Consultants' study leave - value for money?

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Summary

The consultants in a single large acute hospital trust were given a personal allocation of £500.00 for study leave and asked to supply reports on the purpose and value of that leave. The majority of consultants (82%) took leave during the 12-month period at an average cost of £182.80 for each episode. Most was regarded of value and the majority was shared with other members of staff.

Keywords: study leave, education

Compared with other hospital staff, consultants in the National Health Service (NHS) have always been treated generously with regard to study leave. National terms and conditions for hospital medical and dental staff allow up to 30 days in the UK and 10 days abroad in every three years. Funding was the responsibility of Regional Health Authorities, when they employed consultants, and expenses for UK leave were usually liberal (within standard Whitley limits), allowing conference fees, first-class rail travel and standard subsistence rates. As this money was 'top-sliced' by Regional Health Authorities there were few limits for UK meetings, though support for overseas leave was not always forthcoming, or restricted to a single grant, whatever the cost. Despite this generosity with time and money, some consultants appear not to have taken advantage of these allowances; a retrospective study in 1990² showed an average of 6.2 days a year taken, though a questionnaire relating to the two years 1990–91 in one Thames Region³ showed 45% of respondents taking more than 10 days in the year, and only 8% taking none. In that survey, many believed that the budget was inadequate, respondents quoting sums of £100–300 a year. No information was given in either study about sharing the information gained during study leave with other staff after return to base.

Two major, but incompatible, changes have occurred. The requirement for consultants to undertake continuing medical education (CME) makes it essential for them to have study leave; at the same time, funding has become the responsibility of NHS Hospital Trusts. Many trusts are hard-pressed for finance, and are also aware that, compared with consultants, nonmedical staff have little opportunity for professional study unless taken in their own time, and often at their own expense. This paper describes the experience

of one Trust in its attempts to deal fairly with the problems of consultants' study leave.

Royal Hull Hospitals Trust

This Trust came into being on 1 April 1993 with a budget of about £90 million. It then employed 120 consultants. The Yorkshire Regional Health Authority passed over £35 000 for study leave, said to be the sum claimed in the previous year by consultants employed in the hospitals making up the Trust. Several applications for study leave had already been approved for the year 1993–94, but it was clear that the previous open-ended generosity might lead to a serious overspend.

For the first year only minor modifications to the old rules could be made. These were:

- all applications to be made in advance
- applications to be scrutinised by the Medical Director as to suitability and relevance,
- expenses for overseas study leave would not normally be granted,
- consultants were asked to be economical with expenses, but no limit was imposed.

In the succeeding year, only a few applications were rejected as unsuitable or irrelevant, and a few overseas trips were funded as they were deemed academically important to the individual involved. However, only 65 consultants claimed expenses, for sums ranging from £29 to £1845, and the expenditure remained within the budget.

SELF-CONTROL

For the year 1994–95 a new strategy was needed, particularly as compulsory CME was about to begin. Problems with the previous system were considered to be:

- monitoring by the Medical Director was arduous and arbitrary
- applications at different times in the financial year might be viewed differently depending on the state of the budget
- some consultants were more willing than others to be economical
- course and conference expenses varied widely and inexplicably—fees ranged from £35 to £250 a day. If these were accepted without dispute there was no incentive for course organisers to be economical, and no encouragement to consultants to be selective.

For these reasons a new scheme was devised, with these conditions:

- the overall budget was increased so that every consultant could call on up to £500 a year (to cover all expenses - fees, travel, accommodation). This could be carried

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- over for one year if necessary, in whole or part
- the allocation of 40 days study leave (regardless of home or abroad) in three years was unchanged
 - application in advance was still required, and the Medical Director monitored appropriateness
 - expenses were only reimbursed against receipts and when a report form on the study leave had been returned (box 1).

RESULTS
During the 12-month period reviewed, 98 consultants (82% of the total) applied for and took study leave. The number of periods of leave taken ranged from one to six (table), a total of 161 episodes.

Cost
Total costs for the period were £29 447, an average of £182.80 for each episode of study leave.

Value
The majority (77%) of the study leave sessions were rated as 'essential', 22% as 'useful', but 1.2% as of no personal value. In relation to cost, 79% of the meetings were considered good value for money, 17.4% were said to be only moderate value, but 0.6% (one meeting with a £400 registration fee) poor value, though its content was good. Most respondents (79%) stated they would attend the equivalent meeting again, though 5.6% would not (15.5% did not answer).

Effects on practice
Respondents claim to have shared information from the meetings with other professionals in every case, mostly with other consultants (66%), often with registrar or senior registrars (78%) and in only 30% of cases with senior house officers. The method of communication was usually at a meeting – departmental, teaching seminar, etc.

When asked if personal practice was affected by the meeting, only 44 meetings (27%) were considered to have had that effect. Research programmes were influenced in seven cases, and audit was initiated by one meeting.

Discussion
The data presented are largely based on consultants' own perceptions of study leave, clearly not a rigorous form of analysis. Nevertheless, they give some factual information about study leave in one large NHS Trust, and some insight into its value and effects.

It can be considered encouraging that so many of the consultants took at least one period of study leave in the year analysed, bearing in mind that CME reporting had begun in only a few specialties by the end of that period. Nevertheless, it is less than the 92% during the two-year study reported by Kerr *et al.*³

At the time of the study, evaluation of medical meetings in the UK was not frequently performed, though some societies invited comments from their members or asked senior members to rate the quality of sessions.

Royal Hull Hospitals Trust – Study Leave Report

Title and date of meeting

Overall quality

Value to you, personally

How did it rate as value for money?

Have you shared information from the meeting with colleagues?

Number

Consultants

Senior Registrars

Registrars

SHOs

HOs

Nurses

At what forum?

departmental meeting

teaching seminar

audit meeting

other (specify)

Result

Indicate any change or initiative induced by the meeting

• in your personal practice

• practice in Royal Hull Hospitals Trust

• in your research programme

• in your audit programme

Would you go to an equivalent meeting again?

*Please mark the analogue scale appropriately.

Name

Date

On completion of this form please submit to the Medical Director with receipts and vouchers

Box 1

Table Number of study leave episodes reported by consultants

No of episodes	No of reports
1	48
2	18
3	8
4	4
5	3
6	1

(However, evaluation of meetings by participants is now becoming commoner.) Most consultants in this survey believed the meetings they attended to be useful and often ‘essential’, but nearly 20% were not good value for money, a more important consideration to these consultants operating within a scheme which imposed a ceiling on their study leave expenses. This suggests that some organisations may need to re-examine their budgeting arrangements for meetings, and they will become more likely to do so if more delegates are on fixed-ceiling budgets. Nevertheless, at less than £200 for each episode, study leave cannot be seen as extravagant.

The perceptions about the effects of the meetings on practice were most disappointing. A constant concern about current practice is the time-lag between scientific discoveries and their introduction into practice generally, and the stress placed on audit and evidence-based practice is all directed to improving this deficiency. This survey suggests that the current style of medical meeting in the UK is, on its own, an inadequate stimulus for change; the alternative explanations are that the consultants in this Trust were already well ahead in practice, or unusually resistant to change, or did not realise that they were in fact changing. It is recognised that changes in practice are often based on an accumulation of evidence, so perhaps it is expecting too much of a single lecture, paper or symposium to have a noticeable effect.

The Trust’s scheme for study leave seems to have worked tolerably well. The budget cannot be exceeded, and consultants can plan their own leave expenses within a pre-determined limit, or can seek subsidies if costs are likely to exceed the allowance. (In Kerr *et al*³ 30% had access to alternative funds, but we did not enquire about this.) Some consultants have already exercised the option to carry over one year’s allowance to allow them to attend a more expensive but important meeting in the next period; this option may be less useful as requirements to fulfil minimum CME requirements every year come into being.

In the survey by Kerr *et al*³ many consultants attached considerable importance to study leave as a method of acquiring new skills, though in reality few seemed to have taken leave for that purpose during the period under review. We recognised that, although many medical meetings offer some opportunity to learn a new skill, there are occasions when a consultant needs to attend a specific course, or attend another medical centre, in order to learn and study a new technique at a cost far greater than the current financial limit. Such ‘re-skilling’ is recognised as being of benefit to

Summary points

- consultants in a Trust respond well to a personal allocation of time and finance for study leave
- 82% of consultants took some study leave under these arrangements in one year, at an average cost of £182 for each episode
- almost 80% of study leave episodes were rated as ‘essential’, and respondents would attend the same meeting again
- information from meetings was usually shared with other staff

Box 2

the Trust, and consultants are encouraged to submit proposals for such opportunities to their general manager, as a minor ‘business-plan’. If adjudged suitable and desirable, such leave will be paid for from the service’s budget.

Previous reviews have seemed to regard study leave entirely as an opportunity for the individual. Yet these are expensive opportunities and it seems obvious that information and ideas gleaned from a meeting or conference should be shared as widely as possible with relevant colleagues – peers and juniors. In our experience this is not common practice in NHS departments, though academic units frequently ensure that anyone visiting a conference gives an account of its important aspects at a departmental meeting. We enquired about and sought to encourage this type of activity with our report form; the responses suggest that the majority of study leave was the subject of discussion with a wide range of hospital staff, but it would require a more detailed survey to ascertain the academic value of this secondary dissemination.

Our tentative conclusion from this study of one year’s consultant study leave in a single large Trust is that consultants will accept personal responsibility for the most appropriate and economical use of time and money for their study leave. A report submitted after the study leave has been taken is a useful way to analyse some of its purpose, value and effects as well as a prompt to consultants to think about these aspects. The advent of compulsory CME will clearly change needs and attitudes, and further surveys should be carried out.

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1 Department of Health. *Hospital medical and dental staff (England and Wales). Terms and conditions of service.* London: Department of Health, 1986.
2 Standing Committee on Postgraduate Medical Education. *Uptake and cost of study leave.* London: SCOPME, 1991.

3 Kerr DNS, Jones SAM, Easmon CSF. Continuing medical education: experience and opinion of consultants. *BMJ* 1993; **306**: 1398–402.