

Health Education England

Study Leave Report

2020/2021

The HEE Study Leave Group continues to meet regularly with wide representation including from the BMA Junior Doctors Committee. A full membership list can be found in Appendix A.

As at the end of 2020/21, North East & Yorkshire Regional Postgraduate Dean Professor Namita Kumar's tenure as Chair of the HEE Study Leave group came to an end. As from April 2021, the group is chaired by Midlands Regional Postgraduate Dean Professor Russell Smith.

Discussions are ongoing, via the Study Leave Group, to determine how to ensure HEE's approach does not put unsustainable financial pressure on the budget however it has been agreed that there will be no change in the HEE study budget policy whilst this review is ongoing and particularly taking into account the profound effect COVID-19 has had on the accessibility and provision of study events and education. Therefore, the current HEE approach to Study Leave remains unchanged until April 2022 at the earliest.

The Study Leave Group in 2020/21 devised and published a new national approach to Study Leave Appeals.

All HEE Study Leave documents can be found via the website: <https://www.hee.nhs.uk/our-work/doctors-training/study-budget-reforms>

Local Postgraduate Deans continue to be responsible for ensuring Study Leave principles are followed.

COVID 19

The pandemic had a huge impact on the ability to fulfil training needs as opposed to service commitments alone, which continued to be a major focus for the NHS throughout 2020/21.

At the start of the outbreak, Study Leave COVID-19 FAQs were published and continue to be regularly updated; available at: <https://www.hee.nhs.uk/coronavirus-covid-19/coronavirus-covid-19-information-trainees/frequently-asked-questions>

Given the inevitable impact of COVID-19 on Study Leave, all parties were asked to be flexible during and after this difficult time. If trainees were unable to obtain a refund for Study Leave activity not able to be attended due to the pandemic, it was confirmed that HEE would honour the claim.

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Whilst social distancing and restricted face to face activity were in place, it was confirmed that Study Leave could be taken to attend on-line courses. The longer-term impact of COVID-19 may see some courses stay as remotely delivered and HEE's Study Leave processes will enable application for what may be a range of possibilities for trainees. As with any Study Leave application, sign-off at a local and individualised level remains essential.

It is important to stress that HEE is committed to ensure that the highest standards for training are maintained to ensure we equip our doctors of the future with the skills needed.

Total Spend Summary – 2020/21

Table 1: 2020/21 Financial Year Summary

2020/21 Financial Year: HEE Study Leave Spend Summary			
HEE Region	Budget	Total Spend	Under/Overspend (i.e. figures with a minus indicates an overspend)
North East & Yorkshire	5,316,981	5,336,805	-19,824
North West	4,361,772	3,897,611	464,161
Midlands	5,518,907	5,419,505	99,402
East of England	3,005,253	2,858,169	147,084
London	6,652,182	6,546,685	105,496
South West	2,571,099	2,573,495	-2,396
South East	4,826,460	4,975,969	-149,509
Totals	32,252,654	31,608,238	644,415

The 2020/21 financial year proved to be challenging given the ongoing pandemic and resulting volatility. HEE-wide resulted in an overall underspend of £644,415.

A paper outlining principles for managing underspend was agreed via HEE Deans (Appendix B) which served to ensure that all study leave spend would be used in the support of training.

Funding totals in Table 1 relate only to Study budgets top sliced from tariff funding. General Practice, Public Health and Dental trainees have additional funds reported separately. There is an ongoing process to look to align this reporting which the HEE Study Leave group will be working on in 2021/22.

A difficulty continues to be that the current study budget allocation arises from the total number of medical training posts with tariff attached and does not include the medical training posts directly funded by trusts, which number approximately 20% of the total.

Future Work

The HEE Study Leave Group continues to meet regularly and benefits from the collaborative working between the BMA JDC, NHS Employers as well as teams within HEE.

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A key piece of work for 2021/22 and beyond will be the development of plans to provide a more effective means for collecting and reporting on Study Leave activity and data. This will link to HEE's national Trainee Information System (TIS).

Financial considerations remain a key area of work for us throughout 2021, to prepare for both the financial and training year of 2022. The group continues to be committed to reviewing the policy and ensuring that no doctor in training is treated unfairly and receives what is needed.

Summary

The HEE Study Leave Group continues to be a lively and effective group where open and honest discussion occurs.

The delivery of the principles continues, despite significant challenges.

Study Leave, as part of general COVID recovery for Postgraduate Medical and Dental Training, are key current and on-going pieces of work.

Work continues to develop a solution for more effectively recording Study Leave data across HEE as linked with the Trainee Information System. It is hoped progress in this key area will be seen in 2021/22.

Report Date – July 2021

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Appendix A

HEE Dean's Study Leave Working Group

Terms of Reference

Purpose of the group

1. To consider the detailed issues of operationalising HEE's new approach to study leave for Postgraduate doctors and dentists in training across England.
2. The committee is accountable to HEE Deans.

Key Objectives

1. To ensure consistency across England in relation to individual specialty approaches to study leave.
2. To allow flexibility where appropriate
3. To share best practice across specialties and regions
4. To ensure that available budget is used for the required process
5. To ensure that there is adequate financial management of the budget allocated to the Study leave process
6. To determine the strategic direction of the allocation of central funding for study leave
7. To determine future Trainee Information System delivery for Study Leave

Key Stakeholders:

- Lead Deans
- Heads of Schools
- Royal Colleges
- AoMRC
- Doctors in training
- Directors of Medical Education

Membership

- Chair (Postgraduate dean)
- Deputy Chair (confirmed by Chair but from a different local office)
- Lead business manager
- Representation from each of the 7 regions
- National Director's of Education and Quality office (DEQ)
- HEE Dean's Programme manager
- Finance
- British Medical Association Junior Doctors Committee (BMA)
- General Practice

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- Foundation
- Dental
- Trainee Information System (TIS)
- Medical Education Reform Programme (MERP)
- Academy of Medical Royal Colleges (AoMRC)
- National Association of Clinical Tutors UK (NACT)

Meetings and Procedures

- Meetings or teleconferences to be arranged at least quarterly.
- Actions to be produced as a result
- The committee may invite other members as needed
- Members unable to attend may send a deputy

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Appendix B

Principles of 20/21 Study Leave underspend (Agreed at HEE Deans, October 2020)

Introduction

As part of HEE's programme 'Enhancing Junior Doctors Working Lives' a new approach to study leave was agreed. There was a move away from a 'notional individual annual allocation' of study leave funding that varied across each local office. The new system supported the delivery of all trainees' curriculum on approved training programmes, including all trust-funded training posts.

The link to the approach can be found here:

<https://www.hee.nhs.uk/our-work/doctors-training/study-budget-reforms>

The principles for guiding study leave remain the same regardless of budget line/source.

COVID 19 and Plans for 20/21

The current study leave guidance requests flexibility from all parties. This is being applied variably in local offices.

At August HEEDs we agreed to support online courses and honouring course reimbursements that had been approved in the 2019/20 training year but there had been delay in delivery of the courses and HEEDs further agreed to develop principles to manage any underspend.

Financial Position

Nationally colleagues are predicting a **£8.1m underspend** against the 20/21 budget of £32m. We have currently spent £5.6m (17% of the budget). This compares with 44% spent at the same time last year.

Proposed Principles

National

As many doctors and dentists in training as possible should benefit from the investment

As many specialties and areas should benefit from the investment

Doctors and dentists in training who are at risk of not meeting their required curriculum outcomes, and at risk of extension of training should be prioritised.

Spend across local office, regional and national boundaries to support the above.

Proposed areas of spend

- Support organisations to use Microsoft TEAMS as needed for the short term only and to mitigate against COVID 19. To be decided on an individual organisation level by the local Postgraduate Dean
- Support development of TIS module nationally for HEE

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- Support Training in the Independent sector
- Support for shielding doctors and dentists

Regional/Local

Due to varying infrastructure and access to training facilities, not all regions and doctors in training in all regions have the same needs. Postgraduate deans and their teams are monitoring ARCPs and training extensions due to COVID 19 and are therefore best placed to invest appropriately.

- Decisions will be made by the local Postgraduate Dean dependent on availability of local infrastructure and delays in CCT based on local ARCP outcomes
- As many doctors in training in as much of the region as possible should benefit from the investment
- Simulation and other Equipment
HEE Deans should support these requirements through partner organisations and should also include resource for ongoing maintenance and evaluation of usage. The asset will need to go on the partner organisation's asset register eg endoscopy academies, wet and dry cataract labs. These payments could go via the LDA where they are in place.

- If there is further underspend then the previous GMC/NETS and other survey results should be used to address region wide concerns in training to support system wide improvement to training.

Ideally HEE needs to be as flexible as possible in this area as a result of COVID 19 to enable PGDs and their teams to minimise extension to training costs, and delay CCT holders as a major workforce supply issue for the NHS.

Capital Spend

Internal arrangements and classification are set out below.

This issue was discussed at the Study Leave Finance Meeting in October 2020. It was advised that HEE could not directly purchase assets regarded as capital but could ask other organisations to manage such required spend.

Calum Pallister, HEE Director of Finance, has confirmed that HEE has a negligible capital budget so trusts would need to make the purchases through capital and then hold the assets. HEE cannot own the asset but can support the purchase and maintenance of simulation and other equipment as required to meet training needs.

Capital Expenditure Briefing for Budget Holders

This briefing is to remind all budget holders of what constitutes capital expenditure.

Any expenditure to acquire Non-Current Assets is classed as capital. These assets can be tangible (building, plant, equipment), intangible (IT software, patents, trademarks, and copyrights) or investments.

These assets need to satisfy the following requirements:

- delivers future economic benefit (i.e. adds value)
- has a life of more than one year, in most cases several years

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- the initial cost, including VAT, delivery, and associated commissioning costs, is at least £5,000

In some circumstances assets, even though they are individually not in excess of £5,000, may be grouped together, e.g. the initial equipping of a building, an IT infrastructure project, and treated as capital expenditure and entered on the asset register.

To qualify as a group, the assets must meet all of the following criteria:

- Functionally interdependent (e.g. a computer network)
- Acquired at same date and likely to be disposed of at about the same date
- Under single managerial control
- Each component asset of the group must cost £250 or more

Capital items **cannot** be purchased through allocated revenue budgets, there is a specific annual capital allocation.

If you are unsure on whether potential expenditure can be classified as capital, **please contact a member of the Financial Systems team.**

If your potential spend is identified as capital the Financial Systems team will advise on the process to follow to obtain approval for this expenditure.

October 2020