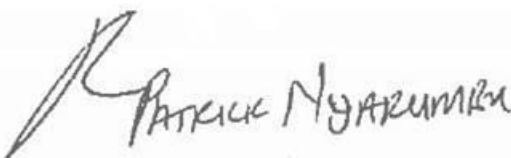




# STUDY LEAVE POLICY (Medical Staff)

Policy number and category	HR 29	Human Resources
Version number and date	1.2	September 2022
Ratifying committee or executive director	Transforming our Culture & Staff Experience Sub Committee	
Date ratified	September 2022	
Next anticipated review	September 2025	
Executive director	Director of Strategy, People & Partnerships	
Policy lead	Senior People Partner (Medical Workforce)	
Policy author (if different from above)	As Above	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

## Policy context

- The organisations policy on gaining approval, for medical staff, for any form of study or Continuing Professional Development activity (both internal and external) where there is a time and/or financial implication
- To ensure study leave applications, from medical staff, are considered in a fair and equitable manner across the whole organisation
- Guidance in relation to the funding arrangements for study

## Policy requirement (see Section 2)

- Requests for study leave should relate to the organisational, Directorate and service priorities
- Requests for study leave should relate to personal development plans as discussed in line with the annual appraisal
- All study leave is requested and authorised in a transparent, fair, and consistent manner and in advance of study leave taking place
- Training and development will be informed by relevant occupational/professional standards
- There is an appropriate Departmentally agreed safe level of medical cover

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# 1 INTRODUCTION

## 1.1 Rationale (Why)

This policy has been developed to ensure that study leave applications are considered equitably and fairly across the whole organisation. This policy has been developed to support Clinical Directors/Line Managers in making judgements regarding the calculation, approval, and monitoring of study leave, considering the needs of the service as well as those of individual medical staff.

The policy supports the Trust's People Strategic Priority – Creating the best place to work and ensuring we have a workforce with the right values, skills, diversity and experience to meet the evolving needs of our service users.

The policy should be read in conjunction with the following policy and strategy:  
**Medical Appraisal and Revalidation Policy**

## 1.2 Scope (Where, When, Who)

This policy outlines the process to be undertaken by Clinical Directors/Line Managers who have a responsibility for approving study leave within Service areas/Departments and serves to inform all medical staff of the process of application and approval for study leave requests.

### 1.2.1 The policy applies to medical staff in the grade of:

- Consultant
- Associate Specialist\*
- Specialist Grade\*
- Specialty Doctor\*
- Hospital Medical staff\*
- Clinical Assistant\*
- Trust Grade Doctors / Locally Employed Doctors (LEDs)

\* Referred to as SAS Grades within this policy

### 1.2.2 The policy reflects the Terms and Conditions (TCS) outlined in Schedule 18 of the 2003 Consultant TCS, Schedule 15 of the 2021 Specialist and Specialty Doctor TCS, Schedule 17 of the 2008 Associate Specialist and Specialty Doctor TCS, Schedule 9 of the 2016 NHS Doctors and Dentists in Training TCS and NHS Medical and Dental Staff (England) 2002 General Whitley Council Provisions.

### 1.2.3 Guidance on study Leave arrangements for Postgraduate Doctors in training is provided by Health Education England - Access the procedure via this link: [Study Leave \(westmidlandsdeanery.nhs.uk\)](https://www.westmidlandsdeanery.nhs.uk) See also section 5 of this policy for a brief summary.

## 1.3 Principles (Beliefs)

Our values of compassion, inclusion and commitment describe our core ethics and principles. They guide our culture and are underpinned by our everyday behaviours.



Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) is committed to supporting the learning, training, and development needs of all staff of all grades and disciplines and ensuring that this is applied equitably in order to assist with the recruitment, retention, and lifelong learning of its employees. This policy applies to all medical staff, including Consultants, Specialist Grade, Associate Specialists, Specialty Doctors, Trust Grade Doctors / Locally Employed Doctors but with the exception of Postgraduate Doctors in Training.

## 2 POLICY (What)

2.1 The purpose of this Policy is to ensure that:

- Requests for study leave should relate to the organisational, Directorate and service priorities
- Requests for study leave should relate to personal development plans as discussed in line with the annual appraisal
- All study leave is requested and authorised in a transparent, fair, and consistent manner and in advance of study leave taking place
- Training and development will be informed by relevant occupational/professional standards
- There is an appropriate Departmentally agreed safe level of medical cover

2.2 All requests for Study Leave should be discussed, agreed, and relate to a personal development plan as documented within the employee's medical Appraisal and supervision also linked to both the Service Area and Departmental business needs and priorities. The Medical Appraisal documentation can be found within the Allocate e-Appraisal system

2.3 All applications need to be assessed using the criteria set out in section 3.2

2.4 Applicants should be aware that retrospective applications for study leave may not be approved.

## 3 PROCEDURE

### 3.1 Key Principles

Applications for study leave should be submitted 4 weeks before the first day of the proposed leave

### 3.1.1 Criteria for the approval of study leave

Relevance and benefit are the key points for consideration by Clinical Directors/Line Managers

- What are the training and development needs identified within the PDP and Job Plan and how is it linked to the key priorities for the job role and for the employee?
- How are the training and development needs identified as relevant to the objectives of the Trust/Service area/Department?
- Is the proposal the best and most effective/efficient way of meeting the learning, training and development needs identified, or would other means be more effective for example secondment, mentoring, coaching, or shadowing?
- If the study leave applied for meets the above criteria, can it be supported whilst maintaining operational cover/service requirements?

Study leave is for postgraduate purposes to support continuing personal, professional, and clinical development, relevant to a medical staff's discipline and their personal and professional development programme i.e.

- study, usually but not exclusively or necessarily on a course or programme
- research
- teaching
- examining or taking examinations
- visiting clinics and attending professional conferences
- training

Special Professional Leave is intended to support NHS or Royal College activities. Examples include:

- Examining for the Royal College of Psychiatrists examinations
- Work done for NHS England and Improvement
- Work done for NICE

Where paid study leave is granted to medical staff, no other work must be undertaken during the period of study leave

If funding for a period of study leave is provided in part or whole by an external company or organisation e.g. a drugs' manufacturer or supplier, the medical staff must declare this in their leave application and provide details. If it is intended to use Trust Charitable funds in part or whole to finance a period of study leave, this must also be indicated in the leave application and a copy forwarded to the Finance Department by the Medical staff.

### 3.1.2 Expenses

It is the responsibility of the employee attending a training event to state the intention to claim travel expenses on the study leave form at the time of application.

BSMHFT does not pay examination fees or the fees for examination revision courses. The day of an examination by be taken as study leave.

Approval for transport is restricted to the least expensive form of travel which can be reasonably taken. Excess public transport costs incurred will be considered, however, taxi fares will only be authorised in exceptional circumstances and first-class travel will not be reimbursed by the Trust.

Mileage rates for car use will be in accordance with national terms and conditions of service. It is the driver's responsibility to ensure they hold the appropriate car insurance cover.

In the event that other avenues of travel have been exhausted and air travel has been deemed as the most economical option, air fares will be reimbursed at economy class only and would require prior approval by the Chief Executive.

When claiming for reimbursement of travel expenses, a copy of the study leave form demonstrating approval of travel expenses is required, along with any appropriate receipts (or proof of payment). See the guidance on Connect 'Claiming Study Leave Expenses' - [Expenses \(sharepoint.com\)](#)

Claims for authorised study leave expenses should normally be made within 3 months of attendance at the event. Expense Claim forms submitted after the 3 month deadline date will not be processed. The payroll deadline is typically the 5<sup>th</sup> working day of the month. It is advised that medical staff submit expense claims at least 5 working days before this to allow for the Line Manager to approve and for onward submission to the ESR Team for payment via payroll.

Arrangement for rail travel, hotel accommodation and air fares should be made through Redfern Travel and follow the required procurement processes. However, if a cheaper alternative provider can be sourced, these may be used following approval from the Procurement Team (Email: [bsmhft.trustprocurement@nhs.net](mailto:bsmhft.trustprocurement@nhs.net)) The Trust expects colleagues to take up the most cost-effective accommodation and will also consider the location of the required accommodation

Link to Redfern Travel Website - **Redfern Travel**  
<https://www.trips.uk.com/js/SABS/Corporate.html>

### **3.1.3 Record keeping**

The line manager must ensure that application forms or letters relating to study leave (for example, the learning agreement letter recording their commitment to remain within the organisation) are kept in the employee's personal record and sent to finance where any fee is mentioned.

Individual employees and line managers have a responsibility to maintain their own records of study leave taken. For managers, this record can be used to ensure that access to training and development opportunities is transparent and equitable for their staff.

### **3.1.4 Service and cover requirements**

Based on departmentally agreed minimum levels of safe cover, the Clinical Director, clinical lead their deputies or designated leave coordinator will determine in consultation with the Associate Director and/or relevant Clinical Nurse/Service Manager on the minimum staffing numbers required. This is to ensure there are enough senior medical staff available to provide continuity of care, a safe emergency response and safe routine care minimising potential or actual operational difficulties. The minimum staffing numbers will depend on team size and sub-specialism.

Any member of staff's study leave request can be declined by a manager to meet operational cover/service requirements. Whilst this should be a last resort, there are circumstances that can arise where it is essential that service delivery is not compromised by staff's attendance at study opportunities. For medical staff, their job plan should cover the routine need to maintain operation cover and meet service requirements whilst they are on study leave.

### **3.1.5 Equality of opportunity for staff applying for study leave**

It is the manager's responsibility to apply the principles of equality of opportunity so that study leave applications are treated fairly and transparently, ensuring that no particular group of employees is disadvantaged.

A quarter of medical staff impacted by this policy work less than full time. The Royal College of Psychiatrists CPD submission requirements are the same regardless of whether a doctor works full time or part time. Managers should therefore be aware that doctors working less than full time may require proportionally more time than their full-time colleagues.

The uptake of study leave will be monitored so that information can be used to ensure that all staff's access to study leave is fair and equitable. To ensure that no groups of staff are being discriminated against regarding their access to study leave attendance, all study leave must be captured by the manager so that audits and reporting can be completed.

The manager of the member of staff must ensure that any study leave taken is recorded in ESR Manager Self Service document. It is the manager's responsibility to make sure that the ESR Manager Self Service accurately reflects the study leave activity of their staff group.

### **3.1.6 Study Leave Application Criteria**

In circumstances where multiple medical staff from a specialty/sub-specialty wish to attend an event, minimally agreed clinical services must be covered. Examples of multiple attendances might include:

- Presentation at a conference that cannot be covered by a single attendee
- Where it would be impractical or onerous for a single medical staff to bring back learning into the Trust to cascade to others
- Where attendance clearly benefits CPD or contributes to the achievement of Personal Development Plans or National Accreditation
- Where a clear benefit to BSMHFT or patients can be identified
- Where there is clear linkage to achieving BSMHFT objectives or goals
- Where the return on any investment can be clearly demonstrated
- When a course is infrequent e.g. every two or three years, it is sometimes in the Trust's best interest to have several same-specialty consultants going on a national or international conference

The total period of absence during a period of study leave, including off-duty days and weekend days, must be included in the application. However, in determining the number of days to be deducted from an individual's study leave allocation, BSMHFT acknowledges that it is sometimes necessary to travel the day before to arrive in time for the start of an event.

If travel time does not require the cancellation of timetabled job planned activity (DCC or SPA), no study time will be deducted for travel. If, however, for example, the travel is the previous afternoon when the medical staff has timetabled job planned SPA time, half a day will be deducted.

In all cases applications for study leave outside the UK, (which, in accordance with national terms and conditions, may be granted at the discretion of the Trust) must include course / conference details, a full itinerary and a schedule of travel plans.

Applications for Study Leave will be processed as soon as possible and within 10 working days of receipt, providing the application has been completed in full and includes the relevant supporting documentation.

## **3.2 ENTITLEMENTS AND ALLOWANCES**

### **3.2.1 Consultants/SAS doctors:**

In accordance with national Terms & Conditions of Service the paid allowance will normally be up to a maximum of 30 days (including off-duty days falling within the period of leave) within the UK over a 3-year period. The study leave year will run in accordance with the financial year from 1<sup>st</sup> April each year. Medical staff that commence during the financial year will receive a pro-rata number of days. Any agreed expenses are met by the relevant service area.

Individuals are expected to manage their days in such a way as to support their CPD over the 3-year period.

The 30 days leave allowance may not be taken all at once, except in exceptional circumstances and with prior agreement of the Clinical Director. Unused time allocation accrued over a 3-year period cannot be carried over.

### **3.2.2 Trust Grade Doctors / Locally Employed Doctors**

Study leave time and expenses for Trust Grade Doctors should be agreed by the Consultant supervisor on a discretionary case by case basis. Any agreed expenses are met by the relevant service area.

### **3.2.3 NHS Locum Appointments**

NHS locum medical staff with a contract of 6 months or longer may apply for up to a maximum of 5 days paid leave within the UK.

NHS locum medical staff with a contract of less than 6 months may apply for paid leave, however, authorisation and expenses will be at the discretion of the clinical lead/supervising Consultant.

## **3.3 STUDY LEAVE APPLICATION PROCESS**

### **3.3.1 Consultants, SAS Grades, Trust Grade Doctors / Locally Employed Doctors**

Completed study leave application forms should be submitted to the following for approval:

- Deputy Medical Directors to Clinical Lead or Clinical Director
- Clinical Directors to Executive Director of Operations
- Consultants to Clinical Lead or Clinical Director
- SAS Grades to Consultant Clinical Supervisor
- Trust Grade Doctors / Locally Employed Doctors to Consultant Clinical Supervisor

Once the Study Leave application has been authorised, one copy should be returned to the employee, a copy kept by the Line Manager on the employee's personnel file, and a third copy will be sent to the Finance Department for them to match invoices against study leave activity and authorise deduction of payment at source.



On approval the applicant must update ESR Self Service with details of the leave.

In circumstances that s/he judges exceptional, the Clinical Director may authorise study leave at a shorter time of the required 6 weeks. However, s/he will not authorise applications retrospectively, or if the Directorate will not be adequately staffed with an appropriate grade and number of doctors during the applied for absence.

Where an applicant requests that an invoice for study leave / CPD event is paid directly to the training supplier/organiser the following process will apply. The applicant should note the time scales involved, particularly if payment is required before attending the event:

- Once the study leave is authorised by the Line Manager, it can take up to 7 days for the Purchase Order (PO) number to be generated.
- The training supplier will receive an email, through the automated system, with the PO number from BSMHFT
- The training supplier can then email their invoice quoting the PO number
- Once the invoice and PO number are matched, payment is made within 7 days. If there are any discrepancies the invoice is not paid and will delay the process.
- Please see the link to raising a requisition for a PO number via the Capita/Intergra2 system: [Finance - How to raise an electronic requisition.pdf - All Documents \(sharepoint.com\)](#)

### 3.3.2 Postgraduate Doctors in Training

Study Leave applications are managed by the Postgraduate Medical Education (PGME) Department for all Postgraduate Doctors in Training on behalf of the Executive Medical Director

Postgraduate Doctors in Training require approval by the Clinical Supervisor and support by the Educational Supervisor to attend/complete external study leave.

Postgraduate Doctors in Training must fully complete an electronic Study Leave Application Form (available on the Trust Intranet within the PGME connect pages - [Study Leave Guidelines \(sharepoint.com\)](#)) and email to the PGME Study Leave Administrator for authorisation (Email: [bsmhft.medicalstudyleave@nhs.net](mailto:bsmhft.medicalstudyleave@nhs.net) )

The PGME Study Leave Administration will arrange approval from the Associate Medical Director for Medical Education.

### 3.3.3 Appeal Process

If an employee believes that an application has been unreasonably refused, they should contact their Service Line Clinical Director. If a PG Doctor in Training believes that their application has been unreasonably refused by the education team, they should contact the Associate Medical Director for Medical Education. If the matter cannot be resolved, it will be escalated further if necessary to the Medical Director. Study leave, once honoured, cannot be cancelled by the service line or a Directorate manager, without approval of the applicant, for operational issues or demands.

#### 4 RESPONSIBILITIES

Post(s)	Responsibilities	Ref
All medical staff	<ul style="list-style-type: none"> <li>To understand and comply with this policy in relation to study leave</li> <li>Complete an annual appraisal and as part of this create a Personal Development Plan (PDP) which also supports Trust and Directorate objectives</li> <li>Identify courses or activities which may support the achievement of the PDP</li> <li>Apply for study leave at least 6 weeks prior to the event</li> <li>Ensure applications for study leave include details about travel and cross cover arrangements</li> </ul>	
Managers authorising study leave i.e., Clinical Directors, Consultant supervisors etc	<ul style="list-style-type: none"> <li>Ensure study leave approval is considered alongside the operational requirements of the service/team</li> <li>Review and approve study leave applications in line with personal and Trust objectives</li> <li>Record study leave taken on ESR Manager Self Service for each member of staff taking study leave</li> </ul>	
Policy Lead	<ul style="list-style-type: none"> <li>To undertake regular review and provision of guidance as necessary</li> </ul>	
Executive Director	<ul style="list-style-type: none"> <li>To ensure the policy is cascaded and implemented through the Trust</li> </ul>	
Finance Managers	<ul style="list-style-type: none"> <li>To carry out the necessary action to recover costs when an employee leaves the Trust and is required to repay costs</li> </ul>	

#### 5 DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation	30/05/2022	
Number of versions produced for consultation		
Committees / meetings where policy formally discussed	Date(s)	
Medical Advisory Committee (MAC)	10/05/2022	
Joint Local Negotiating Committee	26/05/2022	
Where else presented	Summary of feedback	Actions / Response
Medical Education Team	Corrections to 1.2.3 and 12.3	Corrections made to policy
Deputy Medical Directors	Query on some of the terminology used and process to raise a PO	Wording amended and PO clarification process added
Director of Medical Education	Correction to PGME process	Amendment made
Clinical Directors	None received	

Directorate Accountants	Query on budget for study leave	4.1 Any agreed expenses are met by the relevant service area.
ESR Team	Query on budget for study leave	4.1 Any agreed expenses are met by the relevant service area.

## 6 REFERENCE DOCUMENTS

- Study Leave Policy (for non medical staff) - [Study Leave Policy .pdf](#)
- Medical Appraisal and Revalidation Policy - [Medical Appraisal policy .pdf](#)
- Terms and Conditions of Service:
  - Consultants (England) 2003 – Schedule 18 - [Terms and Conditions \(nhsemployers.org\)](#)
  - Specialist Grade (England) 2021 – Schedule 15 - [Specialist-terms-and-conditions-June-2022.pdf \(nhsemployers.org\)](#)
  - Specialty Doctors (England) 2021 – Schedule 15 - [Specialty-Doctor-terms-and-conditions-June-2022.pdf \(nhsemployers.org\)](#)
  - Associate Specialist (England) 2008 – Schedule 17 - [Schedule 6 \(nhsemployers.org\)](#)
  - Specialty Doctor (England) 2008 – Schedule 17 - [Schedule 6 \(nhsemployers.org\)](#)
  - NHS Doctors and Dentists in Training (England) 2016 – Schedule 10 - [NHS-doctors-and-dentists-in-training-eng-tcs-v9\\_0.pdf \(nhsemployers.org\)](#)

## 7 BIBLIOGRAPHY

None

## 8 GLOSSARY

**Personal Development Plan** – The PDP is a record of the agreed personal and/or professional development needs to be pursued throughout the following year, as agreed in the appraisal discussion between the Doctor and the appraiser.

**Continuing Professional Development** – CPD is an essential part of a doctor’s career. Participation in CPD should reflect the doctors entire scope of work and meet the principles and values set out in Good Medical Practice.

## 9 AUDIT AND ASSURANCE

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements
Requests for Study Leave should relate to a personal development plan	Line Manager	Cross reference applications to appraisal/PDP record  Review of ‘Reason for Application’ within the application form	Ongoing – upon receipt of an application	Workforce Committee
Access to training and development will	Learning & Development /	ESR reporting utilising the code entered into ESR	Six monthly	Workforce Committee

be transparent, fair, and equitable. Clear reasons should be given if requests are declined	Medical Workforce	Manager Self Service to provide data for difference areas and individual breakdowns		
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## 10 APPENDICES

<b>Appendix 1</b>	<b>Equality Impact Assessment</b>
<b>Appendix 2</b>	<b>Study Leave Application Form – Medical Staff</b>
<b>Appendix 3</b>	<b>Flowchart for medical study leave application and expense claims</b>

## Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/management/support/Pages/default.aspx>

<b>Title of Proposal</b>	Study Leave Policy (Medical Staff)		
<b>Person Completing this proposal</b>	Angela West	<b>Role or title</b>	Senior People Partner (Medical Workforce)
<b>Division</b>	Corporate	<b>Service Area</b>	People and OD
<b>Date Started</b>	September 2021	<b>Date completed</b>	April 2022 (updated September 2022)
<b>Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.</b>			
To ensure study leave applications from medical staff are considered in a fair and equitable manner across the whole organisation and across all medical grades.			
<b>Who will benefit from the proposal?</b>			
All medical staff within the Trust with the exception of Postgraduate Doctors in training where study leave arrangements are set out by Health Education England.			
<b>Do the proposals affect service users, employees or the wider community</b>			
The policy will have a direct impact on employees in medical grades of BSMHFT. The policy aim is to promote equality of opportunity in accessing study leave for medical staff to maintain Continuing Professional Development and meet the requirements of Appraisal and revalidation with the General Medical Council (GMC)			
<b>Do the proposals significantly affect service delivery, business processes or policy?</b>			
The proposals do not affect the supply of service delivery but are aimed to support and enhance the quality of service delivery by ensuring the Trusts medical staff remain up to date with their professional and personal development.			
<b>Does it involve a significant commitment of resources?</b>			
The medical Terms and Conditions of Service provide doctors with access to up to 30 days over a three year period towards maintaining Continuing Professional Development/Study Leave. They may be in several forms – online, internal, external local, external national, external national. There may be a cost element to some forms of study leave (travel, subsistence, course fees etc)			

This will require funding to be available from service budgets. Access to study leave and funding will be monitored to ensure consistency across Directorates and equality of opportunity.

**Do the proposals relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)**

No

**Impacts on different Personal Protected Characteristics – Helpful Questions:**

*Does this proposal promote equality of opportunity?  
Eliminate discrimination?  
Eliminate harassment?  
Eliminate victimisation?*

*Promote good community relations?  
Promote positive attitudes towards disabled people?  
Consider more favourable treatment of disabled people?  
Promote involvement and consultation?  
Protect and promote human rights?*

**Please click in the relevant impact box and include relevant data**

Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age			✓	<p>The age profile of medical staff impacted by this policy is as follows (as at September 2022):</p> <ul style="list-style-type: none"> <li>Aged 20-30 = 1.1%</li> <li>Aged 31-40 = 13.8%</li> <li>Aged 41-50 = 34.5%</li> <li>Aged 51-60 = 33.9%</li> <li>Aged 61-70 = 12.7%</li> <li>Aged 71+ = 4%</li> </ul> <p>Personal and professional development needs will change during a persons career and the experience gained over a period of time. Although the personal development plan agreed in the appraisal will differ between individuals, access to the opportunities to meet those</p>

				needs should be the same for all regardless of age. Half of the medical workforce impacted by this policy are over 51 years and likely to be established within their medical career. The policy provides a framework to ensure access to training and CPD is available to all medical staff regardless of age.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
<b>Disability</b>	No/Minimal Impact	Negative Impact	Positive Impact ✓	The disability status of medical staff impacted by this policy is reported as follows (as at September 2022):  Declared a disability = 1.1% Declared no disability = 65.5% No declaration/not specified = 33.4%  The policy provides a framework to ensure access to training and CPD is available to all medical staff. There may be training providers that provide training which is inaccessible for staff with a disability and those staff may require the organisation to advocate on their behalf. However, a lot of training is now provided on line and technology is available to support access.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
<b>Gender</b>	No/Minimal Impact	Negative Impact ✓	Positive Impact	The gender profile of medical staff impacted by this policy is as follows (as at September 2022):  Male = 52.9% Female = 47.1%

				<p>47% of the medical workforce impacted by this policy are female. 53% of those females work less than full time, whereas only 19% of males work less than full time.</p> <p>Medical contracts provide time within the job plan for Supporting Professional Activities (SPAs) which includes participation in training, education, CPD, audit, research etc. Part time workers will have a pro rata allocation of SPA time. However, a part time worker is required to meet the same standards set by the GMC for revalidation and may therefore have less available time for CPD, study leave etc. It is therefore assessed that there may be an indirect impact on female staff able to access Study Leave opportunities due to their reduced working hours. This will need to be considered as part of the job planning process and with the appraiser as part of agreeing the personal development plan.</p> <p>Monitoring of this particular protected characteristic will be undertaken to understand if greater intervention is needed to ensure that medical staff working part time are able to achieve their PDP needs.</p>
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This can include male and female or someone who has completed the gender reassignment process from one sex to another  
Do you have flexible working arrangements for either sex?  
Is it easier for either men or women to access your proposal?

<b>Marriage or Civil Partnerships</b>	No/Minimal Impact  ✓	Negative Impact	Positive Impact	<p>The profile of medical staff impacted by this policy is as follows (as at September 2022):</p> <p>Single = 13.2%</p>
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				<p>Married = 65.6%</p> <p>Divorced &amp; Legally Separated = 3.4%</p> <p>Widowed = 0.6%</p> <p>Unknown = 17.2%</p> <p>Data on Civil Partnerships is not available on ESR</p> <p>The policy provides a framework to ensure access to training and CPD is available to all medical staff regardless of marriage or civil partnership.</p>
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People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters  
 Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?

<b>Pregnancy or Maternity</b>	No/Minimal Impact	Negative Impact	Positive Impact	<p>47% of the medical workforce impacted by this policy are female. 43% of those females are aged between 20-45, (likely childbearing age). The maternity leave policy provides access to 'Keeping In Touch' days although an employee taking maternity leave is less likely to access CPD and study leave events due to being away from the workplace. A doctor can defer appraisal and GMC revalidation during maternity leave and would therefore not be required to achieve 50 hours CPD.</p> <p>A pregnant employee will require a risk assessment to ensure that any risks as a result of attending/completing a CPD/study leave event are managed.</p>
		✓		

This includes women having a baby and women just after they have had a baby  
 Does your service accommodate the needs of expectant and post natal mothers both as staff and service users?  
 Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?

	No/Minimal Impact	Negative Impact	Positive Impact	
<b>Race or Ethnicity</b>	✓			<p>The profile of medical staff impacted by this policy is as follows (as at September 2022):</p> <p>A : White – British = 18.4%            B : White – Irish = 1.1%            C : White – Other = 8.6%            E : Mixed – White &amp; Black African = 0.6%            H : Asian or Asian British – Indian = 23%            J : Asian or Asian British – Pakistani = 9.8%            K : Asian or Asian British – Bangladeshi = 2.3%            L : Any other Asian background = 3.5%            M : Black or Black British – Caribbean – 0.6%            N : Black or Black British – African = 6.9%            P : Black Nigerian = 1.1%            S : Other Ethnic Group = 1.7%            Z : Not known = 22.4%</p> <p>Excluding the ‘not known’ category, 64% of the medical staff impacted by this policy are of a Black, Asian and Minority Ethnic (BAME) background.</p> <p>Our Workforce Race Equality Standard (WRES) report for 2022 reports that 16.8% of BAME colleagues (all staff) access non-mandatory training and development opportunities compared to 21% of White colleagues. We do not know how many doctors are within this figure.</p> <p>The Royal College of Psychiatrists (RCPsych) specify that a doctor needs to undertake 50 hours of approved CPD each year in order to</p>

				<p>receive a Certificate of Good Standing. This Certificate is required for revalidation with the GMC.</p> <p>Nationally, the Medical WRES report indicates that BAME doctors are less likely to be revalidated compared to White doctors. Within BSMHFT, 116 doctors have been revalidated within the last 4 years. The ethnicity of 24 doctors is not known. Of the remaining doctors:</p> <ul style="list-style-type: none"> <li>65% of BAME doctors were revalidated</li> <li>35% of White doctors were revalidated</li> <li>67% of BAME doctors were deferred</li> <li>33% of White doctors were deferred</li> </ul> <p>Based on the sample size, there is no evidence to suggest that BAME doctors are less likely to be revalidated compared to White doctors at BSMHFT. This would suggest that BAME doctors are no less likely to complete CPD to obtain the Certificate of Good Standing than White doctors.</p> <p>However, we will use ESR reporting utilising the code entered into ESR Manager Self Service to provide data for review and assessment.</p>
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Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees  
 What training does staff have to respond to the cultural needs of different ethnic groups?  
 What arrangements are in place to communicate with people who do not have English as a first language?

<b>Religion or Belief</b>	No/Minimal Impact  ✓	Negative Impact	Positive Impact	ESR records data related to ethnicity but not religion or belief. If we assume that religion is linked to ethnicity, the impact of this policy may be as indicated above.
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Including humanists and non-believers

Is there easy access to a prayer or quiet room to your service delivery area?  
 When organising events – Do you take necessary steps to make sure that spiritual requirements are met?

<b>Sexual Orientation</b>	No/Minimal Impact	Negative Impact	Positive Impact	ESR does not record the sexual orientation of the workforce.  The policy provides a framework to ensure access to training and CPD is available to all medical staff regardless of their sexual orientation.
	✓			

Including gay men, lesbians and bisexual people  
 Does your service use visual images that could be people from any background or are the images mainly heterosexual couples?  
 Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?

<b>Transgender or Gender Reassignment</b>	No/Minimal Impact	Negative Impact	Positive Impact	ESR does not record transgender or gender reassignment status.  The policy provides a framework to ensure access to training and CPD is available to all medical staff.
	✓			

This will include people who are in the process of or in a care pathway changing from one gender to another  
 Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?

<b>Human Rights</b>	No/Minimal Impact	Negative Impact	Positive Impact	It is anticipated that this policy will not have any impact on right to life, Dignity and/or Respect. The policy provides a framework to ensure access to training and CPD is available to all medical staff.
	✓			

Affecting someone's right to Life, Dignity and Respect?  
 Caring for other people or protecting them from danger?  
 The detention of an individual inadvertently or placing someone in a humiliating situation or position?

**If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)**

		<b>No</b>	
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What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
			✓	
<p>If the impact could be discriminatory in law, please contact the <b>Equality and Diversity Lead</b> immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.</p>				
<p>If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the <b>Equality and Diversity Lead</b> before proceeding.</p> <p>If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the <b>Equality and Diversity Lead</b>.</p>				
<p><b>Action Planning:</b></p>				
<p>How could you minimise or remove any negative impact identified even if this is of low significance?</p>				
<p>It is assessed that there may be an indirect impact on female medical staff able to access Study Leave opportunities as the majority work less than full time. This will need to be considered as part of the job planning process to ensure appropriate time is given within the job plan for accessing Supporting Professional Activities. Monitoring of this particular protected characteristic will be undertaken to understand if greater intervention is needed to ensure that medical staff working part time are able to achieve their PDP needs.</p>				
<p>How will any impact or planned actions be monitored and reviewed?</p>				
<p>Regular audits as above and policy updates.</p>				
<p>How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.</p>				
<p>Trust wide promotion of learning opportunities in ways accessible to all medical staff</p>				
<p>Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at <a href="mailto:bsmhft.edi.queries@nhs.net">bsmhft.edi.queries@nhs.net</a>. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis</p>				





## Study Leave Application Form for Medical Staff

### Internal/External Training and Development Events

- Applicants to complete sections 1 – 7 and send to the following for approval:
  - Deputy Medical Directors send to Clinical Lead
  - Clinical Directors send to Executive Director of Operations
  - Consultants send to Clinical Lead or Clinical Director
  - SAS Grades send to Consultant Clinical Supervisor
  - Trust Grade Doctors / Locally Employed Doctors send to Consultant Clinical Supervisor
  - Postgraduate Doctors in Training send to the Postgraduate Department via email: [bsmhft.medicalstudyleave@nhs.net](mailto:bsmhft.medicalstudyleave@nhs.net)
- Applications to be submitted at least six weeks before study leave is required.
- Until approval has been given, study leave cannot commence. Retrospective applications will not be considered for re-imburement of expenses.

1. PERSONAL DETAILS	
Name:	Specialty :
GMC No.	Location:
Grade	Telephone Ext/Mobile No:
2. DETAILS OF APPLICATION – The application will be denied if any information is missing	
Have you used RedFern Travel (the Trusts travel provider) to book your transport: Choose an item. <i>If you require more details please contact procurement on 0121 301 1208</i>	
INTERNAL or EXTERNAL: Choose an item. Select the type of study leave: Choose an item. Course/Conference Title: Venue: Dates (inclusive) Course fee: £	Accommodation required: Choose an item. Accommodation Costs: £ Travel Cost: £ Type of Transport: (i.e. car/rail - Please share transport wherever possible)
3. SPONSORSHIP	
If attendance is SPONSORED please state name of sponsor and value of sponsorship	
Name:	Value:
(The approver must be satisfied that acceptance will not compromise purchasing decisions in any way.)	

#### 4. TRAVEL

**If you are applying for flights, approval will be required from the Chief Executive Officer**

(Complete this section for flights only)

Details of flight destination:

Cost of flights:

Approved / Declined? Choose an item.

Reason for declining (please state):

Chief Executive Officer (Name):

Signature:

Date:

#### 5. REASON FOR APPLICATION:

Please select if this course is either: Choose an item.

What is the objective of the training/education/development activity?

Is the training/education/development activity identified within your PDP? Choose an item.

How will the training/education/development activity benefit you?

#### 6. COVER ARRANGEMENTS

Name of colleague covering duties:

Signature of colleague covering duties:

Are you on call? If so, please swap your duty and confirm name of cover:

#### 7. SIGNATURE OF APPLICANT

Please note: this application will not be approved without a copy of the course conference programme.

Signed:

Secretaries Full Name:

Date:

Contact No:

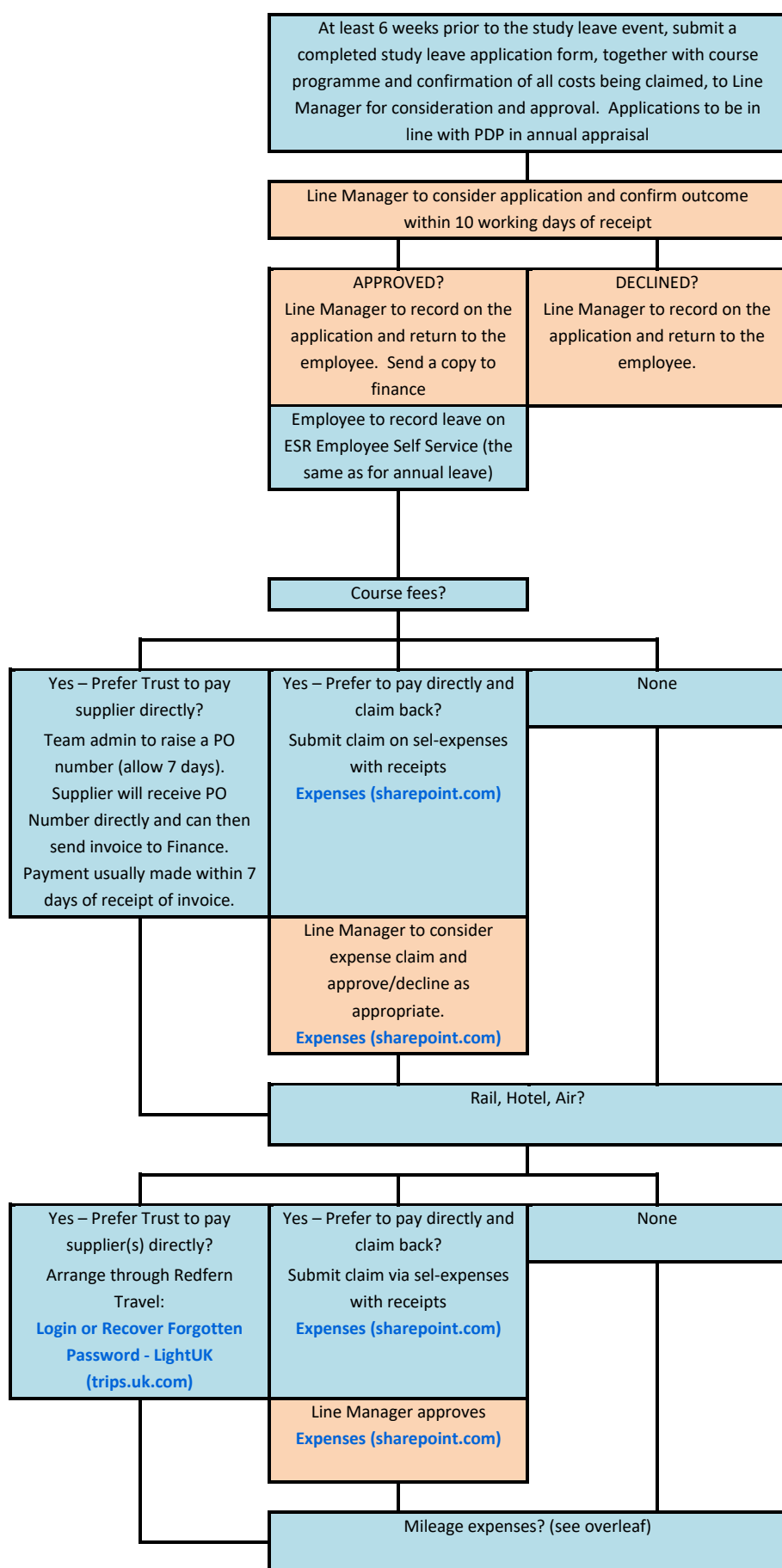
#### 8. SUPPORT OF APPLICATION / APPROVAL

When supporting applications, approvers are reminded of their responsibility for service provision and for ensuring that leave does not disrupt the provision.





**Flowchart for medical study leave application and expense claims  
Consultants / SAS Grades / Trust Locally Employed Doctors / NHS Locums**



**Employee Action**

**Manager Action**

**Note: ESR Guidance**  
**How to enter study leave:**

- Log into ESR and select 'my absence', then 'absence summary on the left hand side
- Select 'create absence' Select 'study increasing balance'. Enter the dates and any comments if necessary
- Submit

**Note: Trust preferred method to pay Course Fees is directly to the supplier via a PO and invoice**

**Note: Trust preferred method to pay rail and hotel costs is via Redfern Travel**

