THE UK CONFERENCE OF POSTGRADUATE MEDICAL DEANS (COPMeDUK)

A policy for a modern approach to study leave for modernised medical careers for doctors and dentists in training

Introduction and background

1. The UK Conference of Postgraduate Deans (COPMeD) produced and issued "Guidelines for Study Leave" in September 1998 1. The Calman reforms to specialist training were implemented by the end of 1997. More recently radical changes in postgraduate medical education and training are underway with the implementation of "Modernising Medical Careers". In May 2004 the British Medical Association's Junior Doctors Committee together with the Trainees' Committee of the Academy of Medical Royal Colleges, issued a position paper on "Valuing learning" 2. The Postgraduate Medical Education and Training Board (PMETB) has been established and is now responsible for, among other things, the quality assurance of postgraduate medical education and training.

2. Deanery budgets for 2004/5 and 2005/6 have been affected by severe pressures on the Multi-Professional Education and Training (MPET) levy; these pressures are likely to continue. Major changes to the structure and arrangements for managing the NHS, such as "Shifting the Balance of Power" and others still underway have raised fundamental questions about the place and nature of study leave.

3. COPMeD has reviewed its policy on study leave and consulted widely. This new policy reflects, as far as has been possible, the points made in a wide consultation during the first half of 2005. This policy does not contradict or seek to change the present terms and conditions relating to the amount of study leave and expenses payable, which are governed by national collective agreements.

4. A summary of the key points in this policy is set out in Appendix 1.

Review of the 1998 COPMeD Guidelines

5. In October 2004 a survey of Postgraduate Deans was carried out.

6. Key conclusions of this survey were that:
   - Considerable sums of public money are involved in study leave
   - Educational Supervisors and Clinical Tutors play key roles
   - The notional annual per capita allowances for trainees for study leave vary.

The nature of study leave

7. The nature of study leave is very varied. Study leave can be for free-standing local or national courses, local programmes of learning (for example half day release), conferences and private study. Such study leave can be financed through deanery study leave budgets, or directly supported from other deanery budgets. In future it would be envisaged that most of the required education and training (including elements covered at present through study leave) is built into programmes of training.
8. There is a useful distinction between study (and hence study leave) which may be about learning for career advancement (which may include mandatory and desirable elements, and be linked to curriculum requirements), or may be about learning and skills development required for clinical governance purposes and the doctor or dentist’s fitness to practise. Study leave for the latter should be provided by trusts (for example various models of life support training, as an essential requisite assurance of competence to ensure patient safety and benefits under the NHS Clinical Negligence Scheme for Trusts). Much, sometimes all, study leave for trainees in General Practice, may be taken up by structured programmes organised through the Deanery. Learning support is also provided by Medical Royal Colleges and specialist societies. Trainees may both undertake and support their own learning, and therefore need the skills of identifying their own learning needs.

Principles for study leave

9. There are a number of principles to underpin a national approach to study leave. The first and key principle is that study leave continues to have a place for adult learners in postgraduate medical education, training and learning. But it has also been argued that there is no time to waste on courses that are not essential to training.

10. The responsibility of Postgraduate Deans is for doctors and dentists in training, and not generally for career grades or other health professionals; however, many of these principles will be applicable to all. In addition, whilst postgraduate training may be conceptually considered as part of Continuing Professional Development (CPD), and many of these principles also apply, Postgraduate Deans have only very limited responsibilities (in general practice and dentistry) for CPD.

11. There needs to be local flexibility, given that the accountability for any budgetary allocation for study leave rests with local deaneries. Given the impact of devolution, although this policy is written particularly from the perspective of England, we would expect these principles to apply in the other three territories.

12. Continuing professional development stems from a commitment to lifelong learning and should be manifest in a (regularly reviewed and updated) personal development plan (PDP). The contents of such a plan are designed to either help the individual do the job better, or to reach their desired professional goals in the future. There will always be new knowledge and skills to be acquired, and new attitudes to be shaped during a professional lifetime. From an equity perspective, study leave should be viewed as being linked to the educational needs of the individual, related to the specialty for which that individual is training.

13. Particular training programmes may not be able to offer everything desired or required. For most trainees in most programmes it should be possible to identify broadly what experience should be gained, and what attitudes, knowledge and skills should be acquired, and approximately when. Much of the contribution to be made by study leave, including private study, can then be predicted, and therefore budgeted for (in terms of time and funding), and managed. But flexibility and responsiveness to individual needs should also be maintained.
14. Starting from these assumptions, study leave should:

- Enhance learning
- Normally be planned as an integral part of a training programme (which would include work-based and multi-professional learning opportunities)
- Where offered within a training programme, be accompanied by an expectation that trainees take up these opportunities (70% attendance is commonly required)
- Be used to provide education and training not otherwise easily acquired in the workplace setting
- For most trainees, include a majority component that is defined as essential for the specialty or programme, with a proportion remaining for tailoring to individual needs; where considered integral to the training programme e.g. Foundation Programmes or vocational training for general practice, trainees should continue to have access to teaching and training delivered in the workplace or department
- Where study leave is integral to a programme, the extent to which this subsumes part of the annual number of days available for study leave should be made explicit e.g. in the programme literature provided during recruitment and selection
- Routinely be part of the appraisal dialogue, and outcomes may contribute to assessments
- Be part of the documentation accumulated by doctors or dentists for revalidation
- Be quality controlled routinely by deaneries and providers, shown to provide value for money, and be quality assured by the PMETB.

15. There are also a number of study leave management principles. Normally (there are always individual exceptions for personal development) study leave should:

- Be planned by agreement with the Educational Supervisor (although, on occasions, input may be helpful from the Clinical or College Tutor, or other trust person with a role in postgraduate medical education, to ensure service pressures do not unreasonably dominate) to meet agreed educational needs
- Within a Personal Development Plan, cover the whole of a programme of training
- For trainees in Foundation Programmes, be an integral part of the totality of the programme, with the possibility of a proportion of funding being available for additional extraneous study leave courses or opportunities
- Be provided locally, where appropriate and feasible
- Be approved by:
  - for SpRs (in future 'Specialist Trainees'), the deanery Specialty Training Committee (this may be delegated to a programme director or a study leave adviser)
  - for General Practice Registrars (GPRs), the trainer/educational supervisor or GP Vocational Training Scheme Course Organiser
  - for SHO posts and programmes for the time being outside Foundation or Specialty Training programmes, Clinical Tutors
- Include pre-examination courses, high quality locally run courses or private study time in preparation for examinations if educationally strongly justified (a set of criteria to apply to requests for study leave support for pre-examination courses is suggested in Appendix 2)
- Only include study leave overseas where it is part of an Individual Learning Account (see below) and learner driven as for other aspects.
16. A number of financial management principles can also be identified. Study leave should:

- Continue to be managed on a Deanery basis
- Ideally be based on a notional standard minimum per capita amount (this principle is strongly supported by Postgraduate Deans but the current volatility of deanery funding makes this unachievable at the present time, and funding decisions, including any differential funding recognising the variable costs of study leave for different specialties, remain the responsibility of individual deaneries)
- Be viewed as an aggregate over the full years of the programme (for example, two years for Foundation Programmes; three years for GP VTS; three or more years for specialty training)
- For trainees in Foundation Programmes, the principles for study leave are set out in the Operational Framework; although trainees in F1 are not eligible for study leave, there are learning opportunities and the same principles should apply as for other trainees, with the responsibility for planning resting with the trainee, but agreed jointly with the Educational Supervisor
- For Foundation Programmes and some or part of General Practice Vocational Training programmes (and others by arrangement with particular specialty colleagues), funding may be ‘top sliced’ or subject to a separate budget arrangement
- Be set against the nominal yearly amount of funding aggregated over the whole time of the programme, to be held in an Individual Learning Account (ILA) held by the trainee as part of their portfolio, but recorded within deanery integrated IT systems
- Be part of an ILA that is both an educational, as well as a financial, account i.e. a learning plan that includes all the elements of education and training that are integrated into a programme e.g. half day release; trust provided training etc
- Require the production of the ILA as a form of “passport control” to prevent inappropriate study leave, such as multiple attendance at the same course; support “certification” e.g. aspects of required induction; competence gained from life support training; take into account uptake or attendance at available or previously agreed opportunities when seeking further study leave funding
- Funding, if study leave is agreed, has to be in full and in accordance with regulations and Terms and Conditions of Service; possible arrangements for partial funding would appear to breach regulations and should not be used
- For exceptional circumstances, be potentially available for an individual trainee through application to a (small) deanery held education fund.

17. There are a number of other principles:

- Those responsible for organising or providing educational opportunities should not set out to make a profit, since this may deprive trainees of further learning opportunities through deanery or personal funding (although it is reasonable to expect actual costs to be covered and include a margin for error or exceptions)
- Flexible trainees should be treated equitably and will normally have access to study leave pro rata, and a Personal Development Plan etc conforming to exactly the same principles as other trainees

* This will normally mean flexible trainees having an ILA containing the same total funding allowance as a full time trainee but distributed over the length of their part time programme
• Private study (with time approved as set out above but not funding) may be approved as long as educational principles (for example defined objectives; measured or tested outcomes and evidence of benefit) are complied with.

• There should be educational coherence (i.e. the proposed study leave should be consistent with training needs) to avoid "spending" of an indicative allocation for the sake of it e.g. near the end of a programme with some potential funding unspent.

• Where a course is educationally quality assured (and therefore approved) by one Deanery, this recognition should be accepted in other Deaneries.

• Study leave for trainees who are out-of-programme (OOPE; including those undertaking research) will not be supported financially by Deaneries (since the funding will be required for the trainee filling the post vacated temporarily).

• Learning through study leave remains the responsibility of the learner, and is arrived at through negotiation and agreement: Clinical Tutors or GP Course Organisers (as appropriate) should act as independent educational arbitrators on the rare occasions when this may be necessary; Postgraduate Deans will establish explicit local appeals processes to resolve disputes.

Implementation

18. This policy will be applied with effect from 1 April 2006, and should be reviewed after three years of operation.

Postgraduate Dean and Director
Postgraduate Dean; Vice-Chairman of COPMeD and Chairman of the Education and Training Sub-Group

10 January 2006

References


2. BMA Junior Doctors Committee and the Trainees Committee of the Academy of Medical Royal Colleges. Valuing learning: Funding individual study and professional development for today’s doctors in training – a position paper. BMA; AoMRC: London, May 2004.

Appendix 1

THE UK CONFERENCE OF POSTGRADUATE MEDICAL DEANS (COPMeD)

A policy for a modern approach to study leave for modernised medical careers for doctors and dentists in training

Summary of key policy points

1. The context for study leave has changed and will continue to change.
2. Considerable sums of public money are involved in supporting study leave for trainees.
3. Study leave continues to have a place in learning in postgraduate medical education and training.
4. A national approach will be applied with local flexibility.
5. Principles are defined to underpin the concept of study leave, and its management, including financial governance, at Deanery level.
6. These principles have wider utility and application.
7. Further work is in progress in order to operationalise this policy.
8. The policy will come into effect from 1 April 2006.
9. Equity of funding across deaneries, although currently not achievable, remains a goal and funding and management decisions remain the responsibility of individual Deaneries.
10. The policy will be reviewed after three years of operation.
Appendix 2

THE UK CONFERENCE OF POSTGRADUATE MEDICAL DEANS (COPMeD)

A policy for a modern approach to study leave for modernised medical careers for doctors and dentists in training

Possible criteria to be applied when considering study leave applications for pre-examination courses

1. Is success at the examination for which the course is relevant required in order to progress or successfully complete the programme of training or achieve certification?

2. Is the course being run locally or nationally? (Local courses may be more desirable, not least because of the more effective use of the study leave budget with reduced travel and subsistence costs)

3. Has the course been subject to Deanery or other quality control?

4. Has the trainee made previous unsuccessful attempts? If so, how many?

5. If there have been previous unsuccessful attempts, what are understood to be the deficiencies? Are they of knowledge, and/or skills (including examination technique), and/or attitude, or capability?

6. Is there evidence that indicates the trainee can remedy these deficiencies?

7. Would the proposed course address the identified deficiencies i.e. do the course objectives meet the trainee’s objectives?

8. Does the trainee have evidence of adequate attendance at local courses that are an integral part of the programme in which he or she is training (e.g. half day release; regular seminars or workshops etc), and of effectively utilizing previous opportunities agreed in a Personal Development Plan?
Study Leave for Doctors and Dentists in Training in the Health Education Thames Valley (HETV) programmes

Revised and updated July 2014
Introduction.
The purpose of this policy is to ensure that doctors and dentists in HETV funded training posts have access to a standardised process for study leave. All applications should be considered fairly, equitably and consistently.

The policy has been agreed by the Directors of Medical Education (DMEs) of all the Trusts, the Foundation School Director, the Heads of Schools, the Dental Dean and the Postgraduate Dean within HETV.

All doctors and dentists in educationally approved posts, apart from those in their first foundation year (FY1), may apply to their employer for study leave. (FY1 doctors may borrow 5 days of their FY2 study leave allowance for a taster week – see section “Foundation Year 2 Trainees (FY2s)”

The Terms and Conditions of Service for Trainees allow up to 30 days per year of discretionary study leave.

Educational approval for study leave rests with the Trust DMEs collaborating with educational supervisors, training programme directors and the specialty schools whilst taking into account service needs within the Trust.

Applications for study leave should be made to the DME, with the approval of the trainee’s Clinical or Educational Supervisor. In addition approval may be needed from the Clinical Director of the unit in which the trainee is working so that the clinical service is maintained.

Revised and updated July 2014
General Principles for Study Leave in the HETV programmes

1. Study Leave Year
   The year’s study leave and its allocated funding should be tailored to the individual trainee. It will begin on the day of appointment to a programme and not relate to the fiscal or calendar year.

2. The Study Leave Week
   Time allocated for study leave relates to the number of working days missed over the leave period. Weekends should only be counted when they coincide with a duty period.

3. Study Leave Funds
   These are managed by the DMEs, who can only undertake this responsibility effectively with support from Specialty Training Committee, School Boards and Educational Supervisors. These funds should not be devolved further within the Trusts to Directorate or Departmental levels.

   The funds are paid monthly by HETV to each Trust, the amount being proportional to their number of eligible training posts.

4. Access to Annual Funding
   The trainee is only eligible for a year’s funding in any one year and every application for funds must be accompanied by a record of the funding he/she has already received on the programme. Tracking this funding is the responsibility of the trainee and will be monitored on the “Intrepid Post Management System ®”.

   Foundation and Core Trainees may access their funding allocation for the entire year even though they may be in an individual trust for only six months.

   All trainees on HETV approved training programmes may apply for a £600 grant regardless of grade or specialty to support their study leave (except FY1; and DF1 who must attend their 30 day Deanery programme). In common with all grants at public expense, agreement is needed in advance and detailed receipts are required to support the eventual payment.

5. Planning
   Essential, desirable and low priority courses will be defined by individual specialties. Study leave planning should occur within the context of the entire training programme and not just on an annual basis. The aim is that there is adequate access to study leave and it is planned.
Individual trainee’s study leave programme will be reviewed at each RITA / ARCP panel. Matters arising as a result of the assessment should be communicated to the trainee and his/her local Specialty Tutor if applicable. The Specialty Tutor should ensure that the trainee’s Educational Supervisor and DME is told of any problems.

6. Application Process
A fully completed application, with at least six weeks’ notice, should be submitted by the trainee to the study leave administrator in the Postgraduate Medical Education Centre, HETV or specialty training committee as appropriate. Approval for the leave from the trainee’s department is to be included as well as educational approval of the leave by their Educational/Clinical Supervisor. (There may be local variations in policy for leave approval that should be included in the departmental induction.) Approval for study leave will only be granted under exceptional circumstances if the notice period given is shorter than six weeks.

Change to the following if Intrepid Online in all trusts:-

The trainee must apply for Study Leave through Intrepid Online (correct wording needed). The first approval from the departmental rota coordinator must be confirmed with at least 6 weeks notice. Educational approval is then necessary before going to the Postgraduate Centre Study Leave Administrator and/or DME.

7. Local Training Programmes
Trainees should attend a relevant local course in preference to equivalent external courses.

The local and regional training programmes run in HE Thames Valley account for:-

- **15 days per year for FY2, DF2 and Dental Career Development posts**
- **20 days for Specialty (inc. LAT, Core and GPVTS whilst in hospital).**

The sessions should be given approval by DMEs for internal leave for FY2; DF2 and Core Medical and Dental Care Development Trainees and by Schools and HETV for SpRs/STRs provided this teaching is in protected time and the programme is published in advance. It is the trainee’s responsibility to make sure they attend at least 70% of these sessions.

Trainees should sign a register confirming attendance at the training, which will be monitored by the schools, and persistent absence reported to DMEs.

Activities such as regular departmental teaching, audit and Clinical Governance are part of a Trust’s normal activities and are not counted against study leave.
8. Funding for new courses
Schools and Specialty Training Committees wishing to set up new courses can seek
funding by “top-slicing” their trainees’ funding equally throughout HE Thames Valley,
provided that this involves a relatively minor proportion of the total allocation, a
majority of trainees consent and it does not unduly disadvantage those that need
funding for other courses.

9. Private Study Leave
This will only be granted for a defined purpose such as examination preparation (if
the examination in question is necessary for career progression), writing up
research, writing review papers etc. DMEs will only grant these requests if there are
written objectives agreed between the trainee and their Educational Supervisor
(ES). DMEs should devise systems to monitor that objectives are set. The ES must
agree that the leave is reasonable and appropriate to the context of the trainee’s
overall training and that the service commitment can be covered. The final approval
is with the DME.

The general guidance (although exceptions can be made) is that maximum
allocation should be 5 days in any 6 month period.

It is good practice to evaluate the success and usefulness of this study leave with
your Educational Supervisor. Aims and outcomes must be recorded in the trainee’s
study leave record / portfolio.

10. On-Call whilst on Study Leave
Trainees must not do on-call whilst on study leave. This includes not being on call
the night before study leave.

11. Locum Cover
Study leave funding is allocated for fees and expenses. It must not be used to cover
locum costs. Locum should not be required to cover study leave but if so, the cost
must be covered by the trust.

12. Learning Agreements, Attendance and Monitoring
Trainees should include a record of their study leave in their portfolio, which they will
be expected to continue throughout their postgraduate career. This record will cover
the aims of the study leave, an evaluation of how well these objectives were met, as
well as informing the learning agreement and future study leave planning.

Study leave will not be granted unless the trainee and ES have signed a learning
agreement and the trainee has completed all necessary mandatory training in the
trust in which they work.
Unless in their first post, a 'Personal Study Leave Account (PSLA)' is essential to the study leave application, which shows courses, time and funding granted by the previous employer(s). This record is updated by the current employing trust, and stored on the trainees' computerised training and employment record (Intrepid®)

The PSLA should be given to their Educational Supervisor at each new attachment.

13. Evaluation
Trainees should critically evaluate every episode of study leave in terms of its general quality and its value to them. Most importantly, such critical evaluation, particularly emphasising what the trainee learnt, should be part of a learning portfolio.

14. Quality Indicators
Schools running local courses for examination preparation should keep exam success statistics and any other relevant outcome measure to assure the Deanery and DMEs of the quality of their programmes.

15. Special Requirements
There are a number of specialties with expensive and time-consuming courses that are regarded as essential. Funding from the study leave budget will not cover these and support will need to be found from elsewhere.

16. Trainees at the end of their training
Post-CCT trainees will continue to be eligible for study leave whilst on the training programme. The nature of the study will be different from pre-CCT in this transition period to a consultant appointment. Post-CCT trainees should register with their College for CPD as soon as they have obtained their CCT.

17. Less than Full Time Trainees
These have identical needs to those of full-time trainees and may apply for study leave pro-rata.

18. Overseas Graduates
Overseas graduates should have precisely the same opportunities as UK graduates. However, these trainees may be less familiar with the UK study leave system and therefore STCs and DMEs should be proactive when it appears such trainees are not making use of their study leave opportunities.
19. Invitations to Present Papers Abroad
   The Postgraduate Deans (COPMeD) guidance states that “attendance may be possible but costs are likely to be only partially met by the study leave budget”. Care must be exercised if pharmaceutical company sponsorship is provided. Advice about its appropriateness must be sought from the DMEs. Departments sending their trainees on such conferences should be prepared to find alternative sources of funding.

20. Trust and Specialty Requirements
   Individual trusts, other employers and the trainee’s specialty may have additional guidelines on the approval and allocation of Study Leave. It is recommended that trainees consult these as well as the HETV-Study Leave Policy when they start their posts.

21. Disputes and Appeals
   Disputes between trainees and departments should be referred to the DME for resolution. If no agreement can be reached or if the dispute is with the DME, appeal to the Dean is the next step. All appeals require written documentation.
Foundation Year 2 Trainees (FY2s)

Study Leave should be used to:

- Support the aims of the Foundation Programme
- Achieve the foundation outcomes
- Explore career opportunities and improve wider professional development

FY2s may take up to a maximum of 30 days annual study leave, 15 days of which should be used to undertake obligatory generic training and the formal foundation teaching programmes within the Local Education Provider. The remaining 15 days may be used for study activities outside the Local Education Provider, of these 10 days being available for “taster experiences” in chosen specialties. 5 days of this may be borrowed from FY2 allocation and taken during FY1 year.

A maximum of 5 days of external study leave can be taken in each 4 or 6 month attachment. Study leave time may be granted for Foundation Trainees to sit national examinations but no funding is available for this purpose.

Study leave planning should be incorporated in the educational agreement drawn up between the trainee and his / her Educational Supervisor. These plans should be revisited at each appraisal. DMEs should monitor these to ensure that such planning is taking place. Trainees are expected to attend 70% of locally provided training opportunities.
Dental Foundation Year 2 Trainees (DF2s) and Dental Career Development Trainees (CDPs)

**Study Leave should be used to:**
- Support the aims of the Foundation Programme
- Achieve the foundation outcomes
- Explore career opportunities and improve wider professional development

DF2s may take up to a maximum of 30 days annual study leave, 15 days of which should be used to attend the Deanery Study Programme which is organised by the DF2 Training Programme Director. 10 of the remaining days may be used for study activities outside the Loca Education Provider, of these 5 days being available for “taster experiences” in chosen specialties. 5 additional days may be used to attend obligatory generic training within the Local Education Provider.

A maximum of 5 days of external study leave can be taken in each 6 month attachment. Study leave time may be granted for Foundation Trainees to sit national examinations but no funding is available for this purpose.

Study leave planning should be incorporated in the educational agreement drawn up between the trainee and his / her Educational Supervisor. These plans should be revisited at each appraisal. DMEs should monitor these to ensure that such planning is taking place. Trainees are expected to attend 70% of locally provided (Deanery and Local Education Provider) training opportunities.
Core (CTs) and Specialty Registrars (STRs) / Specialist Registrars SpRs (including GPVTS when in their hospital posts)

Study Leave should:

- Enhance learning
- Provide career advancement (linked to curriculum requirements)
- Be planned as an integral part of a training programme
- Be incorporated in the educational agreement drawn up between the trainee and their Educational Supervisor
- Provide education and training not otherwise available in the workplace setting
- Include a majority component that is defined as essential for the specialty or programme, with a proportion remaining for tailoring to individual needs, where considered integral to the training programme.

Specialty trainees: are entitled to up to a maximum of 30 days Study Leave per year. This normally includes 20 days per annum for Locally Provided educational activity including obligatory training and the core or specialty curriculum teaching programmes. This includes external university programmes that dental specialty trainees attend as part of their programme.

This leaves 10 days for discretionary study leave each year adjusted proportionally for length of attachment. The trainee may apply for 5 days of private study leave in any 6 month period leading up to an examination that is necessary for career progression but this will only be considered prior to the first occasion that the trainee sits this examination.

The number of days will be entered on the trainee’s record on Intrepid® at source by the Deanery. This will make it clear and simple for each trust to allocate and monitor the discretionary study leave they control.

July 2014
Dear

I am writing to respond to your request sent on the 16th November 2016. OUH can confirm that it holds the data that you requested over a three year period.

1) The study budget amount claimed by each trainee in core medical and core surgical training in their period of employment as a trainee in the trust. **NB:** Under s12, FOIA, the Trust is unable to breakdown the amount claimed by each trainee, obtaining this information will exceed the cost limit of £450 over a period of 18 hours at a rate of £25 an hour. This will also involve contacting a third party to source information not readily available. The study budget (including private study) is £541,685

2) The amount claimable for each trainee in the trust for study purposes - £600 per trainee per year

3) The days of leave claimed for study by trainees in the trust and the number of days allowed to be claimed
   The days claimed for study equate to 5196 (please see attached for days allowed).

4) The activities (in general) that these claims are made for - Conferences, Revision Courses, Scientific meetings, Workshops, Forums, ATLS, Symposiums

5) The trust policy on what happens with the unclaimed study budget money in the trust – The unclaimed money is held in the Study Leave account to enable the Trust to offer 24 months funding to doctors reducing the need to cap claims at £600 during the financial year.

6) The policy that dictates the reason for preventing claims to be made for required exams to progress through training (e.g., why the MRCP cannot be claimed in the study budget allowance despite it being required for training whereas ALS is claimable). This policy can be found on: [http://www.ouh.nhs.uk/education-centres/study-leave/default.aspx](http://www.ouh.nhs.uk/education-centres/study-leave/default.aspx) (Please see attached).

Yours sincerely,