

Focus on...

# CAREER FLEXIBILITY



- **Careers Guidance**
- **Less than full time (LTFT) training**
- **Out of Programmes (OOPs)**
  - **OOPC - Career break**
  - **OOPE - Experience**
    - **Teaching**
    - **Leadership and Management**
    - **Volunteering**
    - **Fellowship**
    - **Chief Registrar**
  - **OOPR - Research**
    - **PhDs**
  - **OOPT - Training**
  - **OOPP - Pause**
  - **AUC - Acting up as Consultant**
- **Interprogramme & Interdeanery Transfer (IPT & IDT)**
- **Other leave types:**
  - **Short term unpaid leave**
  - **Employment break**

*Thank you to Flossie Carpenter, Rowa Taha and Sean Scattergood for their input.*

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## **Careers Guidance**

- **Careers Advice:**
  - If you would like careers advice, your AES should be your first port of call. Failing that, our TPD is happy to chat careers advice through with trainees (contact him via email).

- To help with careers planning Postgraduate Medical Education have developed a career planning service. The team provide a range of services to enable medical students and doctors to proactively plan their careers. During your time with us you can access information, advice and guidance in the following ways:
    - 1:1 confidential career guidance meetings
    - Careers events that focus on specific specialties
    - Career planning workshops
    - Mock interview sessions
    - E-advice
    - Access services here:  
<https://www.severndeanery.nhs.uk/about-us/career-planning-support/>
  - All about taking time out:
    - This BMJ article nicely summarises your options if you would like to consider time out of training: <https://www.bmj.com/content/337/bmj.a1555>
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## Less Than Full Time Training

The comprehensive Severn LTFT policy is here: [Less Than Full Time Working Policy 2022 - Severn PGME](#)

Below is further practical hints and tips regarding:

- **Applying**
- **Rota and Pay**
- **Career**
- **Support**
- **Discounts**


### Applying


















- You can apply for LTFT training for any “well-founded” reason (see policy).
- You need to think about this well in advance as applications must be completed 16 weeks in advance.
- As a trainee, the minimum you can work is 60%, which sessions or days of the week you work will be up to you to negotiate with your trainer depending upon both your respective timetables.
- Getting approval from the deanery is the easy part.
  - Applications must also have the support of the doctor's Training Programme Director
- You then need to inform the trust where you will be working.

- You can start by discussing it with the consultant(s) you'll be working for. Especially if you are flexible on which days you work, you can base this around what works best with their job plan.
- Then inform your rota coordinator and HR - Your on calls and AL should also be calculated pro rata based on your percentage LTFT.
- To adjust your CCT date on ISCP you will need to forward an email from the deanery (Susan House) to ISCP helpdesk. It is not compulsory to extend training.
  - To check your CCT date on ISCP:Dashboard -> training information.

## Pay

- Apply to join the LTFT Trainees Forum facebook group (<https://www.facebook.com/groups/852147548274259>) to access to these great documents:

 LTFT Trainees Forum
 + Invite
Search

FILE NAME	TYPE	LAST MODIFIED
 22 12 12 RCoA AoA LTFT Contracts Rostering & Pay The Basics & Beyond.pdf	PDF	27 January 2023 at 15:39 by Jonathan Fenwick
 NHS Employers - Equitable pay for flexible medical training.pdf	PDF	18 October 2022 at 11:52 by Jonathan Fenwick
 LTFT-allowance-calculator-8.xlsx	Spreadsheet	18 October 2022 at 11:49 by Jonathan Fenwick
 Are you being paid correctly.pdf	PDF	18 October 2022 at 11:46 by Jonathan Fenwick
 JF 2016 Pay Checker.xlsx	Spreadsheet	23 September 2022 at 18:37 by Jonathan Fenwick
 2022 05 27 LTFT Rostering Making Your Rota Work For You.pdf	PDF	28 May 2022 at 14:06 by Jonathan Fenwick
 LTFT Leave 2022 01 27.pdf	PDF	31 January 2022 at 18:41 by Jonathan Fenwick
 ROTA.docx	Document	11 December 2021 at 12:17 by Zainab Alam
 LTFT Banding Flowchart.docx	Document	2 December 2021 at 15:37 by Louise Johnson
 Understanding your Pay WS to Payslips 2021 Nov final.pdf	PDF	7 November 2021 at 17:29 by Jonathan Fenwick
 Understanding your Pay WS to Payslips 2021 Nov final.pptx	Presentation	7 November 2021 at 17:28 by Jonathan Fenwick
 LTFT rota.xls	Spreadsheet	20 August 2021 at 19:39 by Ushnah Shujah
 LTFT Rostering & Pay for Trainee Doctors 2021 June final.pdf	PDF	14 June 2021 at 12:21 by Jonathan Fenwick
 LTFT Rostering & Pay for Trainee Doctors 2021 June.pdf	PDF	26 May 2021 at 23:13 by Jonathan Fenwick
 Rostering & Pay Issues for LTFT Trainee Doctors 2021 feb final.pdf	PDF	9 February 2021 at 20:30 by Jonathan Fenwick
 Flexible Trainee rota crib - version2.xlsx	Spreadsheet	9 January 2021 at 15:57 by Katherine Talbot
 LTFT Update Poster .pdf	PDF	25 August 2020 at 12:26 by Alana Christie

- Standard Hours & Pensionable Pay (For those on English 2016 contract)
  - Check your standard hours in your pay slip!
  - They should be the same as ALL of your average hours on your work schedules, as all hours under 40 are counted as basic hours and pensionable (meaning subject to pension, used to determine employee AND employer contributions, and what is used for pension calculations in a career averaged pension!)
  - LTFT trainees must work less than 40h, and so CANNOT work additional hours as per the 2016 contract.
  - If your trust are paying your hours divided into basic and additional hours this is incorrect and needs challenging. To do so means they are not paying you all of your total rewards and also impacting on your final pension valuation!
  - Involve your union immediately to help, but also so they are aware of the scope of the issue and can evidence & raise centrally with the national NHS Employers group.

## Rota

- This great presentation shows how to make your rota work for you:  
[https://www.facebook.com/download/744811203339993/2022%2005%2027%20LTFT%20Rostering%20Making%20Your%20Rota%20Work%20For%20You.pdf?av=605055088&eav=AfZJgq-s9xloQ8vSdVsoN0y074jjPR4Z1x5\\_j3sx90XDK7II9O2JyXNs54g1G5G5BI8&paipv=0&hash=Acqypvx0rFuETzm5jGs&\\_\\_cft\\_\\_\[0\]=AZV5K1WPSQqbyq7jppEfJqZFSZ6H0gN92z6lpZpqFd0VoGEErqQ4X9LxbHsgQG1oKaHEChy-ST6PH7sxSbw3laWRLu-E53Em2obNHuKsRwezXiD-OOIboY6PYuwNhQ4IVX0z6Zbgo3j2H6xyqJKaR0Mp6Un2TtBVi\\_4uEwdy7Zx09Cr8tK4MxwXJNuCmSPcba4Y&\\_\\_tn\\_\\_=H-R](https://www.facebook.com/download/744811203339993/2022%2005%2027%20LTFT%20Rostering%20Making%20Your%20Rota%20Work%20For%20You.pdf?av=605055088&eav=AfZJgq-s9xloQ8vSdVsoN0y074jjPR4Z1x5_j3sx90XDK7II9O2JyXNs54g1G5G5BI8&paipv=0&hash=Acqypvx0rFuETzm5jGs&__cft__[0]=AZV5K1WPSQqbyq7jppEfJqZFSZ6H0gN92z6lpZpqFd0VoGEErqQ4X9LxbHsgQG1oKaHEChy-ST6PH7sxSbw3laWRLu-E53Em2obNHuKsRwezXiD-OOIboY6PYuwNhQ4IVX0z6Zbgo3j2H6xyqJKaR0Mp6Un2TtBVi_4uEwdy7Zx09Cr8tK4MxwXJNuCmSPcba4Y&__tn__=H-R)
- One advantage of less than full-time training is that if you are off you cannot be allocated any additional unexpected sessions.
- The day off needs to be the same every week if your child goes to nursery as they will have fixed days. With travel time and late finishes, it is often easier to work one whole day instead of two half days.
- Generally, your day off will be when your consultant has no commitments.
- As a consultant, it is also possible to negotiate your contract around your life so that you work fewer sessions, or cluster your sessions on certain days. Some hospitals have evening clinics and theatre lists which mean that you can have a day off instead.
- Your on calls and AL should also be calculated pro rata based on your percentage LTFT.
- Weekends:
  - LTFT Weekend Frequency Allowance is based on proportion of WEEKENDS worked NOT proportion of weekend days worked
  - Working any part of a weekend makes that a weekend worked in terms of weekend frequency, with no clause making a distinction between FT & LtFt, and nor should it. As such pro rata contribution should be interpreted in light of this

- If you are affected I would reference the NHS Employer weekend frequency LtFt ready reckoner (<https://www.nhsemployers.org/.../LTFT-allowance...>), and suggest they confer with them for clarification if needed. Escalate with local BMA LNC, who, if needed, can in turn escalate with nhs employers nationally.
- Bank holidays:
  - Bank holidays are paid statutory leave (and must be counted within the leave adjustment calculations for prospective cover of out of hours alongside annual leave and all relevant study leave entitlements)
  - LtFt trainees are entitled to pro rata bank holidays (their training % of each day/full time total days over a given reference period.). So a trainee working 60% is entitled to 0.6 of each bank holiday or 0.6 x the full time BH annual entitlement over the year/placement
  - When you get a day off for a BH you are paid for the whole day, and so it costs a whole day from your pro rata BH allowance (or combined pot). ( Side note: The value of a day of AL/BH is the value of an average day of pay, NOT a standard day in hours)
  - This entitlement is NOT impacted by the days of the week you work! (Ie not working Mondays does NOT reduce your entitlement to pro rata of ALL bank holidays)
  - When you get a paid shift off as statutory leave this costs one day from your combined pot. Anything else will NOT use up leave as statutory holiday leave taken, but will instead become pro rata time off in lieu, including
    - being rostered to work or be Non resident on call for ANY part of the 24h period
    - being on an unpaid shift/rest/zero/non working day on the bank holiday
  - In terms of allowances and leave calculations this is covered elsewhere on the group in more detail but it is recommended to use the “combined pot” method for AL & BH
    - over the required period work out your pro rata entitlement to annual leave & bank holidays
    - add these together
    - round up to the nearest half day
    - pay 1 day from this pot for any BH falling on a day you then get off as paid statutory leave
    - the remaining days in your pot are now all flexible annual leave days (and automatically includes any pro rata time in lieu) to be taken as desired and able
- BMA advice:
 

<https://www.bma.org.uk/pay-and-contracts/working-hours/work-schedule/managingrotas-and-duty-rosters-for-junior-doctors-in-england/rota-and-rostering-guidance-forltft-doctors>

- Each hospital will have a LTFT champion who you can contact for support.
- This dedicated LTFT trainees facebook group answers lots of common questions relating to rotas and LTFT queries: <https://www.facebook.com/groups/852147548274259>
- BOA: <https://www.boa.ac.uk/careers-in-t-o/parenthood-orthopaedics/flexible-training-and-working.html>

#### Discounts

- JCST - As LTFT, you can obtain a discount on JCST fees.
- BMA - applicable to those LTFT and earning <£50,000
- GMC - your “fixed” discount applies for your first four years post-registration regardless of LTFT/FT. Beyond this you can apply for an income discount if your income is <£34,000. You can only receive one of these discounts at once.  
<https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/fees-and-funding/discounts/income-discount-in-detail>

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### Out Of Programme (OOP) options

HEE offers Doctors in Training (DiT) the opportunity to take a planned period out of their training programme, subject to agreement of their Training Programme Director and Head of School.

The full details are available on the deanery website:

<https://www.severndeanery.nhs.uk/about-us/policies-and-procedures/severn-out-of-programme-experience/>

There are six main types of time taken out of programme:

- 1. Out of Programme Training (OOPT):** Time out of programme for approved clinical training in a post which has prospective approval from the GMC
- 2. Out of Programme Research (OOPR):** Time out of programme for research
- 3. Out of Programme Experience (OOPE):** Time out of programme for clinical experience in a post which will not count towards the award of a CCT
- 4. Out of Programme Career Break (OOPC):** Time out of programme for a planned career break related to personal circumstances or other requirements.
- 5. Out of Programme Pause (OOPP):** Time out of programme to undertake NHS work or similar patient facing work in the UK which can be assessed upon return and may count towards the award of a CCT.
- 6. Acting up as a Consultant (AUC):** Time out of programme to act up as a consultant.

#### Application

- Prior to applying, the DiT should discuss their plans with the Training Programme Director at least six months in advance of the proposed start date.
- A fully completed [application form](#) must be completed (plus the [JRCPTB Form](#) if you are a member of a medicine training programme).
- The Postgraduate Dean has delegated responsibility for approving the application to the Head of School.
- If supported the DiT will receive formal notification via the HEE SW Education Programme Team.
- Where out of programme time is to be counted towards training, Royal College support and prospective GMC approval are required.
  - GMC Out of programme guidance for doctors in training:
    - This guide includes information about when and how to apply for out of programme approval in order for it to count towards your specialty training.
    - <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/out-of-programme/out-of-programme-guidance-for-doctors-in-training>

### **Out of programme Training (OOPT)**

- Approved clinical training in a post which has prospective approval from the GMC

### **Out of programme Research (OOPR)**

- A great BMJ article on research options for trainees: <https://www.bmj.com/content/345/bmj.e6858>
- There are several PhD opportunities around the region.
- Any trainee on the 2016 pay contract completing a PhD after foundation years is entitled to the academic flexible pay premium of £4288 per annum pro rata every year from the completion of their PhD until they CCT. Ensure you apply and obtain this. More info here: <https://www.bma.org.uk/pay-and-contracts/pay/other-doctors-pay/medical-academics-pay-scales>

Tips from previous OOPR trainees (Flossie Carpenter & Rowa Taha):

- Any higher degree is not for the faint hearted, and trying to fit it in with your clinical career, family and wellbeing can be pretty challenging. I'm not sure I'll ever recover from my write up; but I have learnt a few things from it that hopefully will help others starting out .
- Planning
  - It seems that every person starting out thinks that they will have lots of time, that they can fit it all in and then scramble towards the end. Despite everyone saying the same thing, people fall into this trap time and again! So planning is the key to having a successful OOPR and higher degree experience
  - If you are considering taking time out, give yourself a year's lead in to actually starting.

- Before you start an MD/PhD you will need to come up with a university, a topic, a supervisor and an application before you can get going.
- Then you need to consider funding – Self funded, my PhD was partially self funded, or fully funded – if so you need to be right on the ball in terms of grant calls and think about this very early on.
- Beyond that, if you want to do clinical research you need to write an ethics application, with approval.
- All of these things take time, more time than you think, and need approvals from your supervisors, other members of the team and the University before being submitted. These processes usually take months, and in the case of funding, may not be successful, so have a couple of back up options available.
- Grants:
  - There are several grants specifically for clinicians, such as NIHR research fellowships and more speciality specific organisations such as the AO, national societies (BOA, BSSH, etc all have various forms of research grants and awards), the RCS etc., that are worth looking at. Grant applications take a LONG time, and are a skill that is learnt over time. I spent much of the first year of my OOPR submitting grant applications (6 in total!), so factor this into the planning of your OOPR time. If you do not have funding for the full project, consider applying for one year fellowships, such as the RCS one-year surgical fellowship. These will at least get you started while you work on getting funding for the remainder of your project.
- Applying
  - Applying for the OOPR is, thankfully, relatively straightforward. You need to inform your TPD and the Deanery of your expected OOPR time and your proposal 6 months prior to commencing. Three months before the end of your time out you need to inform the TPD and deanery once again.
- Collaboratives:
  - Utilise research collaboratives, there are several national and speciality specific ones. It's a fantastic way to meet others and build research partnerships, as well as embedding yourself within the academic community. It's also a great way to facilitate national projects, or expand the reach/number of sites in your project. Some are trainee led, which also provides an opportunity for developing managerial skills while on your OOPR time.
- Academic life
  - Be prepared for a slower pace of life in academia, things take time. This is often hard for us coming from a fast-paced trauma service, and can add considerable time to your targets. Things like ethics applications, sponsor approvals, capacity and capability assessments for trusts to allow commencement of a study, take much longer than you imagined possible and are totally out of your control, so plan for this and have other projects/grants/etc that you can be getting on with while waiting for these to be come back.
  - Write yourself a plan for your whole research period, then give yourself double the amount of time, or cut by half what you want to achieve. Look at what you



want to do and find things that could potentially be sacrificed later. This may seem defeatist but, for the majority, an inevitability – life gets in the way!

- Start the day with whatever you find hardest
- Give yourself an allotted amount of time to do this, say 2 hours.
- Finish in the middle of a task, its always easier to pick up where you left off rather than starting from a blank page.
- Read something every day
- Use a reference manager to build your references from the beginning, every time you read something put it in – you never know what you might need in your write up and it will save you loads of time at the end.
- Build your thesis template right at the start, use the same formation throughout your writing- this way it's easier to merge chapters at the end.
- Write something everyday. Writing anything gets you used to writing at all. Many of us won't have written an essay since GCSE English. I wrote twice as much as went into my thesis and most of what went in was revised significantly.
- Use your supervisors, but don't assume they are at your beck and call. They have a wealth of knowledge and references in their head to get you started on a topic.
- When sending something for the supervisors to review, give them a time frame for completion IE. I would be grateful if you could look at this chapter in the next three weeks, as I hope to have it completed by the end of this month.
- When you are getting behind, speak to your supervisors early, be honest. They know the drill and will help you get back on track or make appropriate changes.
- Lastly, ask for help. It is inevitable that somewhere in the midst of your MD/PhD you will feel alone, like you have lost sight of where you are going and frankly hate it all. There are plenty of academic trainees, postgraduate support from the university and consultants with higher degrees who know too well how tough it can be.
- Remember to take time off and maintain the boundaries between work and life work happens in work time
- Maintaining clinical skills
  - Try to keep your hand in clinical practice, it's important for maintaining your clinical skills and will make the transition much easier when you return. If you can, agree with your supervisors some dedicated clinical time (though this may be limited by the restrictions of certain grants, that limit the amount of clinical service you may do during the fellowship. The NIHR doctoral research fellowship is one such fellowship that limits the amount of clinical time you are allowed to do whilst in post). A clinic or theatre session every other week is a good start. If you are undertaking your OOPR in another deanery, you will need to liaise with the TPD of that region to agree this, as well as getting an honorary contract with the trust. Bear in mind that you will not get paid for these clinical sessions if your are on an honorary contract. Other alternative arrangements are possible, but are much more complicated to organise.

- There is so much more that I could add and if anyone would like to talk to me about it, just get in touch! ([flossiecarpenter@me.com](mailto:flossiecarpenter@me.com))

## Out of Programme Experience (OOPE)

- Clinical experience in a post which will not count towards the award of a CCT
- Fellowships:
  - <https://www.fellowshipfinder.org.uk/>
  - JBORG is a great source of knowledge regarding previous fellowship experiences
  - Leadership Fellowships including
    - BOA Future Leaders Programme  
<https://www.boa.ac.uk/learning-and-events/courses/boa-future-leaders-programme.html> or
    - Faculty of Medical Leadership and Management  
<https://www.fmlm.ac.uk/cfs>
- Chief Registrar Post - <https://www.rcplondon.ac.uk/projects/chief-registrar-programme>
  - The Chief Reg roles within the region are Gloucester, Bath, and Southmead
  - They are all quite different and it is worth contacting the current chief registrars directly to find out more about the roles
- Volunteering:
  - Overseas experience can enrich and enhance your clinical practice. It provides an opportunity to develop your clinical skills, learn how to work with limited resources, see other parts of the world and meet amazing people. However, it can be difficult to coordinate alongside registrar training.
  - Taking time out is possible at any stage of training, as you will be able to offer different contributions. I have participated in various global trips and projects from my SHO years to now, ranging from 3 months working in Malawi as an SHO to 1-2 week trips in registrar training, so you can make it work at any time.
  - Short-term trips (1-2/52)
    - You can either go on short-term training camps, where you travel with a team to run an educational training course or run a surgical camp for example. These are usually 1-2 weeks and can be taken as SL, AL or a mixture of the two.
    - There are several charities who run trauma/surgical courses. WOC (World Orthopaedic Concern, the charitable arm of the BOA) run several projects throughout various low and middle income countries.
    - Severn, of course, has a well established link with Ethiopia, so if you're interested contact Dan Yeomans (WOC BOTA representative) or James Berwin (who set up the Bahr Dar link).
  - Longer term trips (>4-6/52)
    - Longer term trips, >4-6weeks is usually arranged as an OOPE necessitating TPD and deanery approval.
    - These must be requested at least 6 months in advance.

- It's often taken as OOPE, as getting the posts approved for training is challenging given the need for ISCP approval, consultant trainers etc, but that doesn't negate from the wealth of clinical experience you will gain whilst away (it just won't count towards your CCT).
- Some examples are below:
  - Cure international – an American children's charity that provides orthopaedic and neurosurgical services in resource poor settings. Some hospitals have UK consultants practising there, who are a good port of call if you're interested in spending a longer period of time (3-12months) working.
  - World Orthopaedic Concern (WOC) – have well-established links with many of their partner countries and will be able to assist in finding a suitable hospital/clinic/country for periods of 3-12months.
  - BSSH LION fellowship – A 5 year partnership between the BSSH and the Lilongwe Institute for Orthopaedics and Neurosurgery (LION) in Malawi. This is an opportunity to spend 6weeks -12months working alongside a UK consultant and hand therapist, to help the local Malawians to develop and deliver a hand surgery service. The fellowship is fully funded (though there is no basic salary) - all travel, accomodation and most your subsistence costs are covered.
    - Get in touch with Rowa Taha if you're interested in the BSSH LION fellowship or have any questions about global outreach work (r.taha@nhs.net).
- Whether you travel with an organisation, or arrange your own overseas experience, there are some universal hurdles:
  - Funding - some organisations fully-fund trips, while others will part-fund. National societies and local deaneries often have charities than can also subsidise your travel costs. Be prepared to approach them, and also be prepared to raise your own funds.
  - Logistics such as medical certification, visas, immunisations, insurance, medical indemnity all need reviewing depending on where and how long you are going for. Leave plenty of time and headspace for arranging these well ahead of your trip.
  - Limitations of provision - Low and middle income countries have suffered from many centuries of inequality and economic deprivation, so the healthcare disparity between the UK/resource rich settings is vast.
  - Sustainability and local impact – the goal of all global outreach work should be to empower the local individuals and enhance their practice. The long-term sustainability of projects is key to ensure continued success and minimise detrimental impact on the local economy, health service and community. Look at the principles of the any trip/course/fellowship you are undertaking and critically assess whether they align with these core principles, and whom they benefit.

## Out of Programme Career Break (OOPC)

- A planned career break related to personal circumstances or other requirements.

## Out of programme pause (OOPP)

- NHS work or similar patient facing work in the UK which can be assessed upon return and may count towards the award of a CCT.



- <https://www.severndeanery.nhs.uk/about-us/policies-and-procedures/out-of-programme-pause-oopp/>
- OOPP allows doctors in training to step out of the rigours of formal training for up to 12 months. Doctors in training can undertake an NHS or other patient facing UK based non training post, having any capabilities gained assessed upon their return to the training programme.
- Who should apply?
  - Trainees who wish to take a break from training and expect to receive either an outcome 1, 10.1 or 10.2 at their most recent ARCP.
  - Trainees who feel it would be beneficial for their wellbeing.
    - The appropriateness of OOPP would be discussed between the trainee and Educational Supervisor. If appropriate the Educational Supervisor may liaise with the PSW to explore if alternative or additional further support is needed for the trainee.
  - Trainees who want to step out of training and also use the opportunity to gain additional competencies as a consequence of the impact of COVID.
- Time out of programme on OOPP will not normally be agreed until you have been in a HEE approved training programme for at least one year of training (unless at the time of

appointment, deferral of the start of the programme has been agreed for leave on statutory grounds).

- This pilot initiative also gives trainees the opportunity to have any competencies gained whilst out of training assessed upon their return. This may allow trainees to minimise the impact on the time out of programme has on their CCT date.
- Applications for OOPP will be processed on a first come first served basis and trainees will need to identify the OOPP post at time of application. Trainees will need to provide a minimum of three months' notice of the start date of their OOPP to meet Code of Practice and ensure the employer is provided with the contractual notice period. However, there will be discretion to allow a shorter notice period provided the Deanery and Employer agree.
- To access the OOPP policy and the application process please [click here](#).

#### Returning to training

- SuppoRTT is available to those who have undertake OOPs
  - Return To Training Activity (RTTA) days are KiT equivalent days for non-parental leave returners: <https://www.peninsuladeanery.nhs.uk/about-us/supportt-2/show/kitsplit-days-2>
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### Other Leave Types

#### Short-Term Unpaid Leave

- Short-Term unpaid leave may be granted for a variety of reasons such as:
  - A period of study not covered by paid study leave
  - To visit relatives or travel/work abroad
  - Family illness or domestic problems extending beyond the provisions of the Emergency Leave policy and procedure.
  - Voluntary work
- Unpaid leave should only be taken when no other policy exists which is more relevant to the circumstances.
- The advice of your Human Resources Department should always be sought in the application of unpaid leave.
- If you have outstanding unplanned annual leave this should be used before taking unpaid leave.
- Short-term unpaid leave is defined as up to 3 months in any 12 month period.
- Unpaid leave will not count as a break in continuous service.
- Unpaid leave in excess of one month will not count as reckonable service as defined in your contract of employment for purposes of annual leave, sick leave, entitlement to redundancy pay or incremental credit.
- If you are a member of the NHS Pension Scheme contributions will normally be expected to continue during unpaid leave which may result in payment of contributions in arrears.

- Periods of unpaid leave may affect your entitlement to State Benefits (e.g. statutory maternity pay, unemployment benefits, state pensions) and therefore you are advised to make enquiries with your local Benefits Office.
- To apply, you should discuss with your AES at the earliest opportunity
  - Your departmental lead and rota coordinator may approve unpaid leave of up to 5 days.
  - Applications for unpaid leave in excess of 5 days and up to 1 month should be directed to your “line manager” (AES, departmental lead) and approved in discussion with the relevant senior manager.

## **Employment Break**

- An employment break is an extended period of unpaid leave from the organisation with a guarantee of returning to employment with the organisation.
- It ensures that employees do not lose their place within their career and the organisation does not lose trained and skilled staff.
- An employment break may be taken for a variety of reasons such as:
  - Care for dependants
  - To do voluntary work
  - Travel
  - Out Of Programmes (see below)
- You should have at least one years’ continuous service with the organisation to be considered for an employment break.
- An employment break will be a minimum of 3 months and up to a maximum of 1 year (For breaks of less than 3 months please refer to short term unpaid leave).
- The period of leave will be unpaid but your contract of employment will not be terminated. This means that all pay and benefits will be suspended from the start of your employment break, e.g. annual leave, sick leave, maternity benefits, and will be reactivated again on return to work.
- Absence due to an employment break will not regarded as a break in service, although the period of the break will not count as reckonable service.
- During employment breaks longer than 3 months, pension contributions will not be payable and will therefore result in a break in pensionable service.
- To formally apply for an employment break you should discuss with your AES and TPD. and compile a covering letter stating your reasons for the break and the ideal duration.
- You should give at least 3 months’ notice of your intention to take an employment break.
- Employment breaks will be considered in light of the following selection criteria:
  - The likely benefits to be gained by you and the organisation
  - Your length of service with the organisation
  - The demands of the service
- If your application for a break is successful you will receive confirmation of this in writing stating the duration of the break, the dates and that you have a commitment to return to work with the organisation for a minimum period equal to the period of the break, subject to a maximum commitment of 1 year.

- If your application is declined your manager should confirm this in writing stating the reasons for the refusal.
- Employee can appeal against the decision not to approve an employment break by using the organisation's Grievance Policy.
- Other things to note about taking an employment break
  - Maintaining contact whilst you are on employment break - It is important that contact with the organisation, colleagues and your profession is maintained whilst on your employment break. You must leave a contact address before beginning your employment break and should notify your manager of any changes to this during your break. Newsletters and appropriate literature will be sent to you by your manager to keep you in touch and aware of organisational changes and work development.
  - You will be expected to maintain any professional registration
- Returning to work
  - Return-to-training support from the SuppoRTT services is available for:
    - Parental leave exceeding 3 months
    - OOPC/OOPE/OOPR/OOPT
    - GMC suspension
- What happens if I need to end the employment break earlier than
  - In exceptional circumstances it may be necessary to terminate your Employment Break and return to work earlier than expected.
  - Such circumstances could include for example, long term illness or crisis in a country you are visiting.
  - In cases such as this you would be advised to contact the TPD at the earliest opportunity to discuss the situation. They would have discretion as to when you return and the notice periods outlined above apply but the organisation will try to reduce the notice period to support you if feasible to do so.
  - It may be likely that someone would have been employed temporarily to cover your post whilst you were away so it may not be possible to put you back into your substantive post straight away but suitable alternative employment will be found for you in the interim.

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## **Interdeanery and Interprogramme Transfer (IDT and IPT)**

There is a slight difference between transferring between Peninsula and Severn (technically within one South-West Deanery) and transferring between Severn and other nationwide deaneries.

- Between Severn and Peninsula (Interprogramme Transfer):
  - No IDT process required

- Informal conversations with TPD to facilitate
- Between South-West (Severn & Peninsula) and elsewhere (Interdeanery Transfer):
  - <https://www.severndeanery.nhs.uk/about-us/policies-and-procedures/peninsula-id/t/>