



# **Document Control:**

	Norfolk and Norwich University Hospitals.			
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# **Previous Titles for this Document:**

Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

# **Distribution Control**

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

### Consultation

The following were consulted during the development of this document:

Junior Doctors Forum

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- eRostering Project Team
- Medical Workforce Team

# **Monitoring and Review of Procedural Document**

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

# Relationship of this document to other procedural documents

This document is a policy applicable to Junior Doctors Annual Leave. Please refer to local Trust's procedural documents for further guidance, as noted in <u>Section 5</u>.

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#### 1. Introduction

#### 1.1. Rationale

It is in the interest of doctors' health and wellbeing, their continued safety and that of the patients in their care they take their full annual leave entitlement. For NHS doctors and dentist in training, in line with the <u>Terms and Conditions of Service</u> (2016), the work schedule and rota must be designed to facilitate access to the full leave allowance.

Leave required by the <u>Working Time Regulations</u> must be taken in each leave year, subject to Section 3.8 of this policy.

#### 1.2. Objective

The objective of the annual leave policy for doctors employed under the 2016 Terms and Conditions is to:

- provide guidance to managers and these doctors on all aspects of Annual Leave including Bank Holidays.
- provide an equitable approach to annual leave and general public holiday entitlements taking into account the entitlements and arrangements under the NHS Terms and Conditions of Service.

#### 1.3. Scope

This policy covers any doctor employed under the 2016 Terms and Conditions of Service for NHS Doctors and Dentists in Training (England). Consultants, Specialty and Associate Specialist doctors, Agenda for Change, Bank and Agency staff are out of scope of this document.

#### 1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
Life Changing	A life changing event will vary between individuals, for the
Event	purpose of this policy examples include but are not limited to:
	Getting Married, having or adopting a baby, bereavement or
	moving home.

#### 2. Responsibilities

#### 2.1. Doctors

It is the responsibility of all employees to obtain management authorisation via the e-rostering system (or e-mail if off-site or not available in that department) for annual leave before committing themselves to plans.

All requests should be made at the earliest opportunity and in line with the process for applying and approval of doctor's annual leave.

#### 2.2. Managers (Operational and Service Directors)

Managers must commit to making their best effort in enabling junior doctors to take all their allocated leave using maximum flexibility through work rotas for the

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effective running of their Ward/Department, bearing in mind the needs of patients/the service and current staffing levels.

Managers must ensure that all new and existing doctors are aware of the annual leave request procedure and any annual leave rules for their Department. Managers are responsible for the retention of annual leave records, which must be kept up to date including when leave has been authorised.

Where a refusal of leave is necessary, written (e-mail or e-rostering system) feedback will be given to the doctor with the reasons for refusal. Where possible both parties should agree a mutually acceptable compromise. If the doctor remains concerned, they can escalate their concern to their Divisional management team.

#### 3. Policy Principles and Processes to be followed

#### 3.1. Entitlement

Full-time doctors' entitlement is as follows, less than full time (LTFT) doctors will be allocated leave on a pro-rata basis. Bank Holidays are additional to annual leave entitlement and are detailed section 3.5.

- On first appointment to the NHS 27 days
- After 5 years completed continuous NHS service\* 32 days

These entitlements include the two extra-statutory days previously available under the 2002 Terms and Conditions of Service (TCS).

Where a doctor's contract or placement is less than 12 months, the leave entitlement is pro rata to the length of the contract or placement.

The annual leave year runs from the start date of the doctor's appointment.

\*Continuous NHS Service as outlined in the TCS.

### 3.2. Applying for and approval of annual leave

The doctor must submit their annual leave request via the e-rostering system, or via email to the appropriate Rota Coordinator. Should the placement be off-site the doctor must contact the placement organisation via e-mail for the leave request to then be recorded on the electronic rostering system.

All leave requests should be <u>submitted at the earliest opportunity</u> with the aim of this being at least 6 weeks prior to the leave date. Should a doctor wish to request leave before rotas are issued, and are not currently employees of the hospital, they can submit an e-mail request directly to the rota coordinator (details can be provided via the Medical Workforce Team (Medical.Staffing@nnuh.nhs.uk).

Consideration for induction processes needs to be given when requesting annual leave either when commencing with a new employer, or at the start of a new

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rotation. This may require the doctor to be flexible with their request or the service/department offering an individual induction if the request is being considered as a 'Life Changing Event'.

If a leave request is made outside the minimum 6 weeks'notice period, the Service Director/Operational Manager must fairly consider this request while paying due regard to service requirements.

Leave requests must be processed and returned within 14 days of receipt. However, it is recognised that an annual leave request can be made before the rotas have been created; in this case every effort should be made to authorise the leave within the given time period, unless there is a valid reason not to do so, including but not limited to the maximum number of staff have already booked time off.

Should a rota not be created, those coordinating rotas are not required to respond within 14 days of receipt, but should try to respond to leave requests wherever possible no later than 8 weeks before start/rotation date (not including life changing events).

Leave may not be taken from shifts attracting an enhanced rate of pay or an allowance in line with the TCS 2016. Where a doctor wishes to take leave when rostered for such a shift/duty, the doctor in the first instance must try to arrange a swap the shift or duty with another doctor on the same rota. It is the junior doctor's responsibility to arrange such swaps and the employer is not obliged to approve the leave request unless it is for a life-changing event. The swap form on the e-rostering system must be completed by the doctors arranging the swap and approved by those managing the rota of their department. Otherwise, an Email confirming the swaps should be sent to the rota coordinator. All shift swaps requests must be responded to within 7 days.

Annual leave must be allowed to be taken for life-changing events (as stated in the TCS 2016), provided the doctor has given the required amount of notice.

In the case where the life changing leave request does not fit within the rota's pattern to allow leave on shifts not attracting enhanced rates of pay, those who manage the rotas are responsible for organising swaps for those shifts to allow this leave to take place. This will change the model rota for that doctor, to allow for these shifts to be worked elsewhere within the rota. These adjustments will still fit within the T&C's rota parameters. These proposed changes to the model rota must be agreed by the doctor, and if no agreement can be made an adjustment in pay can be calculated for the model rota affected.

The doctor, Service Director/Operational Manager and Rota Coordinator will work together to ensure that leave is appropriately planned and taken across the year or the placement, in order to ensure access to training, maintenance of service delivery and protect the safety of both doctors and patients.

In exceptional circumstances where agreement on planning leave is not possible despite the best reasonable efforts of the doctor and the employer, some leave

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may need to be allocated to ensure that all doctors are able to take their full leave entitlement while maintaining coverage of services. However, leave should not be fixed into a working pattern for any reason without agreement from the doctor in line with the 2016 TCS.

#### 3.3. Withdrawal of Agreement to Take Annual Leave

In exceptional circumstances it is possible for approved annual leave to be cancelled to enable attendance at work, providing sufficient notice is provided. This decision can only be taken by the Chief of Division in conjunction with Human Resources and would require evidence showing that all other reasonable steps had been taken to obtain cover by other means.

#### 3.4. Department/Speciality Annual Leave Rules

Each area of service may agree and publish Departmental Annual Leave Rules on Trust Docs to provide openness and transparency between departments that will need to be agreed prior to implementation via Medical and Dental Pay and Conditions of Service (PACS) these may include:

- Any specified period when leave cannot be taken
- How many members of staff within the same Department/Ward may take holiday at the same time
- The arrangements to be followed where there are conflicting holiday requirements, and the priority that will be used. Each Division must determine a fair and equitable method of allocation that does not discriminate against any employee
- How many weeks holiday can be taken consecutively
- Any split of leave that is required to be taken between summer and winter leave.
- Exceptional approval arrangements for annual leave at short notice
- The need for employees to reserve annual leave for any shut down of services either during the summer or Christmas periods
   Departmental annual leave rules should be drawn up in consultation with staff representatives via the Junior Doctors Forum.

These guidelines must not step outside this policy and must be agreed with doctors on a maximum of a yearly basis.

### 3.5. Bank Holidays

Bank holiday entitlement is additional to annual leave entitlement for both full time and Less Than Full Time (LTFT) doctors. A doctor working LTFT is entitled to pro rata bank holidays, rounded up to the nearest half day.

Where possible Doctors will take any Bank holiday that is recognised by the NHS or the Trust as they occur. When this is not possible, they will be renumerated as detailed below in section 3.6.

Currently the standard Bank holidays as recognised in England are:

- New Year's Day,
- Easter Friday (Good Friday),

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- Easter Monday,
- two May bank holidays,
- August bank holiday,
- Christmas Day
- Boxing Day.

Bank holiday entitlement will be added to annual leave entitlement for doctors and any bank holidays shall be taken from the combined allowance for annual leave and bank holidays.

#### 3.6. Time off in Lieu for Bank Holidays

A doctor in the course of their duty who is required to be present in the hospital (or other place of work) at any time from 00.01 to 23.59 on a bank holiday, or is rostered to be on call, will be entitled to a standard working day off in lieu.

Where a doctor's working pattern includes scheduled rest days (or zero hours' days) and this falls on a bank holiday, the doctor will be entitled to a day off in lieu of the bank holiday.

Where a bank holiday falls on a Saturday or Sunday, the bank holiday is designated as falling on the first working weekday thereafter. In these circumstances, no day in lieu then arises for the work undertaken on the bank holiday (Christmas Day, Boxing Day or New Year's Day) falling on the Saturday or Sunday.

#### 3.7. **Absence Cover**

Doctors will be expected to be flexible and to cooperate with reasonable requests to cover for their colleague' absences where the doctor is competent to do so, and where it is safe and practicable for the doctor to do so. Where doctors carry out work in accordance with this paragraph and such work takes place outside of their contracted hours, they will receive either an equivalent off-duty period in lieu or appropriate remuneration at bank rates.

#### 3.8. **Sickness during Annual Leave**

A doctor who becomes ill whilst on annual leave shall immediately notify their Service Director or Operational Manager on the first day of sickness or as soon as feasibly possible. Annual Leave will be suspended and replaced by sick leave from the date of notification, subject to provision of a medical certificate as per the NHS Conditions of Service.

Doctors unable to take their statutory annual leave (i.e., the leave to which they are entitled under the Working time Regulations) in any leave year due to sickness absence, will be permitted to carry over that leave as outlined below in section 3.12.

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#### 3.9. Unpaid Leave

Applications for unpaid leave must be made to a Service Director or Operational Manager and will be managed in line with the <u>Special Leave</u> <u>Guidelines</u>.

#### 3.10. Interview Leave

Job interviews for NHS, public health, academic, NHS commissioned community health and hospice appointments should be considered professional leave, with time off accommodated appropriately and a doctor should not be required to take annual or study leave to attend such interviews. Doctors should provide rota coordinators with as much notice as possible to effectively plan the roster.

#### 3.11. Professional Work

Professional work is work done outside of the requirements of the curriculum and/or the employer/host organisation for professional bodies such as Royal Colleges, Faculties or the GMC/GDC. Non- trade union activities undertaken by for a recognised trade union, for example work on an Ethics Committee would count as professional work, however, trade union duties and activities are covered through recognition agreements.

#### 3.12. Carry Over of Leave

It is important that doctors take their annual leave within their training year or rotation due to both their own well-being as well as for patient safety

Where annual leave is unable to be taken, then with agreement of the management team and the doctor, up to five days annual leave can be carried over to the following placement or next year's annual leave entitlement if they are continuing to work within the same organisation.

Should a doctor wish to carry over 5 days for a life changing event or training event which will take longer than the annual leave in the future rotation, this must be agreed with the manager of the future rotation to ensure that the directorate can be safely staffed. This also should not affect the doctors training within this department and should also be agreed with the Training Programme director if over 3 weeks in total (within a 4-month rotation).

Where a carry forward of leave is approved, this will be updated on the electronic rostering system within the carry forward leave field to clearly identify that the leave has been carried forward.

If a doctor is unable to take all of their annual leave due to long term sickness absence prior to the end of the leave year they may carry forward any outstanding annual leave (this must be used before the end of the next annual leave year period).

In order to help manage the annual leave allowance whilst off long term sick, employees may request to take a period of annual leave if they wish. This may be particularly useful where the employee is on half or no pay.

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Carrying forward of annual leave is not an entitlement and must be with the agreement of the relevant departments' managers. All efforts should be made by both the doctor and the department to ensure the doctor takes regular annual leave. Any leave unable to be taken or carried over as per section 3.12 will only be paid as detailed in 3.13.

### 3.13. Payment of Leave

Payment for annual leave is only applicable where a Doctor is leaving the trust and where annual leave is unable to be taken due to circumstances outside the doctor's control. With the agreement of the management team and the doctor up to five days annual leave can be paid at the rate defined in the TCS 2016 i.e., pay is calculated on the basis of what the doctor would have received had the doctor been at work, based on the doctor's work schedule and on any reference period that may be applied locally.

#### 4. Training & Competencies

Training will be provided to doctors and appropriate staff in specialities/departments that may be using the eRoster system to manage annual leave. This training will be facilitated through a variety of formats from user guides to organised training sessions.

#### 5. Related Documents

This policy should be read in conjunction with the following documents:

- Maternity Leave Policy (<u>Trust Docs ID: 13296</u>)
- Special Leave Guidelines (Trust Docs ID: 679)
- Adoption Leave Policy (<u>Trust Docs ID: 686</u>)
- Attendance Policy (<u>Trust Docs ID: 12666</u>)
- New Parent Support (Paternity) Leave Policy (<u>Trust Docs ID: 687</u>)
- Shared Parental Leave Policy (Trust Docs ID: 11073)

#### 6. References

www.nhsemployers.org. (n.d.). *Doctors and dentists in training terms and conditions (England) 2016* | *NHS Employers*. [online] Available at: <a href="https://www.nhsemployers.org/publications/doctors-and-dentists-training-terms-and-conditions-england-2016">https://www.nhsemployers.org/publications/doctors-and-dentists-training-terms-and-conditions-england-2016</a>.

GOV.UK (1998). *The Working Time Regulations 1998*. [online] Legislation.gov.uk. Available at: <a href="https://www.legislation.gov.uk/uksi/1998/1833/contents/made">https://www.legislation.gov.uk/uksi/1998/1833/contents/made</a>.

Scavone, F. (n.d.). *Doctors' annual leave entitlements*. [online] The British Medical Association is the trade union and professional body for doctors in the UK. Available at: <a href="https://www.bma.org.uk/pay-and-contracts/leave/annual-leave-entitlement/doctors-annual-leave-entitlements">https://www.bma.org.uk/pay-and-contracts/leave/annual-leave-entitlements</a>.

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#### 7. Monitoring Compliance

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
Monitor compliance with this policy and processed are followed	Spot checks	Human Resources team	Divisions	Quarterly

The audit results are to be discussed at relevant governance meetings within each division to review the results and recommendations for further action. Then sent to Medical and Dental Governance Committee who will ensure that the actions and recommendations are suitable and sufficient.

#### 8. Appendices

There are no appendices for this document.

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#### 9. Equality Impact Assessment (EIA)

Type of function or policy New
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Division	Corporate	Department	Medical Directors Office
Name of person	Rees Millbourne	Date	08/12/2022
completing form	Rees Milibourne	Date	00/12/2022

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	None		N/A	No
Pregnancy & Maternity	None		N/A	No
Disability	None		N/A	No
Religion and beliefs	None		N/A	No
Sex	None		N/A	No
Gender reassignment	None		N/A	No
Sexual Orientation	None		N/A	No
Age	None		N/A	No
Marriage & Civil Partnership	None		N/A	No
EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?				

- A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty
- Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service
- The policy or function/service is assessed to be of high significance

# IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.

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