

Leave Policy for Medical & Dental Consultants on the new 2003 contract & SAS Doctors

Date	Version
July 2014	12
Purpose	
To clarify for Senior Medical and Dental Staff what is required of them in terms of agreeing and recording leave.	
Who should read this document?	
All Senior Medical and Dental Staff, Directorate Managers and Support Managers	
Key messages	
All Senior Medical and Dental staff to use this policy when booking leave.	
Accountabilities	
Production	Programme Director – Medical Productivity
Review and approval	Medical Staff Panel
Ratification	Director of HR and Organisational Development
Dissemination	Medical Workforce Office
Compliance	Service Line Directors & Service Line Managers
Links to other policies and procedures	
Consultant Contract Job Plan Guidelines	
Version History	
5.1	October 2008 Reviewed
5.2	February 2009 Medical Staff Panel agreed clarified Terms throughout
5.3	September 2009 Reformatted, EIA, Dissemination Plan & Checklist included
6.1	March 2011 Trust commitment to Valuing People amended in line with the Equality Act 2010
6.2	November 2011 Review date extended
7	July 2012 Updated and SAS doctors integrated
8	September 2012 Approved at MSP
9	June 2013 Crisis section updated

10	January 2014	Leave value for SAS updated and Study leave allowance updated
11	July 2014	3.3. Updated from July MSP with regard to booking of leave
12	August 2019	Extended to April 2020 by Louise Tate
Last Approval		Due for Review
July 2014		Extended to April 2020

PHNT is committed to creating a fully inclusive and accessible service.

Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.

We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.

An electronic version of this document is available on the Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

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1 Introduction

The arrangements set out in this document are (with a few exceptions) intended to cover all forms of leave including annual leave, study leave and special leave. The exceptions include maternity leave, paternity leave, unpaid leave, compassionate leave and leave to deal with family emergencies; separate arrangements apply in respect of those circumstances.

This policy applies to all consultant medical and dental staff and SAS doctors, henceforth referred to as 'senior medical staff'.

2 Purpose, including legal or regulatory background

The purpose of this document is to ensure a consistent approach is used when requesting and authorising leave. More specifically, to clarify the responsibilities of senior medical staff when applying for leave and the responsibilities of clinical and general managers when managing leave applications.

3 Definitions – Leave Allowance and Types of Leave

3.1 Consultant Leave Allowance

A consultant's leave allowance is based upon 6 weeks annual leave, 2 days NHS statutory days, 8 days bank holidays and an average of 10 days study leave.(see 3.4)

	<7 Years	>7 years
Annual Leave	30	32
NHS statutory days	2	2
Bank Holidays	8	8
Study Leave (average)	10	10
Total (days)	50	52
Total (weeks)	10	10.4

3.2 SAS doctors Leave Allowance

3.2.1. Associate Specialists are entitled to 6 weeks annual leave per annum i.e. 30 days plus 2 statutory days = 32 days. Associate Specialists who have completed 7 years service at SAS will be entitled to two additional days leave.

3.2.2. Specialty Doctors are entitled to 5 weeks annual leave per annum i.e. 25 days plus 2 statutory days = 27 days. Speciality Doctors who have completed 2 years service or who had an entitlement to 6 weeks leave in their immediately previous appointments will be entitled to 6 weeks leave i.e. 30 days plus 2 statutory days = 32 days. Speciality Doctors who have completed 7 years service at SAS level will be entitled to two additional days leave.

Associate Specialists & Speciality Doctors				
		<2 years	>2 years	>7 years
Annual Leave	30	25	30	32
NHS statutory days	2	2	2	2
Bank Holidays	8	8	8	8
Study Leave (average)	10	10	10	10
Total (days)	50	45	50	52
Total (weeks)	10	9	10	10.4

3.3 Annual Leave

All Senior Medical and Dental staff are entitled to six weeks annual leave plus two days (in lieu of the two extra 'bank' holidays afforded to NHS staff). This is based on a five day working week, Monday to Friday.

Annual leave is to be used whenever a member of the Medical and Dental Staff intends to be uncontactable and unavailable for work, except for other previously agreed reasons. The annual leave entitlement does not relate solely to those days of the week when only fixed sessions are worked, it includes non-fixed (flexible) and SPA sessions as specified in the job plan e.g. if a clinicians working week is 10PAs or more delivered over four days they will be required to take five days off their total leave allowance. Any uncertainty over this then the LNC Chair or Medical Workforce Team should be contacted for clarification.

3.4 Study Leave

Please refer to the Senior Medical & Dental Staff Study Leave Policy

3.5 Special Leave

Special leave for any circumstances may be granted (with or without pay) at the discretion of the employer.

Where senior medical and dental staff are required to attend court as a witness, as a result of the normal course of delivering his/her NHS duties, such attendance will be classified as Contractual and Consequential Services.

3.6 Leave for Magistrate / School Governor Duties

Consent of the Service Line Director must be obtained before senior medical staff take leave to take part in any local government parliamentary or public activities.

Senior medical and dental staff undertaking these activities will ensure that their clinical commitments are fulfilled by time shifting or other arrangements.

3.7. Leave for work with Charitable Institutions

Usually work with Charitable Institutions would need to be carried out in the practitioners own time either by using their annual leave or they could be granted unpaid leave agreed through their Service Line Director. Whilst PHNT accept that such leave can be beneficial to third parties it does not believe that NHS resources can routinely support such activity. If it can be demonstrated that some or all of the proposed activity has a teaching element then some or all of the leave may be granted as Study leave. Such leave will be adjudicated by the External Duties Panel (as an additional role for this panel). No expenses will be incurred by PHNT.

Leave in this category must follow the above pathway and cannot be granted at Directorate level.

3.8 Humanitarian Fund

The Department of Health (DH), the British Medical Association (BMA) and the Royal College of Nursing (RCN) recognise that a significant number of NHS healthcare staff undertake international humanitarian work. Much of this work is aimed at helping developing countries and societies in transition to address significant challenges they may face in meeting the healthcare needs of their people.

In order to support current activities, and to encourage the development of new initiatives, the DH, BMA and RCN have made available a fund to cover incidental expenses of teams undertaking humanitarian projects. Applications to this fund may be made by any individual or staff group within the NHS or special health authority, with applications from multidisciplinary teams being particularly welcome.

Further information can be found on the BMA website at www.bma.org.uk/international

3.9 Sick Leave

Doctors should not undertake private practice or other work whilst on sick leave, without prior discussion and agreement with the Medical Director and the Staff and Wellbeing Service.

3.10 Crisis Leave

3.10.1 Plymouth Hospitals NHS Trust is supportive of helping staff balance family and other emergencies and work responsibilities at times of urgent and unforeseen needs. The Trust also recognises that a compassionate response is required in the event of a traumatic event and/or bereavement and makes provision for this within the policy.

Leave granted under these arrangements is not intended for long-term domestic and family needs, and will normally be limited to the first day of an unexpected event.

3.10.2 In cases of bereavement or serious illness for immediate family members, the period of **paid** special leave will be up to one working week. Immediate family members include spouse or partner, and the following people in relation to the employee, spouse or partner: mother, father, brother, sister, children and grandparents.

3.10.3 For all other crisis leave, staff will not be granted additional paid special leave and the time, normally up to a maximum of 1 working week per year, should be either unpaid leave, annual leave or time in lieu.

3.10.4 In addition to short term crisis leave, individuals and managers can consider:

- Additional unpaid leave.
- Annual leave.
- Changes to pattern of work e.g. short-term flexible working hours with the ability to make up lost time at a later stage (refer to Flexible Working policy and procedure).
- Carers leave (please refer to Carer's Leave Policy).

3.10.5 The types of circumstances that may require crisis leave includes, for example:

- If a dependent falls ill.
- If a child is involved in a serious incident.
- If childcare or other arrangements breakdown at short notice.
- Serious domestic crisis, like a flood, burst pipe, car accident on the way to work.
- Adverse weather conditions preventing employees attending work, including where schools are closed and alternative childcare is not available (please also refer to Severe Weather Procedure).

Application Process

3.10.6 Employees applying for crisis leave must contact their manager, or in their absence, the deputy manager as soon as practicable. They must give the reason for their anticipated absence and how long they expect to be away from work. All requests should be considered sympathetically in the light of individual circumstances and the needs of the service.

It is envisaged that employees will request annual leave for situations that can be foreseen or planned in advance.

Crisis leave may be taken in hours or full/part days. If an employee feels that they have been treated unfavourably, they can appeal informally to their manager's manager or formally through the Trust's Dispute and Grievance procedure.

4 Duties

4.1 Process for Requesting leave

All annual leave, study leave, special leave and external duty leave should be applied for using the e-leave electronic system.

Applications for leave to undertake External Duties require the prior approval of the External Duties Panel. An application should be made using the External Duties Application Form. Applications should be sent to the Medical Director's Business Manager. Please refer to the current Consultant Contract Job Plan Guidelines, once approved, leave to undertake External Duties must be applied for as outlined in this policy.

All other types of leave this should be discussed in the first instance with the Service Line Director or Service Line Manager.

4.2 Notice

Consultant leave requests should be submitted at least 8 weeks in advance; for SAS doctors the minimum notice required is 6 weeks. Where programmed activities, such as out-patient/theatres need to be re-organised, consultants must give a minimum of 8 weeks notice. Leave with a shorter notice period will not be unreasonably refused where either:

- there is no direct impact on patients or
- a colleague has agreed to cover all affected services (at no additional cost to the Trust)

Subject to suitable arrangements having been made, Consultants and SAS doctors may take up to 2 days of their annual leave without seeking formal permission provided that they give notification beforehand.

4.3 Number on Leave & Proportionality

Responsibility for the level of staffing in any specialty rests with the Service Line Director. Accordingly, the Service Line Director should specify the minimum number of senior medical staff required to meet the needs of the service and the maximum number who can be on leave, of any type, at the same time.

Leave should be taken proportionally across Direct Clinical Care time, Supporting Professional Activities and commitments outside the Trust.

4.4 Cover Arrangements

Senior medical and dental staff are responsible for ensuring that service lines are informed of the requirement to cover emergency duties in their absence and should work flexibly to ensure that in normal circumstances any emergency/on-call work is covered.

If in exceptional circumstances locum cover is required, the appropriate form should be completed and the Trust authorisation process should be followed

4.5 Approval or Refusal of Leave Requests

In normal circumstances, leave requests will be approved by the Service line Director, Service Support Manager or Service Line Manager. The Service Line Director should review any request that is not compliant with Trust/Service leave arrangements.

Service Lines are responsible for ensuring that leave requests are dealt with expeditiously. Service Lines should, where possible, deal with requests for annual leave and study leave within 5 working days of receipt.

If a request is declined, the practitioner should be notified by the Service Lines Director and an explanation provided.

Leave may only be cancelled with the approval of the Service Line Director. If a senior medic wishes to cancel an episode of leave s/he must inform the Service Line Manager and Service Line Director. Approval of a cancellation request will depend upon the amount of notice given and the ability of the Service Line to reinstate direct clinical care activities.

4.6 Notification

The electronic e-leave system does not automatically notify other departments of approved leave so Service Lines should ensure that they have processes in place to do so.

Details of activity, which cannot be used by the directorate team, should be identified as available for re-allocation to other directorates, by the Service Line Manager.

5 Key Elements

5.1. Harmonisation of the Leave Year

All staff will move to a [standard financial year] i.e. 1st April to 31st March leave year with effect from 1st April, [annually].

Whilst there is a contractual entitlement to an agreed amount of annual leave, there is no absolute right to take this leave at any specific time, although the Trust will act reasonably in this regard.

Subject to suitable arrangement having been made, Practitioners may take up to 2 days of their annual leave without seeking formal permission provided that they give notification beforehand.

5.2 New Starters

Entitlement in the first year is dependent on the number of full complete calendar months worked after the date of joining and before the end of the annual leave year. The Trust will allow employees who commence on or before 10th of the calendar month the right to receive the full leave entitlement in respect of that calendar months. Employees who join on or after the 11th day of the month will not receive leave entitlement in respect of that calendar month.

5.3 Annual leave on termination

Where possible all annual leave entitlement should be taken before the last working day.

5.4 Sickness during Annual Leave

Employees who are sick during annual leave must follow the normal sickness reporting procedure and submit a Doctor's Certificate for the complete period of sickness. Annual leave will only be reimbursed in these circumstances.

5.5 Carry Over of Annual Leave

All practitioners are expected to use their full annual leave entitlement within the leave year (ending 31st March). Leave not taken within the relevant leave year is not routinely carried over to the next year. However, subject to the needs of the service, up to 5 days annual leave may be carried forward on application to the Service Line Director and taken in the ensuing leave year. This does not apply in cases of sickness absence, which is dealt with in 5.6 below.

5.6 Bringing forward of Annual Leave

All employees are able to request up to 5 days annual leave from their next year's annual leave entitlement where they have insufficient leave for unexpected or exceptional circumstances. Requests must be made in writing and are subject to contractual tenure and approval by the Service Line Manager. In the event the staff member leaves the Trust part way through the following leave year, if more leave has been taken than the pro rata annual leave entitlement at the date of leaving, the final month's salary will be adjusted accordingly.

5.7 Purchase of additional Annual Leave

Employees can request to buy up to 2 weeks (pro-rata) additional annual leave through salary deduction. This may be authorised by line managers, subject to the needs of the service, impact on performance and must not incur any additional cost to the Trust. In some cases, an additional 2nd tier approval following authorisation from line managers may be necessary. Please see the Buying Additional Annual Leave guidance document for more information.

5.8 Sickness Absence and Annual Leave

Employees are able to and are encouraged to take their statutory annual leave allowance (28 days, pro rata for part time employees) during periods of long term sickness absence. Therefore, ordinarily there will be no entitlement to carry forward statutory annual leave into the next leave year, except in exceptional circumstances

where an individual has been prevented from, or unable to take, their statutory leave entitlement. Requests should be made in the usual way.

6 Overall Responsibility for this document

Director of HR and Organisational Development

7 Consultation and ratification

The Medical Staff Panel will be consulted and the document will be ratified by the Director of HR and Organisational Development.

8 Dissemination and Implementation

This document is published on the Trust Document Network Share Folder. The Clinical Information Systems Governance Manager is responsible for holding and maintaining a master file containing a register and a signed copy of the policy and corresponding Equality Impact Assessment.

The Clinical Information Systems Governance Manager will ensure that old versions of the policy are archived in the archive master file. Access to archived documents will be through the Clinical Information Systems Governance Manager

The Clinical Information Systems Governance Manager will issue the policy numbers and maintain an index that will include the document's title, policy number and version, owner, issue date and next review date.

The approvals are indicated by the front sheet of the document as is the version control.

Following approval and ratification by the above group, this policy is being rolled out across the Trust.

Publication of this policy has been publicised in Vital Signs, the Trust's weekly staff news briefing. All Directorate Managers will have had the policy sent to them and it is available electronically on the Trust Document Network Share Folder.

9 Monitoring compliance and effectiveness

The Trust will undertake a regular audit of the processes specified in this policy. It should be noted that the responsibilities in this policy are enforceable and that managers (and employees where applicable) failing to uphold their responsibilities may find themselves in breach of internal disciplinary policies.

Core Information				
Document Title	Leave Policy & Procedure for Consultants on the new 2003 contract and SAS Doctors			
Date Finalised	August 2014			
Dissemination Lead	Project Director, Medical Productivity			
Previous Documents				
Previous document in use?	Yes			
Action to retrieve old copies.	The Document Controller will ensure that old versions of the policy are archived in the archive master file. Access to archived documents will be through the Document Controller			
Dissemination Plan				
Recipient(s)	When	How	Responsibility	Progress update
Medical & Dental Consultants		Electronic	Medical Workforce Manager	
Service Line Managers Service Line Directors Care Group Directors		Electronic	Vital signs	

Review		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Core Information	
Manager	Medical Workforce Manager
Directorate	Workforce and Organisational Development
Date	June 2013
Title	Leave Policy & Procedure for Medical & Dental Consultants on the new 2003 contract and SAS Doctors
What are the aims, objectives & projected outcomes?	To ensure that the Trust has adequate Senior medical and dental cover for the delivery of patient services and that a consistent approach is used when requesting and authorising leave. To clarify the responsibilities of the Senior medical and dental staff when applying for leave and the responsibilities of the clinical and directorate managers when managing leave applications.
Scope of the assessment	
The key elements set out in this document apply to all Senior Medical and Dental staff	
Collecting data	
Race	This is mitigated as the policy can be made available in alternative languages
Religion	The document has no impact on this area
Disability	This is mitigated as the policy can be made available in alternative formats
Sex	The document has no impact on this area
Gender Identity	The document has no impact on this area
Sexual Orientation	The document has no impact on this area
Age	The document has no impact on this area
Socio-Economic	The document has no impact on this area
Human Rights	The document has no impact on this area
What are the overall trends/patterns in the above data?	There are no trends/patterns in this data. External consideration has been given to 2011/12 NHS Litigation Authority Risk Management Standards for NHS Trusts.
Specific issues and data gaps that may need to be addressed through consultation or further research	Trust wide documents can be made available in a number of different formats and languages if requested. No further research is required as there are no further equality issues.
Involving and consulting stakeholders	
Internal involvement and consultation	The policy has been compiled by the Project Director for Medical Productivity. The policy has been circulated for consultation to LNC members and the Medical Staff Panel.
External involvement and consultation	
Impact Assessment	

Overall assessment and analysis of the evidence	<p>This assessment has shown that there could be an impact on race or disability groups. However, this document can be made available in other formats and languages if requested.</p> <p>The document does not have the potential to cause unlawful discrimination. The document does not have any negative impact.</p>
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Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Provide document in alternative formats and languages if requested	Medical Workforce Business Partner	Potential cost impact	Ongoing	This action will be addressed as and when the need occurs

Approval:

Leave Policy & Procedure for Medical & Dental Consultants on the new 2003 contract & SAS Doctors

Committee Approval: Medical Staff Panel

Medical Director

Name: Dr Phil Hughes

Date:

Signature:

Chair of LNC

Name: Dr Martin Price

Date:

Signature:

Executive Approval:

Director of HR & OD

Name: Hein Scheffer

Date:

Signature: