
Study Leave Policy for Senior Medical and Dental Staff

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Purpose of Agreement	The policy defines the circumstances, eligibility and application process for senior medical staff and dental staff in relation to CPD study leave
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Amendments Summary with key updates

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date
1		7	2.7 – clarification of the limit of annual study leave budget for doctors (consultants and SAS) and Dentists covered by this Policy, clarification of study budget approval for CDs 2.7 – clarification regarding ‘professional leave’ 2.9 – clarification regarding study leave allocation for doctors and dentists providing services to Solent LTFT (less than full time)	Nov 2020
2		10	3.6, 3.7 process of applying for study leave and claiming fees	Nov 2020
Version 4		7	2.9 – clarification of study leave time allowance for doctors and dentists	March 2021

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
3	PSG November 2018	DR SUYOG DHAKRAS	Delay in finalising policy – to be brought back to Policy Steering Group	
	PSG April 2020	DR SUYOG DHAKRAS	Amendments sent to author, incorporate all requests	
	DDNC August 2020	DR SUYOG DHAKRAS	Presented to DDNC	Clarification of Dentists’ annual study budget allowance
	DDNC November 2020	DR SUYOG DHAKRAS	Presented to DDNC	Clarification re SAS medics, ‘professional leave’, dentists & doctors providing services LTFT
4	March 2021	DR SUYOG DHAKRAS	Approved via Chair’s Action	Changes outlined above

SUMMARY OF POLICY

The purpose of this study leave policy is to provide the framework and governance structure, and the process, for the study leave taken by substantive doctors and dentists in each year of service. The policy is ratified by the LNC (Local Negotiating Committee), DDNC (Doctors and Dentists Negotiating Committee), before being approved by the relevant Trust Committees.

Study leave is approved for the purpose of ensuring that all the doctors and dentists fulfil their professional requirements of CPD (continuing professional development) with the aim of providing safe and high quality care to patients, enhancing the experience of persons (and carers) using our services, and fostering a culture of learning and enquiry in the Trust. There is acceptance that the Trust's aim of continuing to provide high quality and safe services to people and their families is underpinned by nurturing an educational and learning environment through all the levels of the Trust. This would also ensure training clinicians of the future.

The policy provides clarity about what constitutes appropriate study leave, information about study leave allowance, study leave budgets, and the process of application for study leave and remuneration of costs.

The study leave applications will be approved initially by the medical (and dental) leads of each service line and then by the Trust L & D Manager. The Director of Medical Education (DME) will have overview of this process. Extraordinary study leave (which exceeds the allocated annual budget) will need approval from the DME and the Chief Medical Officer (in addition to initial approval by the medical/dental lead).

This document complements the policy regarding statutory and mandatory training for all employees of the Trust.

This policy does not cover study leave and study budgets for medical and dental trainees. Study leave for medical and dental trainees is overseen by Health Education Wessex.

Staff are expected to adhere to the processes and procedures detailed within this policy. During times of national or 'Gold command' emergency Solent NHS Trust may seek to suspend elements of this policy in order to appropriately respond to a critical situation and enable staff to continue to work in a way that protects patient and staff safety. In such cases Quality Impact assessments will be completed for process changes being put in place across the organisation. The QIA will require sign off by the Solent NHS Ethics Panel, which is convened at such times, and is chaired by either the Chief Nurse or Chief Medical Officer. Once approved at Ethics panel, these changes will be logged, and the names/numbers of policies affected will be noted in the Trust wide risk associated with emergency situations. This sign off should include a start date for amendments and a review date or step-down date when normal policy and procedures will resume.

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Study Leave Policy for Senior Medical and Dental Staff

1. INTRODUCTION & PURPOSE

1.1 This policy describes the aims, objectives and process for substantive senior medical and dental staff employed by Solent NHS Trust to seek authorisation for study leave and costs relating to CPD fees and related expenses. It links the purpose of study leave to the strategic priorities of the Trust. Training and development of our medical staff will therefore always have as its ultimate goal to ensure that we individually and collectively look to ensure that medical and dental staff fulfil professional requirements of CPD to ensure that the services:

- Deliver the best care
- Support and develop staff
- Continually improve what we do
- Use our resources wisely
- Be future focused

1.2 Continuing medical/ dental education, professional development and professional leave is guided and defined by the following objectives;

- To improve the quality of treatment and service as experienced by users and carers
- To promote a culture of individual and collective learning and development in the Trust
- To foster the values and behaviours of continual personal development incorporating both informal and formal learning opportunities
- Ensure that medical and dental staff members are equipped to educate and train clinicians of the future

1.3 Learning objectives for medical and dental staff are to be identified in a systematic way. These learning needs relevant study courses and study leave will not only link to professional and registration requirements for each doctor and dentist but will also align with service development and organizational priorities.

1.4 Study leave and professional leave is linked to the following strands of professional practice; the individuals Continuing Professional Development Group CPD objectives to their annual appraisal, and to their job planning and professional supervision from the Clinical Lead – i.e. from the CD of the service (if they are a doctor or dentist) or from the lead doctor/ dentist (if the CD is non-medical/ dental practitioner). In the latter instance the view of the CD would still be important in terms of aligning study leave and CPD with service development and organisational priorities. The priorities for an individual's study leave will reflect these foundations of a dentist/doctor's professional readiness for practice. Study leave will be available to ensure that all doctors employed by the Trust can meet the requirements for revalidation.

1.5 There is an expectation that in taking study leave doctors will bring this learning back into the organization and as a matter of routine will undertake teaching activity within Solent NHS Trust and the NHS to maximize and share learning.

- 1.6 It is the aim and requirement of this policy to ensure that study leave resources are used effectively, wisely to provide best value and sustainable impact.

2. SCOPE & DEFINITIONS

- 2.1 This document applies to CPD and study leave policy for all the substantive medical and dental staff members employed by Solent NHS Trust working within the organisation in line with Solent NHS Trust's Equal Opportunities Policy.
- 2.2 The statutory and mandatory training standards of the organisation are fully defined in the relevant policy.

http://intranet.solent.nhs.uk/DocumentCentre/PublishedPolicies/LD02_Induction_and_Essential_Training_Policy.pdf

Medical and dental staff covered by this policy includes those in the following grades:

- Consultants
- Specialty Doctors and Associate Specialists
- Salaried General Practitioners
- General Practitioner with Special Interest (GPSI)
- Salaried Dentists

- 2.3 **Study leave is granted for postgraduate educational purposes when this is approved by the employer. It includes:**

- sponsored study leave - where part or the whole of the study leave is funded from an external source, and the Trust agrees study leave time (subject to being part of the individual's PDP or agreement from CPD peer group)
- additional study leave – when leave is requested beyond the recommended periods, granted at the Clinical Director's discretion and in discussion with the DME & Chief Medical Officer (CMO)

- 2.4 Activities which fall under this policy are those that meet Royal College External CPD requirements such as:

- **study, usually but not exclusively on a course or programme;**
- research and teaching (specifically agreed as part of the PDP or job plan);
- taking examinations ;
- attending educational conferences;
- other CPD approved meetings and activities; and
- self-directed CPD, personally arranged activities or independent study that may be regarded as external CPD. These should be agreed beforehand and include educational visits to experts in centre of excellence; distance learning packages; and approved projects of research.
- Specific training activities in support of a remediation plan

- 2.5 Applications for activities such as attendance at national or regional committee meetings and reading of medical journals, for example, will not be approved. However attendance at

conferences or meetings which are relevant to education or educational activities may be considered.

- 2.6 Overseas study leave, and payment of course/conference fees associated with such leave are not routinely approved, however consideration may be made to applications which demonstrate fees to be equal to or lower than equivalent study within the UK.
- 2.7 CPD allowance for Medics should not exceed £750 per financial year, and £829 for dentists. *The annual indicative training allowance for dentists changes each year based on the RPI is as per national terms and conditions.* This policy will reflect that change annually as advised by the Dental Lead for the DDNC. Only in exceptional circumstances will approval be granted to exceed this figure and will need approval by the Clinical Director (or in discussion with lead doctor or dentist in the service if the CD is not a doctor or dentist) of the service line as a first step and then discussion and agreement from the DME and CMO. Approval for doctors and dentists who are CDs will be by the CMO and in agreement with the Service Operational Manager (to ensure alignment with service development and priorities), and for lead doctors and dentists (where the CD is an MDT professional) after discussion and agreement by the CD.

Professional Leave: Leave of this type is granted by employers in order to release substantive medical and dental staff members for a range of duties which involve them being away from their substantive employment and base. Examples of such work include (this is not an exhaustive list): work for Royal Colleges for the wider benefit of the NHS, specified work on behalf of the GMC, and participating in CQC inspections. However, trusts and substantive doctors and dentists need to minimise the impact on service delivery and delivery of agreed job plans.

These duties may be included in the doctor's/ dentist's job plan if they are predictable and occur regularly. If they are 'ad-hoc' or infrequent or may incur some uncertainty of time required, they may require professional leave to be agreed using the study leave process. In any case, the external duties should form part of the discussion regarding annual job-planning. Further guidance from the BMA: <https://www.bma.org.uk/media/1290/bma-nhs-employers-joint-job-planning-guidance-for-consultants-in-england.pdf>

- 2.8 Types of leave which are not covered by this policy include:

Management project: leave that takes place at the behest of management, i.e. when the dentist/doctor is acting in a management capacity, is not included in the remit of this document.

Statutory and mandatory training: time away from work to undertake corporate training is not within the remit of this policy. The Solent NHS Trust Learning and Development policy, and Induction and Mandatory Training policy applies.

- 2.9 For all substantive medical staff, a maximum period of 30 days, including off duty days falling in the period of the course or meeting is allowed in a period of 3 years. The rationale for counting the off-duty days within the period of leave is only applicable if the individual claims time back in lieu for those days. This means study leave is generally 10 days per year in the 3 years' cycle for medics. For all substantive dental staff, the study leave allowance (according to the Salaried Dental Services Ts &Cs) is 21 days over 3 years. This would also include any professional leave for the dentists. The applicant (medic/ dentist) may carry over a few days from one year to the

next within each 3-year cycle only if agreed by the CD and Operational Service Manager. The applicant is not able to carry over 'unused' study leave funding (i.e. if the applicant has not used up the annual allowance) from one year to the next. They may apply in advance for any study funding with the agreement of the CD and operational manager and in discussion with the DME.

Agreement of study leave should be supported by an individual's PDP which is based upon objectives and CPD needs. If CPD is not reflected in the individual's PDP, then further information on the relevance and appropriateness of the CPD will be required.

Study leave is not pro-rata for part-time doctors/ dentists who work only for this organisation. Thus, it is a general principle that part-time staff members are entitled to the full 10 days per year. To some extent this will depend upon how many Professional Activities (PA) the doctor/ dentist is contracted to undertake, e.g. it would not be practical for a doctor/ dentist only working 3 PAs a month to have 10 days study leave. The final decision will rest operationally with the relevant Clinical Director (see also 2.7 above) and will be based on requirements for ensuring patient safety and quality of service, as well as CPD for appraisal and revalidation requirements. This will be discussed by the dentist/ doctor with the CD and will also be part of discussions at annual appraisal.

If a doctor or dentist works for more than one organisation (NHS or private), it is expected that both organisations will support the study leave entitlement. Consequently, study leave should be negotiated at the annual job plan review.

3. PROCESS/REQUIREMENTS

3.1 The budget holder will be the Chief Medical Officer and the budget manager will be the DME with input from the Associate Director of People and OD.

3.2 Applications must be submitted using the Application for Study Leave form shown at Appendix B

3.3 Study leave applications must:

- be completed in full according to the application process (appendix C) and on electronic application form (appendix B), incomplete applications will be returned.
- Provide succinct evidence addressing the 'Purpose' as above (Section1)
- be supported by reasonable information concerning the content of the course e.g. a preliminary announcement, if a programme is not available at the time of applying;
- conform to this policy guidance, including recommended documentation;
- give full details of sponsorship (if applicable);
- include specific training topics if outside medicine but related to the applicant's role, or future role, e.g. leadership programmes; and
- be supported by CPD approval from the appropriate College(s)/ CPD Peer Group
- be signed off (approved) by the Clinical Lead and Clinical Director.

3.4 Study leave applicants must:

- be expected to feedback to the department/colleagues about the course; and

- ensure that appropriate cover arrangements have been made as the study leave budget is unable to allocate funding for locum cover.
- 3.5 Applications must be received at least six weeks before the leave is required (three months for overseas or over three weeks study leave).
- 3.6 The Medical and Clinical Education Co-ordinator will email the applicant on receipt of fully completed and signed off application form. Applicants are then able to confirm their booking with the CPD event organisers and do one of the following:
- Pay fees in advance and reclaim by sending receipts to the Medical & Clinical Education Coordinator (scanned in an email or via post to address below) - this would be the preferred option
 - Request event organiser to invoice the Trust directly – invoices to be sent or emailed to details below:

Address for invoices or to claim reimbursement:

Michele Wille (Michele.Wille@solent.nhs.uk)

Senior Medical Administrator

Learning & Development Department

Highpoint Venue, Bursledon Road

Southampton SO 19 8BR

(Additional/ alternative email address for use at times of sickness -

LearningandDevelopment@Solent.nhs.uk)

- 3.7 The Learning & Development Department will process all receipted claims and payment will be made to individual directly into salary via payroll. Claims must reach the Learning & Development Department in plenty of time before payroll cut off which is 10th working day of each month. Late claims will be paid into the following month's salary. Any invoices received by Learning & Development directly from organisations will be processed and payment made via Financial Services.
- 3.8 There may be circumstances whereby course fees cannot be paid in advance by the applicant, cases will be considered on an individual basis.
- 3.9 Retrospective applications will not be considered unless exceptional circumstances (decided by Clinical Director in discussion with DME & CMO).
- 3.10 The SAS grade doctors have a separate fund to support relevant enhanced training and professional development opportunities for them.
- 3.11 Where study leave with pay is granted, the practitioner must not undertake any remunerative work in the study leave period.
- 3.12 Appeals: in the event that a doctor's/ dentist's study leave and budget is not approved by the CD, and discussion within the service does not resolve the issue, the doctor/ dentist may appeal to the DME & CMO.

4. ROLES & RESPONSIBILITIES

- 4.1 The **Chief Executive** has ultimate accountability for the strategic and operational management of the organisation, including ensuring that all policies are adhered to.

The **Chief Medical Officer, Operational and Clinical Directors and Clinical Leads** are responsible for ensuring the requirements of this policy are adhered to.

All **senior medical and dental staff** are responsible for adhering to this policy at all times.

The **DME (with help from the Education and Training Coordinator/ Administrator)** is responsible for monitoring the effectiveness of the application process, monitoring CPD applications and related expenses, managing any appeals to the application process and reporting activity to the Chief Medical Officer.

The **Medical and Clinical Education Co-ordinator/L&D dept.** are responsible for:

- managing the CPD applications process,
- recording, tracking and reporting CPD activity and expenditure as per this policy,
- notifying individual applicants of the outcome of their CPD application
- ensuring effective and timely processes in relation to payments and related expenses.
- Reviewing the CPD application process and making recommendations to the Associate Director of Workforce Development including the development of Intrepid management system.

5. TRAINING

- 5.1 Specific training for this policy is not required. However, the Chief Medical Officer and Medical Managers will ensure that all Consultant medical and dental staff are made aware of this policy by the usual dissemination routes. All new medical and dental staff will receive a copy of the policy on appointment

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 6.1 Solent NHS Trust is committed to treating people fairly and equitably regardless of their age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; or sexual orientation.

An equality and human rights impact assessment has been carried out for this policy and no significant issues have been identified (Appendix 1)

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

This policy has been subject to consultation with the Doctors and Dentists Negotiating Committee (DDNC).

This policy will be audited on an annual basis and outcomes made available to the Chief Medical Officer.

8. REVIEW

- 8.1 This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

- 9.1 Learning and Development Policy LD01.

<http://intranet.solent.nhs.uk/DocumentCentre/PublishedPolicies/LD01%20-%20Learning%20and%20Development%20Policy.pdf>

10. GLOSSARY

10.1

CMO	Chief Medical Officer
CPD	Continuing Professional Development
DDNC	Doctors and Dentists Negotiating Committee
DME	Director of Medical Education
PA	Professional Activity
PDP	Personal Development Plan
SAS	Speciality & Associate Speciality

Appendix: A

Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	Medical Directorate	
Title of Change:	Study Leave Policy for Senior Medical and Dental Staff	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	Updating the Medical and Dental Study Leave Policy in line with changes in Ts&Cs	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
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Sex			✓	
Gender reassignment			✓	
Disability			✓	
Age			✓	
Sexual Orientation			✓	
Pregnancy and maternity			✓	
Marriage and civil partnership			✓	
Religion or belief			✓	
Race			✓	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?	Yes	Consultation with the DDNC (Doctors and Dentists Negotiating Committee) – which also includes representation from Trust Board (CMO, People’s Officer, HR); external organisations – BMA
Have you taken into consideration any regulations, professional standards?	Yes	GMC & GDC professional standards

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	N/A		
Who will be responsible for monitoring and regular review of the document / policy?	DME – Director of Medical Education – Solent NHS Trust		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	Dr Suyog Dhakras	Date:	December 2020
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Additional guidance

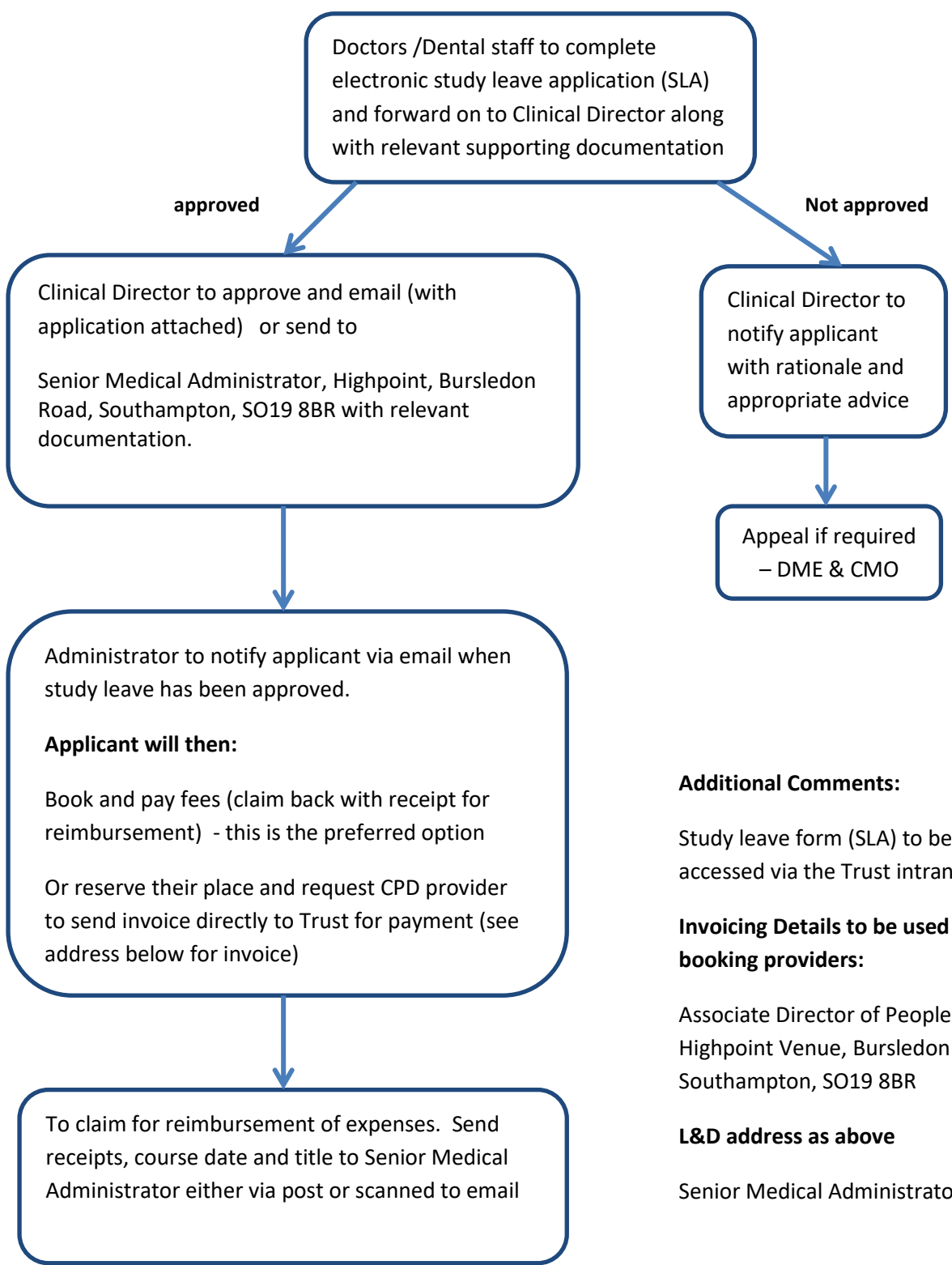
Protected characteristic		Who to Consider	Example issues to consider	Further guidance
1.	Disability	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> • Accessibility • Communication formats (visual & auditory) • Reasonable adjustments. • Vulnerable to harassment and hate crime. 	Further guidance can be sought from: Solent Disability Resource Group
2.	Sex	A man or woman	<ul style="list-style-type: none"> • Caring responsibilities • Domestic Violence • Equal pay • Under (over) representation 	Further guidance can be sought from: Solent HR Team
3	Race	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> • Communication • Language • Cultural traditions • Customs • Harassment and hate crime • "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic 	Further guidance can be sought from: BAME Resource Group
4	Age	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> • Assumptions based on the age range • Capabilities & experience • Access to services technology skills/knowledge 	Further guidance can be sought from: Solent HR Team
5	Gender Reassignment	" The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> • Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use. 	Further guidance can be sought from: Solent LGBT+ Resource Group
6	Sexual Orientation	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> • Lifestyle • Family • Partners • Vulnerable to harassment and hate crime 	Further guidance can be sought from: Solent LGBT+ Resource Group
7	Religion and/or belief	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> • Disrespect and lack of awareness • Religious significance dates/events • Space for worship or reflection 	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8	Marriage	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> • Pensions • Childcare • Flexible working • Adoption leave 	Further guidance can be sought from: Solent HR Team
9	Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> • Employment rights during pregnancy and post pregnancy • Treating a woman unfavourably because she is breastfeeding • Childcare responsibilities • Flexibility 	Further guidance can be sought from: Solent HR team

Appendix B - Medical Study Leave E Application Form

<http://intranet.solent.nhs.uk/TeamCentre>

Appendix C

Medical Study Leave – Application Process (CPD)



Additional Comments:

Study leave form (SLA) to be accessed via the Trust intranet

Invoicing Details to be used when booking providers:

Associate Director of People and OD,
Highpoint Venue, Bursledon Road,
Southampton, SO19 8BR

L&D address as above

Senior Medical Administrator