

## Leave Policy for all Junior Doctors and Dentists including Trainees, Military Trainees and Trust Doctors

Issue Date	Review Date	Version
July 2017	Extended to November 2021	2.4

### Purpose

To clarify for all junior doctors and dentists and those approving leave, what is required of them in terms of agreeing and recording leave. To ensure that junior doctors and dentists are able to book and take annual leave as specified in the 2016 TCS.

### Who should read this document?

All junior doctors and dentists, rota co-ordinator, senior medical staff responsible for managing leave, managers at all levels from support to care group, all members of the Medical HR team, and all staff supporting post graduate education

### Key Messages

All staff involved in managing junior doctors and dentists and their leave to use this policy and guidance.

### Core accountabilities

<b>Owner</b>	Medical HR, LNC, Junior Doctor Forum, Guardian SWH
<b>Review</b>	Medical HR, LNC, Junior Doctor Forum, Guardian SWH
<b>Ratification</b>	Medical Staff Panel
<b>Dissemination</b>	Medical Workforce
<b>Compliance</b>	All staff

### Links to other policies and procedures

Exception Reporting Policy  
 Sickness Absence Policy  
 Foundation Programme Study Leave Policy  
 Leave Policy

### Version History

1	July 2017	Junior Doctor Forum, Medical HR and Guardian
2	August 2019	Extended to April 2020 by Louise Tate
2.1	June 2020	Extended to October 2020 by Louise Tate
2.2	October 2020	Extended to April 2021
2.3	June 2021	Extended to August 2021
2.4	September 2021	Extended to November 2021

*The Trust 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, 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 Trust Documents.  
Larger text, Braille and Audio versions can be made available upon  
request.**

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## **1 Purpose and Scope**

### **Introduction**

The arrangements set out in this document are intended to cover the booking and taking of annual leave and study leave for junior doctors. It does not cover maternity leave, paternity leave, and unpaid leave. For compassionate leave and leave to deal with family emergencies; separate arrangements apply in respect of those circumstances as apply to all trust staff – the policy incorporates this.

The policy applies to all junior medical and dental staff including trainees, military trainees and trust doctors, henceforth referred to as junior doctors.

## **2 Definitions**

### **Junior doctor**

Junior doctor includes all medical and dental trainees, military trainees and trust doctors (including fellows) at grades Foundation stage 1 and 2, core trainees, specialty registrar and specialist registrar.

### **Leave allowance**

The annual leave allowance for a full time junior doctor based on a standard working week of five days on first appointment to the NHS is 27 days rising to 32 days after 5 years completed service. This leave allowance includes the extra two statutory days as per the 2002 TCS.

Junior doctors are required to provide the Trust with a minimum of 6 weeks' notice of an annual leave request.

### **Short contracts and part time**

For contracts greater or less than one year than the annual and study leave entitlement will be calculated pro rata to the length of the contract or placement.

A junior doctor working less than full time will have annual and study leave calculated pro rata. On occasions it may be appropriate for leave to be calculated in hours.

### **Leave year**

The leave year starts on day one of the junior doctor's appointment with the Trust.

### **Significant or life changing events**

This would include events such as the doctor's wedding, job interview and examinations.

This list is not exhaustive.

### 3 Regulatory Background

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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 junior doctors when applying for leave and the responsibilities of the service line or rota co-ordinator when managing leave applications.

### 4 Annual Leave

- 4.1 Junior doctors will request leave electronically to the service line or rota co-ordinator as applicable with a minimum six weeks' notice. Junior doctors are encouraged to give as much as notice as possible in booking leave. There is no upper time limit to giving requests for leave.
- 4.2 The rota co-ordinator or service line will provide a definitive answer to the request within 5 working days. The approval will not be dependent upon the prior publication or production of the rota.
- 4.3 The service line will have agreed and published numbers of junior doctors allowed away on annual and study leave at any one time based on a fully staffed rota. This number will guide the agreeing of study and annual leave irrespective of the number of rota gaps and unfilled posts. The number allowed away will not include those on other sorts of leave such as maternity and paternity leave where the service line can reasonably have been expected to make provision to provide cover.
- 4.4 If leave is requested for a significant or life-changing event, there is an expectation that this will be honoured with every effort will be made to accommodate the request, provided that the junior doctor has given appropriate 6 weeks' notice. If the junior doctor is only informed of a life-changing event requiring leave within 6 weeks of the date and gives earliest notice that leave will be required, the Trust will make every effort to honour the leave request. For crisis leave different rules are applicable.
- 4.5 In the event that a request for leave has not been approved by the service line or rota co-ordinator or the person responsible for approving leave, the junior doctor may ask the Service Line Director (or nominated clinical deputy) to review the request. The Service Line Director will make the final decision in consultation with the rota coordinator as to whether the leave request is granted. This decision will be made within 10 days of the request being submitted.
- 4.6 The junior doctor and the Trust will work together to ensure that leave is planned and taken across the year. In general leave should be taken pro rota in each rotation. This is to ensure both attendance at training and the maintenance of service delivery, and to protect the safety of both doctors and patients. The Service Line will ensure that leave is not carried forward into the doctors following rotation causing operational pressure.
- 4.7 If, due to circumstances beyond the junior doctor's control, a reasonable request is made for leave outside the minimum six weeks' notice period, then

the Trust will consider this request while paying due regard to service requirements.

- 4.8 Should the junior doctor be unable to take their full quota of annual leave for the rota period the Guardian of Safe Working Practice must be informed to ensure that this does not mean they breach the safe working hours limit. In the event that safe working hours limit is breached then leave should be granted or a Guardian Fine will apply and the event exception reported.
- 4.9 In cases where exceptional circumstances or service demands have prevented a doctor from taking the full leave allowance, up to five days of leave per annum (pro rata for contracts or placements of less than 12 months' duration or for doctors who work less than full time), may be carried forward to the next post or placement with the same employer. This is not an entitlement and must be with the agreement of the relevant service line. With the agreement of the service line, payment in lieu can be made for up to five days' annual leave (pro rata as appropriate) which could not be taken before a move to a new employer.
- 4.10 As leave is deducted from the rota before average hours are calculated for pay purposes, as set out in paragraph 11 of Schedule 4 of the 2016 Terms and Conditions of Service, leave may not be taken from shifts attracting an enhanced rate of pay or an allowance, as set out in Schedule 2 of the Terms and Conditions of Service. Where a junior doctor wishes to take leave when rostered for such a shift or duty, they must arrange to swap the shift or duty with another doctor on the same rota. It is the junior doctor's responsibility to arrange such swaps and the Trust is not obliged to approve the leave request if the junior doctor does not make the necessary arrangements to cover the shifts. For all leave booked and approved before the publication of the rota it will be the service line's responsibility to cover all shifts including those which attract an enhanced rate of pay or allowance.
- 4.11 Once annual leave has been approved, this will be honoured other than in very exceptional circumstances such as, for example, declaration of a major incident. Advice in such cases should first be sought from a senior member of the HR Team. In the rare event annual leave had to be cancelled and a staff member would suffer a financial loss (e.g. non-refundable holiday costs) the staff member must make this known to the manager at the time before a decision is made. All financial loss will be reimbursed subject to confirmation of expenditure.

Once study leave has been approved this will be honoured other than exceptional cases such as, for example, declaration of a major incident, in discussion with the Medical Director or On Call ED, in consultation with the Director of Medical Education. Any financial loss will be reimbursed subject to confirmation of expenditure and where the staff member has made this known to the manager at the time before a decision is made to cancel.

- 4.12 Under normal circumstances, leave cannot be fixed. If the rota co-ordinator plans to fix leave, this must be agreed by the junior doctors affected on each occasion.

- 4.13 Junior doctors may swap like for like shifts as long as they do not breach the 2016 contract safer working hour's regulations. They must inform the rota co-ordinator and other relevant staff as necessary.
- 4.14 Leave may only be cancelled with the approval of the Service Line Director. If a junior doctor 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 clinical activities.

## **5 Public Holidays**

- 5.1 There are 8 recognised bank holidays which junior doctors are entitled to in addition to annual and study leave.
- 5.2 A junior doctor 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.
- 5.3 Public holiday entitlement for a junior doctor 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.
- 5.4 A junior doctor who in the course of their duty is required to be present in the hospital (or other place of work) at any time (from 00.01 to 23.59) on a public holiday, or who is rostered to be on call on a public holiday, will be entitled to a day off in lieu.
- 5.5 Where a junior doctor's working pattern includes scheduled rest days (sometimes known as zero hours' days) and such a day falls on a public holiday, then the junior doctor will be given a day off in lieu of the public holiday. For example in 2017 if a junior doctor works 4 shifts from the 21<sup>st</sup> December – 24<sup>th</sup> December then the 25<sup>th</sup> and 26<sup>th</sup> are zero hours days and 2 days in lieu should be credited.
- 5.6 To not work on a public holiday leave must be booked and approved, although the leave will not be deducted from the 27 or 32 days annual leave entitlement.
- 5.7 Unless otherwise arranged, bank holidays will be staffed to the same safe levels as weekends. If a Service Line wishes to make alterations to this, the case must be discussed in advance with the members of the Junior Doctors' Forum at least one month before the deadline to release the rota. For example, a rota starting in April would be released to trainees in February, therefore would have to be presented to the JDF in January.

5.8 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).

**6 Study Leave**

- 6.1 Study leave includes but is not restricted to participation in:
  - a) study (linked to a course or programme)
  - b) research
  - c) teaching
  - d) taking examinations
  - e) attending conferences for educational benefit
  - f) rostered training events.
- 6.2 Attendance at statutory and mandatory training (including any local departmental training) is not counted as study leave.
- 6.3 All requests for study leave will be properly considered by the Trust. Any grant of study leave will be subject to the need to maintain NHS services (and, where the doctor is on an integrated academic pathway, academic responsibilities) and must be authorised by the Trust.
- 6.4 A doctor is obliged to use study or professional leave for the purpose for which it has been granted. Safeguards on hours and rest as set out in Schedule 3 will continue to apply.
- 6.5 Study leave up to the limits described in table 1 below will normally be granted flexibly and tailored to individual needs, in accordance with the requirements of the curriculum. Requests for study leave in excess of these limits should be considered fairly where circumstances indicate such requests to be reasonable, and may be granted by the employer provided that the needs of service delivery can be safely met.

<b>Table 1: Study leave allowances Grade</b>	<b>Days per annum</b>
Foundation Doctor Year 1	15 days
All other doctors in training	30 days

- 6.6 Study leave for Foundation Year 1 doctors will take the form of regular scheduled teaching/training session. Please refer to the Foundation programme Study Leave Policy.
- 6.7 Study leave for doctors at Foundation Year 2 and above will include periods of regular scheduled teaching/training sessions, and may also, with approval from the educational supervisor and service manager, include:
  - a. undertaking an approved external course

b. periods of sitting (or preparing for) an examination for a higher qualification where it is a requirement of the curriculum.

Requests for such leave shall be viewed positively in most circumstances, but with a view to ensuring that the needs of service delivery can be safely met.

6.8 Where a doctor working less than full time is required to undertake a specific training course required by the curriculum, which exceeds the pro rata entitlement to study, then arrangements for additional study leave to be taken may be made provided that this can be done while ensuring safe delivery of services.

6.9. Where a doctor takes maternity leave their entitlement to study leave continues, and this may be taken during 'keeping in touch' days or will otherwise accrue to be taken at a later date.

## **7 Crisis Leave**

7.1 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. Full details of the crisis leave provision is set out in the Trust's general Leave Policy that can accessed via this [link](#).

## **8 Special Leave**

Special leave for any circumstances may be granted (with or without pay) at the discretion of the employer. Full details of the special leave provision is set out in the Trust's general Leave Policy that can accessed via this [link](#).

Where a junior doctor is 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.

Trainees are not automatically exempt from Jury Service.

The trainee must advise the Trust and the Postgraduate Dean if they are absent owing to ill health, if they are going to be taking maternity/paternity/adoption leave or if they have to attend jury service.

If the trainee is taking time off from the training programme for sickness, jury service or maternity/paternity/adoption leave and the sum of these absences exceeds 14 days in any 12-month period, then a review of training should be undertaken and the expected end of training date adjusted if required.

## **9 Monitoring & Assurance**

The Trust will undertake a regular review 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.

## **10 Document Ratification Process**

**The Medical Staff Panel will be consulted and the document will be ratified by the HR&OD Committee.**

### **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 the Information Governance StaffNet Page, the Trust's weekly staff news briefing and it is available electronically on the Trust Document Network Share Folder.

## **10 Dissemination Plan**

The policy will be distributed via Daily Email and will be communicated via email to Service Line Managers, Senior Medical and Dental Staff and Junior Doctors.

<b>Core Information</b>				
<b>Document Title</b>	Leave Policy for all Junior Doctors and Dentists including Trainees, Military Trainees and Trust Doctors.			
<b>Date Finalised</b>	31 July 2017			
<b>Dissemination Lead</b>	Medical Workforce Team			
<b>Previous Documents</b>				
<b>Previous document in use?</b>	Will be removed on publication of this policy.			
<b>Action to retrieve old copies.</b>	Will be removed on publication of this policy.			
<b>Dissemination Plan</b>				
<b>Recipient(s)</b>	<b>When</b>	<b>How</b>	<b>Responsibility</b>	<b>Progress update</b>
All staff	August 2017	Email / IG StaffNet Page/ Service Line Managers	Document Control	

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

Core Information	
<b>Manager</b>	Richard Maguire
<b>Directorate</b>	HR
<b>Date</b>	31 July 2017
<b>Title</b>	HRBP
<b>What are the aims, objectives &amp; projected outcomes?</b>	To clarify for all junior doctors and dentists and those approving leave, what is required of them in terms of agreeing and recording leave. To ensure that junior doctors and dentists are able to book and take annual leave as specified in the 2016 TCS.
Scope of the assessment	
The Trust will look to ensure that leave arrangements are managed effectively, ensuring requests take regard to individuals circumstances and the needs of the service whilst ensuring statutory factors are adhered to.	
Collecting data	
<b>Race</b>	<p>There is no evidence to suggest there is a disproportionate impact on race regarding this policy.</p> <p>Data will be monitored through workforce data reporting and feedback from staff and trade union representatives as required.</p>
<b>Religion</b>	<p>There could be a potential impact on religion.</p> <p>Where religious holidays occur during the calendar year, requests for leave will be in line with the service levels required for that day/period and the individual's requirements – as with any leave request the Trust cannot guarantee leave requests.</p> <p>Data will be monitored through workforce data reporting and feedback from staff and trade union representatives as required.</p>
<b>Disability</b>	<p>There could be a potential impact on disability.</p> <p>Consideration will be made for staff that have or are caring for a child/relative with a disability and reasonable adjustments will be given as appropriate to the circumstances. For example crisis leave/special paid leave/career break.</p> <p>Data will be monitored through workforce data reporting and feedback from staff and trade union representatives as required.</p>
<b>Sex</b>	<p>There is no evidence to suggest there is a disproportionate impact on sex regarding this policy.</p> <p>Lone parents will have access to crisis leave/special paid leave where caring arrangements break down in the first instance.</p> <p>Data will be monitored through workforce data reporting and feedback from staff and trade union representatives as required.</p>

<b>Gender Identity</b>	<p>There is currently no data collected to show the impact in this area, however, this will be monitored through feedback from staff and trade union representatives</p> <p>Data will be monitored through workforce data reporting and feedback from staff and trade union representatives as required.</p>
<b>Sexual Orientation</b>	<p>There is no evidence to suggest there is a disproportionate impact on sex regarding this policy.</p> <p>Consideration will be made for same sex partners to have access to crisis leave/special paid leave where caring arrangements break down in the first instance.</p> <p>Data will be monitored through workforce data reporting and feedback from staff and trade union representatives as required.</p>
<b>Age</b>	<p>There is a potential impact on age.</p> <p>Length of service does dictate the entitlement to Annual Leave, though the entry entitlement does exceed the statutory entitlement.</p> <p>Data will be monitored through workforce data reporting and feedback from staff and trade union representatives as required.</p>
<b>Socio-Economic</b>	<p>There is currently no data collected to show the impact in this area, however, this will be monitored through feedback from staff and trade union representatives.</p>
<b>Human Rights</b>	<p>There is currently no data collected to show the impact in this area, however, this will be monitored through feedback from staff and trade union representatives.</p>
<b>What are the overall trends/patterns in the above data?</b>	<p>No trends or patterns have been identified at this stage.</p>
<b>Specific issues and data gaps that may need to be addressed through consultation or further research</b>	<p>There is currently no legal requirement to monitor data regarding types of leave, except maternity leave. However, data is available through Healthroster and ESR for specific areas for example crisis/special paid leave which could be used for audit purposes should the need arise.</p> <p>There is currently no data to monitor the impact on gender identity, socio-economic and human rights.</p>
<b>Involving and consulting stakeholders</b>	
<b>Internal involvement and consultation</b>	<p>HR Business Partners, Trust Senior Management Team, JSNC</p>
<b>External involvement and consultation</b>	
<b>Impact Assessment</b>	

<b>Overall assessment and analysis of the evidence</b>	<p>Where religious holidays occur during the calendar year, requests for leave will be in line with the service levels required for that day/period and the individual's requirements – as with any leave request the Trust cannot guarantee leave requests.</p> <p>Consideration will be made for staff that have or are caring for a child/relative with a disability and reasonable adjustments will be given as appropriate to the circumstances. For example crisis leave/special paid leave/career break.</p> <p>Lone parents will have access to crisis leave/special paid leave where caring arrangements break down in the first instance.</p> <p>Consideration will be made for same sex partners to have access to crisis leave/special paid leave where caring arrangements break down in the first instance.</p> <p>Length of service does dictate the entitlement to Annual Leave, though the entry entitlement does exceed the statutory entitlement</p>
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Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Monitoring of workforce data	HRBPs/Equality Leads		Ongoing	