

## HEEM Procedure for dealing with sick leave and unauthorised absence of trainee doctors.

This procedure applies to all trainee doctors: Foundation trainees, Secondary Care speciality trainees, General Practice Specialty trainees and Public Health trainees.

The procedure presented in this document recognises that there are four differing types of sick leave that is:

- Acute – discrete episode that is time limited and not recurrent.
- Intermittent with multiple discreet episodes
- Long term that is time limited at less than 1 year.
- Long term complex - not time limited.

### The underlying principles are that HEEM expects the following:

- Trainees are employees of the NHS and must adhere to the sickness absence policy of their employer.
- The employer must apply their sickness absence policy in a fair and equitable manner to all employees including trainee doctors.
- The Foundation/Specialty School will work with the Trainee and the Employer to ensure that appropriate support is provided to the trainee to return them to work and training within the limits described by this document.
- Trainee sickness absence is accurately recorded by the employer and that these records are provided through ESR/Intrepid/TIS for HEEM information and action.
- Unauthorised absence from the work place is dealt with by the employer through their unauthorised absence policy and that HEEM are informed of this action proactively.
- Employers of trainees on rotations work together to ensure that sickness absence is managed as a continuum of the training time of an individual trainee and that as a trainee rotates their sickness absence record and management is passed to subsequent employers in the training programme.

### Sickness absence and implication for training:

The GMC<sup>1</sup> has determined that 20 days (when the doctor would normally be at work) is the maximum permitted absence within each 12 month period of the **Foundation Programme** (F1 and F2). Where a doctor's absence goes above 20 days (when a doctor would normally be at work), this will trigger a review of whether they need to have an extra period of training.

The GMC<sup>2</sup> has determined that within each 12 month period where a **specialty trainee** (post foundation training) has been absent for a total of 14 days or more (when a trainee would normally be at work), this will trigger a review of whether the trainee needs to have their CCT date extended.

It is necessary therefore that any period of absence excluding annual leave and Study leave, that either as 1 discrete episode or multiple discreet episodes, totalling 14 days for Specialty trainees (20 days for Foundation Trainees) is highlighted to the Head of School (HoS) and Training Programme Director (TPD). At this point in time absences accrue additional training time<sup>3</sup> as described in the Gold guide V5.

## Management of Sickness absence within a training programme:

The following highlights the steps necessary to manage sickness absence effectively within a training programme for an individual trainee:

1. All trainees **must** report sickness absence to employer.
2. Return to work interviews must be conducted by employer\* when trainee returns to work following sickness absence, with no exception.
3. Sickness absence must be reported to HEEM through Intrepid/ESR/TIS
4. HEEM team to update HoS and TPD on sickness absence of individuals.
5. HEEM team to monitor cumulative total of sickness absence for individuals in each training year.
6. HEEM team to report all sickness absence reaching 14 days (20 days Foundation ) to HoS and TPD.
7. HoS/TPD to meet with trainee and provide written record of meeting including implications for extension of training. Two copies of document; one to be delivered to trainee (recorded delivery via post or e mail); one to remain in electronic file with evidence of delivery to trainee.
8. When sickness absence reaches 20 working days, the HoS/TPD should liaise with the employing trust to trigger a local occupational health opinion regarding fitness to work and reasonable adjustments for return to work.

\*Return to work interview to be completed by line manager (trust policy) which may include Senior Nurse, Clinical Supervisor or duty Consultant.

When sickness absence totals **three months** (either continuous or intermittent) in 1 training year this should be considered complex, **unless** it is known that this is a discrete self-limiting condition that will not impact on the return to work. Self-limiting conditions may include time off for major fractures or major surgery that will not impact on future health or well-being. Consideration need to be given to the trainees' current/future ability to progress in training and assessment and whether they are able to complete a stage of training.

1. HoS/TPD to continue to liaise with trainee and employer, to ensure employer is applying sickness absence policy.
2. HoS/TPD to obtain Specialist Occupational Health advice when the health situation is complex as defined above from HEEM Occupational Health Specialist. The following questions need to be asked of OH;
  - a. Is the trainee fit to be at work?
  - b. Is the trainee fit to train and be assessed?
  - c. Is their health condition likely to affect their ability to complete this stage of training?
  - d. What reasonable adjusts are advised to allow a return to work and training?
3. Following OH advice it is necessary to convene a meeting of 3 parties: Trainee, Employer HR and Senior Educator representing Specialty/Foundation School. The purpose of meeting is to support trainee in returning to work and training by organising a (phased) return with reasonable adjustments as appropriate:
  - a. Evaluate needs through OH report and training programme
  - b. Agree timelines and what counts as training. Academy of Medical Royal Colleges<sup>4</sup> state that a 'phased' return to work should not count towards training.
  - c. Consider LTFT if supported by OH. This must include a prospectively approved programme.
  - d. Ensure meeting is minuted and three copies provided; one copy retained by employer; one to be delivered to trainee (recorded delivery via post or e mail); one to remain in electronic file with evidence of delivery to trainee.

If return to work is unsuccessful this should be documented with a further meeting between the three parties as above. The following process should then be followed:

4. Steps 1-3 above repeated at 6 months and 9 months.

5. If sickness absence remains unresolved and occupational health advice that the condition will not stabilise or resolve within 1 year the sickness absence policy of the Employing Trust must be followed leading to dismissal/early retirement on health grounds.\*\*
6. Appeals against dismissal should be made to the employing trust according to their appeals procedure.
7. The NTN should be removed following notification to the trainee and after any appeal against dismissal from the employment has been heard.
8. Referral to GMC should be considered by Employing Trust and HEEM.

\*\*If there is a possibility (on the advice of OH) that the Health condition may stabilise or resolve in 1 year, leading to a successful return to training, a limited OOPC of no longer than 1 year could be considered. During the OOPC an OH review should occur after 9 months, prior to the planned return to work. The trainee should return to the employing trust from which they took the OOPC and steps 1-3 repeated as above. If further intermittent/prolonged periods of absence, the employers dismissal policy on grounds of ill health should be implemented without further additional training time as this is a continuous process of sickness absence management.

**Flow Chart: see Page 4**

#### **References:**

1. GMC. Absence from the Foundation Programme.

<http://www.gmc-uk.org/Absence from training in the Foundation Programme FINAL.pdf 52344411.pdf>

Accessed 29<sup>th</sup> April 2015.

2. GMC. Time out of Training.

<http://www.gmc-uk.org/20121130 Time out of Training GMC position statement Nov 2012.pdf.pdf 56438711.pdf>

Accessed 29<sup>th</sup> April 2015.

3. A reference guide for Postgraduate Speciality Training in the UK.

<http://specialtytraining.hee.nhs.uk/files/2013/10/A-Reference-Guide-for-Postgraduate-Specialty-Training-in-the-UK.pdf>

Accessed 29<sup>th</sup> April 2015.

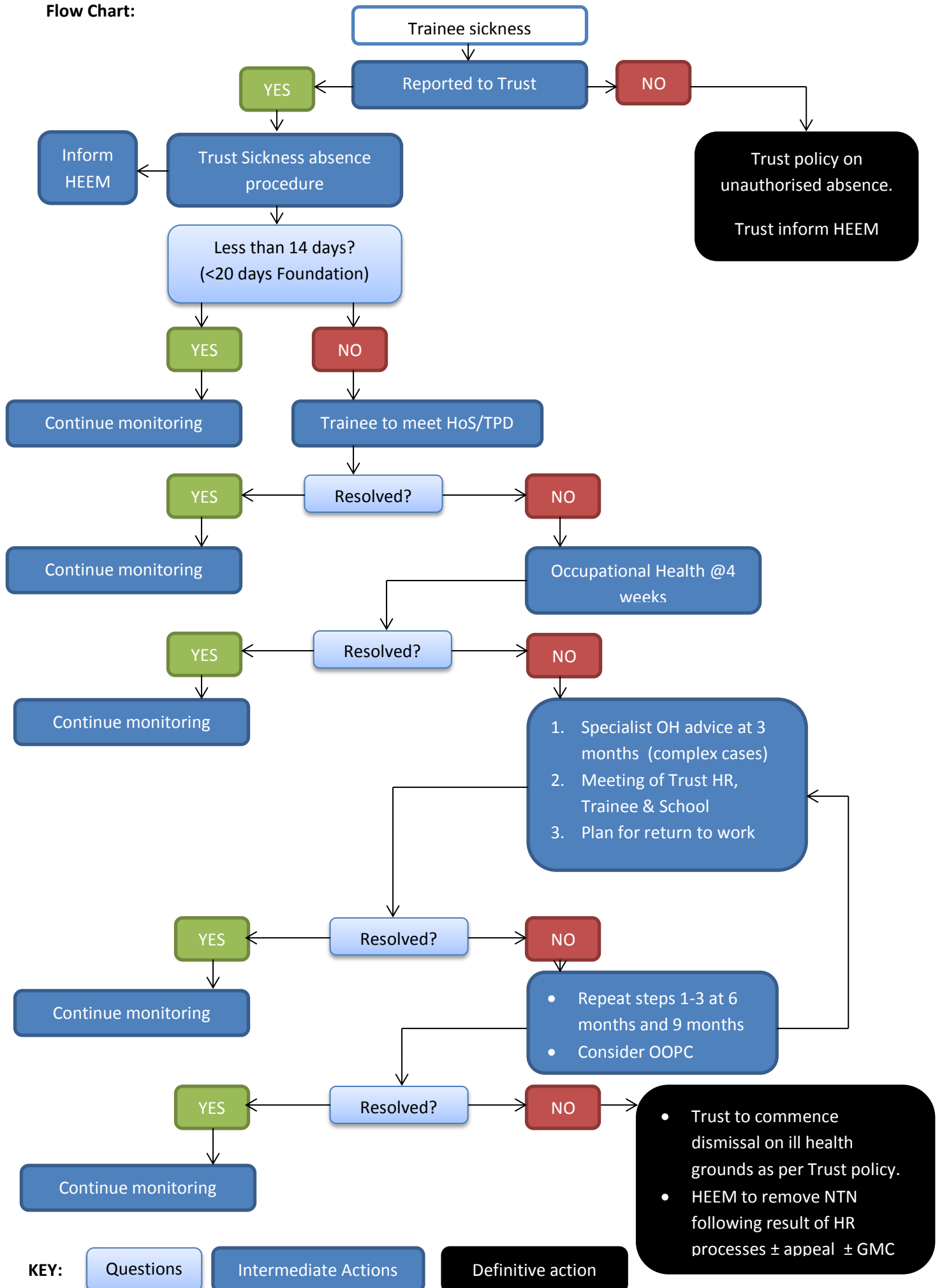
4. Academy of Medical Royal Colleges. Return to Practice guidance.

[http://www.aomrc.org.uk/doc\\_download/9486-return-to-practice-guidance](http://www.aomrc.org.uk/doc_download/9486-return-to-practice-guidance).

Accessed 29<sup>th</sup> April 2015.

**SEE BELOW FOR FLOWCHART**

**Flow Chart:**



**KEY:**

Questions

Intermediate Actions

Definitive action