

# Annual Leave for Doctors and Dentists

## W14

### Version 2.7

<b>Additionally refers to</b>	WD19	Maternity Leave
		Paternity Leave
		Parental Leave
		Shared Parental Leave
		New Parent Support Leave
		Adoption Leave
		Special Leave
		Employment Break Procedure
	HR31	Managing Attendance and Employee Wellbeing Policy
	HR13	Travelling Difficulties
		Leave Policy Chapter 2: Annual Leave Procedure
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### Document Control Sheet

<b>Document Lead/Contact:</b>	Deputy Medical Director
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### Version history

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V1	March 2011	Head of HR	Live	
V2	May 2020	Deputy Medical Director	draft	LNC for Consultation, adjustment to wording 6.1, inclusive of NHS employer's temporary rules around
V2.1	August 2020	Deputy Medical Director	draft	Consultation, inclusion of 11.10 which was stated in summary but not in the body of the policy
V2.2	September 2020	Associate to Medical Director	draft	Complete gaps in document control sheet

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Status</b>	<b>Comment – include reference to Committee presentations and dates</b>
V2.2	September 2020	Associate to Medical Director	draft	Add paragraph 5.2.2 to reflect action identified in the Local Counter Fraud Specialist Proactive Report – Annual Leave Review II 2019/20 in consultation with LNC
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V2.2	September 2020	Associate to Medical Director	draft	Update dissemination plan to include removal and archiving of old versions
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V2.2	September 2020	Associate to Medical Director	draft	Change section 1 from 'Introduction' to 'Document Statement'
V2.2	September 2020	Associate to Medical Director	draft	Change section 2 from 'Scope' to 'Overview'
V2.2	September 2020	Associate to Medical Director	draft	Amend the order of Duties and Responsibilities to follow the Board to Ward flow direction
V2.2	September 2020	Associate to Medical Director	draft	Add 'Approval and Ratification' sub section heading in 'Duties and Responsibilities'
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V2.3	March 2021	Associate to Medical Director	draft	Section 5.19 added TOIL
V2.3	March 2021	Associate to Medical Director	draft	TOIL addition – wording agreed in LNC 4.3.2021
V2.4	August 2023	Associate to Medical Director	draft	Updated Care Groups to Divisions and numbering aligned
V2.5	August 2023	Associate to Medical Director	draft	Updated policy approval process
V2.6	August 2023	Associate to the Medical Director	Draft	Updated name of Medical Staffing to Medical People Services. Updated reference to rota coordinators 5.2.4 updated in line with junior doctors 2016 contract. 5.7.5 updated to reflect payment for untaken leave

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Status</b>	<b>Comment – include reference to Committee presentations and dates</b>
V2.7	September 2023	Associate to the Medical Director	Draft	Update section 5.6.4 with the section from the junior doctor contract 2016

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## **Policy On A Page Annual Leave for Doctors and Dentists**

### **Summary of key content of this policy**

- The importance of a good annual leave management
- Expectations and responsibilities of Clinical Directors, Divisional Medical Directors, Divisional Medical of Operations and individual doctors and dentists in relation to annual leave
- Definitions of a leave year
- The requirements for staff to take a minimum number of days of annual leave
- Identification of the booking process for annual leave
- How to calculate annual leave for different grades of staff, different work patterns and staff who work less than full time hours
- How annual leave can be carried over between leave years
- Arrangements for recording and monitoring the taking of annual leave
- Action that may be taken as a result of non-compliance

### **Summary of key points**

- All medical and dental staff should be familiar with this policy.
- The Clinical Director for an individual speciality has the responsibility for managing annual leave for doctors and dentists
- Some or all of the elements of the management of annual leave may be delegated to other staff, but the Clinical Director retains the overall responsibility.
- The Clinical Director for a speciality should specify how many practitioners can be on leave at any given time.
- All medical and dental staff must take a minimum of 28 days of annual leave each year for reasons of health and safety and staff wellbeing.
- The leave year for a Consultant, Associate Specialist or Speciality Doctor commences on the anniversary date of the individual's appointment to the Trust.
- A minimum of 6 weeks' notice of annual leave dates must be given by an individual practitioner
- Medical staff are expected to take an equivalent proportion of DCC and SPA sessions as annual leave. This will be monitored and unusual patterns of leave taking may lead to formal investigation.
- Rota co-ordinators have responsibility for recording each practitioners leave requirement and the number of leave days taken.
- A maximum of 8 days of annual leave can be carried over between 20/21, 7 days of annual leave for 21/22 and 6 days for 22/23. Following this, 5 days of annual leave can be carried over between leave years by application to the Clinical Director. Carry over of more days than this will need to be authorised by the Medical Director.
- Checklists are provided to assist Clinical Directors in creating suitable arrangements to manage leave and maintain a core level of service provision.

## **1. DOCUMENT STATEMENT**

- 1.1** This policy sets out the Trust's arrangements for the approval of annual leave and public holidays. The policy incorporates and will be updated by any amendments to national Terms and Conditions of Service for medical staff. If there is any doubt, the national agreements take precedence over this policy.
- 1.2** It is the policy of the Trust to ensure that staff take the annual leave to which they are entitled within a framework that allows patient care to be delivered throughout the year.

## **2. OVERVIEW**

- 2.1** This policy applies to **all** medical staff employed by the Trust. It does not apply to workers not employed by the Trust. The leave entitlements of staff not covered by this policy are as set out in their Statement of Principal Terms and Conditions of Employment.
- 2.2** In implementing this policy, Divisional Medical Directors, Clinical Directors, and Managers must ensure that all staff are treated fairly and within the provisions and spirit of the Trust's Equality & Diversity Policy (HR01). Special attention should be paid to ensuring the policy is understood when using it for staff new to the NHS or Trust.

## **3. DEFINITIONS**

- 3.1** Paid Holiday – Annual Leave and Public Holiday paid leave entitlement as defined by the relevant Terms and Conditions of Service.
- 3.2** Statutory Minimum Leave – 28 days per year (including Public Holidays) in accordance with the Working Time Regulations (pro-rated for part-time workers)
- 3.3** Public Holidays – the national holidays per annum (usually eight) determined by the Government.
- 3.4** Unauthorised Absence – absence from work that has not been agreed or approved under the Trust's Terms and Conditions of Employment.
- 3.5** Planned Leave – leave discussed, approved, and booked between the member of staff and relevant Divisional Medical Director/Clinical Director/Manager.

## **4. DUTIES AND RESPONSIBILITIES**

### **4.1 Divisional Medical Directors/Clinical Directors/Divisional Director of Operations**

It is the responsibility of all Divisional Medical Directors/Clinical Directors/Divisional Directors of Operations to:

- ensure that all staff are aware of this policy and of their local leave procedure;
- draw up a local leave procedure (e.g. detail on how many staff can be off at any one time, whether there are any local requirements for set holidays, whether there is a need to specify times of the year when staff can and cannot take annual leave due to the needs of the service – a template is attached at Appendix C) and ensure all staff are aware of this;
- ensure that all annual leave is planned in accordance with the needs of the service or area;
- deal with all holiday requests fairly and equitably;
- refuse to approve requests for annual leave where approval would mean inadequate staffing levels to maintain the necessary levels of service;
- keep a record of individual annual leave entitlements and all annual leave approved;
- ensure that there is appropriate management control of annual leave in their service.

**Divisional Medical Directors/Clinical Directors may delegate some of these and other responsibilities set out within this policy to a named manager in the local leave procedure.**

#### **4.2 Members of staff**

It is the responsibility of the member of staff to:

- request annual leave in accordance with this policy and their local leave procedure, using the appropriate form;
- use their annual leave entitlement in accordance with this policy;
- take into account the service needs of the area when requesting annual leave;
- return from leave on time;
- contact the relevant Divisional Medical Director/Clinical Director/Manager as soon as possible if for any reason they are unable to return from holiday on the agreed date;
- submit their annual leave requests in good time for the approval to be given at least 6 weeks prior to the leave requested and before committing themselves to holiday plans;
- and to fulfil their on-call commitments using prospective cover arrangements.

#### **4.3 Doctors in training**

In addition, it is the specific responsibility of doctors in training to:

- obtain the written agreement of colleague(s) to provide cover, swaps etc. on the Annual Leave Request Form prior to submitting it for approval (see Appendix B).

#### **4.4 Rota Co-ordinators**

It is the responsibility of the Rota Co-ordinators to:

- process the approved annual leave request, promptly updating individual leave records and other attendance recording systems.

#### **4.5 Approval and ratification**

##### **4.5.1 Operational People Group**

Group to ratify the policy to assure them that the correct process has been followed to develop and approve guidance and ensure that the ratification of guidance is minuted.

##### **4.5.2 Local Negotiating Committee (LNC)**

The Local Negotiating Committee have taken part in consultation with staff side about this policy.

##### **4.5.3 Medical Director/Deputy Medical Director**

The accountable Director will ensure that Lead Director will be nominated. The Lead Director will:

- Ensure that the appropriate Consultation is undertaken on all new documents
- Ensure that systems are in place to review the document
- Present any new or reviewed documents for ratification at the appropriate committee

##### **4.5.4 Associate to the Medical Director**

Is responsible for ensuring that staff are made aware of the guidance by including them in the appropriate communication cascade.

##### **4.5.5 Document Lead**

The document lead will follow the requirements of the policy for policies.



#### 4.5.6 Clinical Director

Is responsible to ensure that the annual leave process is followed in accordance with the contractual requirements and is implemented according to policy

#### 4.5.7 Operational Manager

Is responsible to ensure that the annual leave process is followed in accordance with the contractual requirements and is implemented according to policy

#### 4.5.8 Consultants/Senior Medical Staff/ Trust Doctor

Is responsible to ensure that the annual leave process is followed in accordance with the contractual requirements and is implemented according to policy

### 5. GUIDANCE

#### 5.1 Leave year

5.1.1 The leave year for a Consultant, Associate Specialist or Specialty Doctor commences on the anniversary date of the individual's appointment to Trust.

5.1.2 The leave year for all other medical staff shall run from their incremental date or its anniversary where the practitioner has reached the maximum of the scale. Where there is no incremental progression the leave year shall run from the anniversary of the date of employment by the Trust.

5.1.3 The doctor may undertake additional roles i.e. work for different specialties. In this case the annual leave year for each role will be aligned with the annual leave year of the primary role.

#### 5.2 Annual leave entitlement

5.2.1 It is the Trust's policy that all paid holiday for medical staff is calculated in days. For most practitioners, this is the simplest method. For some practitioners with complicated working patterns, ie a doctor working 10 PA contract over 4 days, by agreement leave can be calculated in PAs. Examples can be found in Appendix E.

5.2.2 For Doctors who work complex rotas or multi-session days, there is an option to calculate leave based upon annualised numbers of PAs or hours. In accordance with BMA guidance, this option will be enacted only following mutual agreement between the staff member and the Trust.

5.2.3 All full-time staff (where the full-time hours for their staff group are 10 PAs or 40 hours per week) will have the following annual leave entitlement per annum:

	<b>Annual Leave Days</b>	<b>Public Holidays*</b>	<b>Total Days</b>
Consultants (new contract) with up to 7 years seniority	32	8	40
Consultants (new contract) with 7 or more years Seniority	34	8	42
Consultants (old contract), and Non-Consultant Career Grades (Hospital Practitioners, Clinical Assistants, GPs with Special Interest)	32	8	40
Associate Specialists	32	8	40

	<b>Annual Leave Days</b>	<b>Public Holidays*</b>	<b>Total Days</b>
Associate Specialists, Specialty Doctors and Staff Grades with 7 or more years seniority	34	8	42
Specialty Doctors and Staff Grades who have completed 2 years' service in the grade or who had an entitlement to 32 days annual leave per year in their immediately previous appointment	32	8	40
Specialty Doctors and Staff Grades who do not fall into the category above and have less than 2 years service	27	8	35
2002 Junior Doctor Contract			
STR, STR (FT) and Speciality Registrars on 3 <sup>rd</sup> or higher incremental point of the pay scale	32	8	40
FY1, FY2, STRs, STR (FT)s and Speciality Registrars on minimum 1 <sup>st</sup> or 2 <sup>nd</sup> incremental point	27	8	35
2016 Junior Doctor Contract			
One First Appointment to grade	27	8	35
After 5 years completed service	32	8	40

\* Please see Section 5.7.

#### 5.2.4 A day is the equivalent of:

Consultants (new contract), Specialty Doctors, Associate Specialists, Staff Grades, Hospital Practitioners, GPs with Special Interest	2 PAs	For a day time PA this equates to 8 hours excluding meal breaks (calculated as 4 hours per PA)  For a Premium Time PA, this equates to 6 hours excluding meal breaks (calculated as 3 hours per PA)
Consultants (old contract)	2 sessions	7 hours excluding meal breaks (calculated as 3.5 hours per session)
Clinical Assistants	2 sessions	7 hours excluding meal breaks (calculated as 3.5 hours per session)
Medical staff in training	Due to prospective cover and guided by the 2016 contract, annual leave is calculated on a 40 hour week.	

#### 5.2.5 For Consultant (2003 contract), Associate Specialist and Specialty Doctor posts, the full time

contract is 10 Programmed Activities (PAs). For Consultant (pre-2003 contract) posts, the full-time contract is 11 sessions. Members of staff working Additional Programmed Activities or additional sessions do not accrue additional entitlements to annual leave over and above the full-time allocation set out above.

- 5.2.6 For members of staff working part time, their annual leave entitlement will be calculated *pro rata* in accordance with their contracted number of PAs.
- 5.2.7 All proven NHS service is reckonable for the purposes of calculating the annual leave entitlement – regardless of the length of any breaks in that service.
- 5.2.8 All members of staff must take the equivalent of at least 28 days leave (including Public Holidays) each leave year (this requirement will be reduced *pro rata* for joiners/leavers within the leave year and part-time staff). This is the statutory minimum requirement.

### **5.3 Calculating the entitlement on leaving**

- 5.3.1 The entitlement for most leavers will be calculated based on one 12th of the annual entitlement for each completed month of employment in the leave year.
- 5.3.2 However, staff who join and/or leave with up to four completed months of service in the leave year are entitled to a paid holiday entitlement which is the better of their contractual annual leave and public holiday entitlement *pro rata* or their statutory entitlement *pro rata*.
- 5.3.3 The *pro rata* statutory entitlement is calculated as follows:

$$28^* \quad \times \quad \frac{\text{Number of calendar days of service in the year}}{365} \quad = \quad \text{Total statutory leave entitlement for member of staff *in days*^*}$$

\* This includes public holidays.

- 5.3.4 If a member of staff leaves the Trust's employment, where possible the relevant proportion of their paid holiday entitlement should be taken prior to their final day of employment. Where this is not possible, an adjustment to final pay will be made. Any leave taken in excess of their *pro rata* entitlement will be recovered.
- 5.3.5 Please refer to Medical People Services for advice on term time only or unusual contracts.

### **5.4 Calculating the entitlement where the annual leave entitlement changes during the leave year**

- 5.4.1 Where the member of staff's entitlement to annual leave changes during the leave year (e.g. they move across the boundaries to 7 years NHS service) their paid holiday entitlement for the entire leave year must be re-calculated on the basis of one twelfth of the annual entitlement for each complete month worked at the relevant annual leave entitlement.
- 5.4.2 Where changes occur mid-month, the paid holiday entitlement for that month should be recalculated based on the annual leave entitlement applicable for the majority of the month.
- 5.4.3 Where necessary when calculating the leave entitlement, the calculation must be rounded up to the nearest 0.5 decimal point (i.e. the nearest half day) at the end of the calculation only.

### **5.5 Calculating the entitlement where the number of programmed activities/sessions change**

**during the leave year.**

- 5.5.1 Where staff change their number of Programmed Activities/Sessions to less than 10 Programmed Activities/Sessions this will result in a re-calculation of the paid holiday entitlement for the entire leave year based on one twelfth of the annual entitlement for each complete month worked on the relevant PAs/sessions (also refer to paragraph 6.4).
- 5.5.2 Where changes occur mid-month, the paid holiday entitlement for that month should be recalculated based on the PAs/sessions applicable for the majority of the month.
- 5.5.3 Where necessary when calculating the leave entitlement, the calculation must be rounded up to the nearest 0.5 decimal point (i.e. the nearest half day) at the end of the calculation only.

**5.6 Public holidays**

- 5.6.1 There are eight Public Holidays in a normal leave year, although depending on the placement of the Easter holidays this can vary between six and ten. The dates of Public holidays can be identified annually by referring to [direct.gov.uk](http://direct.gov.uk). Public holidays fall as follows:

- New Year's Day
- Good Friday
- Easter Monday
- May Day
- Spring Bank Holiday
- August Bank Holiday
- Christmas Day
- Boxing Day

- 5.6.2 For pay purposes, a Public Holiday starts and ends at midnight.

- 5.6.3 Members of staff may be required to work on Public Holidays in accordance with their working pattern or rota. A practitioner who is required to work on a Public Holiday will receive additional annual leave in lieu.

- 5.7 A consultant or SAS doctor who in the course of his or her duty was required to be present in hospital or other place of work between the hours of midnight and 9am on statutory or public holidays should receive a day off in lieu. Junior Doctors who in the course of their duty is required to be present in the hospital (or other place of work) at any time (from 00.01 to 23.59) on a public holiday, or who is rostered to be on-call on a public holiday, will be entitled to a standard working day off in lieu. Where a doctor's working pattern includes scheduled rest days (sometimes known as zero hours' days) and such a day falls on a public holiday, then the doctor will be given a day off in lieu of the public holiday. Booking annual leave

- 5.7.1 All annual leave requests for Consultants, Associate Specialists and Speciality Doctors should be made in the manner relevant to each team, as set out in the local leave procedure. An example Annual Leave Request Form can be found at Appendix A.

- 5.7.2 All annual leave requests for Doctors in Training must be made using the Annual Leave Request form at Appendix B.

- 5.7.3 All annual leave requests require the prior authorisation of the relevant Clinical Director/Operational Manager. Leave will be allocated subject to departmental arrangements, and the timing of leave will be subject to departmental work pressures.

- 5.7.4 All requests for annual leave should be submitted in good time in accordance with the local leave procedure. Approval is required at least 6 weeks prior to the commencement of leave. It is essential that each leave request and its proposed cover arrangements are agreed with colleagues before submission of the leave application.

- 5.7.5 For doctors in training on rotations of 6 months or less with the Trust, the majority of all leave to be taken in a rotation must be booked within 2 weeks of commencement in each part of the rotation; it is preferable for all leave to be booked at an early stage in the rotation as late requests may not be agreed. As doctors in training may rotate between several employers during the course of a leave year, there is a Regional agreement that no annual leave is carried between employers. Additionally, there is an understanding that, unless expressly agreed, no annual leave is carried between rotations within one employing Trust due to the complexities of the rotas, the requirements of prospective cover and the costs of employing locums. Therefore, untaken leave at the end of 3 placements should be paid.
- 5.7.6 Applications for leave at less than 6 weeks' notice will be approved at the discretion of the Divisional Medical Director/Clinical Director/Operational Manager, who will consider the circumstances leading to short notice. Normally, authorisation will only be granted in exceptional circumstances; where refused, the individual may appeal to the next level of management.
- 5.7.7 Subject to suitable arrangements having been made (i.e. internal cover agreed for clinical commitments, at no detriment to patient services or additional cost to the Trust), Consultants, Associate Specialists and Speciality Doctors may take up to two days of their annual leave without seeking formal permission provided they notify their Clinical Director beforehand. However, the relevant Annual Leave Request Form must still be completed in accordance with the local procedure.
- 5.7.8 Divisional Medical Directors/Clinical Directors will authorise or refuse all annual leave requests within 2 weeks of receipt and promptly notify the member of staff of the decision. Where a request is refused, an explanation of the reason(s) will be given.
- 5.7.9 Approval is only formalised when the signed annual leave request form or a confirmation email is returned to the member of staff.
- 5.7.10 Senior Medical Staff are expected take their leave to impact proportionately on their DCC and SPA activities, they should therefore endeavor to take leave evenly across the week to ensure no single part of service provision, nor a single day of the week, is favoured. This will be monitored, and unusual patterns of leave will be discussed with the employee and may lead to a formal investigation.

## **5.8 Carry over of annual leave between leave years**

- 5.8.1 It is the Trust's normal expectation that members of staff take their paid leave entitlement for the year within that leave year.
- 5.8.2 If annual leave is cancelled by the Trust due to service requirements, then doctors will be able to carry over the cancelled leave into the next year.
- 5.8.3 At the individual's request and at the Clinical Director's discretion, a maximum of 8 days of annual leave can be carried over between 20/21, 7 days of annual leave for 21/22 and 6 days for 22/23. Following this, 5 days of annual leave can be carried over between leave years by application to the Clinical Director. In exceptional circumstances an application can be made to the Medical Director or nominated Deputy to carry over more than 5 day (up to maximum of 10 days). An example of this might be an overseas doctor wishing to travel home.
- 5.8.4 Any leave carried out must be taken within 3 months of the end of annual leave year.
- 5.8.5 In cases of long term sickness absence, please refer to the policy on Managing Sickness Absence.
- 5.8.6 New temporary statutory rules introduced by the government to deal with COVID-19 pressures mean that employees who are unable to take their annual leave entitlement due to COVID-19, can carry over up to 20 days (pro-rated for part-time staff) of annual leave over a two year period. However:

- if employees cannot take bank holidays off due to COVID-19, they should use the annual leave at a later date in their leave year
- if this is not possible, bank holidays can be included in the 20 days' annual leave that can be carried over. This holiday can be taken at any time over a two-year period.

## **5.9 Sickness during annual leave**

- 5.9.1 If sickness falls during a period of annual leave and the member of staff wishes to reclaim that annual leave for a later date, the sickness must be covered by self-certification (up to the first 7days) or medically certified. The absence from work will be recorded as sickness from the date of the self/medical certificate, and the annual leave will be cancelled. The annual leave may be taken at a later date (within the same leave year) in accordance with the policy on Managing Sickness Absence.
- 5.9.2 Members of staff will not be entitled to an additional day off if they fall sick on a Public Holiday.
- 5.9.3 For further information please see the policy on Managing Sickness Absence (HR31).

## **5.10 Annual leave during sickness**

- 5.10.1 Where a member of staff is off sick and was due to take annual leave during that period, the planned annual leave can be converted into sick leave (in accordance with the Policy on Managing Sickness Absence) if the member of staff presents a certificate for the relevant period on return from sick leave.
- 5.10.2 Where a member of staff is off due to long term sickness and it would be financially beneficial for the individual to be able to take annual leave during that sickness absence, payment can be made in lieu of that holiday. Holiday must be requested and approved in line with the relevant departmental leave procedures. Sickness absence does not cease when such payment is made.
- 5.10.3 For further information please see the policy on Managing Sickness Absence (HR31).

## **5.11 Accrual of annual leave during unpaid sickness, maternity or adoption leave**

- 5.11.1 Please refer to the Managing Sickness Absence, Maternity and Adoption Leave policies.

## **5.12 Accrual of annual leave during any other unpaid leave**

- 5.12.1 There is no entitlement to accrue either the statutory minimum or the contractual annual leave entitlement during extended periods of unpaid leave (i.e. during unpaid leave of one month or longer). This does not apply to short periods of Special Leave and occasional days of unpaid leave agreed by the Divisional Medical Director/Clinical Director.

## **5.13 Selling annual leave**

- 5.13.1 Please refer to the Trust Leave Policy Chapter 2: Annual Leave Procedure for buying and selling annual leave.
- 5.13.2 There is no obligation on any member of staff to convert leave in this way and the normal rules regarding carry forward will continue to apply. This means that staff should take all their leave before the end of the leave year. The arrangements for booking leave within teams are not amended by this new arrangement.
- 5.13.3 All annual leave sold will be paid at the basic rate of pay. The amount to be paid will be paid as a lump sum in the next available pay month. If overtime or unsocial hours payments are

payable in respect of the additional day/s/hours worked, the calculation will be based on the normal basic rate of pay.

5.13.4 Any member of staff wishing to apply should complete the form at Appendix D.

5.13.5 Divisional Medical Directors/Clinical Directors will inform the member of staff of their decision by completing the form and returning a copy to the member of staff within one month of receipt. A copy should be retained for the member of staff's personal file.

#### **5.14 Buying annual leave**

5.14.1 Please refer to the Trust Leave Policy Chapter 2: Annual Leave Procedure for buying and selling annual leave.

#### **5.15 Extended unpaid leave**

5.15.1 The Trust recognises that staff may request extended unpaid leave in addition to their normal annual leave entitlement for reasons other than those covered in the Trust's Recognition Agreement or Special Leave Policy.

5.15.2 In such circumstances, staff must discuss this with their Divisional Medical Director/Clinical Director as soon as possible, in order that this can be planned for.

5.15.3 Applications will be considered in the light of the needs of the service and the leave booking arrangements of the area.

5.15.4 Members of staff may only take extended unpaid leave after their entitlement to paid leave has been exhausted.

5.15.5 Members of staff are not expected to apply for unpaid leave on a regular basis.

5.15.6 Divisional Medical Directors/Clinical Directors will confirm in writing any agreed arrangements and retain a copy of this letter for the member of staff's personal file.

5.15.7 Divisional Medical Directors/Clinical Directors will complete a Change of Circumstances Form to confirm the arrangements and send a copy to Pay Services. Pay will be stopped from the next salary payment due after the period of extended unpaid leave.

#### **5.16 Failure to return from leave**

5.16.1 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 Divisional Medical Director/Clinical Director as soon as possible to discuss the situation. Depending on the circumstances (flight delay, natural disaster, illness etc.) and expected length of additional absence, they may be required to take additional leave from their paid holiday entitlement or take unpaid leave, time in lieu or special leave. Refer to the Travelling Difficulties Policy (HR41).

5.16.2 Where a member of staff does not return from leave on the date agreed and has not made contact with their Divisional Medical Director/Clinical Director to discuss this, the absence will be treated as unauthorised.

#### **5.17 Unauthorised absence**

5.17.1 Unauthorised absence is a breach of contract and will usually be regarded as gross misconduct. It will normally result in disciplinary action being taken against the member of staff – which could result in dismissal.

5.17.2 As unauthorised absence is unpaid, members of staff who take it will not be entitled to accrue an annual leave entitlement in relation to the period of unauthorised absence.

### **5.18 Withdrawal of agreement to take holiday**

5.18.1 In very rare and exceptional circumstances, the Trust reserves the right to withdraw approval for annual leave should the needs of the service warrant it. Each case must be referred to Human Resources. Every effort will be made to minimise the inconvenience for the member of staff, including reimbursement for any unavoidable documented financial loss incurred in respect of their holiday expenses. The annual leave will be available to be taken in full at a later date at a time to be mutually agreed.

5.18.2 Staff who wish to cancel leave that has already been approved must refer as soon as possible to their Divisional Medical Director/Clinical Director, who has discretion as to whether to agree to the request. For medical staff, approval will not normally be given where it is not possible to re-instate or reallocate the session at no detriment to patient services or additional cost.

### **5.19 Time off in lieu (TOIL)**

5.19.1 Time off in lieu (TOIL) can be agreed instead of extra payment when management asks a doctor to carry out additional activity. The subsequent time off in lieu should be planned in advance and should be taken as soon after the extra work as possible to ensure adequate rest. If it is not taken immediately, then it must be applied for within 3 months of it being earned.

## **6. Training**

6.1.1 There is no mandatory training associated with this guidance. If staff have queries about its operation, they should contact their line manager in the first instance.



## 7. QUALITY IMPACT ASSESSMENT

### Equality Impact Assessment Form - Stage 1 – Initial Assessment

<b>Managers Name</b>	Sam Hooper	<b>Division</b>	Medical Directorate
<b>Function, Policy, Practices, Service</b>	Annual leave for doctors and dentists	<b>Purpose and Outcomes – intended and differential</b>	The policy outlines the contractual requirements for doctors and dentists regarding annual leave. There are no unintended consequences identified.
<b>Implementation Date</b>		<b>Who does it affect?</b>	Doctors and Dentists
<b>Consultation Process</b>	LNC, Operational People Group, Senior Medical Leadership Team.	<b>Communication and awareness</b>	Staff newsletter, Intranet, e-mail to all relevant doctors, operational managers, senior medical leaders and senior leadership team.

Equality Target Group	(a) Positive Impact	(b) Negative Impact	Reason/Comment
Men	None	None	The policy is designed to ensure that the Trust meets the requirements for compliance of annual leave for doctors and dentists.
Women	None	None	
Black/Black British	None	None	
Asian/Asian British	None	None	
Chinese	None	None	
White (including Irish)	None	None	
Other racial/ethnic group (please specify)	None	None	
Mixed race	None	None	
Disabled	None	None	
Gay/Lesbian/Bi-sexual	None	None	
Transgender	None	None	
Younger People (17-25) and children	None	None	
Older People (50+)	None	None	
Faith groups (please specify)	None	None	

Following completion of the Stage 1 assessment, is Stage 2 (Full Assessment) Necessary?  **No**

Date Completed: 08.08.2023

Signed by Manager completing the assessment:  
**Sam Hooper, Associate to Medical Director**

**8. Process for monitoring compliance with the effectiveness of this policy**

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Appropriate and proportionate annual leave use	<p>Reports are produced and scrutinised to compare annual leave entitlement, requests and leave taken to the Doctors job plans.</p> <p>Audit of annual leave requests monthly in line with job plans.</p>	Senior Management	Monthly	

**9. Review Process**

This policy will be reviewed in 5 years from the date of approval, or earlier in the event of a significant change, following feedback, or as a result of root cause analysis following adverse events, in line with Trust wide guidance.

**Appendix A**

**Example Annual Leave Request Form**

**Consultants, Associate Specialists and Specialty Doctors**

**Applicant**

Name:		Specialty:	
Grade:		Division:	

Leave entitlement (Days):	Leave from (date):	Leave to (date):	Leave for this request (Days):	Leave remaining (Days):
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Please give the name of the colleague(s) who has agreed to cover your duties:

<b>Name of Covering Colleague(s):</b>	<b>Duties being covered:</b>

Does your leave mean that service changes may be required? Please detail the date and time and which services are affected (e.g. Outpatients, Theatres, Diagnostics, Other Departments etc):

Signature of applicant:..... Date: .....

**Please ensure this form reaches the Clinical Director in good time for approval to be given at least 6 (six) weeks prior to the leave requested**

**Clinical Director**

I do / do not (please delete as appropriate) approve this annual leave request. If the request is refused, the reasons are as follows:

Inadequate notice has been given
  Approval would mean inadequate staffing levels to maintain the service

Other:

Signature: ..... Date: .....

**Please process this annual leave request and return to the applicant within 2 (two) weeks of receipt**

**Appendix B**

**Annual Leave Request Form - Doctors in Training**

**Applicant**

Name:		Grade:	
Division:		SDU:	
Specialty:		Site:	
Bleep No:		Email address for confirmation of leave:	

Leave entitlement (Days):	Leave from (date):	Leave to (date):	Leave for this request (Days):	Leave remaining (Days):
---------------------------	--------------------	------------------	--------------------------------	-------------------------

**Cover Arrangements**

Please give the name of the colleague(s) covering your day time and out of hours duties and ensure they sign the form to indicate their agreement. **Please also ensure you also complete a SWAP form for emergency/out of hours duties.**

Date:	Cover required (e.g. emergency, ward):	Start time:	Finish time:	Name of colleague covering:	Signature of colleague covering:

Signature of applicant:..... Date: .....

**Please ensure this form reaches the /Clinical Director in good time for approval to be given at least 6 (six) weeks prior to the leave requested**

**Rota Co-ordinator (Clinician)**

Is this leave appropriate given the needs of the service and the local leave procedure? *Please do not indicate that leave is appropriate where inadequate notice has been given or where approval would mean inadequate staffing levels to maintain the service.*

Yes / No (please delete)      Signature: ..... Date: .....

**Please ensure this form reaches the Chief of Staff/Clinical Director for approval to be given at least 6 (six) weeks prior to the leave requested**

**Clinical Director**

I do / do not (please delete as appropriate) approve this annual leave request. If the request is refused, the reasons are as follows:

Signature: .....	Date: .....
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**Please process this annual leave request and return to the applicant within 2 (two) weeks of receipt**

Date received	Cover arranged, signature obtained	Rota updated	Leave recorded and confirmed to applicant

## Appendix C

### Sample Local Leave Procedure

#### XX Service – Annual Leave Procedure

##### General

1. Full details of the general rules regarding annual leave are set out in the Trust's Annual Leave and Public Holidays Policy for Medical Staff (HR50). Please note that you must not take leave that has not been authorised as set out below and that you must ensure that you take all your holiday in the leave year.
2. Before you request annual leave, check the leave arrangements already agreed for your team. Where several people want the same time as leave, e.g. school holidays and Christmas, it may not be possible to agree your request.
3. Please request annual leave to NAME/JOB TITLE using the approval form/e-rostering system. It will act as a record of your remaining leave and authorised holiday.
4. These rules are to be used wherever possible; there will always be exceptional circumstances where they can't be applied to the letter and odd days may be acceptable on occasion, but must be agreed in advance with your Divisional Medical Director/Clinical Director (or nominee).
5. You are responsible for ensuring your colleagues are able to cover your workload, act as a contact for your patch or take your calls for short periods. When absent for a period, please ensure your e-mails are automatically forwarded to a colleague in your team for action, rather than leaving the sender waiting for your return.

##### Consultants

- No more than x to be on leave, including study leave, at any time  
or
- At least x to be on duty

##### Associate Specialists

- No more than x to be on leave, including study leave, at any time  
or
- At least x to be on duty

##### Specialty Doctors

- No more than x to be on leave, including study leave, at any time  
or
- At least x to be on duty

##### ETC

**Appendix D**

**Request to Sell Annual Leave**

**For completion by Employee**

Employee Name .....	Job Title .....
Department .....	Division .....
Payroll Number .....	
Clinical Director's Name .....	
Normal Leave Entitlement in Days ..... (including/excluding bank holidays) <i>Delete as appropriate</i>	
<b>Details of Request</b>	
For the leave year /___I wish to sell ..... hours annual leave.	
<p>I understand that approval of the sale of my annual leave is at the discretion of my Chief of Staff/Clinical Director and in accordance with Trust policy. I understand that I will forego these days from my annual leave entitlement and that payment will be made at my basic daily rate of pay (excluding payments for additional activity or enhancements). This will be paid to me in a lump sum (normally in the next available pay month), which will not be pensionable but will attract tax and national insurance contributions. I understand that should I leave part way through the leave year, a re-calculation of my annual leave will be undertaken. If I have sold more than my entitlement, I will be required to repay any over payment from my final salary.</p>	
Signed ..... Date .....	

<b>For Completion by Clinical Director</b>	Please tick one box only
I agree to the request for selling annual leave as set out above	<input type="checkbox"/>
I do not agree to the request for selling annual leave as set out above. The reasons are as follows:	<input type="checkbox"/>
I have discussed this with the employee and explained why I have declined the request.	<input type="checkbox"/>
Signed ..... Date .....	

***A copy of this form must be retained on personal file.  
A copy of this form must be given to the employee.  
Where the request is agreed a copy must be sent to pay services to action the request.***

<b>FOR OFFICE USE ONLY</b>	
<b>ACTIONED BY:</b> Payroll <input style="width: 150px; height: 20px;" type="text"/>	<b>Date</b> <input style="width: 150px; height: 20px;" type="text"/>

***Where a request is declined a copy of this form must be sent to your HR Advisor.***

## Appendix E

### Calculating annual leave entitlement in different circumstances

Possible methods for calculating leave to avoid inequity resulting from differing work patterns are given below.

#### Option 1

Calculate leave based upon the number of PAs Programmed Activities (PAs) or sessions in the job plan. Recognising that contracts are based around PAs/sessions, one way to do so would be to annualise the job plan and to calculate leave on a PA/session basis rather than by days or weeks.

Taking the example of PAs, 6 weeks of annual leave on a 10 PA per week contract = 60 PAs of annual leave, plus 20 PAs of leave for public holidays (10 days public holiday x 2PAs a day).

Each individual's annual leave allowance would need to be calculated based on the number of PAs they work (either each week or over a specific cycle).

For example:

**Consultant A** works 10 PAs between Monday – Friday and has a contractual annual leave allowance of six weeks. There is no on-call associated with the post.

**Consultant B** works 9.5 PAs from Monday-Thursday each week and an average of 0.5 PAs per week for working 1/8 weekends and has a contractual annual leave allowance of six weeks. There is no on-call associated with the post.

**Consultant C** works a four-week cycle of 40 PAs which includes eight PAs from Tuesday to Friday each week, an average of one PA per week for weekend working and an average of one PA per week for unpredictable on-call (which might be during the week or at the weekend) and has a contractual annual leave allowance of six weeks.

All consultants wish to take leave and be absent from the hospital for one week.

**Consultant A** would need to use 10 PAs of annual leave.

**Consultant B** would need to calculate how many PAs he/she was due to work on the specific week which he/she wished to book as leave. For example, if this was a week without weekend working, this would require 9.5 PAs of leave. If this was the week in the eight-week cycle in which he/she was working over the weekend, then 13.5 PAs of leave would be required to be absent from the hospital from Monday – Sunday inclusive.

**Consultant C** would need to calculate the actual number of PAs he/she would work on the specific week on which leave was required – e.g. exactly when his/her on call commitment that week would take place and what his/her weekend working commitment would be (plus the eight PAs usually worked from Tuesday-Friday). The exact figure would then need to be deducted from his/her annual leave allowance.

## **Option 2**

Adjust the total number of days of annual to reflect the length of the working week. If a consultant works 10 PAs/sessions a week over Tuesday-Friday with no on-call or weekend working, then his/her annual leave allowance could be calculated accordingly – eg 4 days x 6 weeks = 24 days per year. The consultant would then need to use four days of annual leave to be absent from the hospital for one week, assuming it did not coincide with a weekend of work.

This method is less suitable when more complicated working patterns are involved.

Other calculation methods may also be employed: each method should ensure that leave for both full time and part-time consultants is fair and equitable.

Please note that any calculation must be based on an individual's specific work commitment.