

STUDY LEAVE FOR GP RESIDENT DOCTORS- THAMES VALLEY AND WESSEX GP SCHOOL NHSWTE

(Please be aware we are expecting national study leave guidance and we will update this policy at that stage.)

Please note we have a responsibility for appropriate use of the limited NHSE resources.

Please ensure you have read the guidance on Page 3.

Resident doctors should always check in advance of booking that they have permission to be reimbursed to avoid disappointment. Resident doctors should arrange study leave time to allow them to attend any training courses.

MANDATORY	
Automatic funding for curriculum requirements GREEN COURSES	
Course	Comments
Regional Teaching	Mandatory attendance, no funding implications
For Wessex –SCA course ST3 (maximum £500) Ideally RCGP accredited (please note no subscriptions will be funded). (In Thames Valley currently the procured SCA course is provided hence no SCA funding unless exceptionally approved by Head of school for those that may have failed SCA exam).	1 per resident doctor for ST3 year
AKT course ST2/3 (maximum £500) (please note no subscriptions will be funded).	1 per resident doctor
BLS training (must cover adults and children)	One attendance per resident doctor in ST1/ST2/ST3 as exceptional case if not offered by trust or GP placement.
Level 3 Safeguarding for adults and children	1 per resident doctor in ST1/2/3 if not available via host employer or local half day release course.

GP Update courses (such as Red Whale, NB Hot topic, etc)* (maximum £250) *Please note annual or monthly subscriptions are not included however, if as part of the course cost subscription package for year included that is acceptable.	1 per year ST1/2/3
IMG/MSRA Support Programmes	Resident doctors will be contacted directly if eligible for the offer. Should be taken in self-directed study time or study leave in discussion with TPD.

Non-Mandatory courses if on PDP and agreed as PDP item with ES:

AMBER COURSES

Please provide screenshot of PDP item with ES approval on e-portfolio

Aspirational Activity

We will also consider applications for ‘aspirational’ activities usually for GP resident doctors. These for example, may be areas resident doctors wish to further specialise in, leadership courses, etc. These will be on a case-by-case basis. The focus will be on curriculum activities, but we will consider other activities in those ST3s that have for example completed all their assessments and exams.

These would also need to be discussed with your educational supervisor, documented in the Eportfolio as a PDP entry, and approved by an ES, TPD and Head of School.

Examples of courses that may be aspirational:

- Dermatology update
- Women’s health/contraception/HRT
- End of life courses
- ENT/Ophthalmology courses
- MSK courses
- Leadership activities
- RCGP conference-if presenting poster/abstract or speaker
- Other conferences including international if relevant to placements or primary care if presenting abstract/poster or speaker. Please note for conference registration/accommodation /travel, this will need to be considered by the HoS/deputy HoS and business managers team based on NHSE and PGMDE guidance for reimbursements.

RED COURSES i.e. will not be approved. (please note these courses will not be approved even if on PDP)

Not exhaustive list but for example below courses:

- Diplomas
- Certificates
- Minor surgery /Joint injections/Implant/IUCD courses
- Dermoscopy
- Aesthetic/Botox/Fillers courses
- Acupuncture

Study leave for GP resident doctors – general principles.

- GP Resident doctors are referred to the national principles for study leave and local processes.
- All courses (excluding mandatory training and half day release course) for which funding is being sought should be on PDP and have ES approval. Funding approval can then be sought through the application process. It is expected that those applying for these courses will have met their core curriculum competencies for their stage of training. Postgraduate Certificate/Diploma/Masters level courses will not normally be approved.
- GP resident doctors may wish to develop an interest in a particular specialty and undertake a limited amount of training to that effect, but they should ensure that this does not hinder their progress or detract from their study of the core GP Curriculum. At all times (with the sole exception of taking an exam or when so advised by a TPD), the regional teaching course provided by the local school should take precedence.
- **Attendance at the school’s regional teaching courses and educational supervision with their GP trainer are mandatory** (ref GMC Promoting Excellence standard R3.12: Doctors in training must be able to take study leave appropriate to their curriculum or training programme, to the maximum time permitted in their terms and conditions of service)
- When in GP placement, resident doctors are expected to do 12 hours of education and 28 clinical hours per working week throughout their attachment. It is acceptable for this to be varied by mutual agreement between the trainer and trainee on condition that:
- The overall balance of educational and clinical time remains 12 hours: 28 hours. (please note attended at regional teaching /VTS/DRC is part of this educational time and is mandatory), please note that this would be pro rata for less than full time resident doctors.
- Professional leave is leave in relation to professional work and can include activity such as job interviews for NHS, attendance at committee meetings, Quality Panels and other similar activities. Time off for these purposes should be accommodated and a doctor should not be required to take annual or study leave. Resident doctors should provide rota coordinators with as much notice as possible to effectively plan the roster. It is recommended that no more than 5 days professional leave should be taken in the academic year given the impact it may have on progression.
- Approval for time off for study leave must be sought and agreed by rota manager (for resident doctors in hospital placements) or Practice Manager within GP training practices with the usual notice period.

Version	Date	Action	Comment	Reviewed by
2	November 2024	-	-	-