

Junior Doctors – Postgraduate Study Leave

Purpose

To update employers on the principles and process for the proposed removal of study leave funding from the postgraduate clinical placement fee and introduction of a new study leave payment mechanism managed by local HEE teams.

Background

The “Working Group for Improving Junior Doctors’ Working Lives” [hereafter referred to as the working group] arose from a need to review and address issues raised by junior doctors as part of their recent contract negotiations.

Through this forum, it was highlighted to HEE that variable access to study leave is an issue that is causing frustration amongst many of the junior doctors. The working group proposed the implementation of a consistent process to support junior doctors in accessing the education support required to meet their curriculum objectives.

At present the funding for study leave is included in the tariff placement fee paid to NHS trusts. The group highlighted a number of potential issues with this mechanism, including the frequency of the rotations, which means that the approval of funding is not happening equitably. In some cases junior doctors are reporting inconsistencies in access to this budget and variations in the amounts being approved based on a pro-rata calculation. The group also highlighted the potential for abuse of the system, with trainees able to submit claims to two different employers within a year due to the lack of any oversight.

Proposal

To ensure that all junior doctors are treated fairly and are able to access the funding they require at an appropriate point in their training, it is proposed that an agreed amount of funding for study leave be removed from tariff and managed centrally by HEE.

To avoid local pooling arrangements and potentially different rates per trainee, it is proposed that the budget is created by the Department of Health as part of the annual tariff setting process. HEE will then distribute the money previously included in tariff to local areas, creating Post Graduate Study budgets.

It is anticipated that the removal of the funding for study leave will be cost neutral for Trusts, who will lose the income, but also the responsibility to fund study costs for post-graduate trainees.

Principles

By retaining this resource centrally HEE will be able to ensure transparency and consistency in funding. The monitoring of study leave will also ensure that an appropriate approval is received for training courses and that they are relevant to the trainee’s individual curriculum requirements. The working group thinks there will be additional benefits and quality improvements from managing this resource centrally, including:

- Equitable access to courses and educational activity deemed necessary by respective heads of school.

- Better information on how study leave and courses are utilised.
- Ensuring that education resources, where appropriate, are used to maximise the potential for multi-professional learning, supporting the wider workforce and maximising local flexibility.
- Potential to achieve economies of scale through organising training for a larger number of trainees both within and across specialty schools.

HEE and its local offices will take fiscal responsibility for the study budget, ensuring that the allocation is appropriate and aligned to trainee requirement. Whilst mitigating actions would be undertaken to avoid underspend, HEE would act with transparency to demonstrate to trainees and employers how these funds would be reallocated to benefit trainee progression.

Practicalities

How is the funding level established?

To protect funding to support curriculum requirements, HEE will agree a sum per established tariff-funded training post in England. This figure has been calculated from the known current spend per FTE trainee across the HEE local offices (as per the attached table). HEE will share this recommendation with the Department of Health as the recommended deduction from the national tariff to allocate to a centralised study budget fund.

HEE will make this centralised study budget available to trainees in both HEE-funded and trust-funded training posts. Whilst this is a nominal amount per trainee per year the focus will move from an annual amount to be spent to what training is appropriate to the Trainee's progress within their chosen specialty throughout their training.

This results in a recommendation that £734 is removed per HEE Commissioned post, which then provides an average of £612 per training post when the volume of trust funded posts is included.

How do applications and payments work in practice?

Under the proposed system, only the approval of activities to be funded by the study budget would be transferred to HEE. Trainees would continue to apply for study leave through existing unchanged local mechanisms, with employers continuing to have authority over scheduling study leave and responsibility for reimbursing the trainee via payroll. Thereafter, the trust would collate expenditure through a monitoring tool (e.g. as in Appendix 2) and seek reimbursement from the local HEE office on as appropriate on a regular basis.

The flowcharts in Appendix 1 detail how this works in practice, with links to documents currently used in Yorkshire and the Humber. The documents themselves may be amended to suit local requirements and operational processes in place within the HEE Local Office and employing organisations; however the following principles should remain consistent across HEE:

- Pooling curriculum delivery funding at HEE Local Office level to ensure value for money of educational resources;
- Prospectively approving applications via an educational assessment of the application against the individual trainee's requirements to meet the curriculum (noting that these may differ for individual trainees);

- Payment to Trusts (or GP trainees in practices or other trainees who are employed by an organisation which is not an NHS Trust) to be made retrospectively based on actual claims made to them by trainees;
- Payments to be made to Trusts via the Learning and Development Agreement (junior doctors employed by Trusts) or directly by the HEE Local Office to individuals via the Shared Business Services (SBS) payment system (for GP trainees employed by individual practices).

Proposed timeline

February 2017	HEE to produce guidance for the DH on the average study-budget expenditure per HEE funded trainee post, to inform tariff guidance
28 th February 2017	Liaison with HEE Business Managers agree and hand over the new process and identify and allocate staffing resources
March 2017	DH scheduled to release 17/18 tariff guidance
March – April 2017	HEE to liaise with Medical Royal Colleges and faculties to develop guidance on what constitutes valuable educational activities that should be covered by the study budget
February – August 2017	Further promotional activities with: <ul style="list-style-type: none"> • Trainees • Directors of Medical Education (NACT) • Trusts
July 2017	Communications with employers to confirm that the administrative processes are in place for HEE to assume management of the study budget, and explaining the new process
August 2017	New process in place for August rotations.

Calculation of amount to remove from tariff:

	A	B	C	D (=B-C)	E (=D x A)	F (=E/B)
Local office	Amount	Training posts	of which Trust funded	HEE Commissioned	Estimated funding	Amount per post
North West	£805	5590	745	4,845	£3,900,225	£698
North East	£650	1415	236	1,179	£766,350	£542
Yorkshire & Humber	£950	1121	217	904	£858,800	£766
West Midlands	£824	4432	893	3,539	£2,916,136	£658
East of England	£600	4021	698	3,323	£1,993,800	£496
East Midlands	£600	3098	547	2,551	£1,530,600	£494
FY1	£300	495	0	495	£148,500	£300
FY2	£400	495	35	460	£184,000	£372
ST	£700	2027	126	1,901	£1,330,700	£656
London	£850	9954	1711	8,243	£7,006,550	£704
KSS	£860	2748	619	2,129	£1,830,940	£666
Thames Valley	£600	1770	429	1,341	£804,600	£455
Wessex	£600	3450	261	3,189	£1,913,400	£555
South West	£576	1502	495	1,007	£580,032	£386
Total		42,118	7,012	35,106	£25,764,633	£612
Per training post: Weighted average		£734	average	£665	Median	£600
Per post: Weighted average		£612	average	£545	Median	£534

Frequently Asked Questions

Q1: What impact will the proposed approach have on trusts' administrative function?

A1: Under the proposed changes, only the educational approval decision would move to HEE. Trusts would therefore continue to provide administrative management of study leave claims and payments.

Q2: Under the new system, could junior doctors be released from service as a cohort for centrally arranged training days, impacting adversely on service delivery?

A2: No. Placement providers retain the decision as to whether trainees may be released for study leave.

Q3: Will the proposals result in a loss of income to trusts for supporting trainees?

A3: The study budget is not an allocation to trusts, but is provided for individual trainees' study leave arrangements. On this basis, HEE will not remove more money from trusts' training budget than is currently being spent on study leave.

Q4: Under the current local decision-making process, clinical tutors assess junior doctors' educational needs. What are the benefits of centralising this process and how will this address the discontentment felt by trainees?

A4: It is difficult for individual clinical tutors to adopt a consistent approach to the needs of trainees across a wide range of specialties, whilst understanding their individual needs.

The BMA JDC has reported that trainee discontentment is, in part, due to this inconsistency, with the feeling that they are subject to a "postcode lottery". The new process will adhere to agreed educational principles, based on advice from the medical Royal Colleges, on specialty faculty's understanding of individual trainee requirements, and on input from trainees themselves.

Q5: Could standardisation of study budget arrangements constitute a "move to the average", with some trainees receiving less financial support for their study arrangements?

A4: The complaint under the current system is that some trainees are not receiving the same financial or time allowance for their study leave requirements. Under the proposed approach, HEE would have an overview of the variations between schools, across a programme and between trainees and deliver equity of access to achieve training outcomes across the country.

Q5: How will a centralised approach to managing the study budget encourage flexibility?

A6: One of our primary intentions is to promote flexibility. Under the proposals, funds would be released according to need, at the relevant point in the curriculum. This would extend across the entirety of the training programme, allowing for funds to be released according to individual requirements. If trainees discovered attractive courses, with outcomes that could not be achieved locally or at a lower cost elsewhere, they would be able to ask their TPD to release funds.

The proposed approach also has the potential to create greater opportunity for HEE to develop in-house training in different regions, at a lower cost than centralised training.

Q7: Would juniors have access to local courses, or just national events with the greater associated travel costs?

A7: The new approach has the potential to stimulate local innovation. Quality training can be developed and provided locally with pooled funds and economies of scale, resulting in lower travel expenditure and more money invested directly in educational outcomes.

Q8: Could there be a risk of standardising training to deliver the outcomes set by the Head of School, rather than the individual trainees' own interests?

A8: No. The educational decision is based on an understanding of the trainee's individual requirements and the specialty curriculum. Conversations are taking place between the medical Royal Colleges, faculties and trainee representatives, including the BMA, to develop principles regarding the educational activities that should be funded through the study budget.

Q9: Under the proposals, would the study budget fund mandatory training requirements alone or could surplus funds be utilised for further "enriching" activities?

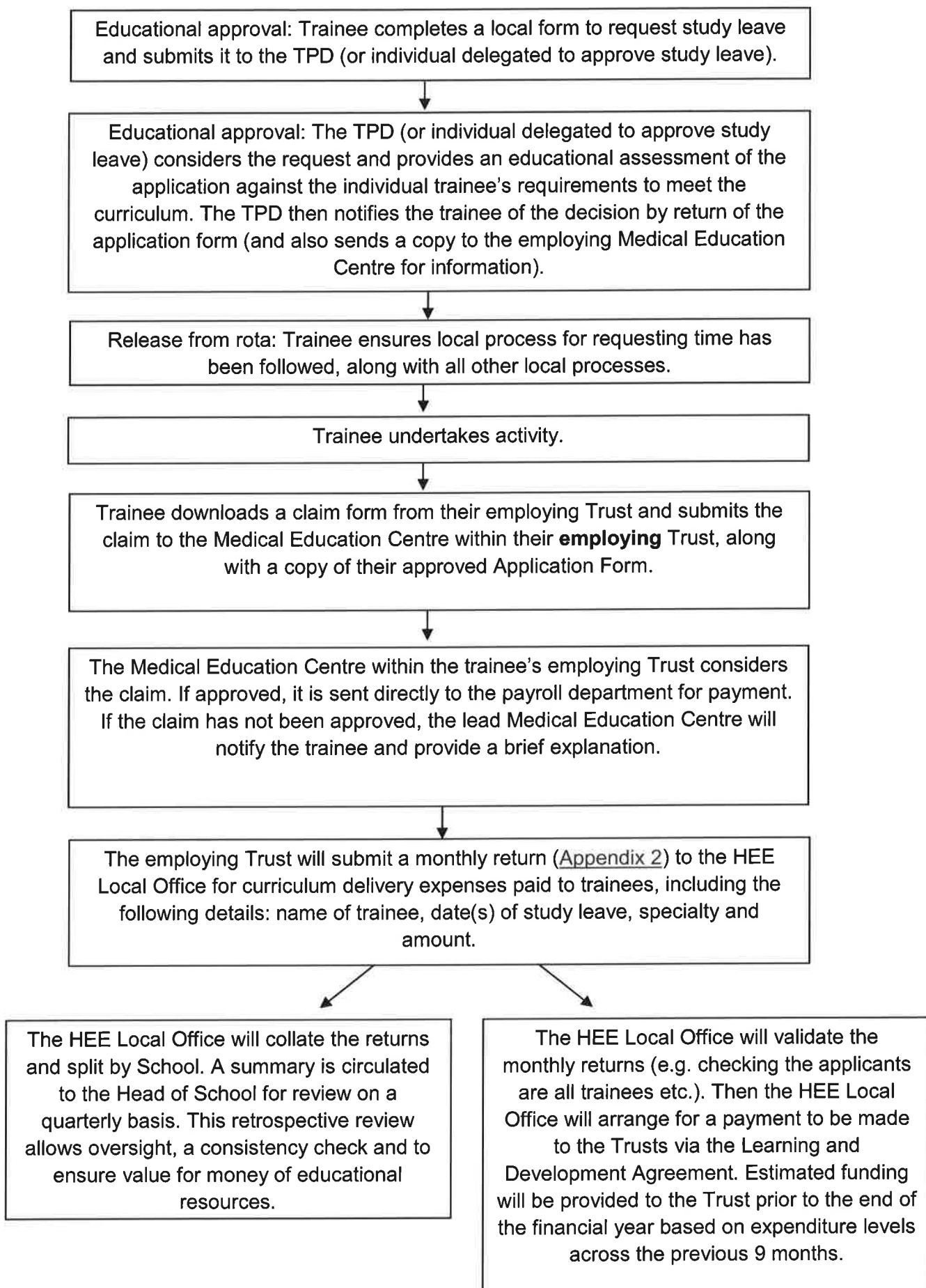
A9: One consistent model will be required, and HEE is consulting the medical Royal Colleges, specialty faculties and trainees to develop and agree on the criteria for determining what educational activities should be funded through the study budget. Defining mandatory, as opposed to aspirational, educational activities will pose part of this challenge.

These conversations will start with the acknowledgement that individual educational requirements differ, and that some trainees will require more support than others. The overriding principle will be that trainees are individually supported to meet their curriculum requirements, rather than having a fixed annual amount per individual.

Q10: Do the study budget proposals extend to GP trainees, or just those working in secondary care?

A10: At this stage, the proposal is primarily focused on secondary care trainees, and particularly on funding providers to support study leave as part of the tariff.

Appendix 1: Curriculum Delivery Applications Process for foundation and specialty trainees employed by a Trust (including lead unit arrangements where these exist)



Appendix 2: Trust study leave monitoring spreadsheet for monthly submissions to HEE Local Office - example



Appendix 3 Trust
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