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The Shrewsbury and Telford Hospital NHS Trust

VETERAN AWARE

Doctor's and Dentist's Leave Policy

Doc ID: W33 (Previously W14)

Additionally refer to:

Adverse Weather & Travel Disruption Policy (W20.4)
Development and Training Policy (W11)
Employment Break Policy (W61)
Employee Wellbeing and Attendance Policy (W22)
Grievance Policy (W8)
Handling Concerns about Doctor's and Dentist's Conduct and Capability (W31)
Leave Policy Chapter 1 - Adoption Leave (W19)
Leave Policy Chapter 4: Fertility, Pregnancy and Maternity Procedure (W19)
Leave Policy Chapter 5: Parent Support Leave and Pay (W19)
Leave Policy Chapter 6: Shared Parental Leave Procedure (W19)
Leave Policy Chapter 7: Parental Leave Procedure (W19)
Leave Policy Chapter 8: Special Leave Policy (W19)
Medical Staff Job Planning (HR71)
Managing Conflicts of Interest (GOV06)

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V2.2	Sept 2020	Associate to Medical Director	Draft	Complete gaps in document control sheet. Add paragraphs 5.2.2 and 5.7.10 to reflect action identified in the Local Counter Fraud Specialist Proactive Report – Annual Leave Review 11 2019/20 in consultation with LNC Update dissemination plan to include removal and archiving of old versions. Move 'Plan on Page' to main content Update content numbers Combine section 4 (responsibilities) and section 24 (duties) into section 4 (Responsibilities and duties). Change section 1 from 'Introduction' to 'Document statement' Change section 2 from 'Scope' to 'overview' Amend the order of duties and responsibilities to follow the Board to Ward flow direction Add 'Approval and Ratification' sub section heading in 'Duties and Responsibilities' Amend bullet numbering Add training section

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V3	March 2026		Final	Full review of policy. Previously known as W14 and HR50.

Contents Page

1. Policy on a Page

- This policy outlines the framework for managing annual leave, public holiday and study/professional leave entitlements for medical and dental staff at The Shrewsbury and Telford Hospital NHS Trust. It applies to all directly employed medical and dental staff, including consultants, specialty doctors, salaried GPs, residents doctors, locally employed doctors and dentists.

1.1 Summary of key content of this policy

- The importance of good annual leave management.
- Expectations and responsibilities of Clinical Directors, Operational Managers, Medical People Services, Rota Co-ordinators, Divisional Medical Directors, Divisional Director of Operations and individual doctors and dentists in relation to annual leave.
- Definitions of an annual leave year and study and professional leave year.
- The requirements for staff to take a minimum number of days of annual leave.
- Identification of the booking process for annual leave.
- How to calculate annual leave for different grades of staff, different work patterns and staff who work less than full time hours.
- How annual leave can be carried over between leave years.
- Arrangements for recording and monitoring the taking of annual leave.
- Action that may be taken as a result of non-compliance All medical and dental staff should be familiar with this policy.
- The Clinical Director and Operational Manager for an individual speciality has the responsibility for managing leave for doctors and dentists.
- Some or all of the elements of the management of leave may be delegated to other staff, but the Clinical Director and Operational Manager retains the overall responsibility.
- The Clinical Director and Operational Manager for a speciality should specify how many practitioners can be on leave at any given time in line with minimum staff levels as determined by the local Leave SOP (Standard Operating Procedure).
- All medical and dental staff must take a minimum of 28 days of annual leave each year for reasons of health and safety and staff wellbeing.
- The annual leave year for a Consultant, Associate Specialist or Speciality Doctor commences on the anniversary date of the individual's appointment to the Trust.
- A minimum of 6 weeks' notice of leave dates must be given by an individual practitioner.
- Medical staff are expected to take an equivalent proportion of DCC and SPA sessions as annual leave. Patterns of leave taking will be monitored to ensure there is no disproportionate amount of DCC taken and unusual patterns of leave taking may lead to investigation.
- The Medical People Services Department or Departmental Rota Co-ordinator has responsibility for recording each practitioners leave requirement and the number of leave days taken.
- A maximum of 5 days of annual leave can be carried over between leave years by application to the Clinical Director. Carry-over of more days than this will need to be authorised by the Medical Director.
- Monitoring of leave will be undertaken by Operational teams as part of the usual management to ensure that correct entitlements are given and taken within year.

2. Introduction

2.1 This policy outlines the Trust's policy framework, guiding principles, and responsibilities concerning annual leave, public holiday and study/professional leave entitlements for all Medical and Dental staff. It is aligned with the applicable Terms and Conditions of Service for Doctors and Dentists in England. It also provides direction on how leave should be calculated, requested and authorised.

2.2 The Shrewsbury and Telford Hospital NHS Trust recognises that leave is a vital component of maintaining a healthy work-life balance. The Trust is committed to ensuring that all employees are able to take their full contractual leave entitlement within the relevant leave year. Effective management of annual leave and public holidays by both employees and managers is essential to safeguarding the wellbeing of staff and ensuring the safety of patients.

2.3 While employees have the right to request annual leave, the timing of such leave must be balanced against service needs and patient safety. Leave requests will only be approved where adequate staffing levels can be maintained to ensure the continuity and efficiency of inpatient and outpatient services. Clinical Directors, Operational Managers, Rota Coordinators or other nominated person are responsible for ensuring sufficient medical staffing at all levels to support the ongoing review and management of patients, and to minimise disruption to clinics and theatre schedules.

3. Purpose

3.1 This policy aims to establish a consistent, efficient, and equitable approach to the calculation, management, and application of annual leave and public holiday entitlements for all Medical and Dental staff employed by the Trust. It supports individual choice in the scheduling of leave while ensuring the effective use of resources and always maintaining clinical safety.

3.2 This policy's implementation should ensure that the leave requirements of medical staff are met through the job planning and rota design processes, while also aligning with service delivery needs. This includes maintaining adequate staffing levels, minimising reliance on locum cover, and avoiding disruption to patient care and the achievement of Trust objectives.

3.3 Employees are expected to take their full annual leave and public holiday entitlement within each leave year, except in exceptional circumstances or where a contractual provision applies.

4. Definitions

- **Trust** refers to The Shrewsbury and Telford Hospital NHS Trust.
- **Manager** refers to the individual with managerial responsibility for employees, typically the Operations or Centre Manager and/or the Clinical Director.
- **Public Holidays** refer to the recognised General Bank/Public Holidays in England.
- **Annual Leave** is the contractual yearly entitlement, calculated based on aggregated length of service and aligned with the relevant Terms and Conditions of Service.
- **Leave** refers to the combined entitlement of both annual leave and public holidays.
- **Rota Coordinator** is the designated person to whom leave requests are submitted. This may be a Clinical Rota Lead, Operational Manager.
- **Operational Manager** refers to Centre Manager, Operations Manager or Assistant Operations Manager.
- **Locum** is a worker who temporarily fulfils the duties of another. Locums are often brought in to cover for staff who are on leave, during periods of high demand, or when a permanent position is vacant. This includes agency and bank workers.
- **Non-Direct Clinical Care** refers to SPA, Additional NHS Responsibilities or External Duties.
- A **full-time** doctor is typically contracted to work 40 hours, 10 PAs or 9 nominal sessions per week, depending on the applicable Terms and Conditions of Service (TCS).
- A **Consultant** is a senior doctor who has completed full specialist training in a specific area of medicine, is listed on the General Medical Council's (GMC) Specialist Register and is employed under the 2003 Consultant Terms and Conditions of Service (TCS).
- A **Dentist** is a registered dental practitioner listed on the General Dental Council (GDC) register and employed by the Trust under nationally or locally agreed terms and conditions. This includes Community Dentists, Hospital Dentists, and any dental practitioner directly employed to deliver clinical services within the Trust.
- A **Locum Consultant** is a doctor appointed on a temporary basis to a consultant-level role under the 2003 Consultant Terms and Conditions of Service. While they may not always be listed on the GMC Specialist Register, they must be able to demonstrate the requisite skills, experience, and competencies to perform at the level expected of a substantive consultant.
- A **Salaried General Practitioner** is a qualified doctor employed under a formal contract to deliver general medical services on a fixed-term or permanent basis. Unlike GP partners or locums, salaried GPs have defined working hours, a guaranteed income, and access to employment benefits such as annual leave, sick pay, and NHS pension contributions.

- **SAS Doctor** is a collective term referring to several grades of doctors who are experienced clinicians and are employed in roles that do not fall under consultant or formal training grades. These roles include:
    - Specialty Doctor (2008 and 2021 contracts)
    - Specialist Grade (2021 contract)
    - Associate Specialist (pre-2008 and 2008 contracts)

- **Resident Doctors** – A resident doctor is a doctor currently in postgraduate medical training, which includes Foundation, Core, or Specialty Training programmes, employed under the 2016 Terms and Conditions of Service for Doctors and Dentists in Training (England) on NHSE training rotations.

- A **Locally Employed Doctor (LED)** is an umbrella term for a doctor who is employed directly by the Trust on a local contract, rather than through one of the nationally negotiated contracts such as those for doctors in training, SAS doctors, or consultants. These roles are typically created to meet local service needs and may vary in structure and terms. Common titles under this category include:
    - Teaching Fellow
    - Clinical Fellow
    - Post-CCT Fellow
    - FY3 Doctor

- PAs – Programmed Activities

- DCC – Direct Clinical Care

- SPA – Supporting Professional Activity

- LTFT – Less Than Full Time

- CPD – Continuous Professional Development

5. Scope

5.1 This Leave Policy applies to all medical and dental staff directly employed by the Trust, whether full-time or part-time, permanent or fixed term, including locally employed Trust bank staff. For the purposes of this policy all medical and dental staff (Doctors and Dentists) will be referred to as ‘practitioner’.

5.2 Out of Scope

- Agency Staff/Contractors - The Doctor’s and Dentist’s Leave Policy and supporting procedures do not apply to individuals employed by agencies or other contractors. Issues relating to these individuals should be referred to the appropriate employer.
- Agenda for Change Staff - The annual leave procedure outlined in the Leave Policy Framework Chapter 2 (W19) applies to Agenda for Change staff. Separate terms and conditions of employment apply to this group of staff.

6. Roles and Responsibilities

6.1 Trust Board

- The Trust Board has oversight of all policies, including the Doctor's and Dentist's Leave Policy, and will ensure through Executive Directors and managers, that the Leave policy and the individual Local Specialty Leave Procedure agreements are implemented effectively and in line with NHS Terms and Conditions.

6.2 Chief People Officer

- Chief People Officer has overall responsibility for this policy and is accountable for the policy to the Trust Board in conjunction with the Executive Medical Director.

6.3 Medical People Services

The Medical People Service Team is responsible for:

- Confirming entitlements and reckonable service at appointment.
- Providing expert advice on leave entitlements
- Providing system support in conjunction with Workforce Systems.

6.4 Clinical Directors/Operational Managers

Clinical Directors/Operational Managers are responsible for:

- Plan and allocate leave to maintain safe staffing and service continuity.
- Set and communicate specialty-specific leave guidelines aligned with this policy and Terms and conditions.
- Approve special leave balancing service needs, staff wellbeing, and budgets.
- Review applications for alignment with departmental priorities and resources.
- Ensure approved activities are accurately reflected in job plans, including SPA time.

6.5 Rota Coordinators

Rota Coordinators or nominated person are responsible for:

- Ensuring all leave requests align with local procedures and organisational policy.
- Leave requests must be processed promptly, with each request either approved or declined within 14 calendar days of receipt. If a request is not processed within this 14-calendar-day timeframe, the doctor may escalate the matter to the Divisional Director of Operations, who will respond within 7 calendar days. If no response is provided within those 7 calendar days, the leave will be automatically approved.
- Assessing staffing implications of leave requests and escalating concerns to Clinical Directors where necessary.
- Overseeing study/professional leave compliance, including notice periods and entitlement reconciliation.

6.6 **Medical and Dental Staff**

- Understand the Doctor's and Dentist's Leave Policy and local procedures for booking leave.
- Take full annual leave entitlement within the leave year, spreading it evenly to support wellbeing and service continuity.
- Submit leave requests with appropriate notice and obtain formal approval before confirming plans.
- Coordinate with colleagues and Rota Coordinators or nominated person to maintain fairness and ensure adequate cover.

7. Leave and Public Holiday Entitlement

7.1 The leave year begins on the doctor's or dentist's anniversary date of appointment to the Trust.

7.2 For Practitioners who work complex rotas or multi-session days, there is an option to calculate leave based upon annualised numbers of PAs or hours in accordance with BMA (British Medical Association) guidance.

7.3 The full-time annual leave and public holiday entitlement allocation for medical and dental staff is detailed in the Table below. The leave entitlements include the two extra-statutory days previously available in England.

Grade	Years of Service	Annual Leave Entitlement	Public Holidays	Total Days
Consultant 2003 TCS	0-6 years (completed as a consultant)	6 weeks + 2 days (32 days)	8 days	40 days
	7+ years (completed as a consultant)	6 weeks + 4 days (34 days)	8 days	42 days
Specialty Doctor 2021 TCS	0–2 years (completed as a Specialty Doctor/equivalent grades)	5 weeks + 2 days (27 days)	8 days	35 days
	2–6 years (completed as a Specialty Doctor/ equivalent grade OR any doctor who had an entitlement to six weeks' and 2 days' annual leave a year or more in their immediately previous appointments)	6 weeks + 2 days (32 days)	8 days	40 days
	7+ years (completed as a Specialty Doctor/equivalent grades)	6 weeks + 3 days (33 days)	8 days	41 days
Specialist 2021 TCS	0–2 years (completed as a Specialist/Specialty Doctor/equivalent grades)	5 weeks + 2 days (27 days)	8 days	35 days

	2–6 years (completed as a Specialist/Specialty Doctor/ equivalent grade OR any doctor who had an entitlement to six weeks' and 2 days' annual leave a year or more in their immediately previous appointments)	6 weeks + 2 days (32 days)	8 days	40 days
	7+ years (completed as a Specialist/Specialty Doctor/equivalent grades)	6 weeks + 3 days (33 days)	8 days	41 days
Specialty Doctor 2008 TCS	0–2 years (completed as a Specialty Doctor/equivalent grades)	5 weeks + 2 days (27 days)	8 days	35 days
	2+ years (completed as a Specialty Doctor/ equivalent grade OR any doctor who had an entitlement to six weeks' annual leave a year or more in their immediately previous appointments)	6 weeks + 2 days (32 days)	8 days	40 days
Associate Specialist 2008 TCS	Any	6 weeks + 2 days (32 days)	8 days	40 days
Pre-2008 AS/ Staff Grade/ SCMO/ CMO/ HP TCS	Any	6 weeks + 2 days (32 days)	8 days	40 days
Salaried GP TCS	Any	32 days	8 days	40 days
Residents and Locally Employed Doctors	On first appointment to the NHS (0-5 years)	27 days	8 days	35 days
	After 5 years of NHS service (5+ years)	32 days	8 days	40 days

7.4 Part-time medical and dental staff are entitled to the above allowances, pro rata to full time. There should be no advantage or disadvantage in terms of leave as a result of adopting different working patterns.

8. Public Holidays

8.1 Public holiday entitlement, as recognised by the NHS is additional to annual leave entitlement.

8.2 A Public Holiday is defined as a period of 24 hours from midnight to midnight. The Trust recognises the following Public Holidays: Easter Monday, Good Friday, May Day, Spring Public Holiday, Late Summer Holiday, Christmas Day, Boxing Day, New Year's Day.

8.3 A practitioner working less than full time is entitled to paid public holidays at a rate no less than pro rata to the number of public holidays for a full-time doctor, rounded up to the nearest half day.

8.4 Public holiday entitlement for a practitioner working less than full time shall be added to annual leave entitlement, and any public holidays shall be taken from the combined allowance for annual leave and public holidays.

8.5 A practitioner who in the course of their duty is required to be present in the hospital (or other place of work) at any time on a public holiday, or who is rostered to be on-call on a public holiday, will be entitled to a standard working day off in lieu in accordance with the public holiday accrual table in paragraph 9.8. Where a doctor works on a public holiday, the public holiday is first deducted from their annual/public holiday entitlement and then returned as the day in lieu; the doctor does not retain the original public holiday entitlement in addition to the accrued lieu day.

8.6 Where a practitioner's working pattern includes scheduled rest days for safe working hour compliance (sometimes known as zero hours' days) and such a day falls on a public holiday, then the doctor will be given a day off in lieu of the public holiday. Where rest days are included, but are not required for safe working hour compliance, a lieu day will not be accrued.

8.7 Where a public holiday, including Christmas Day (25 December), Boxing Day (26 December) or New Year's Day (1 January), falls on a Saturday or a Sunday, the public holiday will be designated instead as falling on the first working weekday thereafter. In such circumstances, no day in lieu then arises for the work undertaken on Christmas Day (25 December), Boxing Day (26 December) or New Year's Day (1 January).

8.8 Public Holiday accrual examples are provided below:

Example	Accrual
If a doctor works any resident shift (e.g. 8:00-17:00)	1 lieu day accrued
If a doctor works one shift that spans 2 public holidays (e.g. a resident night shift commencing at 21:00 on one public holiday and finished at 09:00 the following day, which is also a public holiday.	2 lieu days accrued
If two public holidays fall together i.e. Christmas day and Boxing day and one shift is worked on each of those days e.g. 8am until 5pm Christmas day and 8am until 5pm on boxing day	2 lieu days accrued
If two Bank Holidays occur consecutively and an employee works a 24-hour shift, of which 12 hours fall within the second Bank Holiday, the employee is entitled to two days of time off in lieu.	2 lieu days accrued

On-call from home midnight to 9am on the bank holiday and called in to attend the hospital or receives multiple/significant disruption	1 lieu day accrued
On-call from home between midnight and 9:00 a.m. on a bank holiday, not required to attend the hospital and with no disruption, but available to take calls.	1 lieu day given
Daytime (8 hours or more commitment) and called in to attend the hospital	1 lieu day accrued
Daytime (8 hours or more commitment) and not called in to attend the hospital	1 lieu day accrued
Where a Resident doctor's working pattern includes scheduled rest days (sometimes known as zero hours' days), and such a day falls on a public holiday	1 lieu day accrued

For clarity, where a doctor works on a public holiday, that public holiday is first deducted from their annual/public holiday entitlement and then returned as the accrued day in lieu; the doctor does not retain the public holiday entitlement in addition to the lieu day.

8.9 For doctors in rotational employment, public holiday entitlement will be accrued based on the number of public holidays that fall within each individual placement period. For example, a placement running from the beginning of December to the beginning of April would typically include three public holidays, whereas a placement from the beginning of August to the beginning of December may only include one.

9. Leave Rules and General Principles

9.1 It is in the interest of practitioners' health and wellbeing and the continued safety of patients in their care, that they take their full annual leave entitlement. Job plans and generic work schedules must be designed to facilitate access to the full leave allowance.

9.2 Leave required by the Working Time Regulations (20 days of annual leave and 8 public holidays) must be taken in each leave year.

9.3 The Operational Manager, Rota Coordinator or nominated person and the practitioner requesting leave must make every effort to work together to ensure that the doctor is able to take the full annual leave entitlement. Where possible, all requests should be responded to positively and departments shall normally agree reasonable requests.

9.4 Safeguards on hours and rest as set out in the relevant TCS continue to apply during any period of leave.

9.5 Practitioners must be permitted to take annual leave for significant life events. i.e. getting married, provided that a minimum of six weeks' notice is given. This provision does not apply to circumstances covered under Section 15 of the NHS Terms and Conditions of Service Handbook or other applicable Trust policies, such as special leave or bereavement leave.

9.6 Annual leave should not be booked during shifts that attract enhanced pay rates or allowances (unsocial hours). Prospective cover is built into the rota to maintain minimum

staffing levels. If a practitioner wishes to take leave during such a shift or duty, they are responsible for arranging an appropriate swap with another doctor on the same rota. While the Rota Coordinator or nominated person will provide reasonable support, approval cannot be guaranteed if suitable cover is not secured.

9.7 Annual leave periods should reflect the proportion of DCC, SPA, CPD, Self-Development/Educational Development Time, or other commitments within the practitioner's job plan or rota.

9.8 Flexible sessions should be taken proportionately when booking annual leave, for leave of less than a week, flexible sessions should be pro-rata.

9.9 Care should be taken when leave is taken in single days to ensure that there is not a disproportionate effect on any one activity e.g. infrequent clinics, theatre lists or meetings. With agreement leave can be taken in PAs and hours which is transparent and fair. This will be audited regularly.

9.10 Working days that include non-DCC commitments are considered part of the contracted hours. Therefore, any leave taken on such days must be recorded as annual leave.

9.11 Subject to the demand of the service, all annual leave must be taken within the current leave year. Specialty-specific leave parameters will be agreed upon in the Local Specialty Leave Procedure and must be adhered to.

9.12 Annual leave requests must be submitted to the Rota Coordinator or nominated person via the RLDatix Loop System, or its equivalent, and in accordance with the Local Specialty Leave Procedure established for the relevant specialty, no less than six weeks prior to the intended start date of the leave.

9.13 All leave requests must be processed promptly, with each request either approved or declined within 14 calendar days of receipt. If a request is not processed within this 14-calendar-day timeframe, the practitioner may escalate the matter to the Divisional Director of Operations, who will respond within 7 calendar days. If no response is provided within those 7 calendar days, the leave will be automatically approved.

9.14 Requests for extended leave (defined as three or more consecutive weeks) will be subject to review by the relevant Divisional Medical Director and based on service requirements, as well as considerations of equity and fairness within the department.

9.15 Where management and a practitioner cannot agree on how their contractual entitlement to weeks is converted to days or sessions then the arrangements will default to their contractual description of leave and weeks of leave are taken as whole calendar weeks and only the additional days specified in the contract are required to be booked as days (excluding doctors employed on the 2016 T&C's).

10. Carry Over of Leave

10.1 Employees are required to take a minimum of 28 days of annual leave per leave year, inclusive of public holidays. This entitlement is pro-rated for part-time staff and those joining or leaving partway through the leave year, in accordance with the statutory minimum outlined in the Working Time Regulations.

10.2 Any carried-over leave should be taken at the earliest opportunity and no later than 3 months after the start of the individual's new leave year. Any leave carried forward not used within the initial 3 months will be lost.

10.3 Operational and Clinical Managers are encouraged to proactively engage with their teams regarding annual leave planning, aiming to support staff in taking sufficient leave while balancing service delivery needs and promoting employee wellbeing.

10.4 The Rota Coordinator or nominated person must ensure authorised carried over leave is recorded on RLDatix Loop, or equivalent, and used before the annual leave entitlement for the next year.

11. Time off in lieu (TOIL)

11.1 Time off in lieu (TOIL) can be agreed instead of extra payment when management asks a practitioner to carry out additional activity. The subsequent time off in lieu should be planned in advance and should be taken as soon after the extra work as possible to ensure adequate rest. In exceptional circumstances if it is not taken immediately, then it must be timetabled within 3 months of it being earned after agreement with the Divisional Medical Director.

12. Sickness Absence and Leave

12.1 If an employee falls sick whilst on Annual Leave they must follow the sickness notification process in the Trust Employee Wellbeing and Attendance Management Policy (W1). A self-certificate may cover days 1 to 7 of the period of sickness, however a medical fit note is required for subsequent days. A fit note is required prior to the leave balance being adjusted.

12.2 If an employee who is absent due to sickness has pre-booked annual leave and plans to go away, this must be discussed with the Rota Coordinator or nominated person and will be counted as annual leave, as the employee is unavailable to meet with the employer.

12.3 Public holidays will not accrue during periods of sickness absence.

12.4. Annual leave continues to accrue during periods of long-term sickness absence in accordance with the Working Time Regulations. In addition, practitioners should refer to the Trust's Employee Wellbeing and Attendance Management Policy (W22) for further guidance on how annual leave accrual is managed during extended periods of sickness absence, including the provisions that apply when sickness prevents a practitioner from

taking statutory leave within the leave year.

13. Annual Leave Planning

13.1 Given the demanding and often high-pressure nature of these roles, maintaining health and well-being is paramount. To support this, annual leave should be scheduled well in advance and, where possible, distributed evenly throughout the leave year.

13.2 While the example below illustrates a uniform distribution, individual circumstance may warrant flexibility in how leave is allocated across the year.

Time Through Leave Year	Annual Leave to be Taken
By six months into the leave year (50%)	40%
By nine months through the leave year (75%)	75%
By the end of the leave year (100%)	100%

13.3 Practitioners with rotational employment must use their leave entitlement proportionate within each placement period.

14. Popular Periods of Leave

14.1 The Trust recognises that all staff will require annual leave and that certain periods of time will be more popular than others e.g. school holidays, Christmas and Bank Holiday weeks. It is imperative that fair treatment and the opportunity to have these popular periods of time is equal to all.

14.2 Popular school holiday periods should be planned in advance through early application with a restriction on the number of half terms that can be booked by one person in one year.

14.3 The major holidays (e.g. Christmas, New Year and Major Religious Events) should be planned well in advance with a system that ensures allocation is fair across successive years.

15. Leaving the Trust

15.1 Employees will normally be allowed to use outstanding leave during their notice period. However, the Trust reserves the right to refuse these requests where service delivery will be compromised.

15.2 Payment in lieu of outstanding leave will only be made in exceptional circumstances i.e. where it has not been possible for the employee to take remaining leave due to the requirements of the service.

15.3 Where leave taken exceeds the leave entitlement, a deduction will be made from the employee’s final salary payment.

16. Leave during periods of exclusion

16.1 An individual excluded under the Trust's Handling Concerns about Doctors' and Dentists' Conduct and Capability (W31) policy may take annual leave but should first seek agreement from their Divisional Medical Director via the nominated point of contact.

17. Local Specialty Leave Procedure

17.1 Each specialty must develop a Local Specialty Leave Procedure that clearly outlines safe staffing thresholds, in accordance with Trust policy. An example can be found in Appendix 3.

17.2 All leave requests must be submitted via the Trust's RLDatix Loop system, or its equivalent.

17.3 When determining how many staff may be on leave at any one time, the following principles apply:

a) Sickness absence and unfilled posts must be excluded from the calculation of available staffing.
b) Leave ratios should be based on group size and the clinical urgency of service delivery, ensuring that patient care is not compromised.

17.4 To support effective workforce planning and staff wellbeing, leave allowances and service delivery expectations should be reviewed and monitored on a quarterly basis. This review should inform both business planning and the promotion of sustainable working practices.

17.5 Any planned reduction in elective activity during peak holiday periods must be agreed in advance by the Divisional Management Team and incorporated into the annual business planning cycle.

18. Study and Professional Leave

18.1 Study leave includes study (usually but not exclusively or necessarily on a course), research, teaching, examining or taking examinations, visiting clinics and attending professional conferences. Study leave would be used for any activities that attract CPD points but it is appreciated not all development activities attract CPD points.

18.2 Study leave and professional leave are considered as one and represent a leave allowance for either continued professional development or for any 'external NHS duties' undertaken outside time allocated within the job plan.

18.3 The **aim of study/professional leave** is to:

a) facilitate CPD and ensure the requirements for revalidation are fulfilled.
b) ensure delivery of high-quality care.
c) deliver innovation, best practice, modernisation and benchmarking through networking and national meetings.
d) promote professionalism and drive continuous improvement by enhancing the

Trust's reputation through strategic networking and the sharing of best practice.
e) to actively engage in professional development and to be supported in delivering excellence, prioritising Trust initiatives that enhance morale and recognise the value of key staff contributions.
f) improve recruitment and retention.

18.4 **Study leave** is typically used for CPD. Examples include;
a) Attendance at Conferences (e.g. national and international medical conferences)
b) Courses and Workshops (e.g. Clinical skills enhancement courses such as advanced life support, surgical techniques)
c) Leadership and management development programmes (e.g. Quality improvement and patient safety workshops).
d) Educational Activities (e.g. participation in examiner training or assessment panels such as ARCP (Annual Review of Competence Progression), MRCP (Membership of the Royal Colleges of Physicians), FRCS (Fellowship of the Royal College of Surgeons)
e) Research and Audit (e.g. conducting clinical audits or research projects).
f) Professional Examinations (e.g. preparation and sitting of professional exams or revalidation assessments).
g) Attendance at interviews for Doctors in Training

18.5 **Professional leave** is typically used for external NHS duties or additional responsibilities. Examples include;
a) Duties as an officer, committee member or member of a working party of a Royal College, Faculty, Professional or Scientific Society or NICE (National Institute for Health and Care Excellence).
b) Examining for a Royal College, University or other body including the Trust
c) Attendance as a College Assessor at an AAC outside the Trust
d) Attendance at officially constituted bodies giving advice to the Department of Health or other recognised professional/scientific bodies
e) Attendance at British or International Standards Committees
f) Duties in relation to postgraduate educational activities outside the Trust
g) Attendance at external appeals committees
h) Duties as a member of the Medical Research Council

18.6 The following activities are regarded as official duties that are undertaken on behalf of the Trust and therefore **study leave or professional leave would not be required**:
a) Consultant to Consultant meetings related to patient care
b) Divisional or Specialty meetings with colleagues
c) Meetings with local commissioners
d) Local Service, delivery and improvement meetings
e) Specialist Network meetings e.g. Cancer, Cardiology
f) In house mandatory training
g) Attendance at a Coroner's inquest or court if required by the Trust
h) Meetings in connection with the management of patients

18.7 Study leave will often involve a course fee whilst professional leave is usually externally funded. Both may require travel and accommodation. If the leave is for activity on behalf of an external body and not on behalf of the Trust, the Trust would only pay expenses in exceptional circumstances and only if pre-approved. Under no circumstances can expenses be claimed twice.

19. Study/Professional Leave Entitlement (excluding Resident Doctors)

19.1 The full entitlement for study/professional leave is 30 days over a three-year period, inclusive of any off-duty days that fall within the leave period. Leave and associated expenses cannot be carried forward into the next three-year cycle.

19.2 For practitioners employed on fixed-term contracts, including Locally Employed Doctors, study/professional leave entitlement should be calculated on a pro-rata basis according to the length of the contract.

19.3 The three-year study leave cycle commences on 1 April for all practitioners. In the first year following appointment, study leave, and associated course fee entitlements will be calculated on a pro-rata basis, reflecting the number of complete months worked between the start date and the end of the financial year (31 March). Thereafter, doctors will receive an annual allocation equivalent to one-third of the total three-year entitlement, continuing until the start of the next cycle.

19.4 If study leave is taken on a weekend, or if a less than full time staff member takes study leave on a day they are not normally contracted to work, they may claim time off in lieu equivalent to the number of study leave days taken.

19.5 Attendance at a course or conference on a weekend or non-working day will count as study leave and will be deducted from the individual's study leave entitlement. The clinician will also receive time off in lieu equal to the number of days attended.

20. Study/Professional Leave Entitlement (Resident Doctors)

20.1 Resident doctors employed under the national Doctors and Dentists in Training (England) 2016 Terms and Conditions of Service should refer to the specific provisions outlined in Schedule 10 (Leave) and Schedule 12 (Expenses) for details regarding their eligibility and entitlement to study and professional leave.

20.2 In addition, resident doctors should consult the Health Education England Study Leave Policy and the Health Education West Midlands local guidance for further information on application processes, funding arrangements, and approved activities. Further information can be found here: Study Leave

20.3 For study leave taken on weekends, bank holidays, or on days when you would not normally be working, please refer to the guidance provided in the NHS England - WM Study Leave Policy v2024-01.pdf.

20.4 The study leave budget for NHS England Resident Doctors is centrally retained by NHSE, having been top-sliced from the Postgraduate Education and Training Tariff.

20.5 For detailed information on entitlements by training grade and the current reimbursement procedures, please refer to the aforementioned guidance.

21. Distribution of Study/Professional leave

21.1 Study and professional leave should be planned to minimise disruption to service delivery. Leave must be formally recorded whenever a scheduled PA—whether DCC or SPA—is not undertaken. However, with prior agreement from the Clinical Director, training activities may be incorporated into SPA time where appropriate.

21.2 Certain elements of professional leave may be reflected within the job plan as part of SPA. For example, attendance at a regional network meeting may be incorporated into SPA time where the Consultant/SAS Doctor holds a recognised leadership role, such as Clinical Lead, and this responsibility is formally acknowledged within their SPA allocation.

21.3 Study/professional leave should be distributed reasonably evenly across the three-year cycle to minimise disruption to service delivery. Where a request exceeds 10 days within a single year and the Clinical Director has concerns regarding its impact on service provision, the matter will be escalated to the Medical Director's office for further consideration.

21.4 Study/professional leave applications will only be considered when six weeks' notice is given unless the Clinical Director agrees that there are exceptional circumstances and short notice approval is appropriate.

21.5 Study/professional leave will be approved on the basis of CPD of the individual or on the basis of the needs of the NHS by the Clinical Director.

21.6 For study/professional leave that does not involve reclaimable expenses, the practitioner should submit the leave request directly via the Trust's designated electronic system to the Rota Coordinator or nominated person.

21.7 Where expenses are anticipated, the practitioner must complete the Study/Professional Leave Application Form to support the request. This form should be submitted to the Rota Coordinator or nominated person alongside the leave request entered via the RLDatix Loop, or its equivalent. This dual submission ensures the request is appropriately reviewed and facilitates approval of the specific course or expenses applied for.

21.8 Study/professional leave requests must first be reviewed by the Rota Coordinator or nominated person, who will assess the application against the Local Specialty Leave Procedure. Based on this review, a recommendation will be made to the Clinical Director and Budget Holder (typically the Operations Manager) regarding approval.

21.9 Following the Rota Coordinator or nominated person's recommendation, the Clinical Director and Budget Holder will assess the study/professional leave request to ensure it aligns with the policy's eligibility criteria and that sufficient budget is available, where applicable. This step serves to formally approve the specific course or expenses applied for and ensures that study leave entitlements are appropriately monitored.

21.10 In cases where the request is submitted by a Clinical Director, the recommendation should be escalated to the Divisional Medical Director for consideration.

21.11 All study leave taken must be clearly defined, accurately recorded, and consistently monitored by the Rota Coordinator or nominated person.

22. Requesting additional study and professional leave above contractual entitlement (excluding Resident Doctors)

22.1 All requests for additional leave must be submitted on a case-by-case basis to the Divisional Medical Director. Each application must clearly demonstrate the value of the proposed leave to both the individual and the Trust. Where possible, such arrangements should be incorporated into the individual's job plan particularly if the absences are predictable or occur regularly rather than processed as leave.

22.2 The application must include a detailed case outlining how the leave will support the individual's agreed Personal Development Plan (PDP) and contribute to the Trust's strategic or operational objectives.

22.3 If external funding is involved, this must be explicitly stated in the application and must comply with the *Managing Conflicts of Interest Policy (GOV 06*), which includes gifts, hospitality and sponsorship. This is available via the document library on the intranet.

22.4 The application must also include clear arrangements for service backfill.

22.5 Approval must be supported by the Clinical Director and Operations Manager, and formally agreed by the Divisional Medical Director. The Medical Director will act as the final arbiter in all cases.

23. Working Away From Base (excluding Resident Doctors)

23.1 The Working Away from Base process is designed to support the following organisational objectives:

a) Ensure appropriate representation at external events and forums
b) Promote transparency in consultant activity across sites
c) Enable timely contact in urgent circumstances
d) Support effective medical workforce planning at departmental level
e) Facilitate monitoring and alignment of job plans with actual activity

23.2 The majority of senior medical staff deliver their duties within designated workplace(s) as outlined in their job plans, typically under the categories of DCC and SPA. Where job plans include contracted responsibilities across multiple sites or for external employers, these must be clearly documented, specifying the location, timing, and frequency of such activities.

23.3 Requests to work away from base must be submitted to the relevant Clinical Director and are intended to:

a) Provide visibility of activity occurring outside the usual job plan-defined sites
b) Enable attendance at non-job-planned, ad hoc but strategically important NHS-sponsored management events, where representation from SaTH is required or desirable

23.4 Examples of such events include:

a) Attendance at network meetings as a Trust representative
b) Participation in court proceedings related to a Trust role
c) Engagement in Integrated Care System (ICS) meetings as a specialty representative.

23.5 While most Working Away from Base activities should be incorporated into the job plan under categories such as SPA, Additional NHS Responsibilities, or External Duties, ad hoc events may also be covered under Professional or Study Leave allocations where appropriate.

24. Study/Professional Leave Budget and Reimbursement Guidelines

24.1 The study/professional leave budget is finite, and systems must be in place to ensure its equitable and cost-effective use. All leave must demonstrate clear value to the NHS and/or the Trust.

24.2 The Trust will reimburse approved fees up to a maximum of £1,500 per financial year for Consultants, and £1,000 per financial year for SAS Doctors and Salaried General Practitioners, in relation to approved study/professional leave. Any unused budget will not be carried forward into subsequent financial years.

24.3 For Locally Employed Doctors, study/professional leave expenses should be agreed on a discretionary, case-by-case basis by the Clinical Director and Budget Holder. Any approved expenses must be funded by the relevant division.

24.4 Locally Employed Doctors participating in the Clinical Fellowship Programme (CFP) may be eligible to apply for limited study leave funding through the programme. Further details are available on the Clinical Fellowship Programme intranet pages.

24.5 Each application for study or professional leave must include a detailed breakdown of the anticipated expenses, comprising:

a) Course or conference fees
b) Travel costs within the United Kingdom
c) Subsistence and accommodation allowances
d) Incidental expenses

24.6 All claims for reimbursement must be submitted via standard trust process with valid receipts.

25. Course or conference fees

25.1 Reimbursement may be provided for the cost of registration for courses or conferences associated with approved study or professional leave.

25.2 In the event of non-attendance at an approved event, the clinician will bear the cost unless it can be shown that their non-attendance was a consequence of circumstances beyond their control, at the request of the Trust or in the interests of the service.

25.3 Many courses/conferences have moved from being face to face conferences/courses to online. These are generally recorded and therefore there is more than one attendance option. Having more than one attendance option available does enable more clinicians to attend these events than would have been possible had the event been a live face to face event.

25.4 Study leave to attend virtual courses/conferences will be considered in the same way as face to face events.

26. Travel expenses within the United Kingdom

26.1 The Trust will reimburse all reasonable travel costs within the UK associated with approved study or professional leave. Staff are expected to select the most cost-effective travel options, including:

a) Saver tickets
b) Advance bookings
c) Car-sharing arrangements
d) Non-premium services
e) Reimbursement for rail travel is limited to second-class fares. If first-class tickets are purchased, reimbursement will be capped at the equivalent second-class fare. However, if an advance first-class ticket is demonstrably cheaper than a second-class fare, reimbursement will be granted upon submission of supporting evidence (e.g., a screenshot showing the fare comparison).
f) Taxi fares may be claimed only under the following conditions:
   I. Public transport is impractical for the journey, considering available options and the urgency of travel
   II. Multiple staff members are travelling together and a taxi proves more economical than alternative transport options

26.2 Travel expenses incurred outside the UK are not eligible for reimbursement under the study leave budget.

27. Subsistence and accommodation allowances

27.1 The Trust will reimburse reasonable accommodation and subsistence expenses for study/professional leave in accordance with the relevant TCS

28. Incidental Expenses

28.1 Incidental expenses directly related to the approved leave may be reimbursable including;

a) Car parking fees
b) Airport transfers

29. Claiming expenses

29.1 All expenses related to study or professional leave must be submitted via the e-expenses system within three months of the leave date with the relevant receipts attached. Claims submitted beyond this timeframe will be rejected.

30. Dispute Resolution

30.1 In the event of a dispute concerning leave authorisation or study/professional leave expenses:

a) Initial resolution should be sought through mediation by the Divisional Medical Director.
b) If unresolved, the matter will be escalated to the Executive Medical Director (or delegated Deputy), who will convene a Decision-Making Group to address and resolve the issue.

31. Sponsorship and Conflicts of Interest

31.1 Acceptance of sponsorship or external funding may give rise to a potential conflict of interest.

31.2 Any sponsorship must be formally approved by the Clinical Director.

31.3 Potential conflicts of interest must be declared at the time of applying for study leave and recorded in the annual appraisal.

31.4 The procedures outlined in the *Managing Conflicts of Interest Policy (GOV 06),* which includes gifts, hospitality and sponsorship must be followed. A copy of this policy is available via the document library on the internet.

32. Education and Training

32.1 Management and monitoring of training will be in accordance with the Trust's Development and Training Policy (W11)

33. Review Process

33.1 The Trust will review this policy every 3 years, unless there are significant changes made to legislation, national policy, or locally. These changes will be reflected in the separate chapters of the policy or relevant procedures.

34. Equality Impact Assessment Statement

34.1 This policy applies to all employees, as relevant to the leave requested and so as to not discriminate positively or negatively between the nine protective characteristics.

35. Process for Monitoring Compliance

35.1 The Executive Medical Director has lead responsibility for ensuring the policy is monitored and audited to assess compliance and effectiveness. The speciality will ensure the rules set out in the policy are adhered to and present a quarterly report to show compliance at the Divisional Board Meeting and at Performance Review Meetings.

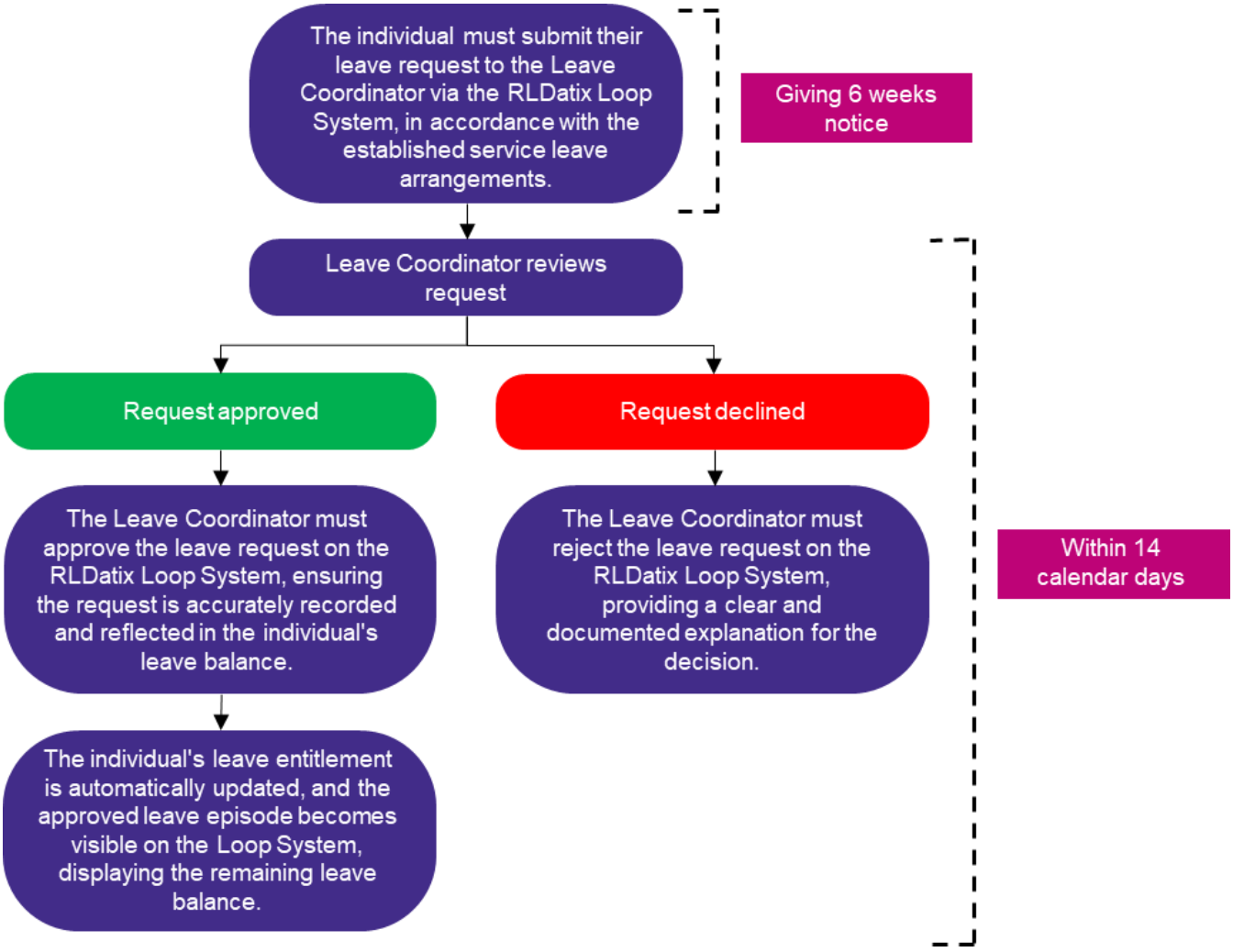
35.2 The overall effectiveness of the policy and any problems that arise from its operation will be reported to the Executive Medical Director where any remedial actions are identified and implemented.

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
• Annual leave and study/professional leave will be monitored to ensure that correct entitlements are given and taken within year. • Study leave will be monitored to assess take up and usage of entitlement.	Reporting through E-Roster and Division based records.	Executive Medical Director supported by Clinical Directors and Specialty Leads and Operational Managers.	Monitoring will be quarterly, and reports will be available and shared with Divisional Leads and Executive Team.	• Reporting of problems to Executive Team and Divisions/ specialty meetings. • The committee/ meeting chair is expected to read and interrogate the report to identify deficiencies in the system and act upon them. ➢ Required actions will be identified and completed in a specified time frame ➢ System or practice changes will be implemented and communicated to all stakeholders

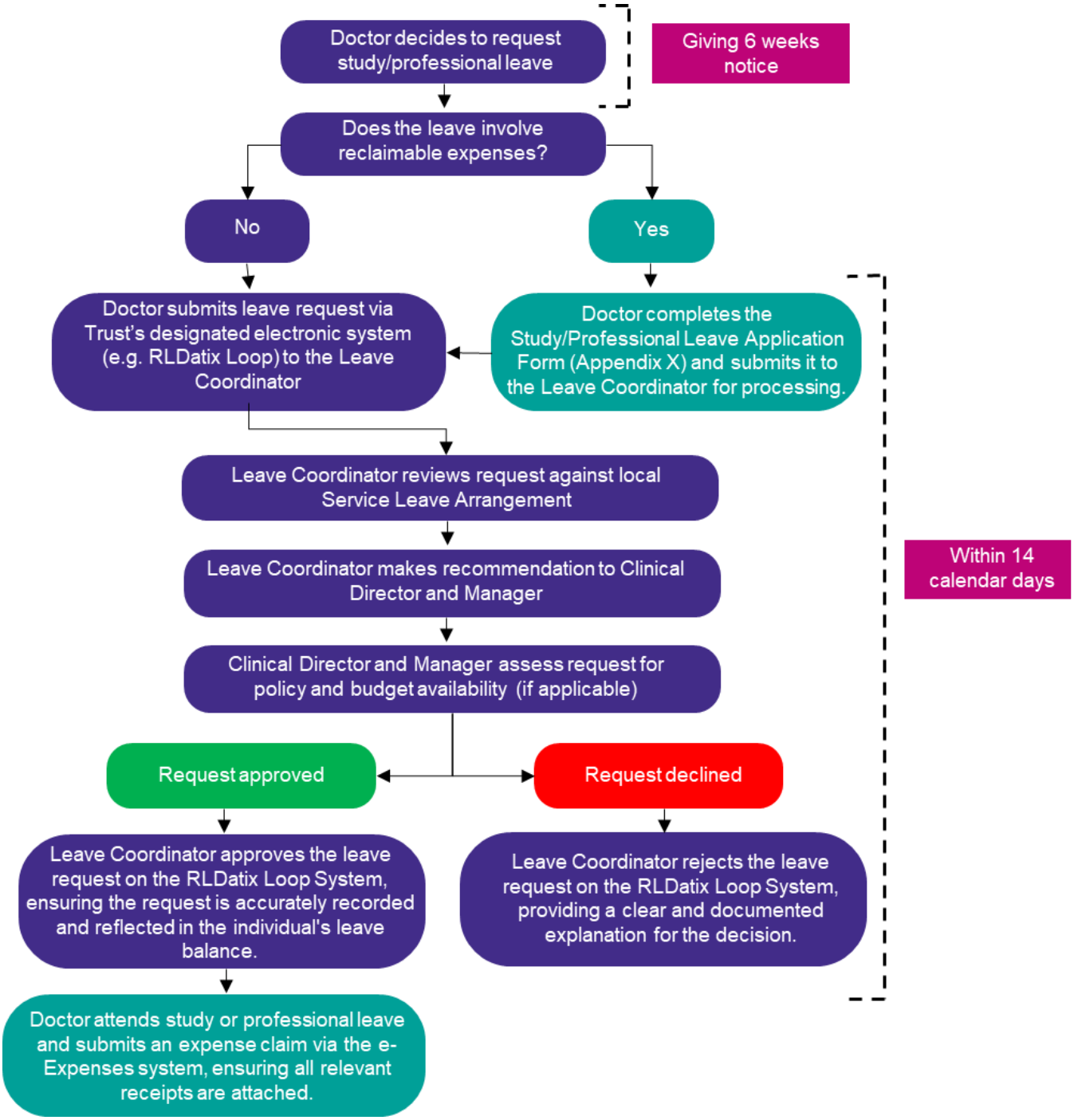
36. References

- *Equality Act 2010*
- *Employment Rights Act 1996*
- *The Health and Safety and Work Act 1974*
- *Working Time Regulations 1998*
- *NHS Terms and Conditions Service Handbook*
- *Terms and Conditions of Service for Consultants (England) 2003*
- *Terms and Conditions of Service for Specialty Doctors - England (2008).*
- *Terms and Conditions of Service for Specialty Doctors - England (2021)*
- *Terms and Conditions of Service for Specialist - England (2021)*
- *Terms and Conditions of Service for Doctors in Dentists in England (2016)*
- *Terms and Conditions of Service for Associate Specialist (2008 and pre-2008)*
- *Terms and Conditions of Service (Local) for Salaried General Practitioners*
- *Terms and Conditions of Service (Local) for Locally Employed Doctors*

Appendix 1 – Annual Leave Application Process (Flow Chart)



Appendix 2 – Study/Professional Leave Application Process (Flow Chart)



Appendix 3 - Template Local Specialty Leave Procedure

[Name of department(s) to which local procedure applies]

Full details of the general rules governing annual leave are outlined in the Doctor's and Dentist's Leave Policy.

All annual leave must be authorised in accordance with the procedures outlined in this Local Specialty Leave Procedure. Staff are expected to take their full leave entitlement within the leave year, and unauthorised leave is not permitted.

Annual leave requests must be submitted via RLDatix Loop, providing a minimum of six weeks' notice, except in exceptional circumstances.

All study leave requests are subject to review by the Rota Coordinator, Operational Manager, and Clinical Director to support effective budget planning and service continuity.

Minimum Staffing Levels

All leave requests will be considered in the context of maintaining minimum safe staffing levels, as outlined below. Specialties may wish to define specific thresholds by ward and grade to reflect local service needs.

Tier 3 – Consultants / Specialists

A maximum of X Consultants or Specialists may be on leave at any one time. This number may be reduced—or, in exceptional circumstances, exceeded—depending on the available skill mix and the department's ability to maintain safe service delivery in their absence.

Tier 2 – Associate Specialists / Specialty Doctors / Higher Specialty Trainees / Senior Clinical Fellows

No more than X individuals may be on leave at any one time, including annual leave, study leave, and scheduled days off.

Tier 1 – Resident / Locally Employed Doctors

No more than X individuals may be on leave at any one time, including annual leave, study leave, and scheduled days off.

Leave requests that would result in staffing levels falling below these minimum thresholds—and are not otherwise covered by the provisions of the Doctors and Dentists Leave Policy—will be declined.

Shifts Requiring Swaps

The following shifts must be swapped in order for leave to be considered:

- On-Calls
- Long Days
- Twilights/Evenings
- Weekends
- Nights
- [Add as appropriate]

Appendix 4 - Approval Process for Leave

- Log on to Health Roster.
- Click on 'Unavailability' tab and then 'Annual Leave & Study Leave Requests'.
- Check leave requests in [list all relevant units within the specialty]. Specific access is required for these units - to gain permissions, contact the Health Roster Team: *(Please note; the information below is provided as an example only - the detail will need to be amended to meet the specifics applicable to the department)*
  - Cross-reference the leave request with departmental diary (*or departmental equivalent)*
  - For example, for the main department, if fewer than X consultants away (inclusive of study, annual and compensatory rest leave), request can be automatically approved.
  - If X or more consultants away (this should be identified with a 'MAXIMUM LEAVE – NO MORE BOOKINGS' comment in the pertinent day), email Operational Manager or Clinical Director with leave details, including applicant's name, leave request dates and initials of consultant colleagues already booked off.
  - When leave is approved, 'Approve Request' on Health Roster.
  - Alternatively, if leave is declined, 'Reject Request' on Health Roster.
  - Details of approved leave should be added to the departmental diary and the diary of the applicant.
  - Ensure all relevant parties are notified of the leave e.g. Medical Secretaries, Nursing team etc.

Appendix 5 – Guidance for Calculating Leave Entitlements

Residents and Locally Employed Doctors

1. Full-time annual leave entitlement is based on a 40-hour working week, averaged over the reference period defined by the contracted rota template as outlined in the generic work schedule.

2. For Residents and Locally Employed Doctors, annual leave is calculated in days in accordance with Schedule 10 (Leave) of the 2016 Terms and Conditions of Service for Doctors and Dentists in Training (England). These provisions are mirrored in the Trust's local contract for Locally Employed Doctors.

3. Where the doctor's contract or placement is for less than 12 months, the leave entitlement should be pro rata to the length of the contract or placement. Where residents and locally employed doctors rotate between specialties as part of their employment, all annual leave for the time within a given specialty must be taken prior to rotating out of that specialty.

4. Should this not be possible due to extenuating circumstances, this should be discussed with the Rota Coordinator or nominated person for the specialty that the doctor is rotating to as soon as possible and a minimum of eight weeks before the individual rotates into that department, due to the national code of practice required for issuing work schedules.

5. Resident Doctors must use their annual leave entitlement proportionately within each placement wherever reasonably possible. However, it is recognised that service needs or individual circumstances may occasionally prevent all leave from being taken before a rotation ends. In such cases, a limited amount of untaken leave may be carried forward into the next rotation.

6. Generic work schedules for LTFT doctors should include their individual pro-rata entitlement to annual leave (inclusive of pro-rated public holidays) to ensure they are able to plan in their leave at the earliest available opportunity.

7. As LTFT work schedules are structured as a percentage of the full-time rota template, annual leave entitlement is calculated based on the LTFT percentage rather than the actual hours worked within the rota.

    - **Example 1:** A CT2 doctor with less than five years' service works at 60% LTFT. The full-time rota template is 44 hours per week, while their individual rota reflects 26.5 hours per week.

      Their annual leave entitlement is calculated as 60% of the full-time entitlement of 27 days:

      27 × 0.6 = 16.2 days, which is rounded to the nearest 0.5 day, resulting in 16.5 days.

    - **Example 2:** An ST6 doctor with more than five years' service works at 80% LTFT. The full-time rota template is 47 hours per week, and their individual rota is 38 hours per week.

      Their annual leave entitlement is calculated as 80% of the full-time entitlement of 32 days:

      32 × 0.8 = 25.6 days, rounded to 26 days.

    - **Example 3:** An FY1 doctor with less than five years' service undertakes three placements over a 12-month period. Their annual leave entitlement will be proportionally distributed across the three placements, as outlined below:

	Annual Leave	Public Holidays
Placement 1: 6th August – 2nd December	9	1
Placement 2: 3rd December – 31st March	9	3
Placement 3: 1st April –4th August	9	4

Calculating Leave - Job Planned Medical Staff (Consultant, SAS and Salaried GP)

1. The full-time annual leave entitlement is based on a contract of 10PAs or 9 nominal sessions, as applicable.

2. For job planned medical and dental staff it is recommended that leave is calculated in days. The working year is taken as 42 working weeks to account for annual and study leave, statutory days and public holidays.

3. A week, for the purpose of annual leave entitlement, consists of whatever constitutes the Consultant, Salaried GP or SAS doctor's normal working week.

4. Where a doctor works five days and they take one week's leave they must book 5 days' leave.

5. Where it has been agreed that a doctor works a condensed week. i.e. 4 long days and has the fifth day as a non-working day. The annual leave for the year would be calculated on the basis of a 4-day working week.

    - **Example 1:** A Consultant with 7 years' service who is contracted to a 10 PA job plan over a four-day working week is entitled to 27.5 days of annual leave. This is calculated as four-fifths (80%) of the full-time entitlement of 34 days, in line with their working pattern.
        - Full-time entitlement: 34 days
        - Working pattern: 4 days per week (i.e. 80% of a standard 5-day week)
        - Pro-rata entitlement: 34 days × 0.8 (80%) =27.2 days
        - Rounded entitlement: 27.5 days

    - **Example 2:** A Consultant with 7 years' service who is contracted to a 10 PA job plan and works three long days per week is entitled to 20.5 days of annual leave. This is calculated as three-fifths (60%) of the full-time entitlement of 34 days, reflecting their three-day working pattern.
        - Full-time entitlement: 34 days
        - Working pattern: 3 days per week (i.e. 60% of a standard 5-day week)
        - Pro-rata entitlement: 34 days × 0.6 (60%) = 20.4 days
        - Rounded entitlement: 20.5 days

    - **Example 3:** A Consultant with 7 years' service, contracted to a 12 PA job plan and working four long days per week, is entitled to 27.5 days of annual leave. This is calculated as four-fifths (80%) of the full-time entitlement of 34 days, in line with their four-day working pattern.
        - Full-time entitlement: 34 days
        - Working pattern: 4 days per week (i.e. 80% of a standard 5-day week)
        - Pro-rata entitlement: 34 days × 0.8 (80%) = 27.2 days
        - Rounded entitlement: 27.5 days

    - **Example 4:** Where a doctor works five days on a job plan of 10PAs or more and has one day that has no fixed clinical commitments and the doctor does CPD and SPA, where the doctor decides to take annual leave during that day and is therefore not available for work they are

required to book annual leave for that day. All non DCC activity must be booked when taking leave.

This means that if a doctor wishes to go on holiday from Monday to Wednesday and is therefore not available for work on the Wednesday, they are required to book three days' leave which includes the Wednesday. It is important to note that should they not book leave on the Wednesday, and it is later proven that they have failed to book the appropriate amount of leave, this could be constituted as fraud and an investigation undertaken.

Similarly, a doctor with a 12 PA job plan, who has a four-week, five day working pattern is going on holiday for two weeks. On the weeks when the practitioner is planning to take leave, they have no fixed clinical commitments on the Monday of the first week or the Friday of their second week. They fly to Bali on Monday of week 1 and do not return until the Sunday of week 2. They are required to book 10 days' annual leave as they are not available to work during that time, annual leave must be booked for both clinical and non-clinical days.

- **Example 5:** A Consultant with 7 years of NHS service is entitled to a full-time annual leave entitlement of 34 days.

  Where a consultant works a variable job plan over a repeating 8-week cycle, their annual leave entitlement should be calculated based on the average number of working days in a standard working week (Monday-Friday) across the cycle. This means weekend on-call duties, which are prospectively covered and not counted as working days in a standard working week are excluded.

  In this example:

  - The Consultant works 5 days per week for 5 weeks
  - 3 days per week for 1 week – with on call at the weekend
  - 4 days per week for 2 weeks

  - The total number of working days over the 8-week cycle is:
    $(5\times5) + (3\times1) + (4\times2) = 36$ days

  - The average number of working days per week is: $36 \div 8 = 4.5$ days

  - This equates to 90% of a standard 5-day working week. Therefore, the pro-rata annual leave entitlement is: $34\times0.9=30.6$ days

  - Rounded entitlement: 31 days

Alternative approaches to calculating leave for job planned medical staff

- The job plan could be annualised, describing the number of PAs or activities that will be delivered over the year, rather than on a weekly basis; what remains is leave. Annualisation can give clinicians the flexibility to plan their annual leave and study leave in line with the job plan delivery.

- Annual leave can be calculated on a PA basis, assuming a standard working week of five days (Monday to Friday). For example, a consultant with 7 years of service on an 11PA contract is entitled to 6 weeks and 4 days (equivalent to 6.8 weeks) of annual leave. This equates to;

  - 6.8 weeks × 11 PAs/week = 74.8 PAs, rounded to the nearest 0.5 PA = 75 PAs of

annual leave entitlement.

Note: This method is not recommended for doctors whose contracts include PAs for on-call duties, as leave entitlement may be affected by prospective cover arrangements within the job plan.

- Alternatively, leave may be calculated on an hourly basis. This method is generally not recommended for doctors contracted to more than 10 PAs and/or those with on-call commitments, due to the complexity of accurately reflecting leave entitlements.

- Under this approach:

- The standard working week is defined as five days (Monday to Friday), with each day equivalent to 8 hours.

- The job plan should be averaged over the reference period (e.g., 8 weeks) to determine the average number of hours worked per week.

- **Example:** a consultant with 7 years of service working an average of 36 hours per week would have:

    - 34 days × 8 hours/day = 272 hours of full-time leave entitlement.
    - 36 hours ÷ 40 hours = 0.9 (90%) of full-time hours.
    - 272 hours × 0.9 = 244.8 hours, rounded to 245 hours of leave entitlement.

Calculating leave entitlement if contracted hours/PAs/sessions change during the year

1. Annual leave entitlement is determined based on the contracted number of PAs, sessions, total hours, or LTFT percentage, as applicable. Where there is a change in working pattern during the leave year, the entitlement for the full year will be adjusted accordingly.

2. Leave is calculated by determining the number of complete weeks worked under each arrangement and combining them to reflect a full 52.14-week year. In this context, if the majority of a week is worked under a specific contract (e.g. number of PAs, sessions or hours), it is treated as a complete week for calculation purposes.

3. Rounding should be applied at the end of the calculation, to the nearest 0.5 day.

    - **Example:** A Consultant with 7 years' service works 10 PAs over a 5-day week for 30 weeks of the year. For the remaining 22.14 weeks, the doctor reduces to 8 PAs over a 4-day week.
        - 34 days (full-time entitlement) ÷ 52.14 weeks × 30 weeks = 19.56 days
        - 8 public holidays ÷ 52.14 weeks × 30 weeks = 4.6 days
        - 34 days × 80% (of full-time entitlement) ÷ 52.14 weeks × 22.14 weeks = 11.48 days
        - 8 public holidays × 80% (of full-time entitlement) ÷ 52.14 weeks × 22.14 weeks = 2.7 days

    - **Total entitlement:**
        - 19.56 + 4.6 + 11.48 + 2.7 = 38.34 days, rounded to 38.5 days.

Appendix 6: Roles and Responsibilities

1.0 Medical People Services

- The Medical People Services Team is responsible for verifying reckonable service using the application form or Inter Authority Transfer documentation. Where verification cannot be completed through these means, the employee will be notified and asked to provide documentary evidence confirming the relevant period of employment, including start and end dates. Acceptable forms of evidence may include previous contracts of employment, offer letters, or similar documentation. Where satisfactory evidence is not provided, the additional leave entitlement will not be granted.
- Leave entitlements for new employees must be confirmed at the point of appointment with the total entitlement clearly documented in the employment contract.
- The team is also responsible for providing expert advice and guidance to divisions, clinical teams, and individual staff members on the interpretation and application of leave entitlements.
- The Medical People Services Team will deliver training and induction materials to ensure staff understand how to request and manage their leave appropriately.
- It is essential that all employees are registered on the RLDatix Loop system, and the Medical People Services Team, in conjunction with the Workforce Systems Team, must ensure this registration is completed.
- Provide guidance on eligibility criteria for study/professional leave, including interpretation of CPD relevance and external NHS duties.
- Support dispute resolution processes by supplying documentation and policy interpretation when required.

1.1 Clinical Directors/Managers

- Managers are responsible for ensuring adequate medical staffing across all grades, to support effective medical care. This includes preventing the cancellation of pre-booked activity including outpatient clinics and investigation/operating lists within six weeks of their scheduled date and minimising the need to rearrange pre-booked activity.
- They must ensure that medical staff are provided with sufficient opportunities to take their full annual leave entitlement within the current leave year. Managers are expected to develop and publish a Local Specialty Leave Procedure, including rules specific to the specialty—such as limits on the number of staff permitted to be on leave simultaneously. A template to support this process is available in Appendix 3.
- Managers are accountable for the accurate calculation, consistent application, and effective management of all leave within their specialty. This includes ensuring, where possible, that all leave is utilised before the end of the leave year.
- As part of the team job planning process, managers should facilitate discussions regarding leave preferences during peak holiday periods to promote fairness and team cohesion. Additional meetings may be held to coordinate leave planning within the specialty.
- Where practicable, authorised leave should not require cover through additional hours, overtime, or locum arrangements. Managers must ensure that safe and effective service levels are maintained during periods of leave.
- Managers should monitor and discuss leave usage with employees to support their health and wellbeing, encouraging leave to be taken proportionately throughout the year. Short-notice leave requests should be handled sensitively and on a case-by-case basis, ensuring minimal impact on service delivery and cost.
- Clinical Directors/Managers are responsible for reviewing and approving requests to carry forward annual leave, ensuring decisions are made in alignment with service requirements and

employee wellbeing, and that any approved leave is taken within the first two months of the new leave year.

- Where possible, managers should honour pre-booked leave arranged by new starters prior to their employment with the Trust. They should also ensure that medical staff on fixed-term contracts take leave at regular intervals during their contract period, and that those on rotational programmes take leave proportionately across placements.
- When considering written requests for extended leave (three weeks or more in a single block), submitted at least three months in advance, managers must take into account service needs, Working Time Regulations, health and safety requirements, and the principles of fairness and equity within the department.
- This policy must be applied fairly, consistently, and equitably, with patient safety and service quality as priorities.
- With support from the Medical People Services team, managers must ensure that annual leave entitlements are updated following changes in contracted hours or when reckonable service milestones are reached, and that these changes are communicated to the relevant staff member.
- Review study/professional leave applications for strategic alignment with departmental goals and workforce planning.
- Maintain a centralised record of study/professional leave usage across the three-year cycle for all eligible staff.
- Monitor budget utilisation for study/professional leave.
- Ensure equitable distribution of study/professional leave across the team.
- Approve or escalate requests exceeding 10 days in a single year or those requiring additional funding or service backfill.
- Confirm that study/professional leave activities are reflected appropriately in job plans, especially where SPA time is utilised.

1.2 Rota Coordinators

- Rota Coordinators or nominated person are responsible for ensuring that all leave requests comply with the agreed Local Specialty Leave Procedure.
- They must process leave requests promptly, ensuring that each request is either approved or declined within 14 calendar days of receipt.
- Rota Coordinators are also responsible for inputting and maintaining accurate records of annual leave on the RLDatix Loop system or its equivalent, confirming that each request aligns with the established specialty leave parameters.
- They should confirm that approving a leave request will not result in excessive staffing gaps that will negatively impact specialty acg
- Any concerns regarding clinic or theatre list coverage should be escalated to the Clinical Director.
- Should raise any queries or concerns regarding leave entitlements with the Medical People Services team.
- Verify that study/professional leave requests meet the six-week notice requirement or document exceptions approved by the Clinical Director.
- Track and reconcile study/professional leave days against the three-year entitlement cycle for each staff member.
- Ensure dual submission of leave requests and expense forms where applicable, and escalate incomplete applications.
- Liaise with Clinical Directors and Budget Holders to confirm approval and funding before finalising leave entries.
- Maintain accurate records of leave taken and monitor for patterns that may impact service delivery or fairness.

1.3 Medical and Dental Staff

- Employees are expected to familiarise themselves with the Doctor's and Dentist's Leave Policy and the Local Specialty Leave Procedure, including their responsibilities and the process for booking leave.
- They should plan and take their full leave entitlement within the leave year, spreading it at regular intervals to support rest and recovery from work. Annual leave not taken within the relevant leave year may not routinely be carried over. However, subject to service needs, up to five days may be carried forward with approval from the Divisional Medical Director, in accordance with General Whitley Council provisions (Section 12:1:12, still applicable to Medical Staff).
- Leave should ideally be taken proportionately throughout the year. Employees must comply with the departmental Local Specialty Leave Procedure for booking leave and are expected to submit requests with a minimum of six weeks' notice.
- During peak holiday periods—such as July to September, Christmas, Easter, and school holidays—employees should engage in discussions with colleagues to ensure fairness and team coordination. It is important to understand that leave during these periods may not always be granted due to service demands.
- Where employees are responsible for arranging cover, they must work with the Rota Coordinator or nominated person to ensure continuity of care. Leave should not be booked or holiday plans confirmed until formal authorisation has been received.
- Requests for extended leave of three weeks or more must be submitted in writing to the Divisional Medical Director at least three months in advance, including the reason for the request. Where this notice period is not possible, shorter notice requests will be considered on a case-by-case basis, subject to service requirements.
- If an employee is delayed in returning from leave, they must notify the Rota Coordinator or nominated person as soon as possible. Failure to do so may result in the absence being recorded as unauthorised and pay being withheld.
- They must provide evidence of previous NHS service to the Medical People Services team if requested.
- Leave entitlements must be recalculated to reflect any changes to contract. Taking leave beyond entitlement may constitute fraud and will be subject to formal investigation.
- Employees must inform the Rota Coordinator or nominated person of any increase in reckonable service that may affect their entitlement and notify them promptly if they are experiencing difficulty in taking their leave.
- It is also important to note that working days allocated to non-direct clinical care activities form part of contracted hours. Time taken off on such days must be booked as annual leave. Supporting Professional Activities or other non-direct clinical care commitments must not be used to extend annual leave periods.
- Submit study/professional leave requests with full documentation, including justification, anticipated expenses, and relevance to CPD or NHS duties.
- Ensure leave requests are entered into RLDatix Loop and accompanied by the appropriate application form when expenses are involved.
- Plan study/professional leave evenly across the three-year cycle to avoid service disruption and maximise entitlement.
- Retain and submit valid receipts for all reimbursable expenses within three months of the leave date.
- Declare any sponsorship or external funding at the time of application and comply with the Trust's conflict of interest policies.