



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

To: Regional Health Authorities)
Area Health Authorities) for action
Boards of Governors)
Community Health Councils - for information

April 1979

PERSONNEL

HOSPITAL MEDICAL AND DENTAL STAFF: STUDY LEAVE

SUMMARY

This circular records an agreement on the machinery for consideration of applications for study leave.

1. The Joint Negotiating Committee for Hospital Medical and Dental Staff has reviewed the operation of the study leave provision of the Terms and Conditions of Service (paragraphs 250-254) in the light of information about employing authorities' current practice in applying these provisions. As a result of this Review it has been agreed that further guidance should be issued on certain aspects of the application of the present arrangements, with particular reference to the need to ensure that an adequate machinery exists for the consideration of study leave applications.

2. The further guidance set out below (which should be read in conjunction with HM(67)27 and HM(68)50) is directed principally towards study and professional leave under paragraph 251 of the Terms and Conditions of Service rather than to study leave outside the United Kingdom, which employing authorities have traditionally considered under the wider discretionary arrangements in paragraph 252. Employing authorities may, however, consider it appropriate that the machinery recommended in this circular for considering study leave should also deal with applications for overseas study leave.

3. Regional Health Authorities, with the advice of the Study Leave Committee (and, if appropriate, the Regional Post-Graduate Medical and Dental Education Committee), have a duty as part of their normal monitoring role, to ensure that there is an appropriate and satisfactory study leave policy for medical and dental staff in each of the Areas within their regions. The guidance which follows builds on that role.

MECHANISMS FOR DEALING WITH STUDY LEAVE REQUESTS

4. The Joint Negotiating Committee recognises that there is a need to ensure that study leave applications are considered in such a way that full account is taken of the long-term needs of individuals for training and professional development as well as of the short-term needs of the service. There is also a need for a consistent approach within regions and for an adequate approval mechanism to secure this. The Committee therefore recommends the following arrangements, and authorities should give effect to them in so far as they do not already represent current practice.

5. A Study Leave Committee should be established at Regional level to act on behalf of employing authorities in the Region, covering all grades of medical and dental staff. This committee should consist of:

the Regional Medical Officer (or his deputy);

an officer representing the teaching AHAs in the Region;

an officer representing the other AHAs in the Region;

a member nominated by the Regional Committee for Post-Graduate Medical and Dental Education;

two members nominated by the Regional Committee for Hospital Medical Services; and

two members nominated by the Regional Hospital Junior Staff Committee.

The committee may co-opt representatives of employing authorities, post-graduate educational of staff interests in an advisory non-voting capacity for discussion of individual items on the committee's agenda.

6. Employing authorities should as a rule implement all advice given to them by this committee in relation to application for study leave under paragraph 251, subject to the need to maintain an adequate level of service.

7. Decisions on individual applications for study leave from junior hospital medical staff should be considered at service-giving level or as closely as possible to it; it would be appropriate for routine applications to be approved by nominated officers of the employing authority.

8. Decisions on individual applications for study leave from senior hospital medical and dental staff (consultants, SHMOs and Medical Assistants) should be considered by the employing authority's Medical Officer (or his deputy) in the first instance.

9. If a request is not approved, the applicant may refer his case to the Regional Study Leave Committee; he should be told of his right of appeal. In the event of refusal the reason for refusal should be given to the applicant in writing.

10. While practitioners should be encouraged to attend suitable local courses, study leave committees should have discretion to grant leave and full expenses for courses at a distance where these are appropriate to the individual's needs.

11. There should be a system of regular returns to the study leave committee giving outline details of applications granted and refused, in order that they can ensure consistency.

12. Applications for study leave must be made before the leave is taken, and as long a period of notice as possible should be given. Authorities should try to ensure that applications are dealt with promptly. Where a practitioner has not received a final decision on an application, and therefore takes annual leave rather than study leave, this should not prejudice consideration of his claim for study leave, and an appropriate adjustment should be made retrospectively if study leave is granted.

FUNCTIONS OF THE STUDY LEAVE COMMITTEE

13. The Regional Study Leave Committee will:

- a. give advice to employing authorities (within the terms of the national agreements on study leave) to ensure reasonable uniformity of practice in the consideration of study leave applications within the Region and adequate budgetary provision;
- b. decide on difficult or borderline cases on which the appropriate local officer has been unable to take a decision;
- c. hear and decide appeals relating to applications for study leave;
- d. consider and make recommendations regarding applications for overseas study leave referred to them by authorities, taking into consideration the contribution which may be made by and to British medicine.

EXPENSES

14. There is currently a variety of practice concerning the payment of expenses for study leave under paragraph 251 of the Terms and Conditions of Service which is not always in accordance with the spirit of the Terms and Conditions. Authorities should accept the natural consequences of granting study leave, so that all reasonable expenses associated with the period of approved study leave are paid except under the circumstances indicated in paragraph 15. This includes the expenses of those practitioners who with their employing authority's approval attend the courses and attachments approved by the Council for Post-Graduate Medical Education as suitable for inclusion in the Advanced Post-Graduate Training Scheme List.

15. Authorities should however, continue to exercise their discretion to pay less than full expenses in circumstances where this could be reasonable; for example, where a practitioner's expenses are met wholly or partly by a sponsoring body or where a practitioner is in contract with more than one authority, each of which should make a contribution pro rata to the amount of time contracted for. There should be no restriction of expenses unless these or similar considerations apply.

PROVISION FOR LOCUM COVER

16. Employing authorities are reminded that where necessary and appropriate locum cover should be provided in accordance with normal practice under the Terms and Conditions of Service to facilitate approved study leave.

PRACTITIONERS IN GEOGRAPHICALLY ISOLATED AREAS

17. Practitioners in geographically isolated areas may sometimes use up a disproportionate amount of their study leave for travel. Employing authorities are reminded of the appropriate use of the discretionary arrangements in paragraph 252 of the Terms of Service to compensate practitioners who are adversely affected in this way.

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