

Annual Leave Guidance for Medical Staff

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Author:	Head of Medical Workforce

Aim & Purpose

The aim of this guidance is to provide a consistent efficient and equitable approach to the calculation, management and application of leave for all Medical and Dental staff employed at the Trust allowing due choice in the selection of leave, together with the effective utilisation of resources, always ensuring clinical safety.

The Trust recognises that annual leave is an important part of a practitioners work-life balance and is committed to ensuring they can take their contractual annual leave in full during the relevant leave period. Good management of annual leave by the practitioner and the manager is essential to the health and safety of the practitioner and Patients.

This guidance document is to be used in conjunction with the Annual Leave Procedure for Medical staff.

Annual Leave on Joining the Trust

All new practitioners will be entitled to annual leave plus bank holidays in the year of joining the Trust, on a pro-rata basis. Entitlement in the first year is dependent on the number of completed days worked.

Annual Leave Entitlements

Following the completion of the job planning round where there is a change to the programmed activities worked or the working pattern, the Rota Coordinators will work with the Medical Workforce Team and will confirm the annual leave entitlement for each clinician with a summary being sent to the Head of Service/Service Director. The practitioner is responsible for checking their entitlement and any queries should be raised as soon as possible.

Annual Leave Planning

It cannot be emphasised enough; how important it is to plan leave carefully to ensure practitioners have regular rest. It is important to maintain health and well-being, ensuring annual leave is planned well in advance. It is recommended it is spread across the leave year. An example of a uniform spread is given below but this may be varied across the leave year according to individual circumstances.

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

All annual leave must be taken within the leave year, any annual leave not taken within the relevant leave year may not be routinely carried over into the subsequent year. However,

subject to the exigencies of the service, up to 5 days of annual leave may be carried over. Please note, this will be pro-rata for practitioners working part-time and full-time practitioners working a compressed week. The application form to request to carry over leave can be found in appendix 1 of the [Annual Leave Procedure for Medical Staff](#). The practitioner would be expected to use that leave in the first three months of the next leave year.

Subject to suitable alternative arrangements having been made, Consultants may take up to two days of their annual leave without seeking formal permission provided that they give notification beforehand and they make arrangements for clinical activity to be covered.

Proportional Effect of Taking Leave

Annual leave periods should reflect the proportion of direct clinical care (DCC), supporting professional activities (SPA) or other commitments within the practitioners' job plan. Care should be taken when leave is taken in single days to ensure that there is not a disproportionate effect on any one activity e.g. infrequent clinics, theatre lists or meetings.

Complicated rotas and on call arrangements

It is recognised that some specialties may have particularly complicated rotas and on-call arrangements in operation and therefore may require additional local departmental annual leave guidance which would be agreed at the team job planning meeting annually and well documented by the Head of Service/Service Director and agreed with the relevant Clinical Chair/Divisional General Manager.

Bank Holidays

If a practitioner is rostered to work on the bank holiday they will receive a day in lieu. For this purpose, work is defined as necessary attendance at the hospital for clinical reasons, and/or a formal on call commitment of 8 hours or more where the practitioner is called in to attend the hospital or receives multiple/significant disruptions with phone calls.

Examples are given below:

Public Holidays - worked on site	Time in lieu given
If work one shift e.g. 8am until 5pm	1 lieu day given
If work one shift that spans 2 public holidays e.g. 9pm until 9am	2 lieu days given
If two public holidays fall together i.e. Christmas day and Boxing day and one shift is worked on each of those days e.g. 8am until 5pm Christmas day and 8am until 5pm on boxing day.	2 lieu days are given
If public holidays fall on a weekend and are re-designated to the Monday or Monday and Tuesday (this only happens with Christmas day, Boxing day and New Years Day)	Lieu days will be given for working either Christmas day, Boxing day or New Year's day or the re-designated public holiday but not both. 2 lieu days given in total.

Public Holidays - Formal On-call Commitment	Time given in lieu
On-call from home midnight to 9am on the bank holiday and called in to attend the hospital or receives multiple/significant disruptions.	1 lieu day given
On-call from home midnight to 9am on the bank holiday but not called in to attend the hospital and receives no disruption	1 lieu day given
Daytime (8 hours or more commitment) and called in to attend the hospital	1 lieu day given
Daytime (8 hours or more commitment) and not called in to attend the hospital	1 lieu day given

Bank Holiday Leave

Historically, for practitioners working both less than full time (LTFT) and Full-Time (FT) compressed week working patterns, leave entitlements have been allocated as both inclusive and exclusive of bank holidays.

To ensure fairness and equity, it has been agreed that a consistent approach is required, therefore leave is now allocated exclusive of bank holidays.

Where a practitioner works on a FT basis and is not required to work the bank holiday, they will have the benefit of not working on the bank holiday. If a bank holiday is worked, the practitioner would be allocated bank holiday lieu time.

Where a practitioner works a FT compressed week or LTFT and their non-working day falls on the bank holiday, they will have their non-working day as planned and be compensated with bank holiday lieu time.

Time off in Lieu – TOIL (Bank Holiday Lieu Time and Lieu Time)

TOIL is generally made up of lieu time accrued due to working a bank holiday and/or undertaking work in addition to contract. It has been confirmed with the JLNC that a reasonable timescale to enable colleagues to take any accrued TOIL going forwards is 18 months from the date of accrual.

At the end of each practitioners leave year, the relevant Rota Coordinator/Leave Administrator will check for any TOIL that needs to be carried forward to the following leave year, to ensure that it is taken within the 18 month period. Regular TOIL reports will be provided to the Heads of Service/Service Directors, so they have visibility of the TOIL that is being accrued/taken within their Service. This process will be reviewed in 12 months' time.

It is suggested that colleagues keep a personal record of the TOIL they accrue/have accrued to help them ensure that they take this within the agreed 18-month time frame.

TOIL must be authorised by the Head of Service at the time of accrual where a practitioner has undertaken work in addition to contract following discussion with the Specialty General Manager where appropriate. For Heads of Service this authorisation will be by the Clinical Chair, and for Clinical Chairs it will be by the Chief Medical Officer.

Any TOIL earned would be included on the relevant electronic system. TOIL must be booked following the same process as booking annual leave. It is advised that lieu time is booked before using the annual leave allocation.

TOIL may also be authorised as above where SPA is changed to DCC at short notice to cover a Critical incident/business continuity. This must also be included on the relevant electronic system and booked as per above process.

From 1st September 2025 the Trust started to implement revised rates of pay for work undertaken in addition to contract (previously known as bank and waiting list initiative work). Payment is made for work undertaken in addition to contract, however, in exceptional circumstances such as undertaking additional work during periods of industrial action, it has been agreed that time off in lieu (TOIL) can be taken. These exceptional circumstances would, however, need to be agreed by the Divisional Clinical Director prior to the work being undertaken.

Cover Arrangements

For those areas providing prospective cover for annual leave, this may require practitioners to swap their on-call duties with those of colleagues when they wish to take annual leave.

All Heads of Service/Service Directors will review rosters at six, four, two and one week ahead of the roster being implemented to ensure that there is coverage and any requirements for additional cover is arranged well in advance.

Departmental Guidance

Each department will have written guidance stating how many practitioners of each grade can be on annual leave at any one time. This will be discussed at the team job plan on an annual basis.

Failure to return from annual leave

In exceptional circumstances members of staff may be unable to return from leave on the date agreed. In such circumstances, the member of staff is expected to contact their Head of Service/Service Director as soon as possible to discuss the situation. Depending on the circumstances (flight delay, natural disaster, illness etc) and the expected length of additional absence, they may be required to take additional leave from their paid holiday entitlement, unpaid leave or time in lieu.

Where a practitioner does not return from leave on the date agreed and has not made contact with their Head of Service/ Service Director to discuss this, the absence will be treated as unauthorised.

Popular Periods of Leave

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

Calculating/Booking Leave

Annual leave is calculated in days. Unless a practitioner works less than 10 programmed activities/40 hours in which case it can be calculated in hours.

The working year is taken as 42 working weeks to account for annual and study leave, statutory days and bank holidays. It will be slightly less for those who have additional leave related to their date of appointment/length of service.

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

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

Example 1 A practitioner has a 10 PA job plan and has worked as a consultant for more than 7 years, the job plan indicates 4 days of work each week, the annual leave entitlement is 28 days (4/5 of 34). The non-working day is not included when annual leave requests are made.

Where it has been agreed that a doctor works 3 days per week and has the fourth and fifth day as non-working days, the annual leave for the year would be calculated on the basis of a 3 day working week.

Example 2 A practitioner has a 10 PA job plan and has worked as a consultant for more than 7 years, the job plan indicates 3 long days of work each week the annual leave entitlement is 21 days (3/5 of 34). The non-working days are not included when annual leave requests are made.

Example 3 A practitioner has a 12 PA job plan and has worked as a consultant for more than 7 years, the job plan indicates 4 long days of work each week the annual leave entitlement is 28 days (4/5 of 34). The non-working day is not included when annual leave requests are made. The non-working day is not included when annual leave requests are made.

Example 4 Where a practitioner works five days on a 10 PA job plan and has one day that has no fixed clinical commitments and the practitioner does CPD and SPA, where the practitioner decides to take annual leave during that day and is therefore not available for work they are required to book annual leave. **All non DCC activity must be booked when taking leave.**

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

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

available to work during that time, **annual leave must be booked for both clinical and non-clinical days.**

Sickness during Annual Leave

If a practitioner has annual leave booked during a period of absence due to ill health, if the practitioner proceeds to go on leave i.e. on holiday, the annual leave will continue to be deducted from their annual leave allowance.

Practitioners must seek authorisation from their Head of Service/Service Director if they are to go on leave i.e. on holiday when absent due to ill health.

Practitioners whose sickness begins whilst they are on a period of planned annual leave should report their sickness to their Head of Service/Service Director on the first day of sickness absence.

If the practitioner does not proceed to go on leave i.e. on holiday, they must be covered by a medical fit note which should be submitted to the line manager within 7 calendar days, to receive any annual leave entitlement back.

Unpaid Leave

Should a practitioner be granted a period of unpaid leave in addition to their annual leave due to exceptional circumstances, there is no entitlement to accrue either the statutory minimum or the contractual annual leave entitlement during extended periods of unpaid leave of 4 weeks or longer. This does not apply to short periods of Special Leave and occasional days of unpaid leave agreed by the Head of Service/Service Director.

Entitlement on leaving the Trust

Practitioners who leave the Trust will receive their annual leave entitlement for each day worked in the current leave year, less any annual leave taken, plus the benefit of any outstanding Bank Holiday hours for bank holidays that have been worked during the year.

