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The following principles guided the development of the national guidelines:

*Study Leave should:*

- (i) *enhance clinical, education and training*
- (ii) *be planned as far in advance as possible, as an integral part of the education and training process*
- (iii) *provide education and training not easily acquired in the clinical setting or locally, e.g. acquisition of a theoretical knowledge base such as basic sciences, statistics, etc.*
- (iv) *Support Delivery of Curriculum Objectives.*

*“All trainees should be encouraged to develop coherent plans for Study Leave early in their Foundation/GP/Specialty post or programme or StR training programme”.*

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# 1. Introduction

This guidance serves as an update and replacement of that which was issued in July 2009.

As study leave is an integral part of educational programmes, doctors and dentists in training grades are actively encouraged to take their study leave entitlement by attending local and regional courses or, if necessary, national courses. It is important to note that trainees, as part of their terms and conditions of service, are contractually obliged to undertake such courses of study as agreed with their educational supervisor and programme director or school/committee.

This guidance aims to set out the framework for management of a trainee's study leave as well as suitable use of funds.

These guidance notes are subject to change based on national decisions and will be updated accordingly.

## 2. Responsibilities

### a. Responsibilities of KSS Deanery

- To ensure that a clear Study Leave guidance document is available and agreed with all Trusts, Specialty Schools/Committees and Local Education Providers
- Standardisation of processes as far as possible and explicit funding arrangements across Schools/Committees.

### b. Responsibilities of Local Education Providers (LEPs)

- LEPs will confirm that suitable arrangements to cover leave have been made and other requirements, such as induction and mandatory training, have been undertaken.
- The local Trust and its community partners must ensure an adequate record of all study leave granted to those entitled to it, in electronic form if possible. They must update their records at the first available opportunity e.g. the first educational contract meeting with the Trainee. This will ensure appropriate educational and financial accountability.

## 3. Amount of Study Leave

In line with national Terms and Conditions, doctors in training are able to take "leave with pay and expenses within a maximum calculated at the rate of thirty days in a year" <sup>[1]</sup>. For those who are in training for part of the year this is calculated on a pro-rata basis. Professional Leave to sit examinations necessary for the career advancement for the trainee is allowable but does not count against the annual Study Leave entitlement. For GPStRs, the GP School provides a number of supported facilitated learning and training events which will form part of this study leave allowance, (please refer to section 9).

<sup>[1]</sup> National Health Service Hospital Medical Dental Staff and Doctors in Public Health Medicine and the Community Health Service (England and Wales) Terms and Conditions of Service, 2008, para 251c

## 4. Less Than Full Time (LTFT) Trainees

Less Than Full Time (LTFT) trainees are entitled to periods of funded study leave. In this Deanery, at the discretion of the local DME/ Clinical Tutor and Associate Dean for Less Than Full Time Training, funding in a year may be the same as that allowed for full-time trainees: this will enable LTFT trainees to undertake a necessary course of study which requires the entire annual funding allowance. They will not expect to go on similar courses two years in succession, and they will not be granted extra “time out” of sessional commitments.

## 5. LAT Trainees

Trainees in Locum Specialty posts, those in Fixed Term Specialty Training Appointments (FTSTAs) and Locum Appointments for Training (LATs) exceeding four months are entitled to Study Leave pro rata. There is no entitlement to Study Leave for Locum Appointments for Service (LAS).

## 6. Maternity Leave

Trainees on maternity leave continue to be entitled to take Study Leave and expenses, within their allowance, during their maternity leave period.

During the maternity leave period, trainees who wish to attend Study Leave activities e.g. training courses, may do so. However, this is a matter of personal preference for the trainee and there is no obligation for them to attend Study Leave activities during the maternity leave period.

Upon return to work after their maternity leave period ends, trainees can use their accrued Study Leave and expenses, applying through the normal approval process. However, we advise that discussions take place between a trainee and their Educational/Clinical Supervisor about balancing patient care/maintaining a clinical service with time taken to undertake Study Leave. This may require negotiation about the period within which such study leave must be taken. We recommend that Supervisors should take a flexible approach in relation to this issue and consider each case on its merits.

## 7. Appeals Procedure

We aim to be as flexible as possible in the interpretation of this policy to allow trainees to obtain the most appropriate and effective Study Leave to support their training; albeit within the confines of service needs and budgetary restrictions.

Any applicant who considers that his or her request for study leave or expenses is refused unreasonably has the right of appeal to the Deanery. The applicant should direct their appeal to the correct department as follows:

Foundation: [enquiries@stfs.org.uk](mailto:enquiries@stfs.org.uk)  
General Practice: Sandra Forster [sforster@kssdeanery.ac.uk](mailto:sforster@kssdeanery.ac.uk)  
Specialty Schools: [SpecialtyStudyLeave@kssdeanery.ac.uk](mailto:SpecialtyStudyLeave@kssdeanery.ac.uk)

## 8. Foundation Training

Foundation Doctors are required to demonstrate achievement of the competences specified in the FP Curriculum via a range of predominantly patient centred activities. Study leave provides an opportunity for Foundation Doctors to

- acquire generic competences not achieved through other activities.
- consolidate and develop competences experienced elsewhere
- undertake a taster to inform their career choice and progression to specialty training

### a. Foundation Year 1

Although there is no recognised study leave allowance for F1 trainees it is recognised that undertaking a taster towards the end of F1 can inform foundation doctors' career choice and the Deanery wishes there to be flexibility in the system to allow F1 tasters to be undertaken. F1s who wish to undertake a taster should note that completion of a taster during F1 is deducted from the F2 study leave allowance and is only granted if service commitments can be met.

F1s who wish to undertake a taster should refer to the "Provision of Specialty Tasters for Foundation Doctors" policy - <http://www.stfs.org.uk/doctor/tasters>.

Local Education Providers (LEPs) will be required to record details of F1 tasters and provide this to the foundation school on an annual basis as per the "Provision of Specialty Tasters for Foundation Doctors" policy. The foundation school will be responsible for collating this information and advising LEPs, by the end of September, of any study leave taken by F2s during their F1 year.

### b. Foundation Year 2

F2 trainees have access to up to 30 days of study leave subject to the maintenance of essential service. Approximately 13 days is used to undertake compulsory activities:

- protected generic teaching - minimum of 10 days per annum
- ALS (or equivalent) training – usually 2 days

F2 doctors who did not undertake a taster during F1 can apply for up to 5 days study leave to attend a taster in a speciality of their choice. Permission to undertake a second taster or permission not to undertake a taster and use the study leave allowance for another activity is only granted if the following criteria have been satisfied:

- Demonstration of regular attendance at >70% internal training sessions
- Evidence of completion of /place booked for ALS or equivalent training
- Satisfactory e-Portfolio progress and compliance with the assessment timeline

**F2 TRAINEES SHOULD NOT BE GIVEN STUDY LEAVE FOR PRIVATE STUDY FOR PREPARATION FOR EXAMINATIONS**

## 9. GP Training

### a. Introduction

The GP training programme is a continuing period of learning and development over, at present, three years. The aim of study leave within GP Specialty Training Programmes is to facilitate GPStRs in achieving full coverage of the GP Curriculum and success in the MRCGP assessments, and the framework for all learning should reflect the overall intentions of the three year programme and support the successful achievement of MRCGP and a Certificate of Completion of Training (CCT) in GP from the GMC.

It is therefore important that any study leave activity is congruent with these aims. This document outlines the KSS GP School policy on study leave and provides guidance on how this can be achieved.

### b. Acknowledgement

#### Background

The Department of Postgraduate GP Education KSS Deanery and GP School have supported the KSS Deanery guidance on study leave for all trainees. GPStRs have a relatively short training period of three years, with a number of placements in different environments and locations, but all subsuming the achievement of the learning outcomes of the GP curriculum. As programme rotations and learning environments differ for each GPStR, study leave should be used flexibly to support the personal learning needs of individuals, and negotiated and organised at the start of the three year training programme. With the introduction of the new GP training programmes in 2007, the Department introduced a new policy (*Guidance for GP speciality trainee (GPStR) Attachments in general practice in Kent, Surrey, and Sussex (KSS) GP Deanery*) and following an external audit evaluation of the delivery of this by the London South Bank University, the following has been agreed.

This means that the guidance for GPStRs, whilst within the overall principles of the KSS study leave guidance is appropriately specific for GP training.

### c. Overview of Study Leave Policy

The KSS GP study leave policy has the following elements:

- GP practice placements during hospital placements;
- Regional study days;
- Regular organised learning sets
- Discretionary training linked to an agreed and appropriate personal development plan (PDP) linked to the achievement of a GP CCT (or CEGPR)

Further guidance on each of these elements is given in this document.

### d. Operational Framework

The policy operates within the following framework:

- Study leave is not an entitlement but an allowance and the ability to take it has to

- be subject to other factors, e.g. the need to provide an appropriate service to ensure patient safety, which must always take precedence.
- Study leave for GPStRs is normally permitted up to a maximum of 30 days per year (not normally more than 15 days in any six month period). This will be reflected in the contract that the GPStR holds with their employer, the Acute Trust or the GP Practice.
  - Established learning sets organised for GPStRs (normally in the ST3 year) will form part of the study leave allowance.
  - Each GPStR should plan their study leave at the beginning of their training programme in collaboration with his/her educational supervisor and GP Programme Director. The educational activity for which leave is taken should be considered in the context of the entire GP Specialty training programme and not necessarily restricted to the speciality in which it is taken. If there is any doubt about the suitability of a study leave application the final decision will be made by the GP Programme Director. Any variations to the planned activity should be discussed further at the beginning of each post.
  - For study leave that is applied for and taken within a hospital placement, this will also need to be approved by the appropriate hospital Clinical Tutor who holds the study leave budget for all trainees employed by the acute NHS Trust.
  - GPStRs should use the KSS GPSTP Handbook for Hospital Specialties to help them identify learning objectives that are mapped to the GP Curriculum and relevant to their current hospital post.
  - Each GPStR will develop a Personal Development Plan (PDP) that will be recorded on their RCGP e-Portfolio. Any study leave learning objectives need to be recorded in this way.
  - Study Leave in order for GPStRs to take GP exams as a necessary part of the MRCGP will be provided (normally one day only per exam). Examination fees are not reimbursed.

### **i. GP Practice days for GPStRs undertaking substantive hospital posts**

There should be a minimum one day in every four month substantive hospital posts spent with the GP Educational Supervisor, normally in that Educational Supervisor's GP Practice for ST1 and ST2s.

While these GP Practice days have a number of aims, a principle one is to increase trainees' understanding of general practice and primary care during their hospital based ST1 and ST2 years.

#### *Organising educational days in GP*

- i) The dates for GP placements will be arranged as far in advance as is practically possible (a minimum of six weeks). Following liaison with the other specialty faculty's potential dates will be identified by the GP Programme Directors and GP Faculty administrative team. These dates will then be made known to the GPStRs.
- ii) Dates will then be finalised by the GPStR on direct communication with their GP Educational Supervisor. As soon as the dates are confirmed the GPStR will then need to complete a study leave application form and submit this to the Clinical Tutor who holds the study leave budget for all trainees employed by the Acute Trust. As some hospital departments have a large number of GPStRs there may need to be a phased spread of dates to allow rotas to be amended and all GPStRs granted leave. In order for this to occur study leave requests will need to be filed and communicated to the hospital Clinical Supervisors in plenty of time.

This process will be monitored by the GP Faculty who will work with the other Specialty Faculties to ensure this process is fairly applied.

### *Planning for GP Practice days*

In order to maximise the educational benefit from these days GPStRs should use the GP Practice Placement Application Form (Appendix A). This needs to be mutually agreed between the GPStR and the GP Educational Supervisor in advance.

Planning for GP Practice days involves 3 processes:

- Identifying learning objectives and mapping these to the GP Curriculum;
- Identifying activities to meet these objectives;
- Agreeing a timetable for the day.

### *Learning Objectives for GP Practice days*

GPStRs should use the GP Curriculum to identify learning objectives for their GP Practice placements. These learning objectives may come from a number of sections of the GP Curriculum:

- The core curriculum statement “Being a General Practitioner” covers the core competences required to become a general practitioner and outlines the elements of the discipline. Exploring the learning outcomes of the core curriculum can be used to gain a greater understanding of general practice.
- “The General Practice Consultation” can be used to explore communication skills and the unique way in which doctors and patients interact with general practice.
- GPStRs may identify learning outcomes from using the self-assessment tools in the KSS GPSTP Handbook for Hospital Specialties that may be more readily addressed in a primary care setting.
- Planning for GP Practice days should involve the GP Curriculum and may be used as a way to meet potential gaps in hospital rotation programmes.

### *Activities for GP Practice days*

There is a wide range of educational activities that can be undertaken during GP Practice days. The exact activity will depend on the identified learning objectives.

Example of possible activities:

- Sitting in with GP and other members of the primary care team. This may be part of the initial orientation and induction into GP.
- Seeing patients in primary care. This can be achieved doing supervised surgeries or joint surgeries with the educational supervisor or ST3 GPStRs.
- Attending long term condition clinics, e.g. CHD, Respiratory, Diabetes, Hypertension clinics
- Attending outreach specialty clinics, e.g. GPwSI run clinics, antenatal, musculo-skeletal triage
- Attending community service clinics, e.g. GUM, family planning, addiction services, mental health
- Attending Practice Based Commissioning and PCT meetings

- Visiting nursing homes or community care facilities
- Visiting a locations closely linked to primary care, e.g. pharmacy, undertakers, crematorium
- Attending Practice management or clinical meetings
- DOPS and COT assessments may be carried out if appropriate.
- Review of educational evidence and achievement of workplace based assessments with the ES
- Planning further targeted educational activities and updating PDP
- Taking part in GPStR – GP educational supervisor educational meetings

It is important that the chosen activity is meeting a specific learning objective. The success of the activity in meeting the objective should be evaluated by both the GPStR and the GP Educational Supervisor and the outcome of this should determine the learning goals for future placements and experience.

The list given is not exhaustive and the sharing of good practice and good ideas through the local GP Faculty is encouraged.

#### *Agreeing a timetable*

Having an agreed timetable for the GP Practice day in advance should allow for smooth running of the day that maximises the learning opportunities.

#### *Recording Activities*

Reflection on the GP Practice day should be recorded in the e-Portfolio and mapped to the curriculum areas that have been covered.

A certificate of attendance should be issued by the GP Practice and copied to the GP Faculty administrator to allow for monitoring of the process.

For further details see the GP Practice Study Day Programme Guidance at Appendix B.

## **ii. Regional Study Days**

The KSS Deanery will organise a number of regional study days throughout the GP Specialty Training Programme. These will cover topics such as induction to GP Specialty Training, use of the e-Portfolio, the MRCGP assessments (the workplace based assessments, and skills development for the CSA), induction to training placements in Out of Hours and telephone triage. Some of these days will be more suitable for GPStRs in their ST3 GP placements.

The dates for these study days will be issued with advanced notice and communicated to GPStRs through the e-Portfolio.

GPStRs should attend a one of each of the regional study days over the course of their GP Specialty Training Programme.

The Deanery will liaise with the Acute Trusts and Specialty Faculties in the planning of these days. The local GP faculty will monitor the process to ensure that all GPStRs have the opportunity to attend regional study days.

### **iii. Learning Sets**

Each GP Specialty Training Programme area organises regular learning sets for GPStRs. In the GP placements (for GPStRs in 4 month placements in the ST1 and ST2 years, and all GPStRs in the ST3 year) these will take place normally on one half day each week over three terms of 10 weeks (exact meeting schedule varies for each training programme area). These learning sets are specifically organised to support the delivery of the learning outcomes of the GP curriculum, and are a mandatory requirement for all GPStRs. They form part of the allocated study leave allowance.

Learning sets for GPStRs in their hospital posts in the ST1 and ST2 years are also organised by local GP Programme Directors, and these normally take place with a lesser frequency. These may utilise weekly timetabled protected educational time. Sometimes, if they run for a longer period, they are a part of the formal study leave allowance.

### **iv. Discretionary Training linked to agreed PDP**

GPStRs can apply for further discretionary study leave, if this is available within their allowance in consultation and support from GP Educational Supervisors and the local Programme Director.

Any discretionary study leave is dependant on the GPStR having already met the minimum requirements for GP Practice placements and Regional Study Days outlined above.

Discretionary study leave will not normally be allowed for the development of specialist skills that do not form part of the GP curriculum, and are not needed for the achievement of a GP CCT.

In order to apply for further discretionary study leave the GPStR will need to produce a PDP that is recorded on their e-Portfolio and clearly maps the planned study activity to learning outcomes from the GP Curriculum. This will need to be mutually agreed between the GPStR and educational supervisor and approved by the GPST Programme Director. It will also require the agreement of the clinical tutor who holds the study leave budget for all trainees employed by the acute trust and fit with the departmental duty rotas to ensure that patient safety is maintained.

Any further discretionary study leave must not exceed the maximum study leave allowance of 30 days per year in total and with no more than 10 days per four month post

### **e. Study Leave Funding**

The GP Department provides significant financial support to the study leave process to allow GPStRs to attend all the study days in general practice, the local and Deanery wide learning sets,. In addition to this each GPStR has a study leave allowance available during the hospital placements (where they are employed by an Acute or Psychiatric Trust, and paid through the Trust budget) and for each month that they spend in general practice (where they are employed by the GP Training Practice, and claimed from the KSS Deanery, GP Department). In addition the GP School will organise study days, CSA preparation, communication skills courses and any other special events, free of charge. The total annual allowance will therefore depend on the

number of months spent in hospital and general practice posts in any given year. It is very important that study leave needs are planned at the beginning of the training programme with the involvement of the GP Programme Director and GP Educational Supervisor. These can be appropriately amended as the programme proceeds. The annual study leave allowances for GPStRs in hospital posts and in GP posts will be published by the KSS Deanery GP Department at the beginning of each financial year.

## 10. Specialty Training (except General Practice)

### a. Responsibilities of Specialty Schools

- Each specialty school will adopt a common approach, although top slice arrangements are negotiated separately
- Where top slice funds are used for the delivery of centrally run training days, these must be published to the trainee cohort in advance to enable suitable opportunity to attend
- Each specialty school will maintain an up to date list of training events on their school web sites.

### b. Responsibilities of Trainees

- The proposed use of study leave must be relevant to the individual's educational needs, and appropriate to his or her experience, and the costs must be reasonable.
- Before any study leave is approved the trainee must have an agreed Personal Development Plan, usually developed at the first appraisal with their educational supervisor.
- Study leave within the overall allowance may be granted for purposes which include courses both clinical and generic (e.g. management, teaching), other forms of study, research, "specific" teaching, visiting clinics of special interest and attending relevant professional conferences.
- Overseas study leave will be funded only for SpRs/ StRs, and then only if it is in the best interest for the trainee's education that they attend. Examples where it may be in the trainees educational interest to attend include when an SpR/StR is presenting personally a report on research in which he or she has been principal investigator, where they are attending a course or conference relevant to their specialty curriculum which does not have a direct equivalent accessible to them in the UK, or other similar reasons. In this context, Northern Ireland and Eire are not regarded as "overseas". DMEs and College Tutors may ask Heads of School or Training Programme Directors for clarification on specific cases as needed.
- When an appropriate course is available in Kent, Surrey, Sussex or London, approval for attendance at similar courses elsewhere will not be supported by travel or accommodation funding.
- Trainees should apply to the College Tutor at the unit in which they will be based at the time leave is to be taken, with the written support of their Programme Directors if that is different. Doctors should also inform the prospective Head of Department in advance of their appointment that they are seeking leave. Approval is ultimately given by the DME/Clinical Tutor of the LEP/Trust
- Applicants should not take study leave in the first two weeks of the start of any new appointment because this is likely to cause problems with the care of patients, and in any case should submit requests at least six weeks before the start date of the proposed study leave.

### c. Common Purposes of Study Leave for Specialty Trainees

- Attendance at courses to assist with preparation for examinations, e.g. acquisition of the necessary "theoretical knowledge base".

- Private study prior to examinations. This should be no more than 5 working days and can only be granted within the exigencies of the service. Private study leave should serve a specific defined purpose: aims and objectives should be discussed and agreed between the trainee and his/her trainer.
- To take agreed professional and academic examinations (not counted against the annual allowance) that are necessary for satisfactory progression through, or completion of, a specialty training programme
- Attendance at courses to assist with the acquisition of an appropriate knowledge base or clinical skill not easily acquired in the clinical setting. Some specialties will require their trainees to attend specific courses to acquire a specialised knowledge base prior to clinical training e.g. radiobiology, radiation physics or to attend specialist courses required by the specialist curriculum prior to progressing at the ARCP review
- Attendance at specialty association meetings either as a delegate or to present papers.
- Trainees should choose from a portfolio of courses maintained and continually updated by the relevant core school, level one committee, or Specialty Training Committee (STC). Trainees should attend courses proximal to their training base and within the Deanery where available.
- Research supervisors should ensure that funding for research by StRs/SpRs includes an element for relevant study leave, including presentation of papers at national and international meetings.
- Academic Trainees/ StRs must negotiate a pro-rata arrangement with their Programme Directors.

#### **d. Exclusions**

The following are not usually counted against the annual allowance:

- Other bleep-free teaching time within the Trust in which the trainee is based and involvement in NHS activities such as audit, risk management and clinical governance activities: they are intrinsic to employment in the NHS.
- Leave to sit examinations necessary for the career advancement of the trainee in his/her chosen specialty. **Usually only two attempts in total or per exam phase per calendar year are permitted within “Study Leave”: it may be necessary for “annual leave” to be taken for third and subsequent attempts.**
- No expenses are paid for private study even if leave is granted. It is quite unacceptable for trainees to take any paid employment while on study leave: this constitutes a form of professional fraud.
- Examination fees are not reimbursed.

#### **e. Specialist Registrars (StR) and Specialty Trainees (CTs and STs)**

For Specialty trainees attendance at Deanery half-day or day release courses including “Regional Teaching / Training days” which take the trainee away from service e.g. when all the SpRs, StRs in the specialty travel to one central Trust or University Department for postgraduate teaching, will normally count as up to 20 days out of the 30 days entitlement per annum. This example is indicative only and would leave 10 days for other approved purposes. If only 5 days are required for Deanery courses or teaching days this would leave a further 25 days available for other approved purposes. When such courses are counted against this study leave

allowance the Deanery in consultation with the Specialty Training Committee should have approved the course. This is subject to change.

Leave for private study is limited to a maximum of 5 working days within a month of an examination.

Other paid employment must not be taken during any period of Study Leave: infringement of this rule is a disciplinary offence.

In the interests of equity between specialties and training rotations, weekly half-day or full-day sessions for research or private study recommended by Colleges and Faculties may be counted as part of the trainees' study leave allowance. Trainees should agree plans for this time with their Educational Supervisors and Programme Directors in advance and provide evidence of objectives having been achieved.

## **f. Application Guidelines**

StRs/SpRs at an early stage should consult their Specialty Tutor or could consult their local Clinical Tutor and College Tutor, and their Programme Director or Specialty Study Leave Advisers from the School/STC, on the appropriate priorities and timeliness of the options open to them e.g. the best courses, activities, visits, specialist society meetings, regional activities, etc, to be accommodated within the overall annual allowance of leave and funding support – as available over the duration of the whole clinical programme.

All applications must be submitted on the appropriate form available from the DME/ Clinical Tutor. Forms should be submitted at least 6 weeks before the leave is required; retrospective applications cannot be considered.

## **g. Approvals Process**

Authorisation of Study Leave is based on satisfaction of all of the following five criteria:

- a) **Availability** - that the trainee can be released from their normal place of work to attend the requested Study Leave activity.
- b) **Relevance** - Approved Study Leave must be relevant to the trainee's educational needs, appropriate to their experience and supportive to the training programme for which the trainee is enrolled and their planned career path.
- c) **Eligibility** - that the trainee has sufficient remaining Study Leave days to cover the requested activity.
- d) **Funding** - that the trainee has sufficient unallocated funding, within the defined limits, to cover the costs of the activity or the trainee has agreed to self-fund and has indicated this on the application form.
- e) **Learning Agreement/Personal Development Plan** – that an approved learning agreement or equivalent has been submitted to support the requested activity. Hard copies of learning agreements (or PDPs) recorded in the e-Portfolio should be provided to the relevant Educational Supervisor.

**The decision to approve or not, and degree of financial support, rests with the local DME/ Clinical Tutor, advised as appropriate by College Tutors, Training Programme Directors and Specialty Training Committees or Schools.**

DMEs/Clinical Tutors will also take note of the views of Clinical Directors (or equivalent) while recognising the importance of study leave to those in the training grades. (It has been agreed that GP Programme Directors will manage the GPStRs study leave budget on behalf of and in collaboration with Clinical Tutors).

Study Leave will not normally be authorised until trainees have completed all mandatory training, including induction – as detailed by their respective Trust.

**Note for Clinical Tutors:**

DMEs/Clinical Tutors are accountable for study leave funds of all training grades and therefore have ultimate discretion over the approval of study leave and financial support for that leave. The Trust does not. It is important that they maintain a close liaison with Clinical Directors so that patient care is not imperilled, although their prime responsibility is to ensure that study leave, where appropriate, is made possible. As mentioned above they will take advice from and work with GP Programme Directors, School or Specialty Training Committees, College or Specialty Tutors, and others as appropriate. The “service costs” associated with Study Leave, such as the employment of locums, and arrangements for their induction and appropriate supervision, are the responsibility of the Trust and not a call on the study leave budget.

## **h. Study Leave Funding and ‘Top Slice’**

Study leave for the training grades is supported **within cash limits** from a unit budget delegated to Clinical Tutors by the Deanery. Any individual trainee in Kent, Surrey & Sussex will not normally receive the equivalent of more than £ 860 overall per annum. This maximum **may** be increased “in year” at the discretion of the DME/Clinical Tutor, if the following apply:

- a) a particular high-cost course or activity (e.g. a specialist craft course) or an MSc, is normally required by the specialist programme concerned (a short-term maximum of £1200 per annum may then be possible).
- or**
- b) very particular circumstances justify an extra sum in year.

Expenses appropriately incurred for study leave within the British Isles might typically include:

- registration and/or course fees for courses approved by School/STC and Deanery
- reasonable subsistence
- costs of moderate-priced accommodation, if no course is available locally
- economy/standard travel expenses, if no course is available locally.

A formal report will be expected (see page 11) and may be required before payment is made.

### **Joint appointments**

The direct costs of study leave of those working for more than one employer should be shared pro rata.

### **Honorary appointments (e.g. Military)**

Those holding National Training Numbers (NTN's) should apply to the College Tutor in the normal way with the DME/Clinical Tutor giving final approval.

Those doctors in training who do not hold an NTN should apply to the authority who are providing funding for their appointment.

## Top Slicing

Each School/STC within KSS Deanery may choose to deliver a programme of centrally run regional training days over the course of the financial year. The programme is delivered over a financial, rather than academic, year since funding arrangements must be agreed in advance with KSS Deanery during the business planning process, which is finalised by April of each year.

Trainees within KSS Deanery are typically allocated approximately £860 each towards study leave. All regional training days should be funded by the School/STC, retaining a proportion of trainees' study leave funding, a process referred to as *top slicing*. For example, a specialty with a cohort of 100 trainees may choose to top slice at a rate of £160 per trainee. This would give the specialty a regional training days' budget of £16,000 for the financial year, and leave each trainee with approximately £700 to use locally towards other study leave.

It is expected that all of the top sliced study leave funding should be used towards events of educational benefit to the trainees. No additional funding outside of the top slicing model is regularly made available for the provision of training within KSS Deanery. However, if a School/STC wishes to deliver additional training requiring further financial support, it should produce a business case and submit it to KSS Deanery for consideration.

Specialties publish their planned regional training days which use top sliced funds on their web sites, which can be found using the following link:

<http://www.kssdeanery.org/specialty>

### i. Examinations

National NHS terms and conditions apply. Examination **fees** are **not** reimbursed.

Travelling expenses to sit examinations are limited to the London area unless the candidate is **directed** to sit elsewhere. Those who already hold a higher diploma or qualification and wish to sit the corresponding diploma of a different College may be granted study leave but no expenses. Study leave will not normally be granted to attend more than one course for the same examination, or sit the examination more than twice except by prior agreement by the DME/ Clinical Tutor. (If study leave is not allowed then time away is counted against the individual's annual leave).

### j. Feedback

StRs/SpRs will be expected to produce a short report for the SSLA and the DMEs/Clinical Tutors following Study Leave. Proposed documentation can be found in the appendix. This feedback will help the School/STC and each DME/Clinical Tutor to refine the portfolio of excellent courses to be recommended in the future.

## k. Specialty Study Leave Feedback Report Form

### The Kent, Surrey & Sussex Postgraduate Deanery

#### CONFIDENTIAL STUDY LEAVE FEEDBACK REPORT

Please return this form, completed, to your local DME/ Clinical Tutor (and copy to your Specialty Study Leave Adviser) so that we may keep the quality of courses under constant review.

Description/name of course (or nature of private study leave):

Dates of Leave: from: \_\_\_\_\_ to: \_\_\_\_\_

1. What were your objectives in relation to this Study Leave?
2. To what extent were they met?
3. Would you rate the course .... OUTSTANDING / GOOD / FAIR / POOR ?
4. Would you recommend the course to another trainee? YES / PERHAPS / NO
5. How much did the course itself cost? £ \_\_\_\_\_
6. What was the total cost including other expenses? £ \_\_\_\_\_
7. Would you now judge the cost to be VERY GOOD VALUE/FAIR/POOR VALUE ?
8. Any additional comments?

*Information below this line will not be "copied on", for confidentiality*

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Your name: \_\_\_\_\_

Appointment: StR/ SpR / SR / \_\_\_\_\_ in year 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 of grade

Specialty: \_\_\_\_\_

At: \_\_\_\_\_  
Hospital/Trust

Date: \_\_\_\_\_



## KSS GP Specialty Training Registrar Year 1 & 2 GP Practice Study day Programme guidance

### Introduction

The purpose of this document is to highlight what the GP specialty trainee and Educational supervisor (GP trainer) might **aspire** to achieve in the study days to attend General Practice that are provided for the GP trainee in years one and two of their GP training envelope while they are in hospital placements..

For **one** day in every 4month hospital based placement it will be mandatory for the trainee to arrange a day in GP practice. Please note that if a trainee is undertaking a 4 month placement in a GP based Integrated Training Placement (ITP) the trainee is not expected to go to another practice during that 4 months.

These study days are part of a package of learning opportunities. It is hoped that the days will ground the GP trainee in the culture of primary care so that focus and progress through the hospital attachments is enhanced and personalised.

This brief programme should also enable a more rapid induction into the year in general practice (the final year of the GP training programme) where the trainee is fully based in the training practice in particular since it is hoped that in most cases the GP trainee will enter the trainer's practice for their GP Year.

During this transitional period experience and expectations of primary care will vary considerably and trainers will be learning how the new system works too. **GP Trainers will devise timetables to suit individual learners and practice considerations.** Some initial suggestions that would support day to day practice activity are suggested at the end of this document.

### Aims

The GP Trainer, as educational supervisor, will arrange a structured programme of activity which meets the needs of the trainee as defined by the new GP Curriculum and Workplace based Assessment (WPBA) and articulated in the trainee personal development plan. This will involve the whole primary care team.

The trainer will work to the guidance provided by KSS Deanery and the principles of adult learning theory

### Objectives

1. Staged Introduction to Primary care in keeping with Trainee confidence and competence and with particular reference to patient pathways and the organisation and management of primary care
2. Enable the Trainee as an adult learner integrate learning in the hospital and GP setting
3. Support and enhance the Trainee educational experience. This will include a regular review of the e-portfolio and general checking out of progress as well as requisite 6monthly nodal reviews and reports
4. Provide evidence for trainer re-accreditation. This will include personal record keeping on behalf of the trainer that supports the trainer PDP
5. The trainee will develop robust reflective practice by recording their learning and reflections on the day in their e portfolio and regularly updating their personal development plan

## Day 1 – getting to know one another and Educational History

- **Check list**
  - Associate in Training (AiT) registration with RCGP and understanding the e-portfolio
  - Overview of personal GP training programme; framework, rules and regulations
  - New Educational contract
  - Trainer payment process (6 monthly Invoice to Medical Education Centre Manager)
  - Orientation – practice geography and who's who (generic overview)
  - Personal Development Plan (PDP) – How to get the most out of the learning opportunities and meet the objectives of the new GP curriculum
  - EDUCATIONAL CONTRACT
- **Review & Preparation** - each day should end with reflection and evaluation. There should be forward planning for the next day and background reading/preparation as necessary. **Remember that this should be learner led and the Educational Supervisor (GP Trainer) is there to support, guide and assess.**

The Trainee is responsible for his/her own learning but trainers are also learning about their new role and the MRCGP. Liaison with Clinical supervisors (CS) in the hospital and GP programme directors (PD) together with fellow trainers in the trainer workshops should be a regular feature. Besides sharing information about the trainee's progress this will build relationships with colleagues, help with calibration of assessments and provide an opportunity to enhance personal trainer skills.

Trainers are members of the Local Faculty Group and must also remember the central administrative and governance function fulfilled by this body.

## Day 2 – matching theory and practice

- **Check list**
  - What is going well and what is not so good?
  - Progress with assessments
  - Seeing patients (observer role initially) with specialty placement link
- **Review & Preparation**

### 6 month review

- **Check list**
  - Nodal review and report completed on line
  - What's going well and where are the difficulties? (trainer to keep reflective diary and personal log to underpin trainer PDP)
  - Action planning against Trainee PDP
  - Seeing patients with the multi-professional team
- **Review & Preparation** – will include preparation for end of year report and annual appraisal

## Day 3 – Experiential day with multi-professional team (own patients)

- **Check list**
  - Direct observation and giving feedback to trainee
  - Usual checking out
- **Review & Preparation**

## Final year review and report to be completed by trainer

- **Check list**
  - Moving on; appraisal and career advice
- **Review & Preparation** – end of year report, evaluation and shared reflection

## New Year

It would be envisaged that a year one trainee moving to year two would continue with a similar structure but the emphasis would be more self directed.

### Day in Year two - Trainee directed – the patient journey

- **Check list**
  - How's it going
  - Day will have been planned by the trainee according to their PDP and should include working with patients in the primary care setting whose illnesses and experiences will have been encountered by the trainee in the secondary care setting e.g. patients with chronic conditions and those whose problems present the primary care perspective e.g. family planning
- **Review & Preparation**

### Practical considerations

Undertaking the role of a GP Educational supervisor will require protected time. In real terms it is likely that an average of 1-2 hours of 1:1 trainer time will be utilised per study day. The financial remuneration for the valuable work that trainers undertake is limited (£100 per session which comes from the trainee study leave budget) so it is important to find workable frameworks that benefit the doctor in training, the supervisor and practice. These are some suggestions, others will emerge over time.

- The MRCGP requires the new generation of GPs to achieve experience and competence in teaching colleagues therefore involve the year 3 trainee (ST3) in teaching and supervising the year one (ST1) and two trainees (ST2).
- Utilise protected teaching time for junior trainee assessments/formal reviews whilst the ST3 is undertaking activities with other members of the team
- Involve others in supervising, supporting and teaching the ST1 and 2, remembering the wealth of skilled multi-professional expertise that we employ in primary care and encourage the ST1 & 2 to arrange time with the wider primary care team to gain an in depth understanding of the patient pathway. This has potential to improve the nature of discharge processes and address Domain 9 (community orientation) of the WPBA in particular
- Ensure the ST1 and 2 contributes to the working day by helping with appropriate tasks linked to their current placement and where possible patients who have been admitted or referred to that specialty e.g. the medication review for patients with multiple complex chronic conditions, chasing up patient defaults to follow up, missing results, inadequate discharge summaries.
- Encourage the ST1 & 2 to participate in relevant team meetings ensuring early integration into the practice as a 'learning organisation'. Experience with Foundation year two doctors in GP has shown that the team benefits from reciprocal learning especially in areas of updates to evidence based clinical practice and working with colleagues.
- Encourage the trainee in their use of opportunities in practice and hospital to undertake assessments. **The more of these that are performed across the 12 areas of competence the better as the trainee will then be much better prepared in the future for the MRCGP external examinations.**

## Appendix C – Glossary of Acronyms

ALS	Advanced Life Support
CCT	Certificate of Completion of Training
CEGPR	Certificate of Eligibility for General Practice Registration
COT	Consultant Observation Tool
CSA	Clinical Skills Assessment
DME	Director of Medical Education
DOPS	Direct Observation of Procedural Skills
ES	Educational Supervisor
FTSTA	Fixed Term Specialty Training Appointments
FP	Foundation Programme
GMC	General Medical Council
GP	General Practice
GPSTP	General Practice Specialty Training Programme
GPStR	General Practice Specialty Registrar
KSS	Kent, Surrey and Sussex
LAT	Locum Appointment for Training
LAS	Locum Appointment for Service
LEP	Local Education Providers
LTFT	Less Than Full Time
MRCGP	Assessment for Membership of the Royal College of General Practitioners
NTN	National Training Number
PCT	Primary Care Trust
PDP	Personal Development Plan
RCGP	Royal College of General Practitioners
SpR	Specialist Registrars
STC	Specialty Training Committee
StR	Specialty Registrars