

Notification for Consultant Leave

Annual / Special Professional / Study

- A)**
- NB:**
- i. **If Questions 4 & 5 are not completed**, Clinics will be **booked** as routine and Anaesthetic and Theatre Personnel will be **allocated as normal**.
 - ii Please submit your notification to take leave as early as possible – at least **6 weeks** in advance
1. **NAME:** **Specialty**
 - Email Address** **Box No**
 2. **Dates absent from Hospital:**
From: **To:** **No. of week days absent:**
 3. **State type of Leave (Circle) ANNUAL / SPECIAL PROFESSIONAL / STUDY LEAVE**
If Professional Leave give details (see guidelines):
 4. **Have you advised if your clinic is to be reduced (?by how much) or cancelled? YES / NO**
- **Has your Secretary notified the Clinic about the cancellation(s)**
Please Cancel Clinic **on:** **AM / PM** **Clinic No.**
- on:** **AM / PM** **Clinic No.**
5. **Leave of absence NOTED by SDU Manager** **Date:**
 6. **As a result of discussion with your SDU Manager what impact will there be on your Theatre sessions? Continue with SpR or Theatre session to be reallocated (please circle)**
**** SDU Manager will then inform Theatre Manager and Anaesthetic Consultant Co-ordinator.**
- | Theatre surrendered on: | Date/Week | Theatre Location (MAIN/DSU) | AM/PM |
|-------------------------|-----------|-----------------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
7. **Consultant Cover during my absence will be undertaken by:**
 8. **Your Signature** **Date**

- B)** **Discussed with and Approved by your Service Delivery Unit Director**
NB: it is mandatory for this Section (i) and (ii) to be completed.
- (i) **Signature of SDU Director** **Date**
- SPECIAL PROFESSIONAL LEAVE AUTHORISED by MEDICAL DIRECTOR**
- (ii) **Signature of Medical Director** **Date**

- C) COMPLETED FORMS TO BE FORWARDED as follows:**
- i. **COPY of FORM to your Service Delivery Unit Manager for operational planning**
 - ii. **ANNUAL / SPECIAL PROFESSIONAL LEAVE APPLICATIONS – Medical Director’s Office, Box 149**
 - iii. **STUDY LEAVE APPLICATIONS** - Please complete **reverse of this form** and send whole completed form to **Hannah Harris, Consultant Study leave Administrator, PGME, The Clinical School, Box 111**

Please complete this side as well if you wish to apply for Study Leave

PURPOSE OF STUDY LEAVE

1. COURSE OF SCIENTIFIC MEETING

You are requested to give full details and to provide the Committee with a copy of the Course of Meeting Brochure. Please enclose this with your application form.

- **Title of Course/Scientific Meeting:** _____
- **Location** _____
- **Give details if you are an active participant:** _____
- **Number of Continuing Professional Development or Continuing Medical Education Points:** _____
- **Registration Fee:** _____
- **Does this fee include payment for meals or events other than the scientific sessions? YES / NO**
- **Travel:** From _____ To _____
- **By Rail:** For meetings in the UK (excluding Ireland) you will normally receive the second class rail fare.

Please state amount: _____

- **Air travel to meetings abroad you will be expected to purchase an economy, apex type of ticket.**

Please provide details of the expected cost when making your application: _____

- **Subsistence:** No. of nights _____ Cost per night _____
- **Type of accommodation** (e.g. University Hall of Residence or Hotel) _____

Overnight subsistence will not be given for meetings in London or within reasonable daily commuting distance from Cambridge. If hotel accommodation is necessary a standard contribution will be made. The Committee cannot fund accommodation in expensive hotels.

2. PRIVATE STUDY

Purpose: _____

Signature of Applicant _____

IF YOU HAVE NOT HAD WRITTEN CONFIRMATION OF APPROVAL PLEASE CONTACT THE OFFICE PRIOR TO LEAVE BEING TAKEN:

Ext. 3059 or email: hh334@medschl.cam.ac.uk

GUIDELINES FOR APPLICATION FOR LEAVE - CONSULTANTS

ANNUAL LEAVE	<p>Entitlement: Six calendar weeks, i.e. 30 week-days for a whole time or maximum part time practitioner (Pro rata for Part time).</p> <p style="text-align: center;">From April 1996 the 2 statutory days leave were converted to 3 days which you may be required to take on days specified by the Trust.</p> <ul style="list-style-type: none"> • Leave year shall run from practitioner's incremental date for salary purposes, or its anniversary where the practitioners are on the maximum of the scale, or the anniversary of the date of appointment where there is no incremental progression: practitioners previously conditioned to a leave year running from 1 June to 31 May can retain that leave year. • Up to five days may be carried over from a previous leave year at the discretion of the SDU Director (the Medical Staffing Officer must be notified in writing). • Completed form to be sent to Medical Director's Office, Box 149
CONSULTANT STUDY LEAVE:	<p>Leave Year: Between 1 April and 31 March Entitlement: Ten days per annum</p> <ul style="list-style-type: none"> • All requests for leave whether funding is requested or not will be considered by the Medical Staff Study Leave Committee in keeping with the terms and conditions of service. • Study leave will not be granted retrospectively. • If leave is approved the Committee will authorise an appropriate contribution towards expenses. • Examination fees are NOT payable. • The current maximum allowance for reimbursement of expenses by the Study Leave Committee is £650 per annum. • Locum consultants are not entitled to study leave for the first 6 months. Afterwards study leave is calculated on a pro-rata basis. • Completed forms to be sent to the: <div style="text-align: center;"> Medical Staff Study Leave Committee, Postgraduate Medical Centre, Clinical School, Box 111 </div> <div style="text-align: right;">Ext: 3059</div>
SPECIAL PROFESSIONAL LEAVE	<p>Leave Year: Between 1 April and 31 March Special Professional Leave</p> <ol style="list-style-type: none"> 1. Should not normally exceed a total of ten days per annum 2. Is intended to cover absences involved either in: <ul style="list-style-type: none"> ➤ Active participation at major prestigious meetings ➤ Royal College work: e.g. Reg. Adviser, College Tutor, Examining, ➤ Similar duties for specialist Societies, Research Council, etc. ➤ Expert Witness in Court <ul style="list-style-type: none"> • It is the Consultant's responsibility to ensure that clinical cover is provided by making proper arrangements with relevant specialist colleagues. • Requests for special professional leave should be agreed with Service Delivery Unit Director. • Requests which come outside these guidelines should be discussed with the Medical Director first. • Please Note: No Funding Available • Completed form should be sent to Medical Director, Box 149 for approval

Please Note: It is important that all leave is now carefully documented to ensure both fairness within specialist groups and the proper consultant cover.

Please send: Copy of Page 1 to your SDU Manager or General Manager