STUDY LEAVE – GP SPECIALTY TRAINEE

This document has been produced for guidance only. If you have any queries relating to this guidance they should be directed to your Local Educators and Programme Directors.

If local educators, Programme Directors, HR, Medical Staffing or Practice Managers need to escalate queries these should be directed to the Patch Associate Director who in turn can seek guidance from the Specialty Training Leads if appropriate.

TRAINEES IN A GENERAL PRACTICE POST (including those doing an ITP)

1. Study leave allowance is granted under the terms of the GP Specialty Trainee (GPST) – trainer contract.

2. Study leave allowance should be granted with reference to the following principles:

   (a) GPSTs should be encouraged to develop coherent and relevant study leave plans early on in training in collaboration with their educational supervisor and to request leave in accordance with these plans. Personal study leave may not exceed 5 days per annum, must be relevant to learning needs and agreed in advance with the trainee’s educational supervisor. Personal study leave for examination preparation is normally only permitted for the MRCGP.

   (b) Study leave is not an entitlement but an allowance and the needs of patients must always take precedence.

   (c) The three London LETBs believe that the prime educational opportunity for GPSTs is seeing patients and being given time for personal and facilitated reflection on the casework, supported by structured taught courses. Attendance at such courses is supported as long as the course is relevant to a trainee’s future role as a GP.

   (d) The total of GP Specialty Teaching Sessions which includes day or half-day release and residential events and study leave granted to each GPST should be a maximum of 30 days per year. Please note, this does not include the one session per week allocated to planned educational activity.

   Each GPST can be granted a maximum of 30 days study leave a year. This includes VTS day or half-day release and residential events. Please note, this does not include the one session per week allocated to planned educational activity.

   (e) Attendance at GP VTS Specialty Teaching Sessions and any residential courses included in the programme is considered compulsory. The minimal acceptable attendance rate is 80% which takes into account sessions missed due to annual leave and sickness.

   (f) During weeks when there is no day or half-day release teaching session arranged, the GPST is expected to be involved in a clinical session or another suitable alternative agreed with the trainer.

   (g) It is London LETBs policy not to support courses arranged abroad.

   (h) Reimbursement for courses may be claimed from GP Finance (GPFinance@southlondon.hee.nhs.uk) up to a specified annual limit. There is also
limited funding available to GPSTs who are presenting a scientific paper or facilitating a workshop in GP orientated conferences in Europe. This is subject to the availability of funds.

(i) In the event of a dispute arising over study leave, GPSTs and trainers are advised to consult their programme director and/or the appropriate patch associate director. If local resolution cannot be achieved, final arbitration will be the responsibility of the Speciality Training Lead for the relevant LETB.

(j) The above includes GPSTs who are doing Innovative Training Posts and who are employed by a GP Trainer.

(k) Compulsory educational activities organised by the LETBs or employer are not to be taken from the study leave allowance. Examples include a LETB induction or CCG/practice health and safety training. On the other hand leave taken for residential courses or other educational courses arranged centrally by the GP department must be taken out of study leave and supported by the study leave budget.

(l) Any GPST who is a trainee representative at a recognised local or national organisational committee (e.g. The London trainee committee) is entitled to professional leave up to a maximum of 5 days per annum. This is separate to annual and study leave. Any queries or concerns about this should be relayed to Speciality Training Lead for the relevant LETB.

(m) Leave for the day of sitting the AKT and CSA components of the MRCGP is normally granted in addition to the 30 day study leave entitlement.

(n) Study leave is calculated pro-rata (for example if trainees are working less than full time)

STUDY LEAVE FOR GENERAL PRACTICE SPECIALTY TRAINEES (ST1/2) IN HOSPITAL POSTS

1. Study leave for ST1 and ST2 is normally permitted up to a maximum of 30 days per year (15 days per six months).

2. This will be reflected in the contract that the GPST holds with their employer.

3. Study leave is not an entitlement but an allowance and the needs of the patients must always take precedence.

4. The GPST should plan study leave at the beginning of each post in collaboration with his/her educational supervisor and apply for study leave from the clinical tutor who holds the study leave budget for all trainees employed by the acute trust. The study leave for which leave is taken should be considered in the context of the entire GP training programme and not necessarily restricted to the specialty in which it is taken. Normally, personal study leave may not exceed 5 days per annum, must be relevant to learning needs and must be agreed in advance with the trainee’s educational supervisor. This must be in line with the employing trust’s study leave policy.

5. It is London LETBs policy not to support courses held abroad.

6. Leave for the day of sitting the AKT component of the MRCGP is normally granted in addition to the 30 day study leave entitlement.
7. In addition to study leave, trainees are normally entitled to 3 hours interruption-free, trust-based, in-service training per week, although this is exceeded in many departments.

8. Specialty trainees in General Practice are expected to attend GP Specialty Training Sessions as part of their working week.

9. Specialty trainees in General Practice are encouraged to attend both the half day release course and departmental training, although this is subject to local negotiation.

10. In situations where GPSTs are enabled to attend both teaching sessions related to their hospital post and to teaching sessions related to General Practice, then they are expected to apply for and use study leave to attend the latter.

11. Attendance at GP Specialty Teaching Sessions and any residential courses included in the programme is considered compulsory. The minimal acceptable attendance rate should normally be 80% which should take into account sessions missed due to annual leave, sickness and rota requirements.

12. GP specialty trainees in a substantive public health post must first negotiate time off with their Public Health Clinical Supervisor and then seek educational approval from the Educational supervisor or Programme Director. The trainee should seek advice on the current recharging process from the relevant LETB primary care education manager. Trainees will be entitled to a budget of up to £800 pro-rata which will come from the Public Health Study Leave budget.

13. Compulsory training which is essential to the performance of your job, whether organised by the London LETBs or your employer, should not be taken from the study leave allowance. Examples include a LETB induction or trust or CCG health and safety training. On the other hand leave taken for residential courses or other educational courses arranged centrally by the LETBs must be taken out of study leave and supported by the study leave budget.

14. For local information regarding forms and permission relating to study leave, please consult the relevant postgraduate medical department administrator or trust HR department.

15. Study leave is calculated pro-rata (for example if trainees are working less than full time)