Guidelines on Training Requirements related to Non Holiday Leave (Sept 2011)

The following guidelines should be referred to when a trainee has been absent from training due to sickness, jury service, maternity or paternity leave.

Allowance for Certification

The RCGP will allow time off from training programmes for sickness absence, jury service, maternity or paternity leave. However, the sum of these absences must not exceed two weeks within any single training year.

Any sickness and/or jury service and/or maternity/paternity leave taken in excess of this must be made up in full, but not necessarily in the same speciality or post where the absence occurred, unless the total training time in that speciality is less than 3 months.

Trainee Responsibility to Notify

Trainees must inform their employers (Trust or GP Practice) at the earliest opportunity of any planned or unexpected leave, failure to do so may be a breach of contract.

Trainees must also advise their Patch GP Office if they are planning maternity/paternity leave or if they have to attend jury service at the earliest opportunity. If in a GP Training placement they may be required to complete a PAY2 for changes in salary or work periods.

Trainees must inform, (or arrange for) the Patch GP Office to be informed of any absences due to illness and submit appropriate certification to their employer which should be copied to the GP Patch Office.

Maternity Leave in a GP placement

The terms of the NHS Scheme will apply to doctors on a GP VTS while they are undertaking the hospital part of their training.

Employment as a GP registrar with a general medical practitioner will count for the length of service requirements.

Similarly, when doing the general practice part of the training, previous hospital service may be taken into account in determining the length of service requirements.

A GP registrar undertaking the general practice part of their training will have a contract of employment with the training practice rather than the NHS. Although technically there is no automatic right to the NHS Scheme there has been an historical agreement with the health department that GP registrar entitlements are in line with the NHS Scheme.

The rights of GP specialty registrars during the general practice part of their training are laid down in the National Health Service Act 1977 – Directions to Strategic Health Authorities concerning GP Registrars 2003. The Directions have been amended with effect from 1 August 2007 to bring them into line with the hospital Terms and Conditions of Service.

With effect from 1 August 2007 GP specialty registrars who fulfil the relevant criteria of:
• completing at least 12 months continuous service with an NHS employer without a break of over three months immediately before the beginning of the 11th week before the expected week of childbirth

• continues to be employed by the GP trainer until immediately before the beginning of the 11th week prior to the expected week of childbirth

• notifies the GP trainer, in writing, of her intention to take maternity leave and whether or not she intends to return to resume the traineeship with the same or another GP trainer after her childbirth before the end of the 15th week before childbirth or if not possible, as soon as reasonably practicable

• submits to the GP trainer a statement from a registered medical practitioner or a certified midwife indicating the expected date of confinement no later than 21 days before the commencement of maternity leave, or if this is not possible as soon as it reasonably practicable

Are now entitled to:

• 8 weeks’ full pay (less any SMP or MA receivable [including any dependants' allowances])

• 18 weeks’ half pay (plus any SMP or MA receivable [including any dependants' allowance]) not but exceeding full pay.

Although there is no specific reference to statutory maternity pay in the Directions GP registrars will in addition be entitled to a further 13 weeks of SMP or MA if they fulfil the necessary criteria.

Unpaid maternity leave

Employees are also entitled to take a further 13 weeks as unpaid leave to bring the total of leave to 52 weeks.

Fixed term or training contracts

Where an employee has a fixed term or training contract which expires after the 11th week before the EWC, and who satisfies the conditions of the NHS Scheme they shall have their contract extended to allow them to receive the 52 weeks which includes paid contractual and statutory maternity pay and the remaining 13 weeks of unpaid maternity leave.

Keeping in touch days (KIT Days)

The NHS Scheme has been amended to include reference to 'keeping in touch days' which were introduced under legislation which contained improvements to statutory rights.

It is important that early discussion should take place between the employer and the employee before the employee’s maternity leave takes place.

Employers are encouraged to consider the scope for reimbursement of reasonable childcare costs or the provision of childcare facilities to enable employees to take up the opportunity to work keeping in touch days. They are intended to facilitate a smooth return to work for women returning from maternity leave.
An employee may work for up to a maximum of 10 keeping in touch days without bringing her maternity leave to an end. Any days of work will not extend the maternity leave period. However, an employee **may not work during the two weeks of compulsory maternity leave** immediately after the birth of her baby.

The work does not have to be consecutive and can include training or other activities which enable the employee to keep in touch with the workplace.

Any such work must be by mutual agreement and neither party can insist upon it. The employee will be paid at their basic daily rate for the hours worked less appropriate maternity leave payment for those keeping in touch days worked.

These days may be funded by agreement with the individual training practice and trainee but there is no provision for reimbursement in the NHS Directions and Regulations. It will, therefore, fall to the Practice to pay and reimburse any funding that is agreed to and the practice will not be able to receive reimbursement from the Strategic Health Authority or PCT.

The general consensus at the moment is that KIT days could be seen to be beneficial to trainees but they remain voluntary. They can be used for attending courses, or sitting the CSA and AKT rather than actually seeing patients. The RCGP has stated that these days will not normally count towards training certification.

The regulations around KIT days have been reviewed by the BMA who confirm there is currently no firm guidance but that the GP Trainee Sub-committee will undertake investigations into the issues surrounding it.

Working for any part of a day will count as one keeping in touch day.

Any employee who is breastfeeding must be risk assessed and facilities provided in line with the health and safety provisions

**Accrued Leave**

This is paid holiday leave accrued pro-rata during the Trainee’s maternity leave. This is normally added to the Trainee’s programme as additional days at the end of their period of Maternity leave. It cannot be used to reduce the remaining days of training required for final certification. The amount of leave the Trainee may have is dependent upon their employers leave policy and rules. Untaken holiday leave from training/work time is subject to the employer’s contract “accrued leave polices”.

**Occupational Health**

Following periods of leave for health or sickness the Deanery will normally request an Occupational health Review before the Trainee will be permitted to return to work. The employer may also require a copy of this review or in some circumstances undertake their own Occupation Health review as well.

**Completion of 3 years Training**

Following absence of more than two weeks (this may be accumulated over a training year) and before return to Training the Trainee must review with the GP Patch Educational Office their
programme and identify any deficiencies in training time and develop in agreement with the Team a suitable return to work programme and if necessary an approved extension to training.

Trainees need to confirm with the RCGP that their plans to make up lost time will mean that their programme of training conforms, on completion, to regulatory requirements. They should have this confirmed in writing (email or letter) in case of queries at final certification.

It is RCGP and GMC-PB guidance that training periods of less than three months in duration will not normally count towards a CCT. However, in cases where a GP in training has to make up time lost through sickness, jury service and/or maternity/paternity leaves; the College may be able to request that GMC-PB accept training periods of less than three months towards a CCT as long as a full three year training programme is completed. The final decision regarding this lies with GMC-PB.

Less Than Full Time Training

Trainees intending to return to training on reduced hours (Less than Full Time Training) (see website) following non-holiday leave (i.e. sickness/maternity/etc) should discuss their plans with the Patch Programme Directors at the earliest opportunity to ensure that they will complete a full and approved 3 years of training leading to Certification.

As soon as it is known that LTFTT is planned it should be discussed with the local GP educational team, if possible before the start of the planned leave (i.e. maternity/paternity).

Trainees who are on sick leave and planning a return to training at LTFTT will be required to have an Occupational Health review prior to their return to help determine an appropriate programme as they may need a phased return to work timetable.

Documentation of Leave

Where additional leave above the normal approved allowances occurs the Trainee will make certain that their employer and the Patch Office has been informed. Trainee’s and Educational supervisors are advised to record all episodes in the e-portfolio particularly if the absence is prolonged and on occasion may be classified as OOP (Out of Programme).

The hospital Trust will normally document this in the Trainee’s electronic intrepid file which will be reviewed prior to each ARCP panel.

The GP Trainer/Practice Manager should keep a full record of the Trainee’s attendance while employed in their Practice (this should also be documented in the e-portfolio) and inform the GP Training patch Office of all periods of non-holiday or study leave in a ST3/GPStR training year or in a 6 month training period any absence as in a training year (i.e. ST1/2) the cumulative absence may exceed 2 weeks across the combined Hospital and GP posts in that ST year.

The Patch office will inform the ARCP panel of all additional leave above the permitted 2 weeks per training year.

However it ultimately remains the Trainee’s responsibility to make certain that the GP Patch Office is aware of all extra leave over and above permitted leave for whatever the reason that might affect final Certification and this should be done as soon as possible.

ARCP Panels
The ARCP panel will check the total leave absence (holiday leave is not counted) in each 12 months of Training and may grant a training extension as appropriate.

**CPR Certificate**

For the final ARCP panel sign of the trainee **must have a valid and in-date CPR certificate** *(with in the 12 months preceding the ARCP sign off)* otherwise they will receive an “unsatisfactory ARCP outcome”. Extensions will not normally be granted and a failure to have a valid certificate may result in a delay to final certification until after the Training Programme has finished.

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**DEANERY ADVICE ON RETURN TO TRAINING PRIOR TO FINAL CERTIFICATION**

The Deanery recommends that if an extended period of leave is taken directly prior to final Certification then a suitable return to work time period should be planned on the return to the ST3/GPStR training year by the Trainee to allow their clinical skills and knowledge to be adequately refreshed and updated.

Extensions will not be granted for this and it is advised that adequate “refreshment” time should be built into the final return to work period before certification were possible when planning extended leave.

If up to a 6 month gap has occurred just prior to final certification then the Deanery advises that the Trainee should plan to have a minimum of 2 weeks “refresher” period of training before Final Certification and 4 weeks for gaps greater than 6 months.

**This advice is considered by the Deanery to be a matter of Professional responsibly and ultimately of patient safety.**

**For leave periods of greater than 12 months please see separate guidance as this will affect final certification date and the RCGP CU may require a short period of additional training**

See RCGP Guidelines; [http://www.rcgp.org.uk/gp_training/certification/faq.aspx#twelve](http://www.rcgp.org.uk/gp_training/certification/faq.aspx#twelve)

See also BMA Maternity leave (for NHS medical staff) Membership guidance note – NHS employment April 2010

RW Sept 2011