

## MEDICAL STUDY AND PROFESSIONAL LEAVE POLICY

### FOR CONSULTANTS AND SPECIALIST GRADES, ASSOCIATE SPECIALISTS, SPECIALTY DOCTORS, STAFF GRADES, TRUST DOCTORS, FELLOWS WORKING IN SECONDARY CARE

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full quality impact assessment is not required.

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***Update summary:***

<b>October 2023</b>	
Section 3	Study Leave allowances
Section 4	Definitions of study leave updated.
Section 5	Authorisation of study leave
Section 6 – 6.3, 6.5,6.6	Funding arrangements
Section 7	Criteria for approving study leave
Section 8 -8.5, 8.17	Procedure for approving and recording study leave
Section 9	Appeal Process Flowchart
Section 11	Travel Expenses
Section 12 -12.1	Associated Expenses
Section 13	Cancellations of Study and Professional Leave
Appendix I – Section 3	Purpose – Definitions and Examples of Professional Leave
Appendix I – Section 5.2	Monitoring – Professional Leave
Appendix I	Uncontracted Time – Professional Leave
Appendix II	Standards of Business Conduct
Appendix III	Endowment Fund Guidance

## INDEX

CONTENTS	PAGE
1. Purpose of Policy	2
2. Policy Statement	2
3. Recommended Standards for Study Leave	3
4. Definitions of Study Leave consultants and other non-training grade doctors and dentists in secondary care	5
5. Roles and Responsibility	9
6. Funding arrangements	10
7. Criteria for approval of Study Leave	11
8. Procedure for approval and recording of Study Leave	12
9. Right of Appeal	15
10. Payment of Study Leave Expenses	17
11. Travel Expenses	17
12. Associated Expenses	18
13. Cancellation of Study Leave	18
<b>APPENDICES</b>	
<b>Appendix I: Guidelines for Professional Leave</b>	19
<b>Appendix II: Standards of Business Conduct policy</b>	22
<b>Appendix III: Endowment Fund Guidance</b>	22

## **1.0 Purpose of Policy**

- 1.1** The purpose of this policy is to provide guidance regarding the authorisation of study leave and professional leave to all non-training grade medical and dental staff employed by the Health Board.
- 1.2** Application of this policy will ensure that a common and consistent approach is taken to the consideration, review and granting of study leave and professional leave and that such leave is appropriate to the needs of the doctor/dentist and of the Health Board, and in accordance with the doctor/dentist's agreed Personal Development Plan (PDP).
- 1.3** The Medical Director for the Service Group in which the doctor is based will ensure that there are robust arrangements to confirm that any study or professional leave is consistent with a doctor/dentist's PDP and the exigencies of the service. This is subject to review by the Executive Medical Director. To maintain consistency and maximise opportunity, the budget for study leave will remain under control and review by the Executive Medical Director's Department.
- 1.4** Guidance on the authorisation and management of professional leave is contained in Appendix I.

## **2.0 Policy Statement**

- 2.1** There is a commitment in the Health Board to support appropriate study and professional leave for Consultants and all non-training grade doctors and dentists (Specialist Grades, Associate Specialists, Speciality Doctors, Staff Grades, Trust Doctors and Fellows).
- 2.2** In accordance with the Health Board's values, the Health Board is committed to the education and ongoing professional and personal development of all staff. The skills and expertise demonstrated by staff are central to the quality of service delivered.
- 2.3** Study leave makes an important contribution towards enhanced performance of individuals and teams through the development of skill and knowledge.

- 2.4** Study leave for medical and dental staff will be an intrinsic part of maintaining skills and expertise within specialities, which will be a vital component of the GMC / GDC requirements for revalidation and is in line with Royal College Continuous Professional Development requirements.
- 2.5** Application of the Study Leave Policy, alongside the appraisal process, will ensure that training is relevant to the needs of the individual, team and the Health Board.
- 2.6** In delivery of these aims, every doctor and Dentist should have a PDP agreed at an annual appraisal. Applications for study and professional leave must be consistent with the requirements of that PDP.
- 2.7** All study leave taken during contracted time, irrespective whether it incurs expenses, should also be subject to approval. This will allow the links between the cost of locums cover and lost productivity e.g., lost theatre lists to be understood and managed.

### **3.0 Recommended Standards for Study Leave**

- 3.1** It should be noted that these are recommended standards and are **not individual entitlements**.
- Unused study leave cannot be transferred from one leave period to the next.
  - Study leave will be given in proportion to the duration of the contract. This will also apply to short-term contract holders.
  - Study leave expenses plus receipts **must** be submitted within three months of attending courses.
- 3.2** It is recognised that doctors and dentists who work less than full-time have development needs that may be greater than the *pro rata* allocation. Their entitlement is not automatically reduced *pro rata* and will be dealt with on an individual basis depending on the length of the course/conference and expenses incurred. Doctors and dentists who work less than full time and attend courses on non-working days, should receive time off in lieu.

**3.3** It is recognised that staff working across different specialities may require additional study leave.

The Executive Medical Director at their discretion may grant study leave in excess of the recommended standard.

**3.4** Where a practitioner is employed by more than one employer, the leave and purpose for which it is required, must be approved by the employer where the study leave has been applied for. The practitioner will be expected to inform the other employers of their study leave whom they are contracted to about the same.

**3.5** Where leave is granted, the doctor must not undertake any remunerative work without the special permission of the leave granting authority.

**3.6** Study leave will be supported on a *pro rata* basis for *locums* or fixed-term doctors and dentists with a contract for 6 months or more with the Health Board.

<b>Staff group</b>	<b>Study leave period</b>	<b>Budget</b>
Consultants Specialists Grades Associate Specialists Staff Grades Hospital Practitioners (all staff groups with substantive contracts)	Leave, pay and expenses for a maximum of 30 days in three years counted from the date of appointment.	£2400 over a three year period.
Clinical Fellows Trust Doctors	10 days per annum from the date of appointment.	£600 per annum.
Honorary staff	<ul style="list-style-type: none"> <li>• Expenses proportionate to the sessions identified in the honorary contract/job contract.</li> <li>• Entitlement to expenses will be in accordance with their contract.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Contracts for employees on “soft monies” may specifically exclude entitlement to reimbursements.</li> <li>• Study leave in respect of NHS commitments identified at annual appraisal will be met in full.</li> </ul>
Locum staff	<ul style="list-style-type: none"> <li>• Study leave for <i>locums</i> or fixed-term doctors with a contract with the Health Board for 6 months or more will be supported on a <i>pro rata</i> basis at the discretion of the Clinical Director.</li> <li>• Study leave <b>will not be granted during the first month of a locum contract</b> unless there are exceptional circumstances.</li> <li>• This policy is not applicable for agency/bank staff irrespective of their length of contract.</li> </ul>

#### 4.0 Definitions of Study Leave

**4.1 Study leave** is granted for postgraduate development purposes approved by the Health Board, and includes study (usually, but not exclusively or necessarily, on a course), research, teaching, examining or taking examinations, visiting clinics to observe procedures and practices in other hospitals and attending professional conferences. Study leave is granted within a maximum of 30 days in any period of 3 years for professional purposes. If study leave is taken on a non working day and a day in lieu given this will be deducted from your 30 day allowance. Doctors and dentists are entitled to an additional two days per annum to attend Welsh Professional Society Meetings.

**4.2 Trust Grades and Clinical Fellows** – The regulations around provision of study leave for Trust Grade doctors and Clinical Fellows mirrors that of the Training Grades whose posts they mimic, except that their budget is not held by the Deanery. Consequently, the application procedure explained in this policy must be followed.

**4.3 Courses** – Leave may be granted for attendance at relevant postgraduate courses. Where medical and dental staff are unable to avail themselves of these courses or

where training requirements for particular specialties are such that no suitable courses are available in the locality, approval may be given for attendance at the nearest available and appropriate centre. Attending a local course is actively encouraged.

**4.4 Leave for private study** – This may be granted for specific purposes for not more than five days within one year of study leave allocation, and usually before sitting a higher professional examination in line with continuous professional development requirements.

**4.5 Study of a particular subject or technique** – Leave may be granted to allow a doctor or dentist to increase knowledge of a particular subject or to study a special problem or technique. Such applications will be subject to specific review by the Clinical Director and/or the Service Group Medical Director.

**4.6 Examinations** – Leave may be granted for attendance at examinations at centres in the United Kingdom and Ireland for specialist / higher medical and dental diplomas. Travelling expenses and subsistence allowances will normally be payable for two attempts for the same examination during the period of the doctor's appointment with the Health Board. The study leave exam day **will not be** deducted from leave entitlement.

Preparation leave including attendance at a preparation course and/or private study leave up to a maximum of 2 days may be supported once, but will be deducted from the individual's overall study leave allocation.

Applications to sit an examination which has already been passed at another centre will not attract financial support. Such additional leave will be deducted from the doctor's study leave entitlement or may be taken as annual leave. Examination fees **are not** payable.

**4.7 Meetings and Conferences** – For attendance at scientific and educational approved meetings of national or international societies or conferences in the UK or abroad.

**4.8 Leave of Absence for Extended Periods** – Attachments to other hospitals (whether paid or unpaid) within the UK or abroad will continue to be encouraged, but will be at the discretion of the appropriate Clinical Director or Service Group Medical Director.

**4.9 Special Study Leave** – In certain circumstances where a Consultant or SAS doctor is expected to develop a new service, it may be necessary to grant him / her special study leave to attend a centre away from base for the purpose of special training. This is a matter for discussion between the consultant concerned, the Clinical Director and/or the Service Group Medical Director.

Any granting of special study leave in this way should not affect the consultant or SAS doctor's allowance for ordinary study leave.

**4.10 Study Leave overseas** –Where it is identified in the annual appraisal and where approval by the appropriate Clinical Director and the Service group Medical Director is given, consultants and SAS doctors will be granted study leave with pay, expenses to port / airport of embarkation, maximum subsistence allowance for days of the course and course fees. The Clinical Director or Service Group Medical Director will have discretion to grant overseas travel expenses, if appropriate.

**4.11 Academic Qualifications** – Applications to pursue academic qualifications such as PhDs and MScs will be considered on the individual merit and the relevance to Health Board needs. Individual departments should not require study leave to support their service developments. Any expenses that are granted will not exceed 50% of the University fees.

**4.12 Leave of Absence for Extended Periods / Sabbaticals** – Attachments to other hospitals, whether paid or unpaid, within the UK or abroad, will be considered, but will be at the recommendation of the appropriate Clinical Director and require approval by the Service Group Medical Director. For consultants, reference should be made to the Sabbatical Policy and for all other SAS Grade Doctors to the Health Board's Career Break Scheme.

**4.13 Leave taken at the request of the Health Board** –Leave which is taken at the request of the Health Board (and which may, on occasion, relate to management development issues) will not normally be deducted from study leave allocation. In such circumstances, the cost of attending such courses/conferences may be met in full, irrespective of the location or status of the individual.

#### **4.14 Hospitality**

The Health Board’s Standing Financial Instructions requires all staff to declare details of hospitality received. Hospitality is defined as ‘the provision of beverages, meals, accommodation, travel, entertainment, or entry to an event, conference or function, regardless of whether provided during or outside normal working hours’. Where study leave is paid for in full or in part by a third party (e.g., pharmaceutical company or service provider), doctors must complete a study leave application in the usual way, detailing the study leave requested and the company providing the sponsorship. Doctors must also declare the sponsorship by completing the SBUHB Health Board Form to Request for permission to receive commercial sponsorship to attend a course or conference (Appendix II). In addition, doctors must obtain authorisation from their respective Clinical Director who will submit the completed form to the Director of Corporate Affairs in the Health Board HQ. The information will be entered into the “Gifts/Hospitality Register” regardless of whether the request was granted or denied.

**4.15 Additional leave** with or without pay or expenses may be granted for issues such as examining, teaching and attending business meetings of professional societies, tribunals and independent review panels is considered professional leave. Please see Appendix I for further guidance on professional leave.

## **5.0 Roles and responsibility**

**5.1** Clinical Leads/Clinical Directors will be responsible for authorising study leave and thus confirming that the proposed leave/learning need is:

- appropriate for the individual
- appropriate for the Health Board
- included in their PDP (or the living PDP section on MARS) or otherwise agreed
- consistent with the exigencies of the service e.g. Theatres; Clinics etc.

They will also assure that the planned travel and accommodation arrangements are the most feasible economic arrangements taking into account time away from work and appropriate available accommodation **and** that the individual has not exceeded their limit of 30 days over a 3-year period.

Final authorisation will be provided the Executive Medical Director via the Study Leave Administrator in the Executive Medical Director's Department once all the requirements are met.

**5.2** Clinical Directors, Divisional Clinical Chairs, Deputy Service Group Medical Directors will apply to the appropriate medical line-manager or the Service Group Medical Director for study leave approval and expenses authorisation.

**5.3** In the case of the Service Group Medical Directors/Associate Medical Directors the leave must also be approved by the Clinical Lead/Clinical Director who is responsible for the clinical service or the Group Director in which the applicant works for.

**5.4** Deputy Executive Medical Directors' applications will be approved by Executive Medical Director or their nominated deputy.

## **6.0 Funding arrangements**

- 6.1** Study leave is allocated over a three-year period. Expenses associated with that leave will be managed over the same three-year period. Each doctor will be expected to manage their study leave expenses claimed from the Health Board within this financial limit.
- 6.2** The overall funding for all permitted expenses for any individual doctor will not exceed £2400 in total over the three-year period and is subject to regular review.
- 6.3** The start of the current period for time and expenses is from the date of appointment for all substantially employed doctors (Consultants, Associate Specialist and SAS) covered by this policy, for those on fixed term contracts the period commences from the date of employment, over a 3-year rolling period.
- 6.4** The study leave budget will be held centrally by the Executive Medical Director's department and it is this department which ultimately approves the application and expenses. It is subject to regular review by the Health Board.
- 6.5** Commercial sponsorship for attendance at courses, conferences etc. is encouraged providing the individual has been given the authority and details have been recorded in accordance with the Standards of Business Conduct for staff (Appendix II). Study leave will have to be applied for these even if expenses are not claimed. This will help to preserve the budget for another course.
- 6.6** Where the terms of the fund allow, doctors are encouraged to apply to Departmental or Directorate Endowment Funds to support study leave. However, with the exception of overseas flights (see 11.3), reimbursement of individual expenses from Endowment Funds must not exceed the maximum expense allowance rules set out in this policy. Applications for endowment funds to be approved by the budget holder responsible for the fund and the finance analyst for charitable funds.
- 6.7** Staff when travelling are normally expected to travel standard/economy class.

## 7.0 Criteria for approval of study leave

7.1 Study leave will normally be granted subject to the necessity of maintaining essential clinical services (“the exigencies of the service”). External Continuing Medical Education (CME) is an appraisal college requirement and forms an important component of GMC Revalidation. Consideration will be given to the following in deciding whether to give approval:

- That it will be of benefit to the postgraduate training of the individual;
- That it is an identified development need for the individual and forms part of the individual’s current annual personal development plan developed during the appraisal process ;
- That it is relevant to the specialty and sub-specialty (if any) in which the doctor works;
- That it will be beneficial to patients, the Directorate and the Health Board;
- That alternative ways of achieving the same learning outcomes have been considered, e.g. web-based learning, arranging provision of equivalent learning in-house, and that the proposed application offers best value for money/ educational opportunity;
- That granting the leave will not impact adversely on the safe running of the clinical service;
- The amount of leave and expenses already granted in the three-year period in which it would be taken;
- That the doctor and dentist is an active participant in the Health Board’s/Directorate’s own postgraduate programme;

- That the doctor has a Personal Development Plan which has been reviewed and approved no more than fifteen months prior the date of application;
- That the proposed leave would provide the NHS good value for money/educational opportunity.

**7.2** Requests for study leave must be made in accordance with the HB's procedures for recording absence. Study leave must be approved within the Directorate in which the doctor will be working **six weeks** prior to the time the leave is to be taken. Applicants must be in possession of authorisation prior to embarking on study leave. On approval, the decision to support the leave with expenses will be clearly stated. The preferred system for applying for study leave (as well as other absences) is any current electronic leave system implemented by the HB. In general, a minimum of 6-weeks' notice should be provided but in agreed circumstances late applications will be considered by the Clinical Director / Lead. Expenses for retrospective study leave applications will **not** be approved, but the time will be deducted from study leave allocation.

Applicants are strongly encouraged to complete their mandatory training and will endeavour to be 80% compliant at time of application unless they have been employed by the Health Board for less than three months. The applicant will have to state their percentage of compliance at the time of application in the application form.

## **8.0 Procedure for approval and recording of study leave**

**8.1** All requests for study leave and professional leave must be made on the Health Board's Study and Professional Leave process and submitted to the Clinical Lead/Clinical Director for consideration in the way required by the Health Board. The application must include a full estimate of costs and justification for applying for the study leave and how it will benefit the individual, specialty and Health Board. Full details of the course/conference must be attached to the application.

- 8.2** An application for study leave must be submitted in **all** cases when it is in contracted time, even if no expenses are being claimed.
- 8.3** A study or professional leave application must be submitted in any situation where the applicant wishes to claim expenses, including for events scheduled over weekends or at other times when the doctor may not otherwise be in work. If study leave is taken during a non working day this can be taken in lieu, and will be deducted from the 30 day allocation.
- 8.4** In the case of a doctor or dentist who works for more than one Directorate the application should always be submitted to the Clinical Lead/Clinical Director of their “base” directorate regardless of the discipline to which the leave relates.
- 8.5** Applicants are encouraged to make an early application but are required to apply for study leave **six weeks** in advance of the leave requested.

Applicants must be made aware that the final approval is given by the Executive Medical Director’s Department. Where this is not possible, an explanation and justification for late submission must be attached to the application. Late applications without an explanation will be rejected.

- 8.6** Decisions on approval of applications will initially be made by the Clinical Lead/Clinical Director or a Corporate Director in line with the policy. Please note that the final approval is given by the Executive Medical Director’s Department. The approving Director will endeavour to turn around a decision on final approval within **one week**. If the Clinical line manager is away for more than a week, then the right to approve should be reassigned to another person by the Director. This will ensure applications are approved in time and if not, it will give the applicant the opportunity to appeal if necessary.
- 8.7** The Clinical line manager will consider the clinical value, educational value and outcomes required as part of the appraisal process of the consultant and as demonstrated through inclusion in the PDP.

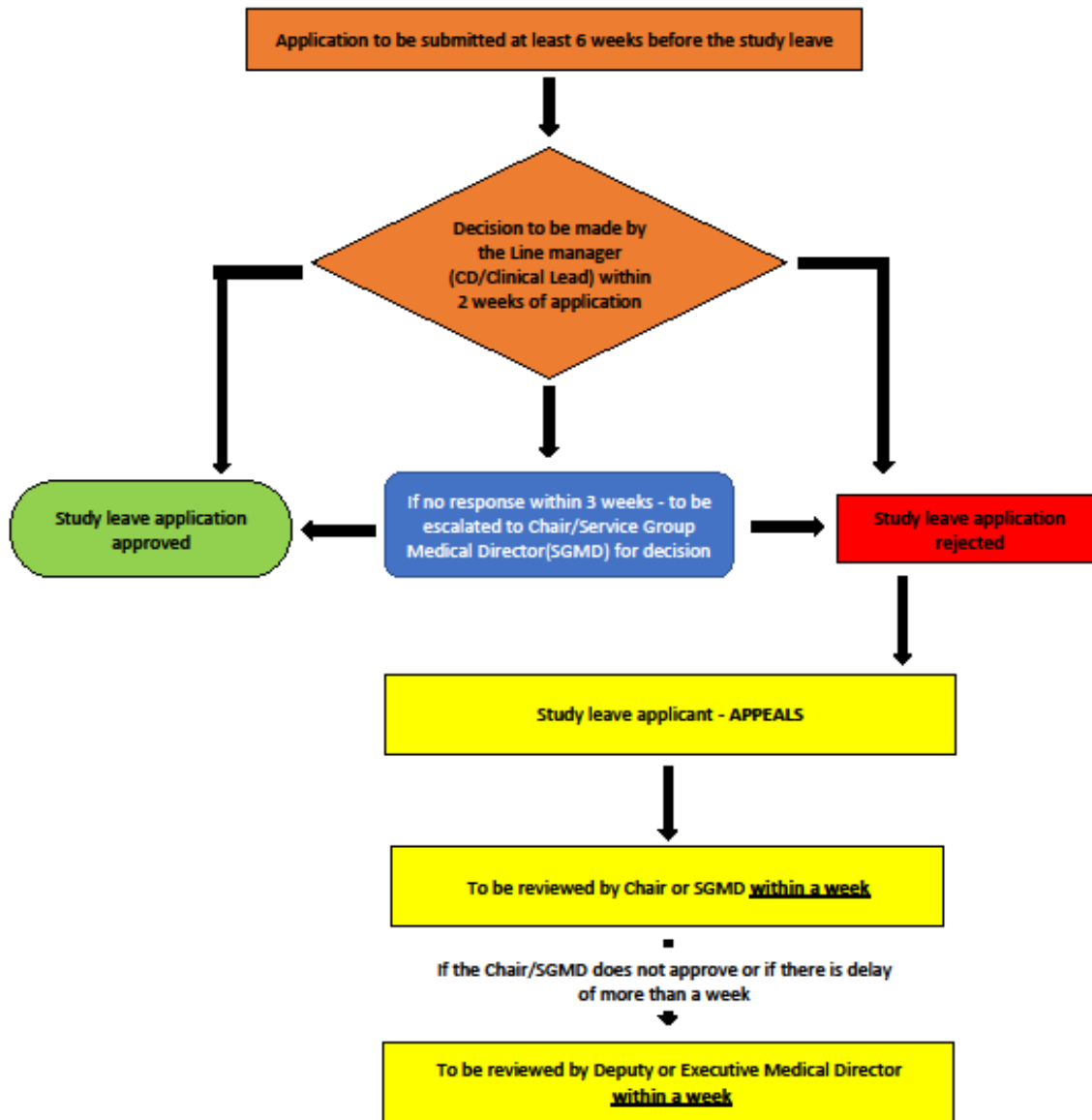
- 8.8** Further discussion may be required between an appropriate director and the applicant before study leave requests can be approved.
- 8.9** The appropriate director reserves the right to decline study leave requests based on service or funding. Directors will state the reason for rejection on the study leave application form and return this to the applicant.
- 8.10** Once the application has initially been approved by the appropriate director, (who should ensure leave does not exceed the 30 days in 3 years) it is sent to the Executive Medical Director's Department. The Study Leave Administrator will monitor the study leave has been approved by the appropriate signatory and will also be responsible for checking costs identified are within the applicable limits and available budget, and applicants have not exceeded their study leave days. This will be the final authorisation in the process. If the costs or number of days, are in excess of the applicable limits or available budget the application will be returned to the applicant with an explanation as to why it cannot be approved in its current format. In exceptional circumstances if the budget is breached, and the study leave is considered critical, either the Deputy Executive Medical Director or Executive Medical Director can approve it.
- 8.11** Applicants and their clinical managers are expected to consider whether there are alternative funding methods by which the cost to the Health Board can be avoided, shared and /or reasonably held to a minimum, while not denying access to appropriate leave within the applicable limits.
- 8.12** The Deputy or the Executive Medical Director will act as the initial arbiter in any unresolved instances where study leave has not been approved.
- 8.13** Retrospective approval of study leave **will not be** granted.
- 8.14** Once approval has been granted the individual will be able to reserve their place and make travel arrangements etc. No commitment should be made to attendance and/or travel until final authorisation is confirmed.

- 8.15** The application, once approved by the Appropriate Director, must be forwarded to the Executive Medical Director who holds the budget. Appropriate confirmation of the decision will be sent to the applicant at the earliest opportunity.
- 8.16** The Clinical Director will be responsible for ensuring that accurate records of study leave approval are maintained for employees in their Directorate. A Health Board wide database will be used to record this information. A standardised approach to record keeping is essential in monitoring, auditing and reporting on medical study leave activity across the Health Board and Intrepid or any future system must be used for the purpose. The Clinical Director should check if the doctor has claimed what was approved. The Executive Medical Director's department will also check this utilising the information contained within the database and maintain records of any anomalies.
- 8.17** An online digital approval process is in place for study and professional leave, for all consultants and non-training grade doctors in secondary care employed by the Health Board. This will maintain all the application and approval criteria with one electronic process, making application and approval processes easier. In the exception when there is a failure in the electronic system, then application approvals may be recorded by handwritten/electronic signature or by Health Board email from the approver, which should be placed in doctors' files by the Study Leave Administrator.

## **9.0 Right of Appeal**

- 9.1** If a study leave application is not approved by the Clinical Lead/Clinical Director, an individual will have the right of appeal. This should be made in writing/email within one month of notification to the Deputy or Executive Medical Director. The decision taken by the Deputy/Executive Medical Director is final and cannot be appealed further.

## Appeals Process Flowchart:



## 10.0 Payment of Study leave expenses

- 10.1 Claims must be submitted as soon as possible and certainly within 3-months of expenditure, using the Health Board's agreed expenses system.
- 10.2 Note that both normal expenses claims and study leave claims will be included within the same monthly claim application. The different elements will however be subject to different 'approvers'. The 'approver' for study leave elements within a claim will be the Study Leave Officer within the Executive Medical Director's department.
- 10.3 Claims approved by the Study Leave Administrator automatically transfer to the payroll department for payment.
- 10.4 All claims must be accompanied by appropriate receipts (including taxi fares, toll fees etc.). Where a receipt is not provided without reasonable explanation, reimbursement will not be processed.
- 10.5 Expense claims will be checked against the approved expenses by the Study Leave Administrator. Records of all study/professional leave approved by the Executive Medical Director's Department will be maintained by the Study Leave Administrator who will also check claims against expenses approved. Expenses will only be approved where costs have been identified on the approved application forms. Doctors should put approximate costs, as the amounts may change in either direction whilst the applicant is awaiting final authorisation. It is accepted that costs may vary when the leave is applied for and when it is incurred and this will be approved. However, additional expenditure items could not be added on the expenses claim if it was not pre-approved.
- 10.6 The Health Board's financial control procedures stipulate that staff must complete their expense claims (including study leave expense claims) on a monthly basis. Any claims exceeding 3 months **will not be paid**. Staff submitting study leave expense claims must therefore ensure that their expenses claim reaches the Study Leave Administrator in the Executive Medical Director's Department for authorisation no later than 3 months following the study leave episode as reimbursement will not be made after this period.

## 11.0 Travel Expenses

- 11.1 Car mileage will be reimbursed at public transport rate along with parking and toll charges incurred as part of the journey.
- 11.2 Bus, Train (including underground) or Air (within the UK) incurred expenses will normally be reimbursed at standard class (receipts must be produced). The Health Board will grant first class rail fares subject to staff obtaining the most favourable rates such as advance fares.
- 11.3 Applicants undertaking study leave outside of the UK, will be eligible to claim travel expenses to the point of departure only (UK port or airport) with the exception of low cost flights to European destinations.

**11.4** Where travelling time would impact significantly on the study leave allowance there is flexibility to count this time as annual leave but such a request should be made when the initial application is presented.

## **12.0 Associated Expenses**

This section illustrates the maximum allowances that can be claimed in respect of Study Leave in the UK or overseas. However, these are dependent on the hours away from the workplace and the food/facilities provided as part of the event. These maxima are subject to regular review.

**12.1** Accommodation will be reimbursed at the actual cost up to a maximum of £100.00 per night – unless justification could be provided for the increased cost.

**12.2** Meal allowance (per 24-hours) will be reimbursed at £25.00 where a receipt is provided.

**12.3** Receipts are required for all claims for reimbursement including meals and incidental expenses.

**12.4** Health Board Endowment Funds cannot be used to fund any accommodation or subsistence expenses, either wholly or in part, to levels above the maxima set out in this policy.

## **13.0 Cancellations of Study and Professional Leave**

**13.1** In the event that study leave is cancelled by the applicant or course provider, the applicant is responsible for notifying the Clinical Lead / Clinical Director /Unit Medical Director, including the Study Leave Admin as soon as possible.



**GUIDELINES FOR WORK UNDERTAKEN BY  
MEDICAL AND DENTAL STAFF OUTSIDE THE HEALTH  
BOARD  
(PROFESSIONAL LEAVE)**

**Policy Owner: Executive Medical Director**  
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## **1.0 Introduction**

- 1.1 It is recognised that consultants have a wider input to the NHS than purely their duties within the employing Health Board. Such duties are mentioned in the Amendment to the National Consultant Contract in Wales, particularly paragraph 2.9 and 2.40-2.42.
- 1.2 These duties provide benefit to the NHS as a whole. On some occasions, there is direct reimbursement of the Health Board and, on some occasions the organisation involved pays expenses, but in other circumstances there is no financial support either for the individual or for the employing organisation.
- 1.3 A balance needs to be struck between the benefit to the NHS, the Health Board and the individual from such activities, and the loss of local service. The individuals who go must realise that participation in such activities is a privilege not a right.

## **2.0 Exceptions**

- 2.1 Activities such as Trade Union duties, Reservist Military service, and Justice of the Peace duties are regulated by legislation and are outside this guidance.
- 2.2 By local agreement 2 days per annum is allowed for Welsh Professional Societies without impacting on the 30 days in 3 years allowance for study leave.

## **3.0 Purpose**

- 3.1 Except as described above, Professional Leave is granted to enable individuals to contribute to the wider NHS. Generally, this involves work for other NHS organisations including Welsh Government, Royal Colleges, BMA, etc.
- 3.2 Professional leave (but without expenses) will be approved for the following:
  - Duties as an officer, committee member or member of a working party of a Royal College, Faculty, Professional or Scientific Society or NICE.
  - Examining for Royal College, University or other body.
  - Attendance as a College Assessor at an Advisory Appointments Committee inside/outside Region.
  - Attendance at officially constituted bodies giving advice to the Department of Health.
  - Duties as a member of a Mental Health Act Commission.
  - Duties as a member of a Medical Defence Society.
  - Attendance at British or International Standards Committees.
  - Duties as a member of the Medical Research Council.
  - Membership of Editorial Board of a Scientific Journal.
  - Clinical Trials Working Party.
  - Duties in relation to postgraduate educational activities outside the Health Board.
  - Lecturing outside the region.
  - Visits to hospitals outside the Region for the purpose of assessing training facilities.

- Attendance at External Appointments Committees for Medical Staff outside the Health Board.
- Attendance at external appeals committees.

**If any of the above activities are remunerated by an external body then they will have to be taken as annual leave or the fee remitted to the Health Board.**

### 3.3 Examples of activities that **are not deemed to constitute professional leave.**

The following activities are regarded as official or normal clinical duties and should be undertaken without application of any leave.

- Clinical meetings related to patient care.
- LNC (Local Negotiating Committee) meetings
- Meetings with commissioners.
- Local service, delivery and improvement meetings.
- Specialist network meetings e.g. Cancer, Cardiology.
- For in house mandatory training.
- Attendance at a Coroner's inquest or court if required by the Health Board.
- Meetings in connection with management of patients across Trust boundaries.
- Attendance at interviews for doctors in training.

Any expenses incurred for the above activities should be claimed via the SEL expenses route.

## 4.0 Time allowance

4.1 When professional leave is approved, there has to be a balance between the leave and service delivery.

4.2 Individuals may be granted up to 10 days per year of professional leave as agreed by the Clinical Lead/Clinical Director/Executive Medical Director, but the impact on clinical service must be recognised and plans to accommodate this must be in place.

4.3 Commitments are often ongoing over several years (e.g. appointment to a panel of examiners or College committee) and these need to be considered for each application and particularly when colleagues in the same discipline discuss their own applications.

4.4 For any commitment or combination of commitments that would exceed 10 days per year, there should be prior to agreement with the directorate management and Executive Medical Director.

## 5.0 Monitoring

5.1 An online application is used to record Professional Leave and this will allow a running total to be provided for each applicant.

5.2 The monitoring of Professional Leave and its impact both currently and prospectively will be the responsibility of the respective Clinical Directorate.

## **6.0 Uncontracted time**

6.1 If there is no requirement to apply to the Health Board for expenses then professional leave for the benefit of the wider NHS could be taken in uncontracted time without the necessity to lodge a formal application. In this situation, the leave would not count against the annual total.

## **7.0 Funding**

7.1 There is no specific budget for Professional Leave and, if required, expenses have to be reimbursed from the study leave budget or other Health Board funds.

7.2 All efforts should be made to encourage the body for which the work is being done to fund the work and any expenses incurred.

**Appendix II** Standards of Business conduct [SBU Intranet - Standards of Business Conduct Policy.pdf - All Documents \(sharepoint.com\)](#)

## **Appendix III** Endowment fund Guidance



SBU Expenditure  
Guidance V2.docx