# HEE National Study Leave Appeal Process

### Background

This document outlines the national study leave appeals process that should be used for all doctors and dentists in training within Health Education England (HEE) [[1]](#footnote-1).

The Post Graduate Dean in each HEE local office is responsible for ensuring that the study leave budget and the rules regarding its use are implemented in a fair and transparent way in line with the national study leave principles: <https://www.hee.nhs.uk/sites/default/files/documents/Study%20leave%20guidance%20overview.pdf>

The study leave process provides a mechanism by which trainees can appeal against a decision where they have evidence that the process that led to the decision was not followed correctly; or that there appeared to be bias, resulting in unfair treatment; or that new information has been made available that was not known at the time of the original decision and may have influenced the outcome.

Appeals will be reviewed by a senior member of the Health Education England local team and the relevant Deputy Post Graduate Dean (acting on behalf of the Post Graduate Dean).

**Principles**

If a doctor or dentist in training disagrees with a decision about study leave, they should in the first instance contact the relevant authoriser that refused the application to request an explanation / review.

If a doctor or dentist in training remains of the opinion that the wrong decision has been made, they can appeal against the decision using the national appeal form which can be found at **Appendix A**. The completed appeal form should be sent via email to the Postgraduate Dean (or their nominated deputy) as outlined on the website of the specific HEE local office. The appeal form must clearly state the reason(s) for the appeal, including any new evidence that may support the appeal process.

Anonymity for appellants will be maintained wherever possible unless the individual confirms their consent to waiving this on the form.

Appeals should be submitted within four weeks of the date that the original decision to refuse study leave was communicated to the trainee. Failure to do so will mean the appeal will not be processed. Appeals will then be considered by a panel convened within the local office that will include a senior member of the PGMDE team, a trainee representative and the Postgraduate Dean or nominee.

Appeal panels will consider the information submitted on the form and the appellant is not required to attend. The appellant can however request to attend the panel (with or without support, e.g. trade union representative) but must make that clear at the point of submitting their appeal form.

The doctor or dentist in training will receive a response to their appeal via email within 20 working days of submission with the result of the appeal outlining the reasons for the decision reached.

HEE reserve the right to refer appeals back to the Trust or Employing Authority where it is deemed within their remit to resolve. HEE reserve the right not to enter into further appeals thereafter where the supervising clinician/Trust/Employing Authority have applied the guidance for study leave in the correct way.

The decision resulting from this appeals process is final and there will be no further right of appeal.

As part of the ongoing development of the Trainee Information System (TIS) for Study Leave, HEE will work to create the ability to capture data on appeals to enable anonymised reports to be analysed.

## Appendix A

## IMPORTANT:

1. **Please provide any documentation/email conversations to support your appeal, this will help the study leave panel make their decision.**
2. **The study leave panel decision is final.**

**Study Leave Appeal Form**

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| **Trainee Details** |
| **Name:** |  | **Contact No.** |  |
| **GMC Number:** |  | **Email Address:** |  |
| **Current Trust:** |  |
| **School:** |  | **Specialty:** |  |
| **Level:** |  | **Submission Date:** |  |
|  |
| **Course applied for (i.e. focus of this appeal)** |  |
| **Date of course applied for** |  |
|  |
| **Signature: (Note, electronic signatures are permitted)** |
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| **Anonymity for the appellant will be maintained within the Local Office wherever possible. If you are happy to consent to waiving anonymity, please mark X in the box** |  |

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| **Reason for Appeal** |

**In the space below, please state the reason(s) for your appeal including any evidence that you feel will support this. Why do you think this decision should be reconsidered? (additional evidence can be submitted with this form)**

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1. HEE acknowledges the work of several local offices whose local documentation was used as the basis for this HEE-wide document; the appeals process (London) and appeal form (West Midlands) [↑](#footnote-ref-1)