

The new study leave and study budget system for trainees: what you need to know

ABSTRACT

On 1 April 2018, Health Education England launched a new system for study leave and study budget, following concerns raised by trainees regarding the previous system. This article reviews these significant changes, highlighting the reasons provided for this overhaul, and looks ahead to the potential benefits and drawbacks of this new system.

On 1 April 2018, Health Education England launched a new system for study leave and study budgets in response to concerns raised by trainees and developed with input from the British Medical Association and NHS Employers (Health Education England, 2018a).

The previous system provided a certain amount of funding for each trainee, based primarily on his/her grade and whether he/she was full or less than full time, which was paid directly to trusts. Concerns were voiced about the inequality of this system, with some trainees having to pay significant sums for mandatory courses out of their own pocket, while others found themselves with money left over, or rather remaining with the trust. Furthermore, there was little way to account for these additional funds, which were provided to support the training and professional development of trainees, raising the possibility that they could be used for alternative causes such as plugging gaps in trust budgets.

New system

With the new system, the tariff previously paid from Health Education England to NHS trusts has been removed, in place of which Health Education England will manage the study leave budget through its local offices. It is claimed that the new process will make accessing study leave and study budgets a 'more transparent, equitable and

streamlined process for all trainees' (Health Education England, 2018a).

There are now three levels for study leave requests (Health Education England, 2018b):

- The first, 'curriculum mandated', are activities required for annual review of competence progression and progression to the next stage of training, such as advanced life support
- Second, 'curriculum optional', are activities which are highly recommended by training programme directors or heads of school
- All other activities will fall into the third category, titled 'aspirational'.

Mandatory courses are taken from curriculum documents produced by the relevant speciality Royal College or Faculty, while curriculum optional courses are agreed locally by relevant training programme directors and heads of school. For example, foundation year 2 (FY2) trainees in the London and South East Health Education England area have no optional activities on the list, and advanced life support is the only mandatory course (Health Education England, 2018c). Thus, any other course that London and South East FY2s would like to attend would fall under the aspirational category and would require approval at three levels (educational supervisor, training programme director, and heads of school) as well as final sign-off at trust level from the director of medical education (Health Education England, 2018d).

Health Education England provides no timescale for this approval process, advising only that the trainee should 'discuss early with [their] educational supervisor/training programme director' and requiring that

approval is obtained with at least 6 weeks' notice (Health Education England, 2018a).

Funding for non-mandatory training

Importantly, there is a guarantee that NHS trusts will cover the costs of all mandatory training. However, the availability of funding for non-mandatory activities is far less clear. There is no longer a protected budget for each trainee, rather Health Education England states that there will be 'provision of discretionary funding for individualised training opportunities' (Health Education England, 2018a). There is no detail given about the grounds on which these requests will be judged, apart from the fact that these activities should 'add value to the individual and support the wider system' and ensuring the trainee has achieved the 'required curriculum and competencies to support [their] application' (Health Education England, 2018a).

The recommendations for the London and South East area specify that approval for aspirational activities is dependent on sufficient funds being available (Health Education England, 2018e). This certainly raises the concern that study leave applications for so-called aspirational activities may be rejected despite clear evidence that they would enhance the trainee's professional development, even if they would have easily fallen within the budget of the old system.

Conclusions

It is important that trainees are aware of these changes and familiarize themselves with the list of courses which fall into the curriculum mandated, curriculum optional and aspirational categories for their area of Health Education England.

There is certainly much to commend in these changes, with the guarantee of funding for mandatory training a welcome relief for all trainees. In addition, trainees in specialties with a particularly expensive course requirement which would have exceeded their budget in previous years may also gain some benefit.

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“ It would be advisable for trainees to ensure that they start this process as early as possible, to ensure they comply with the 6-week notice period for approval. ”

With a new system coming into place some teething problems may be expected, with the possibility that applications for so-called aspirational activities may be protracted. It would be advisable for trainees to ensure that they start this process as early as possible, to ensure they comply with the 6-week notice period for approval.

Finally, the lack of any protected budget may result in valuable and well-considered requests for study leave being rejected if the activity is not included on the mandatory or optional lists locally. This is something that will need to be closely monitored over the coming months as the new system is established, if we are to ensure the new system lives up to the billing of being more transparent, equitable and streamlined. **BJHM**

Conflict of interest: none.

Health Education England. 2018a. Accessing centralised study budgets – a guide for trainees. (accessed 16 April 2018) <https://lasepgmdesupport.hee.nhs.uk/helpdesk/attachments/7010435032>

Health Education England. 2018b. 3 Levels of Study Leave Requests. (accessed 16 April 2018) <https://lasepgmdesupport.hee.nhs.uk/helpdesk/attachments/7011389125> Last accessed 16 April 2018.

Health Education England. 2018c. Foundation courses. (accessed 16 April 2018) <https://lasepgmdesupport.hee.nhs.uk/helpdesk/attachments/7011390168>

Health Education England. 2018d. LASE Study Leave Process 2018. (accessed 16 April 2018) <https://lasepgmdesupport.hee.nhs.uk/helpdesk/attachments/7011389176>

Health Education England. 2018e. Recommendations for Study Leave for London and Kent Surrey & Sussex. (accessed 16 April 2018) <https://lasepgmdesupport.hee.nhs.uk/helpdesk/attachments/7011398433>

KEY POINTS

- There is a new system in place for study leave and study budgets, overseen by Health Education England.
- There are significant changes to the process of applying for study leave, with courses grouped into ‘curriculum mandatory’, ‘curriculum optional’ and ‘aspirational’ lists, requiring varying levels of sign-off.
- Importantly, the new system includes a guarantee that NHS trusts will cover the costs of mandatory training.
- However, there is now no protected budget for each trainee and funding for non-mandatory activities is discretionary and subject to funds being available, raising the concern that valuable, well-considered requests for study leave and budget may be rejected on the grounds of cost, even if this would have easily fallen within the protected budget of the old system.

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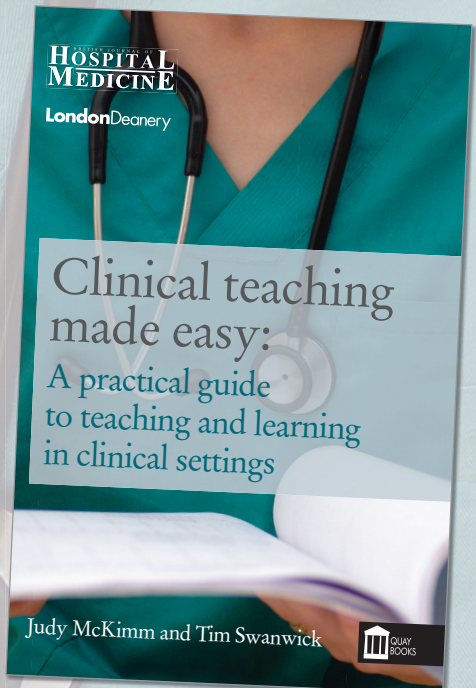
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