Oxford Deanery Interim Study Leave Policy for Doctors and Dentists employed by NHS Trusts

Oxford Deanery Policy Guidance

Approved by the Deanery Executive: 18 March 2010
Borrowed with permission: December 2009
Oxford Deanery Interim Study Leave Policy

All doctors and dentists in training, apart from those in their first foundation year and for whom there are different arrangements in place, in educationally approved posts are entitled to annual study leave. The educational approval for study leave rests with the Clinical Tutors, working in collaboration with specialty tutors, the specialty schools and taking into account service needs within the Trust.

Applications for study leave should be made to the Clinical Tutor, with the approval of the Consultant Clinical or Educational Supervisor. Disputes between trainees and departments should be referred to the Clinical Tutor for resolution. If no agreement can be reached or if the dispute is with the Clinical Tutor, appeal to the Dean may be appropriate.

General Principles

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<tr>
<th>1</th>
<th>Management of Study Leave Funds</th>
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<tbody>
<tr>
<td>This is the responsibility of the Clinical Tutor. They can only effectively discharge this responsibility with support from Specialty Training Committees/ School Boards / Educational Supervisors. These funds should not be devolved further within the Trusts to Directorate / Departmental levels.</td>
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<th>2</th>
<th>Study Leave Year</th>
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<tr>
<td>This year (and its funding allocation) should be individualised to the trainee. It will commence on the day of appointment to an Oxford Deanery post and not relate to the fiscal year or calendar year.</td>
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<th>3</th>
<th>Access to Annual Funding Allocation</th>
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<tbody>
<tr>
<td>Foundation and Core Trainees should access their funding allocation for the entire year even though they may be in an individual trust for only six months. Not to be able to do so could deny them access to more expensive courses.</td>
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<th>4</th>
<th>On-Call whilst on Study Leave</th>
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<tr>
<td>Trainees should not do on-call whilst on study leave, even if the period of study leave is short. Ideally this should include not being on call the night before study leave. Failure to adhere to this diminishes the value of study leave to the trainee and is poor value for money to the Deanery.</td>
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<th>5</th>
<th>The Study Leave Week</th>
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<td>The time allocation for study leave relates to the number of working days missed over the leave period. Weekends should only be counted when they coincide with a duty period.</td>
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<th>6</th>
<th>Local Training Programme</th>
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<tr>
<td>The Oxford PGMDE Agreement allows for half the 30 days per year allowance for FY2, DF2. Dental SHO, Core, STRs and SpRs to be taken up by local/Deanery training programmes provided that the teaching is in protected time and the programme is published in advance. It is good practice to include</td>
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General Principles for Study Leave in Oxford*

the trainee’s in the planning of such a programme and that a variety of teaching styles is used. It is the trainee’s responsibility to ensure that at least 70% of the training sessions are attended. These sessions should be given approval by Clinical Tutors for internal leave for FY2, DF2, Dental SHOs and Core and by Schools and the PGD for SpRs and StRs. If not approved, the full allocation for external study leave should be available. Activities such as audit and Clinical Governance are part of a Trust’s normal activities and should not be counted against study leave.

7 Private Study Leave
This should only be granted for a defined purpose such as examination preparation, writing up research, review papers etc. Clinical Tutors should only grant such requests if there are written objectives agreed between the trainee and Educational Supervisor. It is good practice to subsequently evaluate the success / usefulness of the study leave. Aims and outcomes should be recorded in the trainee’s study leave record / portfolio. The general guidance (although exceptions can be made) is that maximum allocation should only be one week at a time. Clinical Tutors should devise systems to monitor that objectives are set.

8 Locum Cover
Study leave funding is allocated only for fees and expenses. Locum cover is not part of this. The need for locum cover should be minimised by good planning. Provided that adequate notice is given study leave is accordingly agreed, the Trust should ensure that cover is provided. Locum cover should be paid for by the Trust.

9 Learning Agreements
Study leave should not be granted unless a learning agreement has been submitted to the Clinical Tutor. Clinical Tutors are encouraged to monitor the quality of these agreements and to ensure that study leave questions are addressed. Unless in your first post, a ‘Personal Study Leave Account (PSLA)’ is also essential to the study leave application, showing courses, time and funding granted by previous employing Trusts. This is provided by the Postgraduate Centre at the Trust you are leaving.

10 Booking
At least six weeks notice should be provided by the trainee. Approval for study leave should only be given exceptionally if the notice period is shorter.

11 Appeal Mechanisms
Disputes between trainees and departments should be referred to the Clinical Tutor for resolution. If no agreement can be reached or if the dispute is with the Clinical Tutor, appeal to the Dean is the next step. All appeals require appropriate written documentation.

12 Local courses
All trainees should attend the relevant local course in preference to equivalent external courses. Funding for new courses: Schools and STCs wishing to set up new courses can seek funding by top-slicing their trainees’ funding equally across the region, provided that the top-slicing is a relatively
General Principles for Study Leave in Oxford*

minor proportion of the total allocation and does not unduly disadvantage trainees that need funding for other courses. **Trainees should sign a contract encouraging attendance at the course.** This will be monitored by the Schools, and **non-attendance reported to Clinical Tutors.** Schools should keep exam success statistics and any other appropriate outcome measure to assure the Deanery and Clinical Tutors of quality.

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Core Trainees, Foundation Year 2 Trainees (F2s), Dental SHOs, Dental Foundation Year 2 Trainees (DF2s)

Study leave planning should be incorporated in the educational agreement drawn up between the trainee and his / her Educational Supervisor. These plans should be revisited at each appraisal. Clinical Tutors should monitor these to ensure that such planning takes place. Specialty specific recommendations for essential, desirable and low priority courses will be added to these pages as they are updated.

**Attendance / Monitoring**
Trainees should keep a record of their study leave. They should be encouraged to indicate this record in a learning portfolio, which they should continue throughout their postgraduate career. Such a record (portfolio) should be the property of the Supervisor at each new attachment. The record will help to inform the learning agreement and future study leave planning. The record should discuss both the aims of the study leave and other learning goals and whether, and in what way, these aims were met.

Specialist Registrars (SpRs) / Specialty Registrars (STRs)

**Planning**
Clinical Tutors co-ordinate approval of study leave, taking into account Education Committees' recommendations. Essential, desirable and low priority courses will be defined by specific specialties. Study leave planning should take place within the context of the entire training programme and not just on an annual basis.

Individual trainee’s study leave programme will be reviewed at each RITA / ARCP assessment. This should ensure that there is adequate access to study leave, and also that planning for it is undertaken. Any issues arising as a result of the assessment should be communicated to the trainee and his/her local College Tutor. The College Tutor should ensure that the trainee’s Educational Supervisor is appraised of any problems and also the Clinical Tutor if relevant.

**Attendance / Monitoring**
All STRs (or SpRs) should maintain a learning portfolio, which will include a record of the trainee’s study leave. This record will cover the aims of the study leave, and an evaluation of how well these objectives were met. This learning portfolio will often form part of the STRs (or SpRs) College Training Record.
Post- CCT/CCST trainees will continue to be eligible for study leave. The nature of the study may of course be different from pre-CCT in this transition period to a consultant appointment. Post- CCT/CCST trainees should register with their College for CPD as soon as they have obtained their CCT/CCST.

Special Requirements

There are a number of specialities with expensive / time-consuming courses that are regarded as essential, for example; Psychotherapy. Other specialities also have a demand for expensive courses. Funding from the study leave budget will not normally cover these and support will need to be found from elsewhere.

Flexible Trainees
These have identical needs to those of full-time trainees. However, Specialty Education Committees and Clinical Tutors should be vigilant in ensuring access is the same as for full time trainees.

Overseas Graduates
Overseas graduates should have precisely the same opportunities as UK graduates. However, these trainees may be less familiar with the UK study leave system and therefore College / Clinical Tutors should be proactive when it appears such trainees are not making use of their study leave opportunities.

Invitations to Present Papers Abroad
COPMeD guidance states that 'attendance may be possible but costs are likely to be only partially met by the study leave budget'. Care must be exercised if pharmaceutical company sponsorship is provided. Advice about its appropriateness must be sought from the Clinical Tutor. Departments sending their trainees on such conferences should be prepared to find alternative sources of funding. Clinical Tutors may wish to seek the views of College Tutors / Regional Advisors on an individual basis.

Evaluation
Trainees should critically evaluate every episode of study leave in terms of its general quality and its value to them. Most importantly, such critical evaluation, particularly emphasising what the trainee learnt, should be part of a learning portfolio. Critiques will be monitored by Educational Supervisors and Clinical Tutors, and also through STCs via the RITA / ARCP system. As far as possible, trainees should be encouraged to look on these evaluations as beneficial to them rather than as bureaucracy.

Acknowledgement:
This document is based on the Wessex Policy and has been edited for use in the Oxford Deanery. It covers dental trainees in both the Oxford and Wessex Deaneries.