Royal Berkshire NHS
NHS Foundation Trust

Medical Staff Leave Policy
(Annual, Sickness, Study and Professional)

Approval Group	Job Title	Date
Executive Committee	**Chief Executive** **Chair of Executive Committee**	

Change History

Version	Date	Author	Reason
1	01.09.03	Alison Ball	Original Trust Policy
2	01.09.05	Alison Ball	Standard Review
3	01.09.07	Alison Ball	Standard Review
4	01.08.11	Alison Ball	Standard Review
5	01.03.13	Alison Ball	Family Leave Policy New structure To include trainees
6	24.06.14	Mary Harrison	Management guidelines, incorporates all leave with reference to relevant Trust policies
7	18.09.14	Mary Harrison	Consolidated input and update on zero hours bank holidays for trainees. Approved study leave policy for trainees referenced.

Author:	Mary Harrison	Date:	Sept 2014
Job Title:	Medical HR Manager	Review Date:	Aug 2015
Policy Lead:	Medical/HR Director	Version:	7
Location:	Corporate Governance Shared drive		

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1 POLICY STATEMENT

1.1. The policy is based on the terms and conditions of service issued by NHS Employers for the employment of Hospital Medical and Dental Staff in general and for Consultants under the 2003 Consultant Contract, and the Terms and Conditions of Service for Associate Specialists and Specialty doctors – England (2008), and these terms should be fairly applied.

1.2. It is the policy of the Trust to ensure that all staff are aware of their contractual leave entitlements, and the processes they are required to follow to apply for and obtain approval for leave.

1.3. Once leave has been approved all medical staff are required to ensure that there is adequate cover arranged/planned during absence, and that all approved leave has been accurately recorded.

1.4 Practitioners should always provide the Trust with a minimum of 8 weeks notice and take their leave to impact proportionately on their Direct Clinical Care (DCC) and Supporting Professional Activities (SPA) and external duties.

1.5 SPA and 'flexible' sessions are categorised as work time and should be included for the purposes of calculating leave entitlement.

1.6 The policy will be applied fairly and consistently to all medical and dental staff employed by the Trust.

2 SCOPE

This policy applies to all medical and dental staff employed by the Trust.

3 PURPOSE

The purpose of this policy is to ensure that a consistent approach is being applied by the Trust in the management of absence both planned and unplanned for Medical staff so that disruption to clinical activity and the need for locum cover is reduced and that all types of leave is approved through a consistent process which will be subject to an annual audit.

4 ANNUAL LEAVE

4.1 Entitlement

Nationally agreed entitlements indicated refer to full time practitioners. Part-time practitioners are entitled to the same amounts on a pro-rata basis.

4.1.2 The following practitioners are contractually entitled to annual leave at the rate of 6 weeks per year (30 working days plus 2 days previously designated as statutory days based on a 5 day week Monday - Friday)

Consultant (old contract – pre 2003)
Consultant (new 2003 contract) with up to 7 years completed Consultant service (for 7+ years service the entitlement is 32 days plus 2 days as above)

Note: this Trust has 1 additional locally agreed stat day above the nationally agreed terms and conditions for consultants on the pre 2003 contract and 2003 contract ie 3 instead of 2

stat days. This 1 additional stat day agreement is subject to an annual review by the Executive Board.

ST 3 and above (on 3rd or higher incremental salary point)
Associate Specialists
Clinical Assistants
Staff Grades - who have completed 2 years in the grade or who had 6 weeks entitlement in a previous post and Trust Registrars in equivalent posts.
Specialty Doctors who have completed 2 years service in the grade.

4.1.3 The following practitioners are entitled to annual leave at the rate of 5 weeks per year (25 working days plus 2 days previously designated as statutory days)

ST2s and below (on the minimum point, point 1 and point 2 salary scale)
Registrars (including Trust Registrars and Clinical Fellows in equivalent posts)
Staff Grades – with less than 2 years in the grade.
Specialty doctors with less than 2 years service in the post.
Trust doctor posts
Foundation Trainees (FY1/FY2)

4.2 Leave Years

For Consultants employed on the 2003 Consultant Contract and Speciality Doctors and Associate Specialists on the SAS Contract, the leave year runs for 12 calendar months from the anniversary date of appointment.

For Consultants employed on the pre-2003 Consultant Contract and all Junior Doctors, the leave runs from their incremental date for salary purposes, or its anniversary where the practitioners are on the maximum of the scale, or the anniversary of the date of the appointment where there is no incremental progression.

For Junior Doctors in training and those on rotation posts, the leave year runs for 12 calendar months from the anniversary date of the doctor's appointment to the training post.

4.3. Management and Calculation of Annual Leave

The Trust recognises that it may be more appropriate in some cases to calculate annual leave according to the number of days per week worked or the number of Programmed Activities (PAs) per week rather than the standard 5 day week. Whichever method is used it should be discussed and recorded in the annual job plan review in order to provide clarity and assurance for both parties.

Principles
In all cases, the following principles will apply:

- Annual leave should be taken such that it impacts equitably on all aspects of a consultant, associate specialist, staff grade or speciality doctor's job plan. Days without fixed commitments form part of contracted hours and should not be used as a way to extend annual leave.

- SPA time is contracted activity with auditable outcomes, and consultants must be available for recall to clinical duties with immediate effect in times of emergency; SPAs

should, therefore, for leave purposes, be treated in the same way as any other contracted activity and should not be "flexed" around annual leave time taken.

- If a consultant takes a day's leave on a day when half of that day is normally spent away from the Trust then the whole day will count against the annual leave entitlement; if the consultant intends to take only half a day's leave and will be available to work the remaining half day for which they are contracted, then this must be made clear on the electronic request e.g. If on a Tuesday the consultant is due to hold a clinic in the morning and the afternoon is scheduled for SPA activity then the whole day will count against the leave entitlement unless confirmation is given in writing that the consultant will be available to work on site in the afternoon.

- Clinical Directors will agree the method for calculating and recording leave at the job plan review. Consultants are responsible for maintaining a record of their leave and ensuring that the taking of all leave is approved by the Clinical Director or nominated lead consultant and a copy must be retained by the nominated departmental manager . All records of leave should be made available for auditable purposes.

Method of calculation – days worked
Where the consultant works a traditional working pattern of regular day time commitments over the normal working week (i.e. Monday to Friday).

The definition of a week directly relates to the number of working days in the week.

If the consultant (pre 2003 and 2003 contract) works over 5 days per week their annual leave entitlement will be 5 days x 6 weeks = 30 days per annum plus 2 statutory days = 32 days pa rising to 34 days pa after 7 years service in the consultant grade 2003 contract.
Note: this Trust has 1 additional locally agreed stat day above the nationally agreed terms and conditions for consultants on the pre 2003 contract and 2003 contract ie 3 instead of 2 stat days. This 1 additional stat day agreement is subject to an annual review by the Executive Board.

If the consultant is contracted over 4 days per week (part-time) their annual leave entitlement will be 4 days x 6 weeks = 24 days per annum.

If the PAs are worked over 4 days per week (on a full-time contract), the annual leave entitlement is based on one week equating to 4 days e.g. a consultant who has no PA/SPAs within their job plan on Wednesdays (and therefore works a 4 day week) will, if taking leave from Monday to Friday, be deemed to have taken 1 complete week. Where the individual wishes to take a part week's leave, then any days immediately prior to or following the leave days that have a work commitment within the job plan that do not require a presence at the Trust will be treated as leave days except where the consultant declares that they are carrying out auditable work and will be available for recall to clinical duties with immediate effect e.g. in the case of a 4 day working week as described above, if leave is booked for Monday, Tuesday and Thursday and the job plan reflects that Friday is scheduled for SPA activity off site then this will be classed as a full weeks leave; If leave is booked for the Tuesday this will be classed as 25% of a week's leave.

4.4 Bank holidays and public holidays

All Medical staff are contractually entitled to 8 Bank Holidays per year. These include:

- Good Friday
- Easter Monday
- May Day (i.e. first Monday in May)
- May Bank Holiday Monday
- August Bank Holiday Monday
- Christmas Day
- Boxing Day
- New Years Day

For Consultants who work the traditional working pattern of regular day time commitments over the normal working week (i.e. Monday to Friday) they should take a days leave on a bank or public holiday whenever they fall on the days that the Consultant normally works.

4.5 Zero-hour days and public holidays for doctors in training

Doctors in training are entitled to receive paid days off for contractual public holidays. When a public holiday falls on a day of duty, a trainee is entitled to receive the day as leave from duty or to receive another day as leave in lieu of it.

JNC(J) uses the phrase “zero-hour day” to describe a day without any work or duty which has been included in a junior doctor’s rota either to bring their hours below New Deal and/or EWTD limits by offsetting additional hours worked elsewhere, or to provide legally or contractually required rest after an overnight shift. A zero-hour day is therefore not a day of leave from duty, because the trainee will have worked their full hours, just on other days of the rota.

A single day cannot count as both a day of holiday and a zero-hour day at the same time. A public holiday cannot be treated as a zero-hour day, or vice versa.

If a public holiday falls on a zero-hour day and the trainee is deemed to have had their public holiday, the trainee will have missed their zero-hour day. This will have some impact on their average working hours.

We recommend that, where there is any risk that missing the zero-hour day would result in a breach of New Deal or EWTD limits, they be allowed to take the missed zero-hour day at another time.

Where the extra-statutory holidays (known as statutory days) take place on fixed days, this statement applies to them in the same way as it does to public holidays.

This statement does not apply where a trainee has been required to be present in hospital or other place of work between midnight and 9am on the bank holiday. In this situation they are entitled to a day off in lieu under paragraph 214 of the Terms and Conditions of Service. Nor does it apply to non-working days for LTFT trainees, which should be dealt with under a separate policy.”

4.6 Carryover of Annual Leave

It is the responsibility of the practitioner to ensure that all annual leave is taken in the current leave year. Any leave not taken will normally be forfeit. If staff have been prevented from taking leave an application to carry over annual leave can be made in writing to the Clinical Director. If the Clinical Director is satisfied that there has been a reason beyond the practitioner's control that has prevented the leave from being taken, they will present the case to their Care Group Director for approval. If approved, a maximum of 5 days can be carried forward to the next leave year. Where requests for exceptional annual leave carry over are approved by the Care Group Director, the carried over days must be taken within the first 3 months of the leave year. Employees will not be able to request to carry forward annual leave between 2 consecutive leave years i.e. if carryover is approved in one annual leave year, the employee cannot request carryover again for the following year.

For trainee doctors on rotational posts on a 4/6 monthly basis or in posts for 6 – 12 months which commence throughout the year it is recommended that wherever possible accrued leave for each 4/6 month period be taken within that period of rotation especially where prospective cover arrangements are in place. Any outstanding leave at the end of a contract will be lost if the opportunity to take it during the contract has not been taken unless the Trust has prevented leave being taken when requested and this policy has been applied. In this case outstanding leave will be paid.

Consultants, Associate Specialists, Speciality Doctors, Trust Doctors who leave the Trust will be entitled to payment equating to the statutory pro rata rate of their annual leave entitlement that has been accrued but not taken for the current holiday year. Where annual leave taken exceeds the entitlement an appropriate commensurate deduction will be made from final monies.

All leave should be effectively planned and phased so that services are not compromised and so that there is no annual leave carryover at the end of a leave year.

5 PROFESSIONAL AND STUDY LEAVE

5.1 Entitlement

5.1.1 Maximum of 30 days in any period over 3 years

- Consultants (pre 2003 and 2003 contract)
- Associate Specialists (MC01/MC46)
- Staff Grades (MH01/03/05)
- Specialty Doctors (MC41)

Terms and conditions of service categorise study and professional leave under the same heading and the recommended entitlements include both types of leave; this is not a duplicate allowance. It does not mean 30 days in any period of 3 years for Professional Leave and 30 days for study leave. Practitioners may have a combination of study leave and professional leave to add up to 30 days in any period of 3 years.

It is expected that part-time practitioners keep up to date on the same basis as full time practitioners and the entitlement will be on the same basis as a full time colleague.

Any approval of leave is subject to the need to maintain NHS services. Where leave with pay is granted, the practitioner must not undertake any other paid work during the leave period without the employing organisation's prior permission. Where leave has been requested but

does not directly support Trust business or CPD, eg voluntary work it may be granted without pay or a suggestion that annual leave is used.

Study leave can be taken in non-clinical periods and should not impact on the provision of direct clinical care wherever possible and relevant expenses will be considered in accordance with budget allocations.

The Trust may at their discretion grant professional or study leave in the United Kingdom above this recommended entitlement with or without pay and with or without expenses or with some proportion thereof subject to the need to maintain NHS services.

5.1.2 Up to a maximum of 30 days a year or as defined in the Terms & Conditions of Service Para. 251 c

- Specialty Trainee
- Core Trainee
- LAT's
- F2 Trainees

For Doctors in recognised training posts the Clinical Director must approve the leave. Whilst study leave should be given priority over other leave requests individuals should check with the appropriate rota co-ordinator prior to requesting leave and should look at alternative dates wherever possible if leave dates cannot be accommodated in the safe staffing ratio.

Study Leave requests during night duty periods should be avoided wherever possible and alternative courses should be researched by the individual. However it is acknowledged that Exam dates cannot be re-scheduled and that adequate notice is provided to the doctor for these dates.

Training grade Study leave applications should refer to the HETV Study Leave Policy in force at the time available on the HETV Website. Once applications have been approved by the speciality they MUST be returned to the Director of Medical Education for final approval and entry onto the Postgraduate study leave record database; career grade study leave should be finally approved via the electronic leave system and a form submitted to the Medical Education team where expenses are being claimed.

Private study leave is discretionary however and should only be considered when an exam is applied for and taken within 3 months of the exam dates although not necessarily the week immediately prior to the exam.

Study Leave requirements however are not always apparent within the first 2 weeks of a contract and therefore the 8 week rule should be applied when seeking approval. Each request should be treated on its own merits and in discussion with the Clinical Director.

6. OTHER ANNUAL LEAVE AND STUDY LEAVE CONSIDERATIONS

6.1 Popular holiday periods

These periods include school holidays, Bank Holiday periods and end of contract periods and leave requested for these times should be agreed mutually with colleagues on the same rota, in the care group speciality and sub-specialty where appropriate. All departments must have a formal agreement regarding the maximum number of doctors that are permitted to be on any leave or absences from hospital practice which has been ratified by senior management (Care Group Board level). Any deviation from the agreement must be

submitted to the Clinical Director. Leave will also need to be arranged in the context of them overall number of clinicians/trainees required to be on duty to provide a safe and effective service. The Clinical Director will be the final arbiter in any dispute.

6.2 Length of Leave Request

Whilst there is no specific minimum or maximum periods identified within conditions of service, individual requests for leave will be considered by the Clinical Director in line with the needs of the Department including any previously agreed absences for other Doctors during the period of the request, prospective cover issues etc. However, in order to ensure that all Doctors can take leave within the relevant leave year, requests should be made for leave in 'blocks' of no more than 2 weeks whenever possible.

All requests for leave will be treated on an individual basis, however, subject to the provision of services

If there is a weekend 'on call' duty during the period of leave requested and prospective cover is included in the rota then this must be swapped with a colleague.

If there is no prospective cover included in the rota arrangements then the Rota Co-ordinator will need to seek approval for Locum cover for up to 2 *weekends per doctor in the leave year on the basis of the rota frequency as follows:

Rotas worked 1:4 – 1:6 - 2 *weekends in a leave year (1 *weekend in each 6 mth period) Arrangements must be made by the individual doctor if more than 1 weekend on call duty falls within leave period requests within a 6 month period.

Rotas worked 1:7 or less frequent - 1 *weekend in a leave year

*Where a weekend has to be covered by a locum the weekend will be recorded as leave and should be counted in the leave request as an additional 2 days.

6.3 Longer periods of leave-

Individuals may in certain circumstances request a long period of leave, usually of more than 2 weeks duration for special reasons e.g. to make special trips, get married etc. Such requests will be considered by the Clinical Director in the light of other requests for leave from colleagues, service implications and agreement of colleagues to cover on call periods. It is the responsibility of the individual making the request to arrange cover as in a) above.

6.4 Lieu Days

Individuals who accrue recognised Lieu days such as time owed for working bank holidays, or working when requested extra contractual hours should be recorded as Lieu days rather than annual leave. This leave should be taken within a reasonable period of time as defined by the by Clinical Director.

7. OTHER TYPES OF LEAVE

7.1 Sabbatical Leave

Sabbatical leave can be requested under the Trust's 'Leave' Policy as a career break. However proposals for such leave should be made before the annual appraisal and considered well in advance of the annual job plan review.

7.2 Other Types of Leave

Other types of leave may include Maternity Leave, Paternity Leave, Sick Leave, Special Leave, Reserve Forces Leave, Compassionate Leave, Unpaid Leave, Flexible Working. Reference to the relevant Trust Policies covering these absences should be made for these types of leave: Family Leave Policy, Flexible Working Policy, Leave Policy

Requests for unpaid leave must be discussed with the Clinical Director in the first instance and agreement for such leave will be subject to the exigencies of the service and conditions contained in other relevant Trust policies as those detailed above. Any period greater than one week must have the approval of the Medical Director

Medical Recruitment should be notified of all requests approved for Unpaid Leave so that the Payroll Department can be informed.

8. SICK LEAVE

Conditions of Service govern payments relating to sick leave and all Doctors are advised of this within their contracts and the Trust's Managing Sickness Absence Policy covers the management of all sickness absence; this policy should be applied for all sickness absence cases.

Educational Supervisors, Clinical Leads who have responsibility for Doctors in training who require advice at the trigger points identified under the Sickness Absence Policy should contact their Care Group HR representative for any advice required in the application of this policy. Management of trainee wellbeing whilst at the trust is the responsibility of their line manager; inadequate and future application of policy may affect the trainee's training requirements and the involvement of the Postgraduate Tutor/Foundation Director may be required, and for further advice from the Care Group HR representative.

An employee must be available for reasonable levels of contact during any period of sickness absence. If an employee is not at home (i.e. in hospital or recovering at another address) then they must provide their line manager with a contact address, telephone number and, if necessary, a contact name who can liaise with the Trust in their absence (the latter would only apply in emergency situations). Doctors must make every reasonable effort to respond quickly to attempts by their manager to make contact with them.

All Doctors are required to follow basic principles if reporting sick (seek further guidance from the Trust Policy on Managing Sickness Absence):

1. Always in the first instance with as much notice as possible and within a minimum of 1 hour of your shift start time telephone your Department via the named Absence Co-ordinator as soon as it is clear you are unable to work indicating the reason for absence and the likely duration of absence if possible. Should you be unable to contact your department, you should try to contact your named Service Manager.

Texting or emailing a line manager or leaving messages with colleagues are not acceptable methods for an employee to inform the above named about absence.

Failure to reasonably follow this requirement, where the Trust has to find emergency cover may result in your absence being reported as unauthorised and unpaid.

2. You must meet with your manager for a return to work interview. You should complete the Trust return to work and self-certification form if you have been absent 4-7 days (see Appendix A managing sickness absence policy). Thereafter a GP medical certificate is required to cover every subsequent day, the original of which must be sent to your line manager who is accountable to your Clinical Director for recording sickness absence. The Clinical Director will provide you with a 'line manager' point of contact for this purpose.

3. Contact with your department 'line manager' during the absence should be maintained and this should be no less than weekly if the length of absence is uncertain.

4. Advise your department 'line manager' of a return to work date as soon as it is known to arrange your return to work meeting (details are provided in the Managing Sickness Absence Policy).

5. The Medical Director must be notified for any periods greater than four weeks taken as sick leave and reported on an ongoing bimonthly basis thereafter.

8.1 Sickness during Annual Leave

If a doctor falls sick during a period of annual leave they are required to comply with reporting procedures and produce a medical certificate submitted to their 'line manager' they will be regarded as being on sick leave from the date of the certificate and annual leave days will be given back. Backdated certificates prior to an appointment date will not be accepted neither will certificates not given in a timely manner. Public holidays cannot be claimed as sick days.

8.2 Annual Leave / Long term sickness absence

During a prolonged period of absence an employee can accrue and take statutory annual leave during sick leave subject to agreement with the line manager. Such matters will be considered on an individual basis. This may involve discussion of the facts of the matter with the HR Department. This includes arrangements for carry over in the event of a person being unable to take holiday due to having been sick for a prolonged period of time.

8.3 Cover for absent colleagues due to sickness

1. Consultants, Associate Specialists, Staff Grade Doctors and Specialty Doctors are expected, as part of their normal duties to deputise for absent colleagues as far as is reasonably practicable as indicated in terms and conditions of service. Cover in these circumstances will be for a maximum of 7 work days before formal review and individual contractual rates will be applied or longer term recruitment cover plans will be progressed.

2. For all other Doctors conditions of service indicate that cover in such circumstances will be for short periods only. In such circumstances this will be for the immediate or next immediate shift/duty period until alternative arrangements can be made by the Department.

9. RESPONSIBILITIES

Individual Practitioners booking leave

Approval of leave should not be assumed until the approving manager has formally approved your leave and cover arrangements have been made. Failure to seek formal

approval may result in absence being recorded as unauthorised and unpaid and may result in further action being taken.

The number of consultants per speciality allowed leave concurrently is set out as follows for guidance;

Teams of:	Max allowed off:
4 or less	1
5/6/7	2
8/9/10	3
11/12/13/14	4
15+	5

The Trust requires a minimum 8 weeks-notice of your leave, to enable cover arrangements to be made. Your manager will provide you with approval or reasons for non approval within 1 week. Applications with less than 8 weeks-notice will not normally be considered if they will lead to short notice of cancellation of clinical activity.

To minimise the disruption of clinic bookings, it is good practice for consultant and SAS staff in particular to book their leave as far ahead as possible. (Even if this amounts to provisional timing of leave, the re-booking of patients will be easier.)

Shorter notice periods may not result in the leave being unreasonably refused provided cover has been agreed and arranged with the agreement of the responsible Clinical Director for your service. It is the responsibility of the requesting practitioner to arrange and obtain agreement of cover.

It is recommended that junior doctors on short term rotations request annual leave within the first 2-3 weeks of commencing in a particular rotation or if possible prior to commencing the rotation with the rota co-ordinator for that service.

If leave is not booked during this timeframe then the speciality rota co-ordinator may allocate/roster leave to ensure that all Doctors have access to a minimum of 1 weeks continuous leave during the duration of their contract. In seeking approval for annual leave from the Clinical Director the rota co-ordinator will consider both total number and composition of the specialty team.

Services aim to have no more than 25% of trainees to be absent at any one time.

Where half days of annual leave are booked, these should where possible be equally divided between direct clinical care/fixed and supporting activity/non-fixed sessions. Half days taken for direct clinical care/fixed sessions, where the practitioner will be absent/unavailable all day, count as whole days of leave; the practitioner must be available for work if they do not have leave booked.

All annual leave requests for more than 10 working days are to be agreed at Clinical/Care Group Director level.

Arrangements to provide adequate cover must always be made and agreed with Clinical Lead, or delegated authority e.g. Supervising Consultant.

All medical staff should familiarise themselves with the Locum Policy. There is no automatic right for locum cover for any type of leave and all leave should be covered within specialties

where possible. Where there is no other alternative, the Clinical Director must complete a Locum Request form as per the Locum Policy.

All career grade medical staff will record their leave electronically on the Trust's Senior Doctors' Leave System. Junior Medical Staff will use Annual Leave cards and all medical staff will have individual responsibility to ensure that their leave is properly authorised and recorded.

Clinical Director

It is the responsibility of the Clinical Director to manage safe staffing levels and the appropriate level of skills to ensure that adequate cover has been arranged and to resolve any difficulties which may arise. Having exhausted the contractual cross cover and prospective cover built into rotas, there may be exceptional circumstances, where a locum may need to be provided, it is the responsibility of the Clinical Director to discuss this with their Care Group Director.

The Clinical Director is also responsible for authorising career grade leave on the electronic leave system and ensuring that proper records of all leave for all doctors are maintained within departments and that these are available for annual audit.

Clinical Directors should review with their Operational Managers annual leave plans for Christmas, Easter, Public Holidays, and School holiday periods to ensure that proper cover is maintained.

Care Group Director

It is the responsibility of the Care Group Director to give advice on what constitutes Professional/Special Leave and to fairly manage the contractual entitlements and to manage any cases where over entitlement is being requested or has been made. The Care Group Director will arbitrate in cases where any difficulties have not been resolved.

All locum cover must be authorised at Care Group Director level. The Care Group Director should inform the Clinical Resourcing Manager in writing giving 8 weeks notice where possible that a locum is required, the reason for the cover and that there is funding available.

The Care Group Directors will review operational and directorate annual leave plans on a monthly basis at Executive level.

Joint Care Group Director/Clinical Director

Care Group Directors and their Clinical Directors should apply the Trust guidelines and agree for each speciality establish thresholds regarding the number and grade of medical staff that may be on leave at any one time, at both junior and senior levels.

The agreed thresholds (if different to the Trust guidelines) must be clearly communicated and linked to rota/cover arrangements for the department. The agreed thresholds should also reflect variances in monthly, seasonal or annual activity. These should be reviewed on a regular basis to ensure that annual leave booking plans correspond to activity levels.

Medical Director

The medical director must be informed regarding requests for sabbatical and extended periods of unpaid leave as well as periods of sick leave that extend beyond one month. The Medical Director will be the final arbiter for matters that have not been resolved at Clinical and Care Group Director level.

10. DISSEMINATION/CIRCULATION/ARCHIVING

The policy will be published on the intranet. The Deputy Company Secretary will be responsible for archiving old versions of this document.

11. IMPLEMENTATION

Implementation of this policy is the responsibility of all line managers.

12. TRAINING

There is no mandatory training associated with this policy. Medical staff will be provided with a copy of this policy when joining the Trust and further guidance will be provided through the local induction. If staff have queries about its operation they should contact their line manager in the first instance.

13. MONITORING AND COMPLIANCE

The evaluation and effectiveness of this policy will be monitored through an annual audit. The Trust reserves the right to amend its monitoring requirements in order to meet the changing needs of the organisation.

This policy will be reviewed in two years or earlier if there are changes in national contracts, legislation or any other relevant reason.

Appendix 1

Equality Impact Assessment

For each of the six equality categories, ask the questions in the table below.

	Age	Disability	Race	Gender	Religion or Belief	Sexual Orientation
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N

Question 1

Why have you come to these conclusions?

*(You must write short notes**, in the format below headed '**Equality Impact Assessment Summary of Findings'**,** to explain why you have drawn your conclusions from the screening section above, including any evidence (of whatever type) that you have to support your assessment. These will be **published for public viewing on the Trust website**, like required by legislation).*

Equality Impact Assessment Summary of Findings

Name of Policy: Medical Staff Leave Policy

Write short notes to explain why you have drawn your conclusions including any evidence (of whatever type) that you have to support your assessment.

Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy?

We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the above mentioned groups differently.

Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)?

We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.

Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)?
We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect different population groups differently.

Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)?
We have no statistical or anecdotal evidence, at this stage, to show that there is public concern in potential discrimination against the protected groups identified above.

Based on the information set out above I have decided that a full equality impact assessment is not necessary.

Name: **Mary Harrison**
Job title: **Medical HR Manager**
Department: **Human Resources**
Date: **September 2014**