Sherwood Forest Hospitals
NHS Foundation Trust

Study and Professional Leave Procedure for Medical Staff

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Approved by (committee/group):	Joint Local Negotiating Committee	**Date Approved:**	22 May 2026

Scope/ Target Audience: (delete as applicable and/ or describe)	Non-Training Medical Staff
Evidence Base/ References:	Terms and Conditions of Service Consultants (England) 2003 Terms and conditions of Service Associate Specialists England (2008) Terms and conditions of Service Specialists (England) 2021 Terms and Conditions of service for Specialty Doctors - England (2008) Terms and Conditions of Service Specialty Doctors (England) 2021
Lead Division:	Corporate
Lead Specialty/ Department: (Or Division if 'divisionally' owned)	People Directorate
Lead Author: (position/ role and name)	Rebecca Freeman, Head of Medical Workforce
Co-Author(s): (position/ role and name if applicable)	Not Applicable
Sponsor (position/ role):	Chief People Officer

Name the documents here or record not applicable (these are documents which are usually developed or reviewed/ amended at the same time – ie a family of documents)	
Associated Policy	N/A
Associated Guideline(s)	N/A
Associated Pathway(s)	N/A
Associated Standard Operating Procedure(s)	N/A
Other associated documents e.g. documentation/ forms	

Consultation Undertaken:	Joint Local Negotiating Committee
Template control:	V3 April 2024

Amendments from previous version(s)

Version	Issue Date	Section(s) involved (author to record section number/ page)	Amendment (author to summarise)
5	October 2024	Covid section removed	Generally tidied up other sections.
6	March 2026	Updated the Administration section to include Easy expenses to submit claims. Included a section on LTFT doctors Study Leave entitlements	Generally updated terminology

CONTENTS

1 INTRODUCTION/ BACKGROUND

Sherwood Forest Hospital NHS Foundation Trust attaches the greatest importance to the continuing education, training and development of its professional staff and values education, training and development as an integral part of delivering excellent care to our patients.

2 AIMS/ OBJECTIVES/ PURPOSE (including Related Trust Documents)

The purpose of this procedure is to provide a process for Consultants, Career Grade Doctors and other non-training doctors at Sherwood Forest Hospitals NHS Foundation Trust to apply for study and professional leave. The procedure details the roles and responsibilities of all individuals involved in the study leave process and provides definitions of both study leave and professional leave. It is important to note that mandatory training does not require formal study leave application.

The procedure applies equally to full-time and less than full-time doctors, ensuring equitable access to study and professional leave.

Information regarding study leave for resident doctors is available from the Medical Education Department.

Related Trust Documents

- Terms and Conditions - Consultants (England) 2003
- Terms and conditions of Service Specialists (England) 2021
- Terms and conditions of Service for Associate Specialists - England (2008)
- Terms and Conditions of Service Specialty Doctors (England) 2021
- Terms and Conditions of service for Specialty Doctors - England (2008)

3 ROLES AND RESPONSIBILITIES

3.1 Responsibilities of Heads of Service/Service Directors

Heads of Service/Service Directors will ensure that:

- Development needs are reviewed with Medical and Dental staff within their Specialty to highlight development opportunities and study leave requirements ensuring it is orientated to the PDP. This process should take into account the appropriateness of Study/Professional Leave

- Authorise up to 10 days study leave each year (30 days over three years). Should there be circumstances where additional leave is requested, this should be discussed with

the Clinician.

- Professional leave is granted where the service impact can be managed effectively, and the Trust considers that the purpose of the leave is of importance to the Trust or the wider NHS.

- Authorise as soon as possible and within a maximum of 14 calendar days, any request for study/professional leave.

- With administrative support take an overseeing role in ensuring that records are maintained for study/professional leave as detailed below in section 3.4

3.2 Responsibilities of Individual Clinicians

- Agree with their Head of Service/Service Director and Divisional Clinical Director any requirement for regular professional leave and incorporate this agreement into their annual job plan. (See section 4 for further detail relating to activities that would constitute professional leave).

- Give as much notice as possible (a minimum of 6 weeks) for any leave which impacts upon direct clinical care.

- Ensure that leave requested is appropriate and that contractual requirements are adhered to.

- Where possible ensure that expenses, for travel and accommodation are arranged as economically as possible, taking advantage of any discounts available and any expenses paid by the receiving organisation or other sources of additional funding. Original receipts must be submitted with the expense claim.

3.3 Responsibilities of Divisional Clinical Directors

- Where required, discuss the requests for Professional Leave with the Head of Service/Service Director, where there is no Divisional Clinical Director in post this responsibility will fall to the Chief Medical Officer or their nominated deputy.

- Discuss the validity of any request for additional funding for study/professional leave with the Chief Medical Officer.

- Consider applications for additional funding for study leave or professional leave where there are exceptional circumstances and discuss with the Chief Medical Officer prior to agreement to ensure consistency is maintained across the Trust.

3.4 Responsibilities of the Divisional Administrators/Rota Coordinators

- Liaise with consultants regarding the approval of study and professional leave.

- Maintain study leave records for each member of staff including the number of days taken for study leave and the number of days taken for professional leave and monitor the expenditure of the personal study leave allowance.

- Monitor study leave over the three year period, professional leave annually and the personal study leave allowance annually and over three years.

- Respond to queries from individuals regarding their study leave allowance..

- Provide Heads of Service/Service Directors with updates on the study leave and professional leave (where allocated) for medical staff in their specialties, including when the medical staff have 2 days or less of leave remaining.

3.5 Responsibilities of the Chief Medical Officer

- Consider applications for additional funding for study or professional leave where there are exceptional circumstances and these have been endorsed by the Divisional Clinical

Director

- Approve study leave and expenses for Divisional Clinical Directors and Associate Medical Directors in relation to their medical leadership role.

- Consider requests for professional leave for Divisional Clinical Directors and Associate Medical Directors in relation to their medical leadership role.

- Other study leave/professional expenses would be agreed by the individual's Head of Service/Service Director.

3.6 Responsibilities of the Medical Workforce Team and Wider People Directorate

- Advise on the interpretation of the procedure in accordance with the national terms and conditions.

- Review the procedure in conjunction with the Joint Local Negotiating Committee

4 PROCEDURE DETAILS (including Flowcharts)

Study Leave/Professional Leave

Study leave includes study (usually, but not exclusively or necessarily, on a course), research, teaching, examining or taking examinations, visiting clinics and attending professional conferences. Study leave would be used for any activities that attract CPD points but it is appreciated not all development activities attract CPD points.

In the 2003 Consultant Contract terms and conditions, the terms Study Leave and Professional Leave are used interchangeably. However, for the purposes of this procedure efforts have been made to distinguish between the two and the types of activities where professional leave would apply have been described below.

Professional Leave

- Duties as an officer, committee member or member of a working party of a Royal College, Faculty, Professional or Scientific Society or NICE
- Examining for a Royal College, University or other body including the Trust
- Attendance as a College Assessor at an Advisory Appointment outside the Trust
- Attendance at officially constituted bodies giving advice to the Department of Health or other recognised professional/scientific bodies
- Attendance at British or International Standards Committees
- Duties in relation to postgraduate educational activities outside the Trust
- Attendance at external appeals committees
- Duties as a member of the Medical Research Council

The above list is not exhaustive. Expenses for the above would generally be provided by the receiving organisation. These activities should be discussed where possible, and agreement to undertake these activities must be sought from the Head of Service/Service Director as part of the job planning process.

For professional leave, only in exceptional circumstances agreed by the Head of Service/Service Director and the Divisional Clinical Director will the Trust agree to a reduction in Direct Clinical Care work to enable professional leave to be undertaken.

Should a doctor undertake an external role such as those detailed above, up to 10 additional days professional leave can be agreed.

A discussion must take place with the Head of Service/Service Director prior to undertaking such a role if professional leave is to be requested. Where agreement is obtained for an individual to have this additional leave for this purpose then this would be taken during SPA time, except for the circumstances detailed above.

Where the role will impact on DCC and it is not going to be possible to time shift the clinical activity, and the Head of Service cannot support the impact on DCC, with the agreement of the Head of Service/Service Director, the DCC activity in the job plan can be reduced to take account of this.

A letter from the Head of Service/Service Director will be required to record the nature of the role, the anticipated time required, the duration of the role and the likely impact on the specialty including the reduction in DCC as described above. This letter must be submitted to the Medical Workforce Team and will be retained in the Clinicians personal file.

Examples of activities that are not deemed to constitute professional/study leave

The following activities are regarded as official duties that are undertaken on behalf of the Trust and therefore study leave or professional leave would not be required:

- Consultant to Consultant meetings related to patient care
- Divisional or Specialty meetings with colleagues
- Meetings with local commissioners
- Local Service, delivery and improvement meetings
- Specialist Network meetings e.g. Cancer, Cardiology
- In house mandatory training
- Attendance at a Coroner's inquest or court if required by the Trust
- Meetings in connection with the management of patients
- Attendance at interviews for Doctors in Training

Distribution of study/professional leave

Study leave should be distributed across DCC and SPA time in a reasonably proportionate manner, whereas additional professional leave should be taken during SPA time, where this is not possible clinical commitments may be time shifted with the prior agreement of the Head of Service/Service Director.

Where an individual attends a course/conference at the weekend or on a non-working day this would count as study leave where expenses are claimed, and , the clinician would be given a day off in lieu for attending the course/conference.

Study Leave Expenses Allowance

The study leave expenses allowance for each doctor is £600 per annum which can be used for both UK and overseas study leave. The allowance would not generally be used to pay exam fees.

Costs associated with any mandatory training and essential training required for the role will be in addition to the £600 limit, such as life support training where a clinician is required

to have completed this training to participate in an on call rota.

The Accounting period for study leave will be 10 days (80 hours) a year and 30 days (240 hours) over 3 years. The first three year period would have commenced from the date of appointment in the grade. At the end of the defined 3 year leave period any unused expenses or leave will be lost. Should the clinician have been absent from work for a period of six months or more during that three year period then there will be provision to enable them to carry over any remaining days and expenses.

There may also be other extenuating circumstances where carry-over study leave and expenses to the following accounting period is appropriate and this will be agreed on a case by case basis.

Working for multiple organisations

Where a clinician is employed at another organisation, there must be proportionate allocation of study/professional leave across both organisations.

Virtual Courses

Many courses/conferences have moved from being face to face conferences/courses to on line. These are generally recorded and therefore there is more than one attendance option. Having more than one attendance option available does enable more clinicians to attend these events than would have been possible had the event been a live face to face event.

Study leave to attend virtual courses/conferences will be considered in the same way as face to face events.

Administration of Study Leave

There are currently two systems in use for the application of study leave, these being the Allocate system, which has the Employee Online application for clinicians to apply for study leave and there is also the Trust absence application which is currently being used by clinicians in the Clinical Support. Therapy and Outpatients (CSTO) Division to apply for study leave. The request should include details of the course and associated costs where applicable for approval.

Where expenses are incurred the Clinician needs to claim their study leave expenses using the Easy Expenses system. Guidance on how to set up an account on the system can be found here (link to be added). The claim needs to be completed providing details of the expenses incurred within 90 days of attending the course. The Rota Coordinator/Administrator will then arrange for the expenses to be authorised by the Division via the system.

In the event of non-attendance at an approved event, the clinician will bear the cost unless it can be shown that their non-attendance was a consequence of circumstances beyond their control, at the request of the Trust or in the interests of the service.

5 EDUCATION AND TRAINING

Clinicians are made aware of the Study Leave Procedure at induction by the Medical Workforce Team and the process for claiming study leave is discussed during the induction with the Rota Coordinator/Administrator.

6 MONITORING COMPLIANCE AND EFFECTIVENESS

Compliance with the Procedure will be monitored by the Medical Workforce Team in conjunction with the Rostering Services Team and other Administrators by undertaking an annual audit measuring compliance with the standards of this procedure.

7	**EQUALITY IMPACT ASSESSMENT** (please complete all sections of form)

Equality Impact Assessment (EIA) Form (Please complete all sections)

EIA Form Stage One:

Name EIA Assessor: Rebecca Freeman		**Date of EIA completion: 13.2.26**
Department: Medical Workforce Team		**Division: Corporate**
Name of service/policy/procedure being reviewed or created: Study and Professional Leave Procedure for Medical Staff		
Name of person responsible for service/policy/procedure: Rebecca Freeman		
Brief summary of policy, procedure or service being assessed: The Study and Professional Leave Procedure for Medical Staff defines study leave and professional leave, outlines study/professional leave entitlements and the responsibilities of all involved in the administration and authorisation of the leave and the process for claiming expenses associated with study leave.		
Please state who this policy will affect: Medical staff in non-training posts. **(Please delete as appropriate)**		
Protected Characteristic	**Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)**	**Provide a brief summary of what data or supporting information was considered to complete this assessment?**

Race and Ethnicity	No	The procedure has been designed to ensure equality for all Medical Staff in relation to study/professional leave. The implementation of this procedure is monitored by the Medical Workforce Team, the Rostering Services Team and other Study Leave Administrators by undertaking an audit and measuring compliance with the standards of this procedure. Clinicians are made aware of the Study Leave Procedure at induction by the Medical Workforce Team and the process for claiming study leave is discussed during the induction with the Rota Coordinator/Administrator.
Sex	No	
Age	No	
Religion and Belief	No	
Disability	No	
Sexuality	No	
Pregnancy and Maternity	No	
Gender Reassignment	No	

Marriage and Civil Partnership	No	
Socio-Economic Factors (i.e. living in a poorer neighbour hood	No	

/ social deprivation)		

If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA on Page 3 and 4.

What consultation with protected characteristic groups including patient groups have you carried out?

Consultation with LNC

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

No

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)

Positive			**Negative**			
Nil	**Medium**		**Nil**			

If you identified positive impact, please outline the details here:

The procedure supports a positive impact by setting out a clear, consistent and transparent process for access to study and professional leave for eligible medical staff. It confirms that the procedure applies equally to full-time and less than full-time doctors and supports equitable access to development opportunities, subject to service needs and contractual requirements.

Protected Characteristic	**Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.**	**What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening.**	**Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.**
Race and Ethnicity	No negative impact identified. The procedure applies consistently to all eligible medical staff regardless of race or ethnicity.	The procedure provides a standardised application and approval process. Compliance will be monitored through audit by the Medical Workforce Team, Rostering Services Team and relevant administrators.	No further action required.
Gender	No negative impact identified. The procedure applies consistently to all eligible medical staff regardless of sex or gender.	The procedure confirms equitable access to study and professional leave, including for full-time and less than full-time doctors, and is supported by induction information and administrative guidance.	No further action required.
Age	No negative impact identified. The procedure applies consistently to eligible medical staff regardless of age.	Access is based on role eligibility, development need, contractual provisions and service requirements rather than age. The process is applied consistently through the same approval route.	No further action required.

Religion	No negative impact identified. The procedure applies consistently to eligible medical staff regardless of religion or belief.	Requests are considered through a standardised process. Where leave relates to professional or educational development, decisions are made in line with the procedure and service needs.	No further action required.
Disability	No negative impact identified. The procedure applies consistently to eligible medical staff regardless of disability.	The procedure provides a clear process for requesting leave and claiming expenses. Any individual circumstances can be considered through normal management discussion and the approval process.	No further action required.
Sexuality	No negative impact identified. The procedure applies consistently to eligible medical staff regardless of sexuality.	The procedure is applied through a consistent approval process and includes monitoring arrangements to support fair application.	No further action required.
Pregnancy and Maternity	No negative impact identified. The procedure applies consistently to eligible medical staff, including those who may be pregnant or on maternity leave.	The procedure includes provision for carry-over of study leave and expenses where a clinician has been absent from work for six months or more within the three-year period, supporting fairness where longer absence has affected access.	No further action required.
Gender Reassignment	No negative impact identified. The procedure applies consistently to	The procedure sets out objective criteria and a consistent approval process for all eligible staff.	No further action required.

EIA Form Stage Two:

Marriage and Civil Partnership	No negative impact identified. The procedure applies consistently to eligible medical staff regardless of marriage or civil partnership status.	The procedure is based on role eligibility and development need and is not influenced by marital or civil partnership status.	No further action required.
Socio-Economic Factors (i.e. living in a poorer neighbour hood / social deprivation)	No negative impact identified. The procedure applies consistently to eligible medical staff and provides a clear process for requesting study/professional leave and claiming approved expenses.	The procedure includes a study leave expenses allowance and a standardised Easy Expenses claims process, supporting transparent access to approved reimbursement arrangements.	No further action required.

Signature: **DA Kearsley** *I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form*
Date: **1 July 2026**