

Junior Medical Staff Annual Leave Policy

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

- Now includes an annual and bank holiday entitlement calculator
- Requests for more than 2 weeks of leave to be discussed with Lead consultant and JDA, for approval
- Change to note version 5 of the Doctors in Training TCS
- Removed reference to NHS TCS for Associate Specialist

KEY WORDS

Annual leave	Change of hours	Bank Holidays
Part time	Entitlement	Holidays
Medical Staff	Junior Doctor	Carry over

1 INTRODUCTION AND OVERVIEW

- 1.1 This policy has been formulated in line with the national Terms and Conditions of Service (TCS) for Junior Doctors in Training, the same policy shall apply to Trust Grade doctors employed under the same TCS.

2 POLICY SCOPE- WHO THIS POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

- 2.1 This policy applies to all doctors in Training and Trust Grade doctors who work for the Trust, including clinical academic staff holding honorary appointments with the Trust.
- 2.2 A separate policy exists for Senior Medical Staff and staff employed under the Agenda for Change terms and conditions.

3 DEFINITIONS AND ABBREVIATIONS- IN ALPHABETICAL ORDER

- 3.1 The following definitions apply to terms used within this document:-

- **Annual Leave-** this term refers to the period (s) of paid holiday leave that employees are entitled to take during each leave period
- **Bank / Public Holidays** - In addition to the basic annual leave entitlement, employees are entitled to a Bank/Public Holiday allowance. There are 8 recognised Bank/Public Holidays in the leave year (allocation will depend the number of bank holidays in each placement).
- **Local Negotiating Committee (LNC)** – is the collective consultation and negotiation committee for corporate-level meetings between Management and Medical and Dental representatives.
- **Medical certification / fit note** - This is a written statement signed by a registered practising physician or other practitioner certifying to the incapacitation, examination, or treatment, or to the period of disability while the individual was receiving professional treatment.
- **Out of hours** – any hours outside of your normal/standard working day.
- **Statutory days** - The leave entitlement of staff in regular appointment includes two statutory days that may be added to the annual leave allowance and are in addition to public holidays (pro-rata for part-time).
- **Working Time Regulations** - This refers to the annual leave provisions within the Working Time Regulations 1998, which allows workers 5.6 weeks paid holiday (inclusive of bank holidays) a year (equivalent to 28 days for a full time worker with pro-rata entitlement for part time workers).

4. ROLES – WHO IS RESPONSIBLE FOR WHAT

4.1 Chief People Officer

- 4.1.1 To ensure the development and implementation of appropriate guidance on the provision and use of annual leave. Responsible for implementing any changes to terms and conditions and legal implications as per the policy.

4.2 Heads of Service / CMG Clinical Directors

- 4.2.1 Are responsible for implementing this policy and ensuring that all relevant staff are aware of the policy and adhere to its requirements.
- 4.2.2 Producing and providing departmental specific protocols on requesting, booking and taking annual leave as may be required, in line with this policy. A local procedure should include: prospective cover arrangements, how to book leave, and the maximum number of doctors that can be on leave at any one time in order to manage a safe and efficient delivery of the service.
- 4.2.3 Nominating a person (or persons) to act as the Clinical Management Group (CMG) Medical Staff leave co-ordinator(s).
- 4.2.4 Ensuring all leave is appropriately recorded and requests are dealt with in a timely way.
- 4.2.5 Providing sufficient opportunities for doctors to be able to take their entire annual leave provision within the current annual leave year.
- 4.2.6 Responsible for identifying leave entitlement and any amendments due to changes in contracted hours, reckonable service, etc.
- 4.2.7 Considering requests for carry over of annual leave fairly and equitably.

4.3 Junior Medical Staff

- 4.3.1 Complying with departmental protocols for requesting, booking and recording annual leave.
- 4.3.2 Ensuring that annual leave is planned and evenly distributed throughout the leave year/placement. Ensuring that accumulation of annual leave is avoided (unless there is prior agreement with the CMG), placing undue pressure on the service.
- 4.3.3 Notifying the leave administrator and line manager as soon as possible where it becomes apparent that it is difficult to take annual leave.
- 4.3.4 Informing the leave administrator if they have NHS reckonable service years that will impact on their annual leave entitlement.
- 4.3.5 Providing a minimum of six weeks' notice when requesting annual leave unless otherwise stated in departmental protocols. However, where possible, flexibility must be shown when requests are made in shorter timescales in line with service needs.
- 4.3.6 Checking the entitlement allocated and informing the leave administrator if the entitlement appears incorrect.

5. DELIVERING/IMPLEMENTING THE POLICY – WHAT TO DO AND HOW TO DO IT

5.1 Paid Annual Leave Entitlement

5.1.1 Annual leave entitlement and calculation is based on full time doctors working a basic 40 hour week. Part time staff are entitled to pro-rata entitlement for all annual leave including statutory leave. The table below summarises the annual leave entitlement by Terms and Conditions under which a doctor is employed:

Grade	Length of service	Total Entitlement (including 2 days statutory leave)
2016 Junior Doctors Contract:	On first appointment to the NHS	27 days
	After five years' completed NHS service	32 days
2002 Junior Doctors Contract:	On first appointment to the NHS	27 days
	ST/CT doctors on their 3rd incremental point on their pay scale	32 days

5.1.2 The Trust will calculate all paid leave entitlement in days regardless of whether the Junior Doctor works full time or part time. Please use the Trust Junior Doctors Annual Leave Calculator.

5.2 Bank Holiday Entitlement

5.2.1 In addition to the annual leave entitlement, employees are entitled to a bank/public holiday allowance.

5.2.2 The eight recognised bank/public holidays are as follows:

- Easter Good Friday
- Easter Monday
- May Day (1st Monday in May)
- Spring Bank Holiday (last Monday in May)
- August Bank Holiday (last Monday in August)
- Christmas Day* (25th December)
- Boxing Day* (26th December)
- New Year's Day* (1st January)

5.2.3 * If these dates fall on a weekend (Sat &/or Sun) the official bank/public holiday days will be the following Monday (and Tuesday in the case of both Christmas day and Boxing day falling at the weekend).

5.2.4 There can be variation on the bank holiday entitlement depending on the number of public holidays that fall within a leave year/period, for example if two Easter Public holidays fall within the same 12 month leave period/year, an entitlement of 10 public holidays will be applicable. Subsequently, public holiday entitlement could be 6 days in the following annual leave year.

5.2.5 Entitlement to public holidays, on joining the Trust, will be based on the number of days in the leave period.

5.3 Pro-rata Entitlements

5.3.1 The annual leave and bank holiday entitlements above are based on full-time (40 hour) contracts. Part-time staff are entitled to the same annual leave and bank holiday entitlement on a pro-rata basis.

5.4 Time off in Lieu of Bank Holidays

5.4.1 A doctor who in the course of their duty is required to be present on site at any time (from 00.01 to 23.59) on a public holiday, will be able to use their entitlement for a day off on another day.

5.4.2 Where a doctor's work 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 normal working/standard day off in lieu of the public holiday.

5.5 Annual Leave Year/Period and Calculating Annual Leave Entitlement

5.5.1 The annual leave year will run from the start of the doctor's appointment. In the event the contract or placement is for less than 12 months, the entitlement will be pro rata to the length of the contract/placement.

5.5.2 Where doctors rotate between specialties as part of their training programme and/or employment, all annual leave for each rotation will be given on a pro rata basis (e.g. an F1 doctor on a 4 month placement will be entitled to 9 days' annual leave in the 4 month leave period).

5.5.3 Where doctors change their contracted hours, this will result in a recalculation of their annual leave entitlement based on completed months on the new and the old contracted hours to give the full year entitlement effective from the date of change in circumstance.

5.5.4 Doctors whose entitlement changes part way through a leave year by reaching a long service threshold will have their annual leave entitlement calculated based on the number of completed months worked in the leave period prior to reaching the long service threshold together with the number of months worked in the leave period after reaching the threshold to give a total annual leave entitlement for the leave period. Where entitlements change part way through a month the employee should not be significantly disadvantaged. In this respect the entitlement for the month where the change occurs will be based on how much of the month is left after the date of change. If more days of the month fall after the date of gaining the higher entitlement, that month will be counted as a full month at the higher entitlement. Conversely if more days of the month fall before the change of entitlement, that month will be counted as a full month at the lower rate of entitlement.

5.6 Cover Arrangements

5.6.1 Junior doctors should ensure that all out of hours duty arrangements are swapped with colleagues and recorded in line with the departmental booking leave arrangements.

5.7 Requesting Annual Leave

5.7.1 All leave must be applied for using the approved system in place in the CMG at the time.

5.7.2 It is encouraged to give the maximum amount of notice possible when booking leave to enable forward planning of clinical commitments. A minimum of six weeks' notice must be given for all classes of leave, where any cancellations of clinical commitments are necessary. Leave with a shorter period will not be unreasonably refused where the agreed service/cover requirements are met.

5.7.3 Requests for annual leave should be made as soon as possible, and within the first three quarters of the placement/leave year. It is the responsibility of the leave applicant to ensure that the process of submission has been fully completed.

5.7.4 Normally no more than 2 weeks leave may be taken at one time. Requests for more than this must be discussed with the Lead consultant and JDAs and will only be approved if there is adequate Service cover.

- 5.7.5 The service will accommodate advance booking of leave requested for significant life changing events
- 5.7.6 CMG administrative staff will be instructed not to cancel any fixed clinical commitments with less than six weeks' notice without instructions from the CMG Clinical Director or designated representative.
- 5.7.7 If, in exceptional circumstances, leave needs to be booked at less than six weeks' notice, permission must be sought from the relevant CMG Clinical Director or designated representative. Provided there is a reasonable and acceptable explanation as to why a shorter notice period had to be given, the CMG will not unreasonably refuse such requests.
- 5.7.8 Annual leave should be balanced across the working week (taking equal amount of clinical and non-clinical time off duty) where possible to ensure that no one clinical commitment is affected more than others.

5.8 Carry Over of Leave

- 5.8.1 It is good practice for the well-being of the doctor and the needs of service that annual leave is spread throughout the placement/leave year. Therefore doctors are normally expected to use their full annual leave entitlement within their leave year.
- 5.8.2 In exceptional circumstances or service demands have prevented a doctor from taking the full leave allowance, up to five days of leave per annum (pro rata for contracts of placements of less than 12 months' duration or for doctors who work less than full time), may be carried forward to the next post or placement within UHL. Requests for carry over of leave must be discussed, agreed and documented with the line manager of the CMG where the leave is being carried over to. Where a carry over of leave request cannot be agreed to, the reason(s) must be communicated and documented.
- 5.8.3 Where doctors have been prevented from taking their leave due to service demands, the amount to be carried forward should not normally exceed one week of basic contracted hours (or 1/52 of annualised hours). There may be other exceptional circumstances where the carry over of more than 1/52 annualised hours/1 weeks leave may be considered by the head of service on an individual basis.
- 5.8.4 Exceptional circumstances will not include where an individual has failed to place requests for annual leave during the first three quarters of the leave period and is then unable to take the remaining balance of annual leave in the final quarter.

5.9 Sickness occurring during Annual Leave or Bank Holidays

- 5.9.1 If a doctor falls sick whilst on annual leave, then subject to the sickness notification and certification provisions of the Trust, the period covered will be treated as sick leave, allowing the employee to take the annual leave another time.
- 5.9.2 Doctors will not be entitled to an additional day of annual leave if they are sick on a bank holiday that they would otherwise have been required to work as part of their basic week.
- 5.9.3 Where doctors are unable to take their full annual leave entitlement during the leave year because of long term sickness absence, they will automatically carry over into the following leave year any untaken statutory leave.
- 5.9.4 'Statutory leave' is the minimum amount of paid leave under the Working Time Regulations and currently stands at 5.6 weeks (28 days/224 hours) for a full time worker, inclusive of public (and extra-statutory) holidays (pro-rata for part time staff).

5.9.5 The amount of unused leave to be automatically carried over would be the balance of the 'statutory leave' entitlement less any annual leave already taken during the leave year.

5.9.6 Doctors on long term sickness may choose to take a period of contractual annual leave at any time in line with the Sickness Absence Management Policy and Procedure.

5.10 Accrual of Annual Leave

5.10.1 Annual leave will continue to be accrued during maternity leave, adoption leave, and paternity leave, whether paid or unpaid (including bank holidays).

5.10.2 Where the amount of accrued annual leave would exceed normal carry over provisions (one working week), the doctor on maternity leave should take annual leave immediately before and/or after the formal (paid and unpaid) maternity leave period. If there are significant business reasons why the person on maternity leave is unable to do so, any accrued annual leave should be taken within 12 months of returning to work. All arrangements for accrued annual leave should be agreed between the manager and their member of staff.

6. EDUCATION AND TRAINING FOR THIS POLICY

6.1 Training relating to the implementation of this policy is provided to the relevant clinical and administrative groups as necessary.

7. PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Lead(s) for acting on recommendations	Change in practice and lessons to be shared
Doctors' annual leave is managed effectively.	CMG management	Attendance management	On-going	CMG management/Clinical Directors	CMG management/Clinical Directors	CMG management/Clinical Directors
The policy and procedure is followed and applied appropriately	LNC	Reviews of application in practice	On-going	LNC	LNC	Through consultation and negotiation via the LNC

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and to treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

NHS Terms and conditions of services for doctors in training (2016) version 5

NHS terms and conditions of service for doctors in training (2002)

Part-time Workers Regulations 2002

Sickness Absence Management Policy (B29/2006)

UHL Special Leave Policy – Trust reference A18/2002

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 Once this Policy has been approved by the UHL P&G Committee, Trust Administration will allocate the appropriate Trust Reference number for version control purposes.
- 10.2 The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system.
- 10.3 This Policy will be reviewed every three years and it is the responsibility of the Trust Lead for this Policy to commission the review.

Appendix 1.

Please copy and paste the below link into a google chrome web browser to use the annual leave entitlement calculator:

<http://insitetogether.xuhl-tr.nhs.uk/corp/migrated/Documents/Human%20Resources/Junior%20Doctors%20Annual%20Leave%20Bank%20Holiday%20Entitlement%20Calculator.xlsx>

