

All-Wales study leave policy review

Response to HEIW consultation

December 2019

Introduction

BMA Cymru Wales is pleased to provide a response to the consultation by Health Education and Improvement Wales (HEIW) on study leave and study budget reform. We note that this follows the formation of a task and finish group undertaking a comprehensive review of the current All-Wales Study Leave Policy implemented in 2015.

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

The BMA's Welsh junior doctors committee (WJDC) represents doctors employed in the training grades in Wales. It considers and acts upon association policy with regards to junior doctor issues and engages with stakeholders in Wales as the representative voice of junior doctors.

To help it respond to this consultation, WJDC surveyed the junior doctor membership in Wales to assist it in formulating its views and ensuring they were as representative as possible of the wider Welsh junior doctor workforce.

Review process

[WJDC is disappointed in the process by which HEIW has conducted this study leave policy review.](#)

Reform to the study leave system in Wales is a matter of longstanding policy and interest to the BMA and its junior doctor members in Wales. WJDC has engaged on multiple occasions with HEIW and its predecessor organisation (the Wales Deanery) to lobby for a review of the current policy in Wales. There is established precedent in our ways of working with HEIW that leads us to reasonably expect any such review would include BMA Cymru Wales as an important stakeholder and representative voice; indeed, WJDC had previously been explicitly assured of this in relation to the issue of study leave reform.

We were therefore surprised to discover that HEIW had formed its study leave review task and finish group without informing BMA Cymru Wales, and had proceeded to hold multiple meetings of the group before WJDC discovered its existence. It was only after raising significant concern about this that WJDC was granted access to its meetings. By that stage, however, the format and content of the review feedback process was already formulated prior to and without the BMA's involvement. Therefore, we are necessarily responding formally to the document as an external stakeholder. WJDC will regardless maintain its position on the study leave review task and finish group now that this has belatedly been granted.

[In our view, the study leave review feedback document leaves much to be desired in its format.](#)

We are concerned that the 'assumptions' contained within section 4 preclude any serious discussion of more wide-ranging reform to study budgets. In particular, we regret that a recommendation of seeking additional funding for study budgets is not within the remit of the review, especially given recent developments in study budget provision in England.

Furthermore, we do not feel that the four options outlined are either mutually exclusive or adequately defined. For instance, option 3 (funding roll-over) is not a system of study budget administration in and of itself and we feel it should be considered alongside, and in combination with, other proposals. Regrettably, WJDC has received no explanation or record of the discussions that led to these options being selected for consultation, nor the underlying analysis and usage statistics which underpin these decisions. Nor are these presented in the consultation document.

Study budget allowance

[We believe that an increase in the study budget allowance is the single most important reform that is required to enhance the study leave policy in Wales.](#) Wales lags behind other nations in the UK, with a significantly higher allowance of £1,250 available in Northern Ireland and a theoretically unlimited individual allowance in operation in England.

Trainees in Wales frequently spend far more than their available allowance on their studies. Of those we surveyed, only one individual reported themselves staying within the £600 allocation. Many trainees reported spending over £2,000 per year on their studies. This was ascribed to the continued increase in costs of many training-related courses, conferences and other development experiences required in order for trainees to progress in training and, in some cases, retain a place on their training programme.

The significant cost of travelling from remote and rural areas of Wales to attend training events which are not provided locally was also cited as an issue. A number of trainees supported the idea of further access to travel funds for trainees in these situations to mitigate some of the impact of rural placements on training.

We are deeply disappointed that an increase in the individual allowance is not contained in any of the options outlined in the feedback paper. [We therefore argue that this should be considered by the review group and be properly modelled. Justification should also be provided to junior doctors in Wales for any decision not to increase the allowance.](#) One of the most frequent comments provided to WJDC in response to our survey was surprise that the English model was not being considered. Many respondents felt strongly that an unlimited individual budget, with appropriate regulation, was clearly the only viable option to reform to the study leave policy in order to ensure the continued attraction of training in Wales.

Rollover of unused funds

That said, we believe it to be [clearly desirable to introduce the roll-over of unused study budget from previous years as outlined in option 3.](#) This would enable trainees to 'save up' for particularly expensive courses, conferences or years of training. It appears that in many instances this will not be possible anyway as the current study budget allowance (assumed static in all options) is so easily consumed by even single courses; however, we see no reason that this reform cannot be implemented in any outcome where an individualised study budget allowance is maintained.

In a similar vein, we believe that F1 doctors should be able to access a proportion of their allocated study budget and leave for their F2 year in advance. This would allow doctors to explore their interests earlier and might also allow some of the cash-in-hand benefits of direct payment to trainees as outlined in option 2.

Direct payment to trainees

[Regrettably, however, we view it as clearly disadvantageous to directly pay trainees their annual study budget allowance as outlined in option 2.](#) As the options appraisal notes, this solution would leave the allowance subject to tax. By our calculations the taxable amount in this instance could total over 50% for some trainees, leaving an effective study budget of less than £300 – a situation that would be clearly unacceptable.

Funding of mandatory courses

We note that option 4 outlined in the appraisal describes a system of study budget provision most analogous to the current English system. Here, the budget would be centrally held by HEIW and 'mandatory' courses would be automatically approved for payment. Therefore, we will consider a number of ramifications of such a system.

[In some ways, this represents the most acceptable option outlined in the paper.](#) For many trainees, it would represent a real-terms increase in availability of study budget. Many trainees consulted argued that it was common sense that courses required to progress in their training should be provided at no cost to the trainee. [However, as noted above, option 4 has not been sufficiently elaborated upon in our view in order for us to provide a proper judgement.](#) As it stands, we have both a number of questions and a number of reservations.

Definition of 'mandatory'

We consider that the process which has been outlined for determining what will define a mandatory course is inadequate. We note that the paper describes how 'the list of mandatory courses will be developed in conjunction with the specialties in Wales and published online for transparency'. Whilst in some instances this will be obvious (for example, advanced life support training), many trainees described to us a secondary tier of 'de-facto mandatory' courses which, whilst not essential curriculum requirements, are important to professional development and are highly recommended. It is therefore unclear if such courses would be considered mandatory under the scope of this policy or not.

A list of mandatory training by speciality also fails to acknowledge the diversity of different opportunities and ways trainees can acquire the capabilities required of them by their training programmes and curricula. These requirements include the GMC's Generic Professional Capabilities as of 2020 (something we note the consultation document suggests would sit in the 'non-mandatory' list). Having a defined list could also limit the valuable opportunity for a trainee and their education supervisor to discuss and agree on study leave usage based on the trainees' personal development plan. In a 'one size fits all' approach of applying fixed lists of courses and events, there is a risk that the diversity of experience and skills development in Welsh trainees will be narrower. We would therefore be concerned this would not produce a broad range of interests and skills bases in our future consultant and GP workforce.

Furthermore, WJDC strongly disagrees with any suggestion of lists being designed without substantial involvement of trainees at all stages of training within a speciality programme, as well as in all training locations in Wales. In light of the process by which the study budget review itself has been conducted, we have particular concerns regarding the need for proper transparency of process by which HEIW would determine mandatory courses.

Funding of non-mandatory courses

We are concerned there is no clear proposal for the provision of funds for non-mandatory courses under option 4. This is in our view a major weakness and we are concerned that access to non-mandatory courses would be reduced under this system.

Trainees in specialties with fewer or no mandatory courses particularly raised concerns regarding option 4 for this reason. GP trainees need only complete two mandatory courses (basic life support and child safeguarding level 3), both of which are easily accessible at a low cost. However, in order to be a fully competent, skilled and well-rounded GPs, it is clear that other courses are beneficial, and that these courses are best determined by the individual trainee in discussion with their educational supervisor, who together will be most familiar with the trainee's needs with regard to their professional development and acquisition of needed capabilities. Similarly, dermatology is a specialism where mandatory training lists may be shorter than many, but all-but-essential non-mandatory training can be significant. Any implementation of this system would therefore require the specific concerns of trainees in such specialties to be addressed and steps taken to ensure equality of access to funds.

Development of in-house training

We note that one of the advantages described in option 4 is the development of 'in-house CPD and solutions covering a number of specialties'. Given this is seen as a clear advantage of this option by HEIW, we ensured to consult widely on the potential impact of an increase in local or Welsh provision of training.

Multiple issues were raised with us regarding these proposals. Trainees in smaller specialties expressed reservations about the ability for relevant and necessary training to be provided to a high enough standard locally, especially where consultant expertise in that area is lacking in Wales. Opportunities to learn and share best practice elsewhere and to network would be diminished. However, the provision of core courses locally was generally approved of, and we would note that this might be effectively combined with their automatic provision outside of any study allowance as outlined in option 4.

Conclusions

Regrettably, we consider that none of the options outlined in the consultation document are fit for purpose as they stand as they would all maintain Welsh trainees at a significant disadvantage to English trainees in the absence of any accompanying proposals for a significant uplift in the funding that can be accessed by individual trainees. Time and again, trainees have argued that any reform that did not tackle this issue would not be sufficient. We strongly advocate that the English system's generosity, flexibility, and funding for all courses which map to a trainee's training programme curriculum training – as well as good levels of flexibility around optional and aspirational training in its best implementations – should be at least matched. We also note that the Northern Irish system, with more than double the yearly allowance and prioritisation of 'mandatory', desirable and aspirational courses, also provides increased flexibility on the current Welsh policy.

We fear that a failure to address these disparities with other parts of the UK will have consequences not just on recruitment and retention of Welsh trainees but also on their overall wellbeing and diversity, as well as on the diversity of experiences and skill sets of future Welsh doctors. Greater access to a fairer and more equitable study budget policy is essential in our view to enhancing the wellbeing of trainees, mitigating the financial impact of self-funding of training, and addressing differential attainment within our trainee population. We also regard it as essential to mitigating the impact of location of training and speciality, and widening access to medicine as a career in Wales. Furthermore, we consider it key to allowing trainees, in conjunction with their education supervisors, to direct their development in a way that will enable them to fully realise their potential and deliver the highest quality patient care now and in the future.

At present, we don't believe that any of the options outlined in the consultation offer an adequate solution to addressing these issues. In order to have maximised the value of this consultation process, we feel it would have been more effective to have comprehensively sought representative trainee voices by fully engaging with BMA Cymru Wales prior to the design of the consultation and the undertaking of the options appraisal.