure by the trainees to inform the placement, medical staffing dept or leave rota master at future placements may result in loss of approval (and funding) Retrospective requests for study leave will not be considered.
- 2.11 The annual study leave budget will be advised in the educational contracts.

## **Planning**

- 3.1 Foundation trainees should be advised to plan their study leave at the regular review meetings with their educational supervisor.
- 3.2 Ideally an outline plan should be produced for the whole year with each course planned in advance. This will facilitate release from service commitment and ensure best use of the budget.

## **Application Process**

- 4.1 Foundation trainees should not pay any money in advance of study leave being approved. Any advance payments made, where approval is not granted, will not be re-imbursed.
- 4.2 Study leave applications forms are available from the foundation administrator or study leave secretary in the trust.
- 4.3 Study leave applications should be submitted 6 weeks in advance of the leave request, applications outside this deadline will be rejected.

## **Examinations**

- 5.1 Trainees should meet the core competencies for Foundation and have received appropriate career information, reviewed in the initial PDP. Subject to making satisfactory progress, they can then apply for study leave will be considered to support professional examinations.

## **Appeals**

- 6.1 Each Foundation Programme Director will develop policy/guidance (including an appeal process).
- 6.2 In the event of a refusal to grant study leave:

Stage 1. Any appeal against the decision will be referred in the first instance to the FPD

- Stage 2. The trainee will approach the FPD for an explanation of how the guidance was applied and for details of the foundation trainees study leave appeals processes.
- Stage 3. In exceptional circumstances the appeal will be adjudicated by the Postgraduate Dean

## Appendix 3

### Advice for TPDs and Specialty Study Leave Advisers considering study leave applications from STs (core and higher) and SpRs

#### Eligibility

- 1.1 Core trainees (STs) in years 1/2 (and occasionally 3) occupying GMC recognised placements in programmes and FTSTAs are eligible for study leave funded by the Postgraduate Dean.
- 1.2 All higher specialty trainees (ST3+SpR), FTTAs and LATs occupying recognised training posts are eligible for study leave funded by the Postgraduate Dean.
- 1.3 Educational approval for study leave is vested in the TPD (or deputy/study leave advisor).
- 1.4 Study leave is not normally available for higher specialty trainees on 'out of programme' experience or in posts not approved for training by the Postgraduate Dean.
- 1.5 Post-CCT trainees are eligible for study leave, but only to develop their future career as a consultant, not to complete their training. Details are given in section of this appendix.

#### Provision

- 2.1 The Deanery has agreed, within its total study leave resource, a notional *per capita* allowance for each specialty trainee including LTFT trainees
- 2.2 With the implementation of managed programmes of employment and education for specialty training under MMC the proposed seamless nature and the movement of trainees between sites during their programme means that TPDs need to plan study leave allocation in a managed way across the whole of training. This will be best achieved by the trainee having a study leave budget throughout the period of training. This is already operational in many specialties where the total study leave budget for the programme is taken St3+ (SpR) disproportionately in different years according to need. An example of this is appended for O&G and many other specialties have developed similar frameworks.
- 2.3 The approval of study leave and funding is discretionary. TPDs and Educational Supervisors should work with the North Western Deanery guidance, paragraphs 2.1, 3.1, 3.2.
- 2.4 Study leave provision is as follows:

## Core Trainees

Study leave is normally permitted up to a maximum of 30 days per year (15 days per half year)

## Specialty Trainees (St3+ (SpR) and above)

Study leave is permitted for a maximum of 30 days per annum

## FTTAs/LATs

Study leave is permitted for a maximum of 30 days per annum or *pro rata* when the appointment is for less than a year (for example a maximum of 15 days study leave can be taken by a LAT appointed for 6 months)

- 2.5 When calculating study leave all the days approved and carrying a liability for expenses are counted, including weekends and Bank Holidays. Time spent travelling to and from the event is also counted.
- 2.6 As the Deanery works with a cash limited budget, approval may be given to paid leave for study but without provision of expenses or with a grant towards the cost of the course.
- 2.7 Permission for leave should be sought from the host trust where the trainee will be based when the leave period will occur. Failure by the trainee to inform the medical staffing department (or leave rota master) at future placements may result in loss of approval (and funding). Retrospective requests for study leave will not be considered.
- 2.8 Trainees may be granted up to a maximum of 7 days leave per year for private study.
- 2.9 The following are not usually part of the study leave:
  - i) NHS initiatives such as Audit meetings, CEPOD and Clinical Governance activities.
- 2.10 The following will normally be part of the study leave allowance:
  - i) attendance at specialty programme educational event (half or full days) or day release courses for formal education or research activity, that take the trainee away from service, which will normally contribute up to 15 days per year of study leave if fully protected;
  - ii) time for private study, for example to prepare for an examination or to write up research.
  - iii) ALS, ATLS etc where it is required by the curriculum but NOT where it is requirement for mandatory training within the NHS

- 2.11 Overseas study leave can be approved for higher specialty trainees in exceptional circumstances. Overseas is defined as any country outside the UK. When considering applications for study leave abroad STC Chairs/Study Leave Advisers need to be satisfied that the equivalent experience is not available in the UK. Trainees will normally be granted only one period of overseas study leave during their period of higher training unless it is to an approved course which is part of the specialty core programme.
- 2.12 All requests for overseas study will be authorised by the Postgraduate Dean or deputy

## **Planning**

- 3.1 Specialty trainees should plan their educational programme for each period of training with their educational supervisor at the start of their attachment. A learning plan should be devised taking into account the trainee's previous experience and their career goal.
- 3.2 The provision of a learning plan together with a record of study leave taken to date will assist the TPD/Study Leave Advisers when considering the approval of an application for study leave. If a learning plan is not submitted alongside an application for study leave, the TPD/Study Leave Adviser should consider a trainee's experience to date and the level of need (as determined by the college curriculum) when considering applications.
- 3.3 TPDs and their STCs will work with the Head of School /Associate Dean to identify courses that are 'essential' and 'desirable' for progress within the specialty. Trainees will choose from a portfolio of learning activities, which will be maintained and updated by the STC.
- 3.4 Funding for all elements of the courses identified by an educational supervisor as being 'essential' will depend upon adequate funds being available to the trainee from the budget allocated to the training committee.

## **Application Process**

- 4.1 Trainees should not pay any money in advance of study leave being approved. Any advance payments made, where approval is not granted, will not be reimbursed.
- 4.2 Study leave application forms are obtained on line and after completion submitted to the TPD in accordance with the flow diagrams attached pages 28 and 29.  
Submission to the deanery study leave administrator must be 4 weeks in advance of the start date
- 4.3 Study leave follow-up reports must be completed and submitted with the applicant's claim for the reimbursement of expenses to the Finance Section of the Department of Postgraduate Medicine and Dentistry within 3 months of the study leave start date. Study leave travel claims should be submitted as they occur. Claims submitted after the 3 month deadline will not be paid.

## **Examinations**

- 5.1 Paid leave for private study prior to examinations should be considered as a legitimate use of study leave. This should usually be no more than one week and should only be granted within the exigencies of the service.
- 5.2 Study leave to sit examinations will normally be granted as follows:
- |                           |                                     |
|---------------------------|-------------------------------------|
| First and second attempt: | leave with pay and expenses         |
| Third attempt:            | leave with pay but without expenses |
| Subsequent attempts:      | unpaid leave only                   |
- Examination fees will not be reimbursed.
- 5.3 Study leave will not be granted to attend examinations overseas.
- 5.4 No paid leave or expenses will be granted to a trainee taking a duplicate qualification, e.g. a second MRCP.
- 5.5 If a specialty provides a day release or a pre-examination course as part of its structured training, then extra pre-examination courses will not normally be funded.

## **Post – CCT trainees**

- 6.1 Study leave is available to post-CCT trainees to maintain their professional development. However as these trainees have completed their training, study leave should usually be available only to enhance skills necessary for their future role as a consultant. For example:
- consolidation of teaching and facilitation skills and the opportunity to practice them;
  - enhancement of clinical audit and critical appraisal skills especially the skills necessary to supervise others in these areas;
  - setting a framework for future professional development – learning the concepts of critical event analysis, reflective learning and portfolio learning;
  - Improving CV and interview skills.
- 6.2 Post-CCT trainees may use study leave to take the opportunity to experience other parts of the NHS, including management, through sessional secondment.
- 6.3 Skills-based (clinical) courses and overseas conferences would not be appropriate for post-CCT trainees but for exceptional circumstances.

## **Appeals**

- 7.1 Any appeal against the decision will be referred in the first instance to the TPD
- 7.2 In the event of a refusal to grant study leave:

- Stage 1. The trainee will approach the TPD /Study Leave Adviser for an explanation of how the guidance was applied and details of STC appeals processes.
- Stage 2. In exceptional circumstances the appeal will be adjudicated by the Postgraduate Dean.

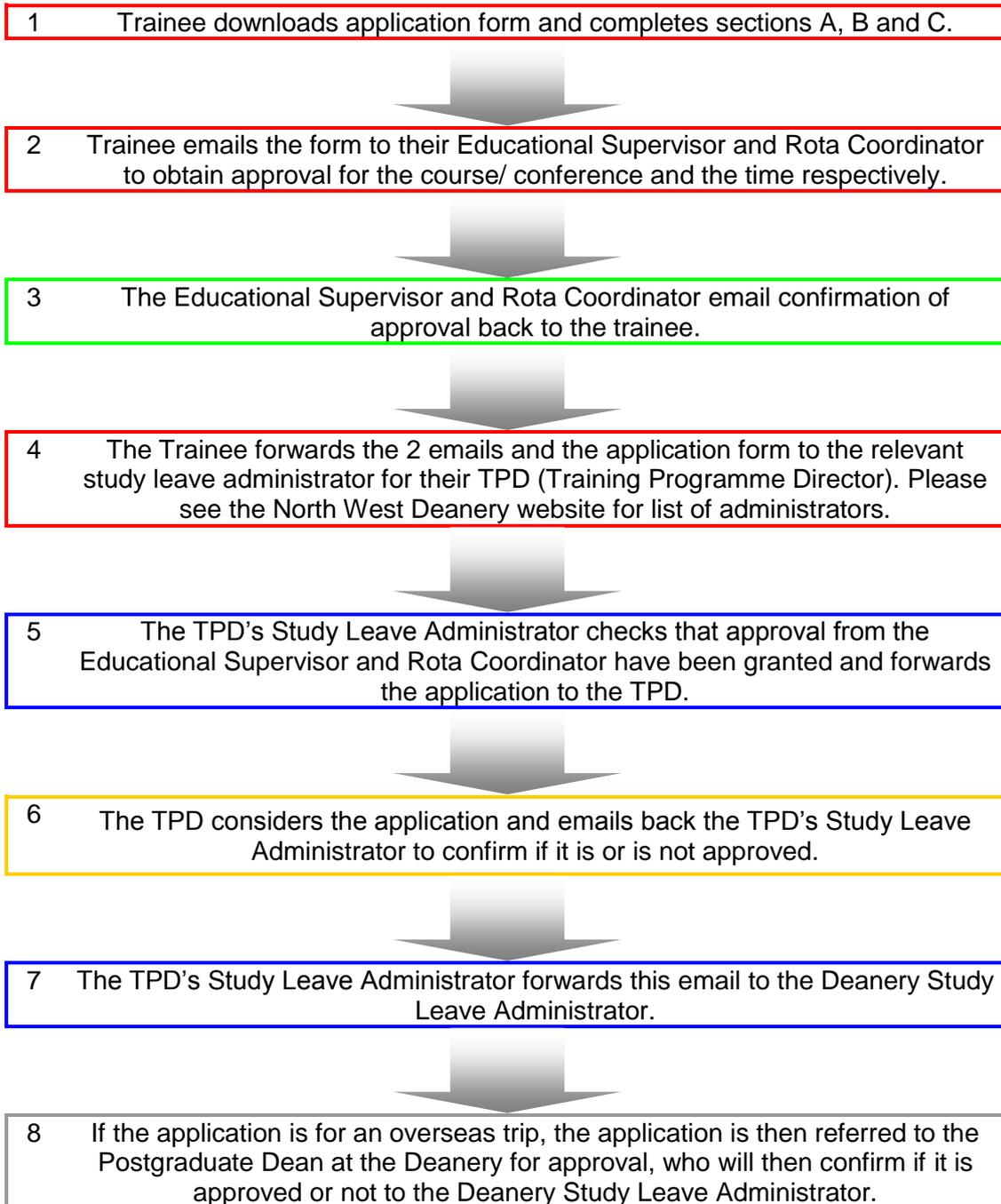
## NORTHWEST O&G STC STUDY LEAVE GUIDELINES FOR ST3+ (SpR)'S AND FTTs

|  | <b>Essential</b>  | <b>Reasonable</b>  | <b>Usually Refused</b>  |
|--|---|--|---|
| <b>Years 1-3<br/>(Post MRCOG)<br/>(Includes most LATs and FFTAs)</b> | <p>Regional training days.</p> <p>MRCOG course.</p> <p>Basic Surgical Skills.</p> <p>Laparoscopic surgery.</p> <p>Family Planning.</p> <p>ALSO</p> <p>To present papers or posters at regional or national conferences.</p> | <p>To develop general clinical knowledge and skills e.g.</p> <ul style="list-style-type: none"> <li>• Colposcopy</li> <li>• Labour ward management</li> <li>• RCOG course</li> <li>• 3<sup>rd</sup> degree tear course</li> <li>• Amniocentesis</li> </ul> <p>Special Interest conferences held locally.</p> <p>Should pass MRCOG to pass into year 4.</p> | <p><b>Management course</b></p> <p>Courses where reasonable alternatives can be found locally or in nearby regions (e.g. Coloscopy, basic surgical skills).</p> |
| <b>Years 4-5<br/>(VTN/NTN)</b>                                       | <p>Regional Training days.</p> <p><b>Management courses.</b></p> <p>To present papers or posters at regional or national conferences.</p>   | <p>Specialty training courses e.g.</p> <ul style="list-style-type: none"> <li>• Ultrasound training</li> <li>• Minimal invasive surgery</li> <li>• Urodynamics</li> </ul> <p>Special interest conferences.</p>   | <p>Courses where reasonable alternatives can be found locally or in nearby regions.</p>   |
| <b>Post CCST</b>   | <p>To present papers or posters at regional or national conferences.</p>  | <p>To develop non clinical skills (e.g. training the trainers).</p>  | <p>Courses to develop new clinical skills.</p>  |

## Detail of the Study Leave Process

Key to show which steps are to be done by which person:

|   |  |   |  |
|---|--|---|--|
|  | Trainee - steps 1, 2, 4 & 10                         |  | TPD's Study leave Administrator - steps 5 & 7    |
|  | Educational Supervisor and Rota Coordinator - step 3 |  | Deanery Study Leave Administrator - steps 9 & 11 |
|  | TPD (Training Programme Director) - step 6           |  | Postgraduate Dean (where appropriate) - step 8   |



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9 The Deanery Study Leave Administrator will then enter the details of the application on the Deanery system and email the trainee confirmation that it is approved, along with an Expenses Claim Form (FS2).



10 The Expenses Claim Form (FS2) should then be completed by the trainee and returned to the Deanery Study Leave Administrator along with receipts for all expenses. If there are no receipts, expenses will not be refunded (with the exception of travel where the cost of a standard 2<sup>nd</sup> class rail fare will be refunded if no receipts are provided).



11 The Expenses will then be refunded with the trainees usual pay at the next possible pay day (this may be a month after the claim is submitted due to the cut off date for claims to reach the payroll office).

**STUDY LEAVE FOLLOW-UP REPORT FOR STs/ST3+ (SpR)'s**

Name of trainee \_\_\_\_\_ Post \_\_\_\_\_ Date \_\_\_\_\_

Description/Name of course/or private study leave \_\_\_\_\_

Cost of course \_\_\_\_\_ Dates of leave \_\_\_\_\_

1. What were the aims/objectives of the study leave?

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2. Were these met? Yes/No

3. Did the course give value for money? Yes/No

4. Would you recommend the course to another trainee? Yes/No

## Appendix 4

### Technical and financial matters affecting study leave for Specialty Trainees

#### General

- 1.1 Applications for study leave will be made as per instructions given on pages 31 & 32 form FS1 and forwarded to the Study Leave Section in the Department of Postgraduate Medicine and Dentistry via the study leave administrator at least one month prior to the proposed leave. The form must be completed and signed by the applicant, the supervising consultant (educational supervisor) and the TPD or their deputy.
- 1.2 All local procedures in respect of cover during absence owing to study leave must be adhered to. Study leave can be cancelled by the Trust Medical Staffing Officers if cover has not been arranged.
- 1.3 Retrospective requests for study leave will not be considered. Firm commitments (registration/course fees, travel and accommodation costs, etc.) made by the applicant in advance of confirmation of study leave will not be reimbursed if study leave is not granted.
- 1.4 Where periods of leave with pay are granted, trainees must not undertake any remunerative work.
- 1.5 If an application for study leave and/or expenses is refused, there is ultimately a right of appeal to the Dean of Postgraduate Medical Studies.
- 1.6 If a trainee chooses to attend an educational course outside the Deanery, rather than a comparable one within it, then total funding (including travel and accommodation) will normally only be paid to the level of the Deanery course.

## **Expenses**

- 2.1 Course fees, travel and subsistence expenses must be paid in advance by trainees and reclaimed following attendance on the course. Fees will not be paid in advance by the Department of Postgraduate Medicine and Dentistry except where it has previously been agreed with the TPD. An expenses claim form (FS2) must be completed, and all receipts (including those for course fees) must be attached and forwarded to the Study Leave section in the Department of Postgraduate Medicine and Dentistry via the study leave administrator. Expenses will not be paid without appropriate receipts.
- 2.2 Study leave applications and expenses claims will be returned if they are not made on the correct form. The Finance Section will authorise expenses claims and the Study leave section will pass these to the Salaries and Wages office at the appropriate Lead Employer, who will reimburse trainees.
- 2.3 Airfare may be paid rather than rail fare only if it reduces the overall costs, e.g. no overnight stay.
- 2.4 Travel and accommodation must be claimed at the cheapest possible rates. Second class rail fare is the maximum acceptable. Mileage rates will be payable only for local travel. There is a maximum daily subsistence rate and a maximum amount payable per overnight stay.
- 2.5 When calculating study leave all the days approved and carrying a liability for expenses are counted, including weekends and bank holidays.

## **Overseas Study Leave**

- 3.1 Overseas study leave may be granted in exceptional circumstances and all applications will be considered by the Dean of Postgraduate Medical Studies or designated deputy.
- 3.2 Study leave abroad will not be granted for the purpose of studying for an overseas qualification.
- 3.3 The applicant is required to state the amount of financial support, if any, available from other sources. If support is given by the Department of Postgraduate Medicine and Dentistry, it will be in the form of a grant representing a partial contribution.

## Appendix 5

North Western Deanery 

### ELECTRONIC APPLICATION FOR STUDY LEAVE

**DO NOT PRINT THIS FORM**

**This form should be submitted electronically by email**

|          |                       |  |                 |  |
|----------|-----------------------|--|-----------------|--|
| <b>A</b> | Name                  |  | Grade           |  |
|          | Specialty             |  |                 |  |
|          | Hospital / Practice   |  | GMC Number      |  |
|          | Home Address          |  |                 |  |
|          |                       |  | NTN Number      |  |
|          |                       |  | (if applicable) |  |
|          | Contact Tel Number    |  | CCT Date        |  |
|          | Contact Email Address |  | (if applicable) |  |

|                                    |                                 |
|------------------------------------|---------------------------------|
| <b>B PERIOD OF LEAVE REQUESTED</b> | <b>OFFICE USE ONLY APPROVAL</b> |
| 1. Date: From                      |                                 |
| 2. Total Number of days            |                                 |
| 3. Title of course                 |                                 |
| 4. Venue and Course Organiser      |                                 |
| 5. Location (i.e. city & country)  |                                 |

|   |                    |
|---|--------------------|
| <b>C EXPENSES</b>   | <b>NO EXPENSES</b> |
| <b>Please select Yes or No below to show which expenses you wish to claim</b> |                    |
| Please enter estimated costs here   |                    |
| 1.Type of Travel - RAIL/CAR/AIR   | Yes/No £           |
| <b>NB: Expenses to a maximum of 2nd class rail fare will be paid</b>          |                    |
| 2.Course/Conference Fee   | Yes/No £           |
| 3.Subsistence and Accommodation   | Yes/No £           |
| Number of nights of Accommodation   |                    |
| 4.Are you receiving a grant from any other source?                            | Yes/No £           |
| <b>Total: £0.00</b>   |                    |

Once your rota master and Educational supervisor have approved your leave, you should email this form, with confirmation of approval from your education supervisor and rota master to the relevant administrator for you Training Programme Director. Please see the North West Deanery website for a list of administrators.  
<http://www.nwpgmd.nhs.uk/>

|   |        |
|---|--------|
| <b>D COVER OF DUTIES DURING ABSENCE</b>   |        |
| Locum Required?   | Yes/No |
| If not, name of doctor providing cover  |        |
| I have liaised with my rota co-ordinator and it has been agreed that medical staffing will arrange for cover  |        |
| Signature of Applicant*   |        |
| <small>*This application has been signed and submitted in accordance with and knowledge of the North Western Deanery guidelines for study leave</small> |        |
| <b>DO NOT PRINT THIS FORM</b>   |        |
| <b>This form is to be forwarded electronically by email</b>   |        |
| Name of Educational Supervisor  |        |
| Educational Supervisor/GP Course Organiser  | Date   |
| Rota Medical Staffing Officer   | Date   |

**Please note, study leave can be approved by:**

1. Inserting an electronic signature image into the study leave application, or
2. Attaching an email from the relevant individual, stating that approval has been given

|   |        |
|---|--------|
| <b>E To be completed by the Training Programme Director</b> |        |
| I regard this course/activity as part of core training      | Yes/No |

|  |                         |      |
|--|-------------------------|------|
| I support this application   | Yes/No                  |      |
| Level of Funding   | Please Select from List |      |
| If application not approved, please provide reasons:   |                         |      |
|  |                         |      |
| Signature  |                         | Date |
| <b>This form should be completed and returned at least 1 month in advance of the start of the course.</b>  |                         |      |
| <b>ALL PARTS OF SECTION A - C HIGHLIGHTED IN YELLOW MUST BE COMPLETED, before emailing to your educational supervisor (ES) and Rota master for approval of the leave period and the educational opportunity.</b> |                         |      |
| <b>On receipt of approvals the electronic application is to be emailed to appropriate administrator for the specialty for forwarding to Training Programme Director for approval.</b>                            |                         |      |
| <b>STUDY LEAVE IS NOT NORMALLY AVAILABLE FOR TRAINEES ON MATERNITY LEAVE OR LONG TERM SICK LEAVE.</b>  |                         |      |

## Appendix 6

### Study leave for General Practice Specialty Trainees

These guidelines are drawn up for the use of GP Educational Supervisors, the wider GP education team and doctors training for general practice.

This guidance is in respect of study leave in both the general practice and hospital components of GP training.

The guidelines recognise the importance of local flexibility and interpretation in the use of these guidelines.

#### General Principles

1. All deaneries should have a written policy on the availability of study leave throughout the general practice specialty training programme.
2. Deaneries should publish criteria for assessing applications for study leave.
3. Deanery policy on study leave and its allocation should be clear and open; there should be equity in the allocation of study leave for GP and other specialty trainees.
4. The budget for study leave is the responsibility of the Postgraduate Dean. The NW Postgraduate Dean has devolved the management of the study leave budget for general practice education to the Director of Postgraduate General Practice education.
5. The deanery's School of General Practice Specialty training is responsible for developing and monitoring the study leave policy.
6. GP trainees should be advised to consult their GP Training Programme Director in the event of problems arising when trying to take study leave.
7. GP Specialty trainees should have recourse to a deanery study leave appeals committee.
8. Deaneries should encourage GP Specialty trainees to make full and appropriate use of study leave in conjunction with their Educational Supervisor and GPTPD.
9. Deaneries should encourage GP Specialty trainees to develop coherent study leave plans early on in their training and to request study leave in accordance with the aims of their personal learning plans.
10. The benefits to the GP Specialty trainee of attending courses outside the deanery where the course content is of particular relevance and there is an obvious added benefit to the GP trainee of being able to liaise and share ideas with his/her peer group, must be balanced against the availability of an equivalent course or programme within the Deanery footprint.
11. GP trainees should be informed at the time of their appointment of:-
  - the deanery's policy on study leave;
  - any restrictions on the reimbursement of expenses;
  - local policies pertaining to their GP Specialty Training Programme.

## **Study Leave Allowance**

The total of structured teaching release and study leave granted to each trainee should average 30 days per year and 90 days in a standard 3 year programme.

Study leave is not an entitlement, but an allowance and the needs of patients must always take precedence. This makes the issue of guidance on study leave a matter of sensitive negotiation between DPGPEs and Training placement sites. However inability to adhere to minimum levels of study leave will call into question the recognition of posts for general practice training.

The BMA's *1997 Junior Doctors Handbook* lists, under paragraphs 250 - 254 of the Terms and Conditions of Service that there should be provision for professional or study leave for postgraduate education and teaching. Though discretionary, study leave should be granted to the maximum extent consistent with maintaining essential services and within the recommended standards. This is generally regarded to be not less than 30 days per year.

## **Review procedure**

Deaneries should have in place a review mechanism for GP Specialty Trainees who are refused permission to take study leave. Refusal of requests should normally only occur on educational grounds, but if due to budgetary restrictions then the review should ensure that Deanery protocols in this area have been observed and allow for the GP trainees to approach their Director of General Practice Education for advice.

## **Audit**

The NW Deanery School of GP Specialty Training has in place a mechanism to keep School Board members informed on the uptake of study leave, reasons why trainees may not be able to take up their study leave allowances and to ensure equity in the distribution of funds for study leave.

NW Deanery undertakes an annual audit of study leave provision, budget and uptake, and specifically records unmet need in the form of requests for study leave that are refused. The record of unmet need should be used in the bidding process to secure extra funds.

The GMC inspects Deaneries' study leave policies and procedures during its quality assurance monitoring visits.

## Appendix 7

### Generic professional skills for the future needs of the NHS

#### **Medical professionalism**

Respect for patients  
Ethical practice  
Reflection/self awareness  
Commitment to lifelong learning  
Teamwork  
Social responsibility

#### **Communication Skills**

#### **Leadership**

Team working and multi-professional learning  
Principles of management  
Clinical audit  
Medical leadership competency framework

#### **Patient Safety**

Personal limitations and reflective practice  
Risk assessment and judgement  
Quality improvement and clinical audit  
Critical event analysis

#### **Research**

Critical appraisal skills

#### **Education and teaching**

Teaching and assessing skills  
Appraisal skills  
Curricula and learning portfolios