

Study Leave During GP Specialty Training

(please familiarise yourself with the contents of this document)

Study leave is intended to support RDs (Resident Doctors) with release from timetabled work and financial support for courses to meet training aims and objectives, regardless of the current post a RD is in. The aim is for equity of access for all RDs, in accordance with Enhancing Junior Doctors Lives. **There is also a requirement to be mindful of how public money is being spent.**

There is no budgetary limit, however, study leave should be used to meet core curriculum requirements. All study leave requests are to be discussed and agreed with your supervisors. Leave to meet core curriculum requirements will take priority over discretionary non-curriculum requirements.

All time required for study leave should be booked even if no funding is required so the time taken can be logged by the study leave team. Informal agreements with hosts is not enough.

We advise RDs NOT to book and pay for a course or package unless it has been approved as they risk having to fund the course themselves.

A total of 30 days study leave is allowed per calendar year for RDs working full time. LTFT the days are pro rata. The study leave year runs from August to August. (Please see principles on page 7 below for how this is broken down)

The day of an exam is taken as study leave. This **MUST** be applied for as a separate request to any private study. Study leave to take other specialty exams such as MRCP will not be approved as it is not GP. (study leave for the day of AKT, SCA, DRCOG and DCH will be approved)

Timing of study leave

RDs are advised to plan their study leave at their 6-monthly educational supervisor review meetings. Ideally an outline plan should be produced for the whole 3-year programme with each course planned at least 6 months in advance. This will facilitate release from service commitment and ensure best use of the allowance.

GP RDs who are progressing satisfactorily 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.

Private study

The school does not encourage the taking of significant private study leave in preparation for exams, as the most effective way to prepare for both exams is to see patients.

Although RDs may request a total of 7-days private study out of the 30 days allowance in any training year (ST1,2 and 3) a maximum of 3 days will usually be approved for each exam

sitting. Any more than this would be exceptional and would need to have approval from the ES and TPD.

Private study leave, to prepare for an exam sitting should be requested only after an exam is booked. This will still allow appropriate notice to be given.

Study Leave Application Process

The application process is electronic and is described on the Northwest Deanery website at <https://www.nwpgmd.nhs.uk/gpst-study-leave>

It is essential that study leave applications are submitted for approval **BEFORE** the date of the commencement of the course. Any course approval sought less than 6 weeks before the commencement of the course needs a comment on Accent to justify. Retrospective approval for courses may be declined. Accent platform must be used for all claims for study leave time and money.

When submitting a course for approval all associated costs that will be claimed for must be included eg travel, accommodation etc.

We advise RDs not to book and pay for a course or package unless it has been approved as they risk having to fund the course themselves.

The TPD (training programme director) is responsible for approval and can decline a funding request if they feel that a more cost-effective alternative exists. Some courses are approved on a case-by-case basis and will be directed to the Head of School for approval.

RDs are advised that it will normally be necessary to pay for the course in advance and in most cases, fees will not be reimbursed until after completion of the course/event.

Approved expenses including course fees **MUST** be claimed within 3 months of starting the course or within 3 months of signing up to the fourteen fish, red whale or NB medical package.

Proof of payment receipt is required for any claims rather than a certificate of completion. This is because course costs differ in some circumstances depending on when the course is booked.

Travel, subsistence and accommodation.

RDs should endeavour to book a course as close to their locality as possible or delivered virtually if this is an option. Approval may be declined if there is availability on the same course closer to a RD's base. If accommodation or mileage is to be claimed, it **MUST** be estimated on the form before passing for authorisation.

Reasonable travel costs will be reimbursed. Travel is calculated from a RD's base hospital/practice/home to the course/conference/exam venue to a maximum of a 2nd class (standard) return rail fare. Mileage can be claimed (30 pence per mile) if appropriate public transport is not available. Air travel will only be funded where it is cheaper to travel by air than by train, or where it is not possible to travel by rail.

Overnight accommodation will only be reimbursed if the course is a significant distance from the home address (usually more than 50 miles) and if the course spans two or more days.

Within London the overnight rate should not exceed £150 per night (bed & breakfast). Outside London the overnight rate should not exceed £120 per night (bed and breakfast). These figures are decided nationally.

Subsistence (currently £20 per 24-hour period) will be paid if there is an overnight stay involved in the course, which is not included within the overall course fees.

Travel costs incurred to attend examinations may be applied for, but the cost of the examination itself will not be funded.

Use of study leave

Attendance at a course will be funded once only in training except for BLS and GP update. During GP training study leave should be used at 3 levels, in order of importance.

Level I (Applications for these will be automatically approved.)

Course	Comments
Structured Education Programme	Mandatory release, no funding implications (this would be counted in the 30 days per year allowance, pro rata for less than full time RDs). This does NOT need to be applied for through study leave.
RCGP-provided or accredited SCA course	One course attendance per RD to a maximum of £500.
RCGP-provided or accredited AKT course	One course attendance per RD to a maximum of £500.
Fourteen fish AKT and SCA support	Funding for whole package per RD, including annual renewal.
BLS training	Annual face to face basic life support training certified to meet MRCGP requirements, which includes AED and paediatric BLS. This would usually require half a day's leave only.
Child Safeguarding Adult Safeguarding	One course attendance per RD per 3 calendar years. These should be completed as soon as possible after starting GPST training. There are online options for both training requirements which are free.
GP Update Day e.g., NB Medical or Red Whale	One per training year. (ST1,2,3)

Due to limited availability will also consider requests for SCA and AKT courses that are not provided or accredited by the RCGP. These must be discussed with the TPD, and the Study Leave team before booking and will be limited to courses costing less than £500. There are several courses available of varying quality, and we expect RDs to do some due diligence when deciding which course to attend. Subscriptions associated with an exam course will not be funded.

Only one preparation course for each exam will be approved per RD during training. RDs are reminded that there is extensive exam support provided at deanery level which is free to access.

Level II

These are courses which will supplement areas of the GP curriculum that may be difficult to access, examples would include Child Health Surveillance and other RCGP accredited courses.

Level III

These are courses which are additional and aspirational courses that go beyond the GP curriculum e.g., to aid the development of further interests. Approval for these courses would be restricted to RDs making satisfactory progress and usually approaching the end of training. Where the course is practical such as dermoscopy, minor surgery or joint injections you may be asked if you can put those skills into practice on completion of the course. These skills will degrade quickly if not and the course may be declined.

Examples of level 3 courses

2 day courses

RCGP Annual conference or another multi-day GP conference – 1 attendance in training unless presenting a poster or workshop etc.

2 day clinically focused courses – 1 attendance in training only. In addition, child health surveillance will be funded once during training as will minor surgery which is level 3 and usually funded in late ST2 or ST3.

If a further multi-day clinically facing course is requested approval will be sought from Head of School. Time rather than funding is likely to be granted. We recommend RDs book one day courses where possible.

1 day courses

Equality and Diversity LGBTQIA+ health Health Equity focused courses. Contraception/sexual health courses Minor Surgery Joint injections Dermatology (1 course in training) Dermoscopy (beginner level only) Leadership	Information Governance Courses related to adult learning or reflective learning Medical Education
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12-month subscriptions to a course provider

Some providers are now offering a 12-month subscription, which gives access to all their courses. Examples are NB plus and Red Whale Unlimited. If multiple courses are attended this provides value for money although does restrict the delegate to 1 provider.

It has been decided that a subscription like this can be approved once only in training provided the following requirements are satisfied.

- 1) There needs to be at least 6 calendar months left in training. (Where there is less than 6 calendar months left in training the subscription will be declined)
- 2) RDs should attend at least 2 courses within the subscription period which should cover the value of the package.

Watching prerecorded course content

For courses which are delivered live for example as part of the above packages study leave should be booked in the usual way.

For RDs in hospital posts time may be requested through study leave allowance for prerecorded course viewing but must be requested well in advance and must be agreed with the rota master.

For RDs in ITP posts or GP posts there is ample time for these pre-recorded courses to be viewed within the RDs contractual education time within the working week. No additional time will be given.

Study leave during extended training (Outcome 3)

RDs still have annual study leave allowance during a period of extension. Attendance at extension support and exam support (SOX) is deducted from this. Approval will be prioritised for courses relevant to the educational needs of the RD as detailed on the ARCP form.

What is not funded?

Subscriptions are funded for the Fourteen Fish AKT and SCA Plus Packages. Renewal of Fourteen Fish packages should be made prior to the renewal date as the fee is lower. If renewal is not actioned in a timely fashion the lower fee will be reimbursed.

ALS, ILS and APLS are not a requirement for core GP training and as such will not be funded through study leave. If a RD rotates through a department that requires them to possess ALS or APLS certificate, it is the Host Trust's responsibility to ensure that the RD is appropriately trained and if necessary, provide them with access to the relevant course and fund it.

BLS is a core annual requirement and must include adult and paediatric CPR and AED. A face-to-face course will be funded if it is not delivered on the teaching programme or in the RD's practice.

Examination fees, e-portfolio costs, affiliation to or membership of the RCGP or registration for certification will not be reimbursed. Occasionally an organisation will offer courses at a cheaper cost if the RD is a member. Study leave will not fund the cost of membership even if the course is cheaper this way.

Study leave funding cannot be used after the completion of training and any courses must be completed prior to CCT.

There is a process of appeal via Head of GP School and Primary Care Dean.

Reflection on learning

A reflective log entry after the course detailing what has been learned and how this could be applied to practice should be completed following course attendance.

Further study

Other study leave applications to fund a Postgraduate Certificate, Diploma or Master's during General Practice training will not normally be funded. General practice training is for a relatively short period of time and for that reason time should be spent achieving capabilities for completion of training.

For RDs who have been selected as suitable for additional training opportunities such as Academic Clinical Fellowship they may receive financial support towards academic study such as a master's degree, usually funded as part of their post.

Each case will be reviewed individually and will depend on RDs making good progress and support from their academic and educational supervisors. The funding may be a contribution rather than total costs of academic study.

RDs with a strong interest in a particular area are encouraged to consider applying for a post-CCT Fellowship as a way of pursuing this once training is completed.

Study leave during a period of absence

RDs absent from work for the following reasons are not usually eligible for study leave.

- Parental or adoption leave
- Sick leave
- Compassionate, paid or unpaid leave.
- Any other paid or unpaid leave, for example jury service.

Study Leave for RDs on OOP is only available for those who are OOPT. There must be evidence linking the application to the specific curriculum requirement for the RD's individual specialty.

RDs returning from parental, sick leave or OOP can apply for appropriate courses through SRTT.

<https://www.nwpgmd.nhs.uk/supported-return-to-training>

Principles of study leave and contracted educational sessions in GP posts for GP specialty training

There have been differing interpretations of study leave guidance and its application for RDs working in practice. This has partly arisen because the standard junior doctor contract includes 12 hours of education time but does not specify how this links with study leave. The principles below are intended to clarify the situation.

These principles should also be applied to hospital and other posts with the difference that RDs in hospital posts should have 4 hours educational time within their contract, 2 hours of which is private study. (This is an expectation rather than contractual)

- Attendance at the local structured teaching programme is part of contractual arrangements and therefore mandatory. Failure to attend without notifying the programme director and without good reason is therefore a disciplinary matter.
- The local GP structured teaching programme is part of study leave and therefore time is deducted from each RD's allowance (15 days annually for full time RDs). For RDs in extension (Outcome 3), attendance at extension support sessions is deducted from the 30 days.
- Supervisors are expected to timetable the structured teaching programme as part of the 12 hours education time within the 2016 Junior Doctor Contract, so RDs do not miss clinical time to attend.
- Other study leave granted is for the time a course takes place. RDs are therefore released from whatever activity was programmed for that time, whether it is clinical or educational.
- RDs should therefore not normally be expected to swap timetabled sessions to allow release for approved study leave within the 30 days annual allowance.
- Once the 30 days annual allowance has been taken, further study leave is at the discretion of the trainer and so RDs may be asked to do the course in their own time or to forgo personal study time.
- Full time RDs in GP posts are expected to do 12 hours of education and 28 clinical hours per working week throughout their attachment WTE. It is acceptable for this to be varied by mutual agreement between the trainer and RD on condition that
 - Study leave processes are followed and the above principles applied
 - The overall balance of educational and clinical time remains 12 hours: 28 hours
- The activities that normally take place within the contracted educational sessions include formal tutorials and assessments, recording learning on the e-portfolio, personal study, practice or other education meetings, peer group learning and educationally useful projects such as quality improvement, leadership, and prescribing activity. In some circumstances there may be some clinical activity with significant educational input e.g. observed surgeries with feedback from the trainer

Time in Lieu

Time in lieu will be allowed if the course is undertaken outside of the normal working week, for example a course undertaken on a Saturday would allow the GPST to take time in lieu from their educational time in the working week. For LTFT RDs, attending a course on a non-working day would result in time in lieu being taken from educational time in their normal working times.

Study Leave for Overseas Events

Study leave is not generally available for overseas events for GP RDs. Study leave required for such events would require Head of School approval. Please refer to national guidance below for further information.

<https://www.nwpgmd.nhs.uk/sites/default/files/NHSE%20SL%20Overarching%20Document%20Updated%202024.pdf>

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August 2025.