

Study Leave Declined – FAQ

For Core Medical Trainees (Yorkshire and the Humber)

Last updated October 2017

Introduction

In August 2017 CMT in Yorkshire and the Humber moved away from local trusts providing the majority of a teaching at lunchtime sessions (as many trainees weren't having the time to get to these) to regional teaching days that required study leave to be requested. These sessions were deliberately run in duplicate with a trainee expected to go to one or the other and in total attend 85% of the unique days. On top of these days there are other things trainees may apply for such as exam preparation and examination leave; research; teaching and conferences with educational benefit. In total trainees may have up to 30 days study leave per year.

Getting study leave approved is in reality often not as easy as this may make it sound. If you've had requests for study leave declined, the following FAQ may be helpful.

Why might study leave be rejected?

It's a requirement of the 2016 contract¹ that "all requests for study leave will be properly looked at by the employer" but this doesn't mean it has to be approved. The list of reasons for rejected is extensive but you should expect to know why a leave request has been declined so that this can be addressed if possible. The 2016 contract states that "the employer and the doctor must make every effort to work together" and that "any grant of study leave will be subject to the need to maintain NHS services."

Both the trainee and the trust therefore have to be flexible in arranging leave. There are some situations (such as national exams) where the dates are set and the trainee has less scope to be flexible, and other situations (such as around the changeover period) where staffing is more of an issue and the trust has less room to be flexible. The key is therefore clearly around negotiation and both the trainee and the trust have to appreciate the situation the other is in.

Approaches to flexibility from a trainee point of view may include bringing a form for both days a course is run and letting your clinical supervisor pick which suits the ward best; or advising your rota coordinator your exam is in a few months and you have 3 days exam study leave left this year but asking when is it best for you to take them as you know taking a block may make things difficult for them to accommodate. In summary, think about how you may be able to help them out so they can help you!

¹ NHS Employers (2017) Terms and Conditions of Service for NHS Doctors and Dentists in Training (England). Version 3. Available from : <http://www.nhsemployers.org/case-studies-and-resources/2017/04/terms-and-conditions-of-service-for-nhs-doctors-and-dentists-in-training-england-2016-version-3> [accessed 04/10/17]

When do I have to submit study leave forms by?

The general guidance is that forms should be submitted at least 6 weeks prior to the date leave is being requested before unless either a rota wasn't provided to you prior to this time or there is an exceptional reason why you couldn't request it within the time. By definition, we can't define 'exceptional' but if in doubt, talk to your supervisor.

Why are there so many signatures on the form?

The different signatures on the curriculum delivery/study leave application form are all for different reasons such as confirming it's relevant to your curriculum; authorising funding; confirming you can have time off from your usual duties and that going wouldn't make your hours non-compliant. Unfortunately no one person is able to do all these things. Just because your supervisor has authorised leave being appropriate for your training doesn't mean it'll necessarily be funded or that the rota you're on won't leave something inadequately staffed.

I've had the leave period approved but not the funding, why is that?

This isn't an uncommon situation. There are many things that you may be allowed the time for but not the funding. Although there's no individual budget, there is still a regional budget and so decisions have to be made on what is or isn't approved. Clearly allowing one trainee to go on a £3500 international conference fully funded isn't going to happen any time soon as all trainees would then want the same! The final decision on funding is with your TPD (importantly NOT your Educational Supervisor - see the question above on signatures).

Some things are guaranteed to be funded such as your first PACES revision course, advanced procedural skills course(s), ASCME course, ALS course and expenses for travel/subsistence for the first attempt at your MRCP examinations. Other things aren't guaranteed so you're advised to discuss them with your TPD before booking if you're not willing to cover the cost yourself if it's declined. Funding is more likely to be approved for other reasons if you can demonstrate an exceptional circumstance such as presenting at a conference or a trainee in need whose supervisor has recommended a specific course.

Importantly, funding requests HAVE to be approved prior to the date of the course. You therefore have to put costs, either actual or estimated, on the form as retrospective claims will not be authorised.

Do I have to pay up front for courses?

The majority of courses with guaranteed funding don't need any payment up front by the trainee. Some procedural skills courses, the majority of ALS courses as well as almost all courses with non-guaranteed funding need to be paid up front and then reclaimed. This is part of the reason it's important to get your study leave fully approved including expenses prior to booking on a course.

What about study leave for exams/exam preparation?

HEEYH guidance² advises “trainees studying for MRCP exams should be granted 5 days private study leave per annum. This would normally be within 3 months of the exam date.” This does NOT include either examination days or the PACS revision course. Remember all 5 days don’t have to be provided in a block, it could be a day here and a day there. If you’re doing 2 examinations in a year this leave needs sharing between them - it’s up to you to decide how you want to split it.

Where there’s a good reason for you to have study leave the day before an examination such as having to travel a long distance or a planned night shift finishing within hours of starting an examination meaning you can’t give it your best we would expect this request to be granted. Again, a degree of flexibility and negotiation is expected to be used here.

What is exception reporting?

Exception reporting is the process defined in your 2016 contract for reporting various rota related issues including getting study leave as study leave is defined as a ‘training issue’. The first step is demonstrating the request has been rejected (so submit a leave form!) and the next is raising an exception report and this has to be done within 14 days. The BMA have further advice including flowcharts and step by step guidance available from: <https://www.bma.org.uk/advice/employment/contracts/junior-doctor-contract-2016/exception-reporting>. Key points include that it needs to be done electronically and submitted to both your Educational Supervisor and either your guardian of safe working, or possibly (more appropriately given it’s a training issue) the director of medical education. There’s a requirement that they get back to you with an outcome.

One of the key benefits of exception reporting is it provides data to help demonstrate frequency of problems and comparison between areas. Therefore if nobody does it, nobody knows things are an issue and so you’re encouraged to do so!

What alternatives are there to exception reporting?

The formal channel is to pursue the exception reporting approach outlined above. An alternative that you may want to consider is pursuing things informally. This could be via normal escalation channels: Clinical Supervisor then Educational Supervisor then RCP Tutor then TPD or Deputy TPD. Alternatively it could be via your CMT coordinator who can either advocate on your behalf or direct you in the right direction.

Remember, if you’re getting close to the 14 day limit for exception reporting without resolution it may be worth pursuing that as well to keep your options open.

This is affecting my teaching attendance percentage. Help!

This is exactly what exception reporting is for! Beyond exception reporting, you need to discuss this with your Educational (and if relevant Clinical) Supervisor. If you’re not getting anywhere

² HEEYH (2017) Curriculum Delivery (Study Leave) Guidance for Core Medical Trainees. Available from: http://yorksandhumberdeanery.nhs.uk/medicine/core_medical_training/study_leave/ [accessed 04/10/17]

you'll need to escalate this further – contact your CMT administrators for advice. Remember, people need to know early to do something about it.

There's a requirement for you to have "a minimum of 1 hour of curriculum-relevant teaching to be provided per week on average"³ and your trust has a requirement to facilitate this (and a significant proportion of your pay comes via HEE to allow for this). The regional teaching days are designed to meet this. The important phrase is "curriculum-relevant" which precludes things that aren't CMT specific such as grand-round counting.

There is a system in place to allow you to go to teaching days in other regions if you need to and these will count in place of one arranged in your region. This can be accessed via your CMT administrators.

What do I do if I've missed both parts of a day?

The requirement of 85% has been set deliberately to allow for one day to be missed for a variety of different reasons (as outlined in the study leave guidance document). Any more than this would generally require you to make it up in one way or another which would normally mean going to a teaching day either in another region within Yorkshire and the Humber or for the other year group (e.g. if you're CT1 going to a CT2 day) within your region. The teaching programmes for other regions/year groups are available on the website. To organise going to another area contact the CMT coordinator for the area you're considering to ensure they have capacity.

We are happy to try and facilitate changes to other regions/year groups for occasional exceptional circumstances. If you're requiring this on a more regular basis can you talk to your Educational Supervisor as this may need addressing more formally depending upon the cause.

So what's the key message?

Timely requests and negotiations are key to getting requests approved. If you're regularly having difficulty with rejected requests you need to exception report it as the trust have responsibility towards your training and if these aren't submitted they don't formally know. Talk to your supervisors, CMT coordinators and if appropriate TPDs if you're still having problems - they're here to (and want to) support you!

Where can I find more guidance/advice?

If you're looking for some of the technical information behind some of this you may find the following documents useful:

HEEYH curriculum delivery policies:

http://yorksandhumberdeanery.nhs.uk/pgmde/policies/curriculum_delivery/study_leavecurriculum_delivery/

HEEYH CMT specific curriculum delivery guidance:

http://yorksandhumberdeanery.nhs.uk/medicine/core_medical_training/study_leave/

³ JRCPTB (2015) Quality criteria for core medical training. Available from: <https://www.jrcptb.org.uk/cmtquality> [Accessed 04/10/17]

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Junior doctor in training 2016 contract: <http://www.nhsemployers.org/case-studies-and-resources/2017/04/terms-and-conditions-of-service-for-nhs-doctors-and-dentists-in-training-england-2016-version-3>

BMA advice on study leave: <https://www.bma.org.uk/advice/employment/leave/study-professional-and-special-leave>

BMA exception reporting flow-charts:
<https://www.bma.org.uk/advice/employment/contracts/junior-doctor-contract-2016/exception-reporting/flow-chart>