

Third Biennial Report of the JCST Trainer Survey

Introduction

JCST's Quality Assurance Group, in conjunction with the Schools of Surgery and Specialty Advisory Committees (SACs), has developed a survey to explore topics of particular interest to surgical trainers. We report on the 2023 survey, which follows on from the 2021 and 2019 surveys and earlier pilots.

Survey overview

The survey had 27 questions covering the themes: General Information, Personal Experience/ Training, Support for the Role and Specific Training Activities (see Appendix A). The objectives of the survey were:

- To find out about the successes and difficulties of being an Assigned Educational Supervisor (AES)¹.
- To report on good practice and identify areas for improvement.
- To identify any serious concerns that could affect patient or trainee wellbeing.

The survey opened from 27 April 2023 until 6 July 2023 (10 weeks). Assigned Educational Supervisors were sent an email invitation. They were identified from 'active' trainee placements registered in the Intercollegiate Surgical Curriculum Programme (ISCP) – surgery's online training management system. The survey was run via the Survey Monkey platform. We sent 3 reminder emails - at 5 weeks, 8 weeks and 9 weeks. News was shared with the Confederation of Postgraduate Schools of Surgery (CoPSS) and advertised via the Heads of School. There were announcements on JCST website, ISCP and social media to encourage responses.

Inclusion criteria –

- Current AES (UK or Ireland) included in ISCP prior to the survey (1 April 2023).
- Any AES (UK or Ireland) contacting the JCST during the survey period to ask for access to the survey, if they were a current AES included in ISCP.

Exclusion criteria –

- Any individual who answered "No" to the question "Are you an Assigned Educational Supervisor?" (10 respondents).
- Any individual who exited the survey early on (first section) (35 respondents).

In 2023, there were changes to the survey questions as follows:

- 2 questions added to explore the number of trainees and/or post-certification fellows each AES trainer supervises.
- A question added on the Multiple Consultant Report (MCR), a workplace-based assessment introduced as a curriculum requirement in August 2021. The MCR aims to improve feedback for trainees. The new question considers if trainers feel able to provide meaningful feedback, as an AES, on the basis of an MCR.

¹ An 'Assigned Educational Supervisor' (AES) is also known as an 'Educational Supervisor' (ES)

Response rate

The response rate of the survey was 26.9% (1000 responses of 3720 AES invited to take part). This response rate is 1.4% less than previous surveys, 28.3% (2021) and 28.3% (2019). A further breakdown of the response rate (i) by region and (ii) by specialty is shown (Appendix B). There is variation across (i) region (20%-33%) and (ii) specialty (21%-35%). Some trainers were noted for more than one specialty and/or region so their survey invitation was 'uncategorised'², a limitation that will affect the accuracy of the response rate breakdown (Appendix B).

In 2021 the survey had been expanded to include the Republic of Ireland (for 2023, 3.5% of total responses; 27.1% response rate).

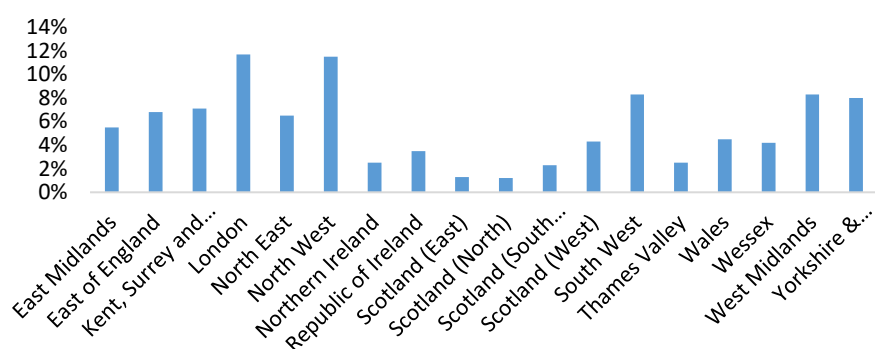
Survey outcome data

General information

Responses were received from trainers in all training regions (the highest numbers from regions with more trainers/trainees, as expected). Appendix B shows variation between regions for response rate.

In which deanery/local office do you work?

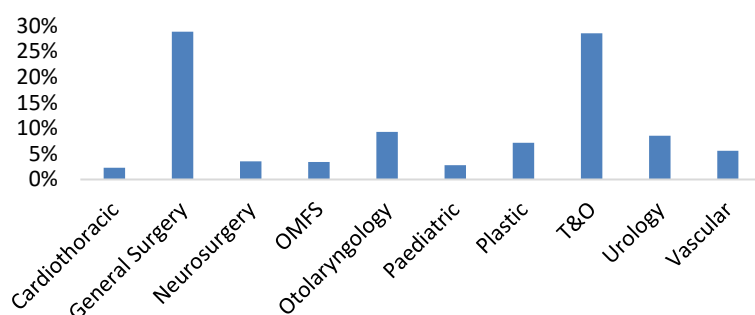
Proportion of total responses - by region



Responses were received from trainers in all surgical specialties (the highest numbers from specialties with more trainers/trainees, as expected). Appendix B shows less variation between specialties for response rate. Some of the smaller specialties had a usual response rate, including Paediatric Surgery (35.0%).

What is your surgical specialty?

Proportion of total response - by specialty

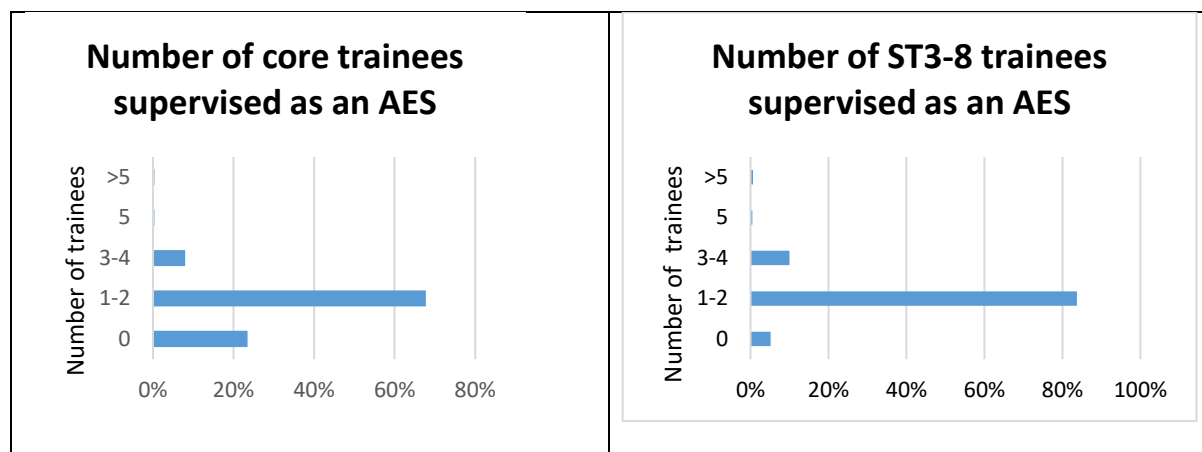


² Approximately (i) 3% of invitations 'uncategorised' by region; (ii) 16% of invitations 'uncategorised' by specialty.

Individuals could select more than one option for their additional roles, 95.2% were also Clinical Supervisors and 16.1% had additional roles, with the most mentions being Training Programme Director (TPD), College/Surgical Tutor, FRCS examiner, Surgical Training Committee, Director of Medical Education (DME), Specialty Advisory Committee Liaison Member, supervision (including medical students, foundation doctors, fellows, academic, research, allied professionals).

Individuals could select more than one option for the level of trainees that they train. Most train ST3-8 (97.7%). 67.7% train core level trainees and 33.6% train doctors post-certification. These are similar values to previous surveys (JCST 2021).

A small proportion of trainers indicate that they supervise (i) core only (1.5%) or (ii) post-certification fellows only (0.2%). The majority of ST3-8 trainers have additional responsibility for core trainees and/or post-certification fellows (75.5%). Most trainers indicated they supervise 1-2 trainees. This applies to trainers with responsibility for a single group (core/ST3-8) or more than one group (core/ST3-8/post-certification fellows). A trainer with responsibility for post-certification fellowships mostly supervises 1 fellow (81.0%).



Personal experience/training

Example of Good Practice:

There is a small improvement in knowledge of the curriculum requirements, suggesting that confidence is improving with experience of using the curricula introduced in August 2021. Positive responses have increased slightly since the previous survey:

I have appropriate knowledge of my trainees' curriculum requirements		
	2023	2021
Strongly agree/Agree	85.9%	81.7%
Strongly disagree/Disagree	3.3%	4.7%

There is ongoing confidence in how to use WBAs:

I have knowledge and understanding of how to use WBAs to help my trainees to learn.		
	2023	2021
Strongly agree/Agree	87.4%	88.5%
Strongly disagree/Disagree	2.2%	2.5%

Trainers appear to be as confident to give effective feedback to trainees on their performance. This finding is not reflected by a new question, introduced 2023, as it seems there are some difficulties in providing meaningful feedback on the basis of a Multiple Consultant Report (MCR) (see below). It is acknowledged that a new question on the MCR does not tell us everything we might want to know and there are many factors to be thinking about in relation to giving effective feedback. Trainers appear to be confident to give feedback but less so when it is part of a formal system that they are gaining familiarity with:

I feel confident to give effective feedback to my trainees on their performance		
	2023	2021
Strongly agree/Agree	95.4%	96.2%
Strongly disagree/Disagree	0.7%	1.0%

Areas for improvement

The findings for a new question, introduced in 2023, on the Multiple Consultant Report (MCR) will be considered by the ISCP team as this suggests it is an area for improvement.

As AES, I have been able to provide meaningful feedback on the basis of a Multiple Consultant Report (MCR).		
	2023	
Strongly agree/Agree	57.5%	
Strongly disagree/Disagree	21.1%	

As the MCR is a curriculum requirement and workplace-based assessment (WBA), it seems unlikely, based on the answers to other questions, that the negative responses are due to a lack of confidence around AES knowledge of the curriculum requirements (question 9) or how to use WBAs (question 11). However, it is early to see the impact of the MCR and trainers are gaining familiarity with this tool. An evaluation of the MCR is being undertaken separately by the ISCP team and this will look at the MCR. 'Meaningful feedback' can be related to many factors (including timing, environment, structure and content - availability of comments, role of person delivering feedback etc.). A single question on the MCR is not exploring the introduction of a reporting tool in ISCP in detail. Discussion by QA Group highlights that the question (and its result) needs some care in interpretation.

A few trainers contacted us to suggest that they provide more detail on their use of the ISCP and/or the MCR. This AES survey is run every 2 years and has wide coverage, not solely focusing on the ISCP. However, the ISCP team collate feedback received regularly on the ISCP and following the introduction of outcomes-based curricula (Aug 2021) are providing an evaluation report for the General Medical Council that will include the feedback gathered widely. The survey has potentially prompted some colleagues with an interest in this area to get in touch with the ISCP team.

A small proportion of trainers are not as confident in their own ability to use the ISCP to effectively record their trainees' progress. Negative responses have increased slightly since the previous survey.

I am confident in my ability to use the ISCP to effectively record my trainees' progress		
	2023	2021
Strongly agree/Agree	74.0%	77.4%
Strongly disagree/Disagree	10.1%	6.9%

Support for the role

Support for the role explored Programmed Activities (PAs), other training activities (time and travel expenses), support from Trust/Board and School of Surgery/Deanery. Job plans differ between countries and trusts/boards.

Areas for Improvement:

At a time where the healthcare sector is experiencing additional challenges including an operative backlog and strike action, these are not good conditions for the release of surgeons from clinical activities.

We explored the mechanism typically used to take time away to participate in training related activity and found that most use "professional leave which is separate from study leave" (30.5%) or study leave (49.8%). Some guidance and employers use the terms "professional leave" and "study leave" interchangeably so we became aware of some ambiguity around the wording used for this question. We plan to include definitions (BMA 2022; NHS Employers 2023) if this question is included in future surveys, and to be clearer when our questions refer to a 'curriculum-related activity' or an 'activity outside of the curriculum'.

8.0% do not take time away to participate in training related activity which is a similar finding to 2021 (7.7%) but higher than earlier surveys (2019, 4.6%). This suggests that participation in training related activity has not returned to pre-pandemic levels.

	2023	2021
Professional leave which is separate from study leave	30.5%	29.4%
Study leave	49.8%	50.3%
Annual leave	2.0%	1.6%
Unpaid leave	1.7%	1.9%
Movement of clinical sessions	8.0%	9.1%
I do not take time away from my Trust/Board to participate in training related activity	8.0%	7.7%

The findings for number of Programmed Activities (PAs) per trainee remain mostly unchanged. 21.3% did not receive any PAs (UK). Educational supervision can be allocated PAs in a consultant's job plan so it is disappointing to see that 61.2% (60.7% in 2021) receive less than 0.25 PAs. The results for Ireland have been removed. There are different arrangements for Ireland compared to the UK and 79.4% (86.7% in 2021) of trainees in the Republic of Ireland selected '0' PAs per trainee (less variation across 4 UK nations – England 20.6%; N Ireland 24.0%; Scotland 21.1%; Wales 34.1%).

Number of PAs per trainee - UK	2023	2021
0	21.3%	20.6%
0.125	39.9%	40.1%
0.25	36.0%	35.7%
0.375	0.3%	0.3%
0.5	2.1%	2.6%
0.625	0.1%	0.1%
0.75	0.1%	0.1%
>0.75	0.1%	0.5%

The survey also explored support for other activities e.g. time and expenses. The findings are mostly unchanged.

I have experienced difficulty in getting time to participate in other activities related to training. (e.g. participation in national selection, examining, membership of an SAC).		
	2023	2021
Strongly agree/Agree	29.8%*	30.0%
Strongly disagree/Disagree	39.0%	39.6%

*There is some variation across 4 UK nations 'Strongly agree/Agree' (England 29.4%; Northern Ireland 32.0%; Scotland 26.4%; Wales 29.6%). Republic of Ireland (45.7%).

I have experienced difficulty in reimbursement of travel expenses for training related activities (e.g. participation in national selection, examining, membership of an SAC).		
	2023	2021
Strongly agree/Agree	25.7%*	24.3%
Strongly disagree/Disagree	31.7%	33.1%

*This is some variation across 4 UK nations 'Strongly agree/Agree' (England 26.5%; Northern Ireland 20.0%; Scotland 15.4%; Wales 22.7%). Republic of Ireland (40.0%).

These findings relating to employer support and School of Surgery/Deanery Support are similar to 2021. In 2022, there was a reminder for employers of the value delivered by time allocated in job plans to supporting professional activities (DHSC, AoMRC, GMC, NHSE 2022):

Trust/Board support

My employing Trust/Board is supportive of me participating in training activity not included in my job plan.		
	2023	2021
Strongly agree/Agree	51.7%	52.7%
Strongly disagree/Disagree	13.8%	13.5%

See also - 2023 result breakdown (Appendix C) – Total Surgery by Region

School of Surgery/Deanery support

My School of Surgery / Deanery provides me with sufficient support as a trainer for me to fulfil my role (including faculty development courses, sufficient notice of and support for training committee meetings, if appropriate) ³ .		
	2023	2021
Strongly agree/Agree	51.3%	53.2%
Strongly disagree/Disagree	18.7%	17.0%

See also - 2023 result breakdown (Appendix C) – Total Surgery by Region

³ Excludes results for 'not applicable' answer option

Specific training activities

This section of the survey focused on training opportunities. It is not inconceivable that an AES trainer will not have much opportunity to directly assess trainees' performance in all these activities and they will require input from the wider team – including clinical supervisors and the multidisciplinary team.

Trainers have similar opportunity (compared to 2021) to assess their trainees' performance in the following areas:

	Strongly Agree/Agree	Strongly Disagree/Disagree
Theatre	76.6% (2023);79.6% (2021)	14.5% (2023);13.4% (2021)
Ward rounds	67.9% (2023);72.0% (2021)	17.1% (2023);13.8% (2021)
Emergency take	76.4% (2023);76.6% (2021)	10.2% (2023);9.8% (2021)
Generic Professional Capabilities (GPCs)	80.4% (2023); 81.2% (2021)	8.8% (2023); 5.4% (2021)

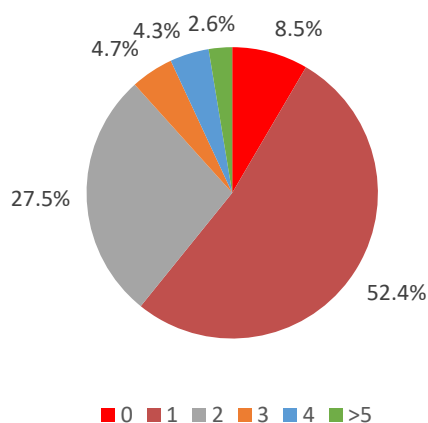
Most trainers are able to regularly review their trainees' progress.

I am able to regularly review my trainees' progress		
	2023	2021
Strongly agree/Agree	83.7%	84.3%
Strongly disagree/Disagree	6.0%	4.3%

Areas for Improvement:

The number of hours spent per average week establishing learning needs was mostly 1 hour (52.4% 2023; 50.8% 2021), followed by 2 hours (27.5% 2023; 30.1% 2021). 8.5% (6.3% 2021) do not spend any time per average week establishing learning needs.

Hours spent per week establishing learning needs



54.7% strongly agree/agree they have adequate time assessing and establishing learning needs for trainees. This is less satisfactory than other areas (e.g. reviewing progress).

I have adequate time when establishing the learning needs of my trainees to allow for satisfactory engagement with their ISCP portfolios		
	2023	2021
Strongly agree/Agree	54.7%	57.2%
Strongly disagree/Disagree	21.8%	19.0%

The opportunities to assess trainees’ performance appear to be less adequate in outpatient clinics and multidisciplinary teams than in other areas. The values are similar to 2021:

	Strongly Agree/Agree	Strongly Disagree/Disagree
Outpatient clinic	63.9% (2023);61.9% (2021)	24.5% (2023);26.0% (2021)
Multidisciplinary teams (MDTs)	59.9% (2023);55.7% (2021)	19.1% (2023);22.3% (2021)

This report includes further breakdown by region for questions relating to (i) Support for the Role and (ii) Specific Training Activities (Appendix C).

Recommendations and next steps

Our recommendations are mainly in the area of support for trainers where there has been little change when compared with previous surveys:

1. JCST will report our findings to the General Medical Council (GMC), Academy of Medical Royal Colleges (AoMRC), Schools of Surgery (and equivalent), local NHS England offices and deaneries. The responsibility for implementing these recommendations is outside JCST’s role as an advisory body so it will continue to work closely with these organisations and raise awareness of important issues for surgical trainers.
2. All Assigned Educational Supervisors should be allocated Programmed Activities (PAs) in their job plan (at least 0.25 SPAs, i.e. 1 hour, per trainee) so there is protected time for educational supervision of trainees.
3. There needs to be more than a request asking employers to support professional activities such as exams, ARCP panels etc. (DHSC, AoMRC, GMC, NHSE 2022) (DH, NHSE, GMC, Scottish Government, DoH (Northern Ireland), Welsh Government 2017). We highlight this as relevant to all four UK nations. A high proportion of trainers do not feel supported by their trust/board to participate in training related activities. The mechanisms for obtaining time away to participate in these activities is varied, including use of study leave, professional leave or annual leave. A concern about the release of clinicians by employers, for national selection, has already been flagged by JCST to Medical Dental Recruitment and Selection. This survey’s findings re-emphasise this concern. Anecdotally, our committees tell us that clinicians spend a significant amount of their own time to support such activities. Employers need to support clinicians to find more time and show how much the employer values this work.
4. Trainers need to be provided with adequate time to assess and establish the learning needs for trainees. There appears to be lower satisfaction in relation to the time available for this compared with other specific training activities e.g. theatre, out-patient clinics. It is recommended that adequate time is provided and the JCST continues to monitor compliance with related JCST Quality Indicators, e.g. learning agreements, via both trainee and trainer surveys.
5. The results for a new question, introduced in 2023, on the Multiple Consultant Report (MCR) will be considered by the ISCP team as this suggests it is an area for improvement. A limitation of a survey is its response rate and any issues around giving ‘meaningful feedback’ cannot be understood from just one survey question as ‘meaningful feedback’ is linked to many factors. This will need to be explored in more detail and the ISCP team are capturing information from many sources for a GMC evaluation of the 2021 curricula. We flag this as an area to discuss in more detail and to continue to monitor as familiarity is gained with the MCR.
6. Each SAC QA Lead will lead further discussion on the findings, in their surgical specialty. Charts by region are provided separately for each specialty ([Appendix D - Reference charts: Data by specialty and region](#)).

Conclusion

The survey finds that organisations can better support their AES trainers. Trainers need more time available to them. This is not solely for ‘curriculum-related activity’- such as establishing trainees’ learning needs but includes ‘activity outside of the curriculum’ – supporting wider professional activities such as exams or national selection. Participation in training related activity has not returned to pre-pandemic levels.

An AES trainer’s role extends beyond directly providing training. The outcomes-based curricula, launched August 2021, re-emphasises the importance of establishing learning needs and delivering feedback. We will continue to monitor trainer and trainee reaction to the 2021 curricula.

The AES role is formally recognised by the GMC and support for educators is a theme of the GMC’s [*“Promoting Excellence: standards for medical education and trainers”*](#). The GMC’s [*“Excellence by Design: standards for postgraduate medical curricula”*](#) illustrate the responsibilities and relationships among organisations.

JCST continues to collaborate with many organisations in raising awareness of the important issues for surgical trainers.

Acknowledgements

Thank you to the trainers who took part in the survey and to the Confederation of Postgraduate Schools of Surgery for their help in raising awareness of the survey. Thank you to the JCST’s QA Group, Schools of Surgery and Specialty Advisory Committees for developing the questions for the 2023 survey and earlier surveys.

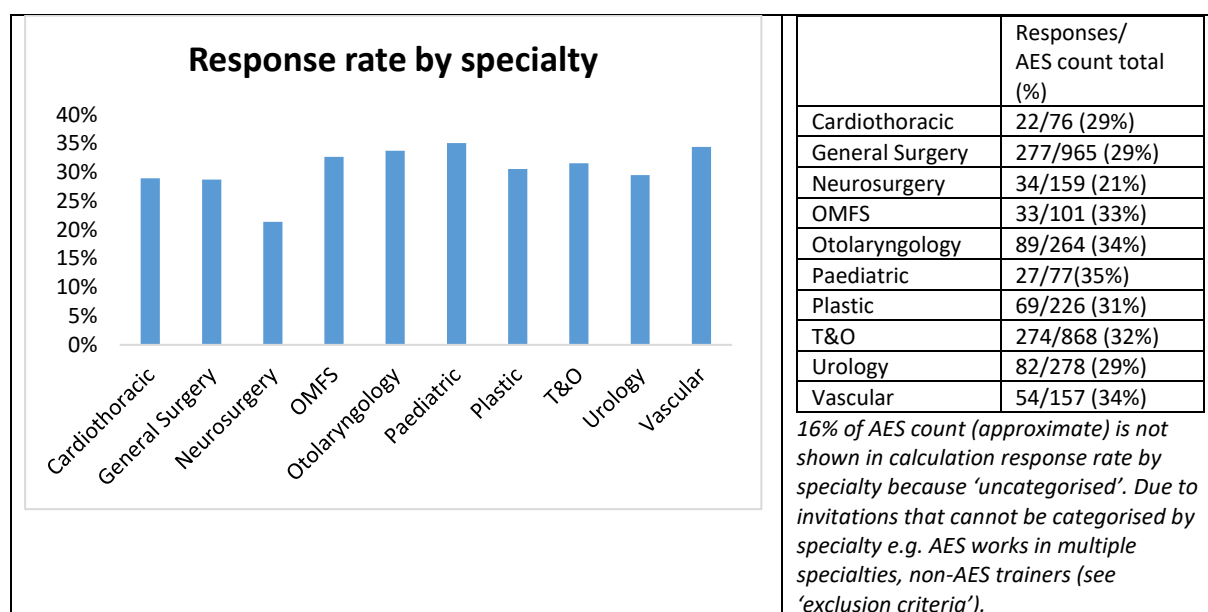
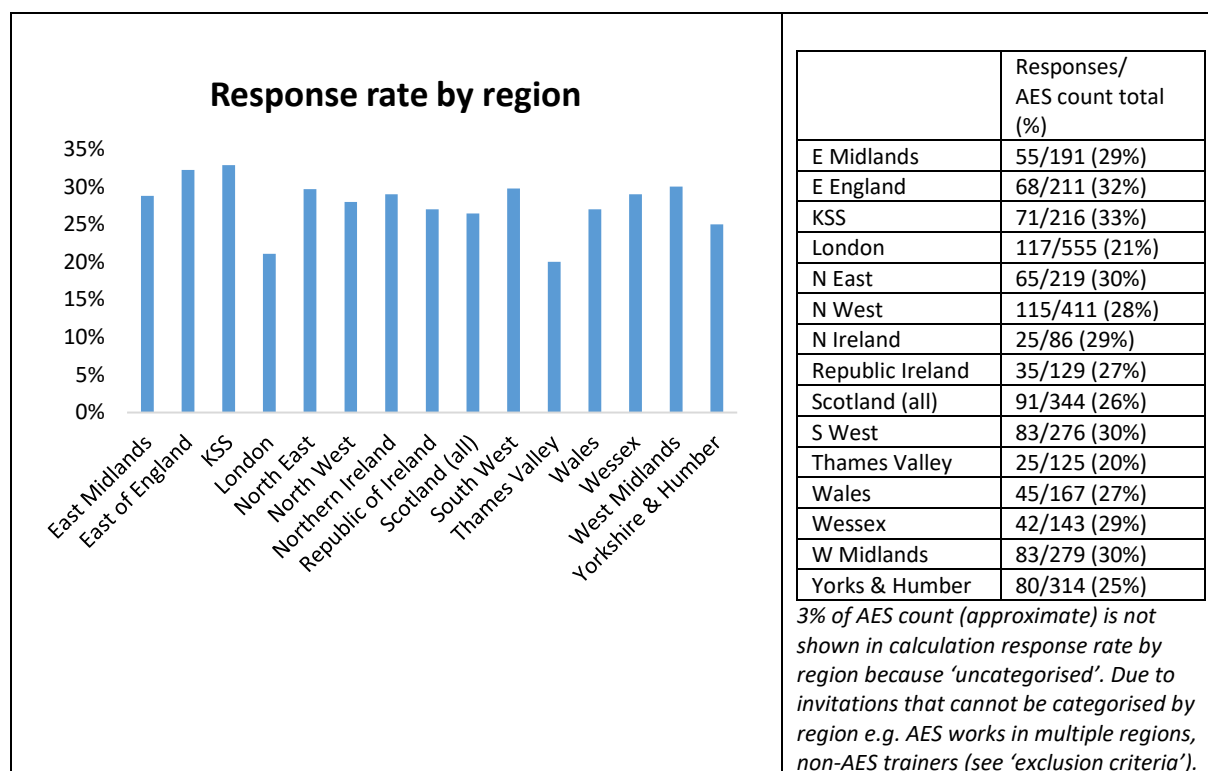
Appendix A - JCST trainer survey questions

Number	Question text	Answer options
1	Are you an Assigned Educational Supervisor?	Yes/No [Require an answer]
2	In which deanery/Local Office do you work?	Options for UK training regions and Ireland
3	What is your surgical specialty?	Options for all surgical specialties
4	Which other training roles do you undertake?	Clinical supervisor/Other (please specify) – [Can select multiple answers]
5	What level are the trainees that you train?	Core (inc ST1 & ST2) / Specialty (ST3-8) / Post-certification – [Can select multiple answers]
6	How many trainees do you currently supervise as an AES?	Core (inc ST1 & ST2)/ST3-8 0/1-2/3-4/5/>5
7	How many post-certification fellows do you supervise?	0/1/2/3/>3
	<u>Personal experience/training</u>	
8	To what extent do you agree with the following statements: I am confident in my ability to use the ISCP to effectively record my trainees' progress.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
9	I have appropriate knowledge of my trainees' curriculum requirements.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
10	I feel confident to give effective feedback to my trainees on their performance.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
11	I have knowledge and understanding of how to use WBAs to help my trainees to learn.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
12	To what extent do you agree or disagree with the following statement: As AES, I have been able to provide meaningful feedback on the basis of a Multiple Consultant Report (MCR).	Strongly agree/ Agree / Neither agree nor disagree / Disagree / Strongly disagree
	<u>Support for the role</u>	
13	How many PAs do you currently have per trainee?	0 / 0.125 / 0.25 / 0.375 / 0.5 / 0.625 / 0.75 / 0.875 / 1 / >1
14	When you need to take time away from your Trust/Health Board to participate in training related activity, what mechanism do you typically use?	Professional leave which is separate from study leave / study leave / Annual leave / Unpaid leave / Movement of clinical sessions / I do not take time away from my

		Trust/Board to participate in training related activity.
15	To what extent do you agree with the following statements: I have experienced difficulty in getting time to participate in other activities related to training (e.g. participation in national selection, examining, membership of an SAC).	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
16	I have experienced difficulty in reimbursement of travel expenses for training related activities (e.g. participation in national selection, examining, membership of an SAC).	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
17	To what extent do you agree with the following statement: My employing Trust/Board is supportive of me participating in training activity not included in my job plan.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
18	My School of Surgery / Deanery provides me with sufficient support as a trainer for me to fulfil my role (including faculty development courses, sufficient notice of and support for training committee meetings, if appropriate).	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree/Not applicable
	<u>Specific training activities</u>	
19	To what extent do you agree with the following statements: I have adequate opportunity to assess my trainees' performance in the operating theatre.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
20	I have adequate opportunity to assess my trainees' performance in outpatient clinic.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
21	I have adequate opportunity to assess my trainees' performance on ward rounds.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
22	I have adequate opportunity to assess my trainees' performance in emergency take.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
23	I have adequate opportunity to assess my trainees' performance in working within our MDT.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
24	I have adequate opportunity to assess my trainees' generic professional capabilities.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
25	I am able to regularly review my trainees' progress.	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
26	In an average week, how many hours do you spend assessing and establishing the learning needs of your trainees (outside of direct clinical care)?	0 / 1 / 2 / 3 / 4 / 5 / 6 / >6

27	I have adequate time when establishing the learning needs of my trainees to allow for satisfactory engagement with their ISCP portfolios	Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree
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Appendix B – Response rate breakdown

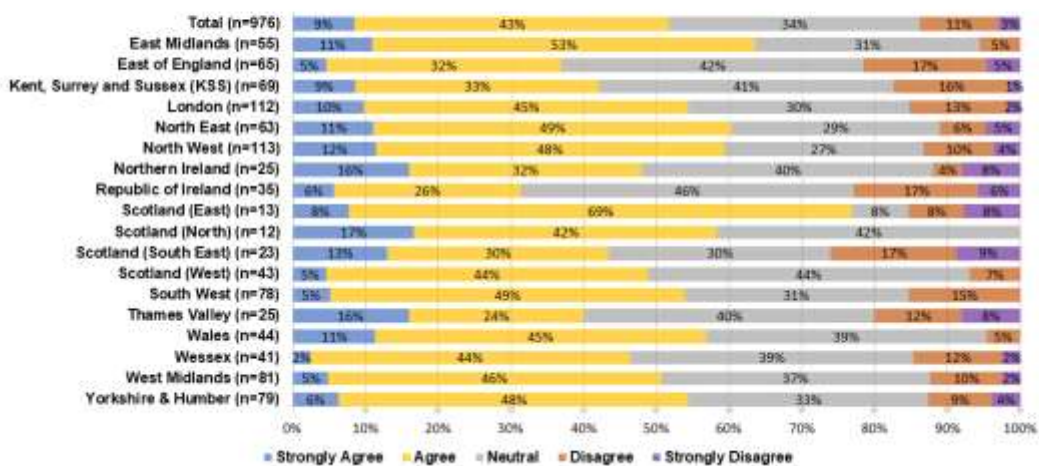


Appendix C - Total (surgery) – by region

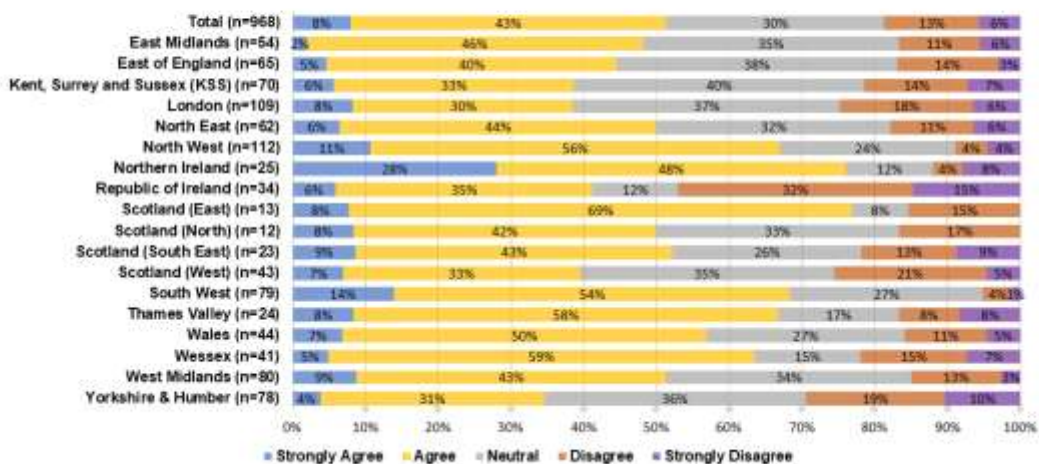
n = number of responses.

Details are not shown if less than 3 responses – to avoid conclusions being based on small numbers and prevent individuals becoming identifiable.

My employing Trust/Board is supportive of me participating in training activity not included in my job plan:

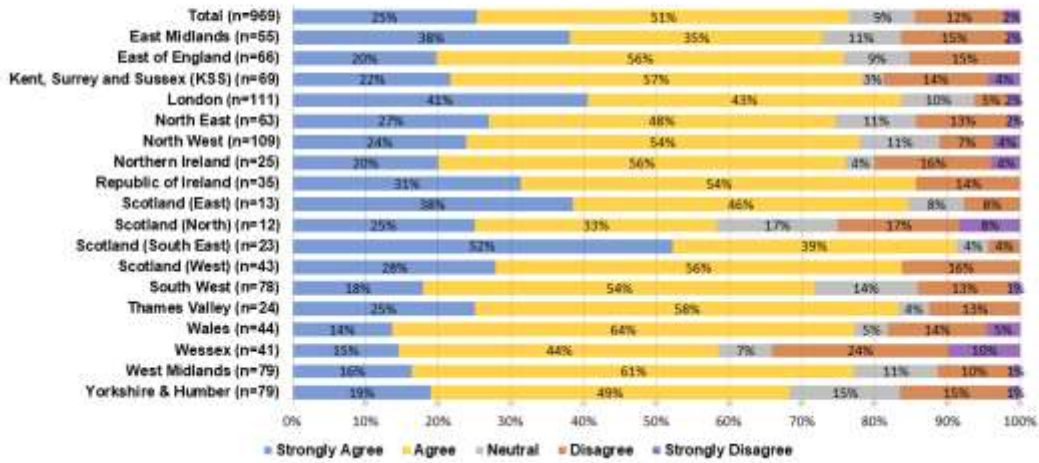


My School of Surgery/ Deanery provides me with sufficient support as a trainer for me to fulfil my role (including faculty development courses, sufficient notice of and support for training committee meetings, if appropriate):

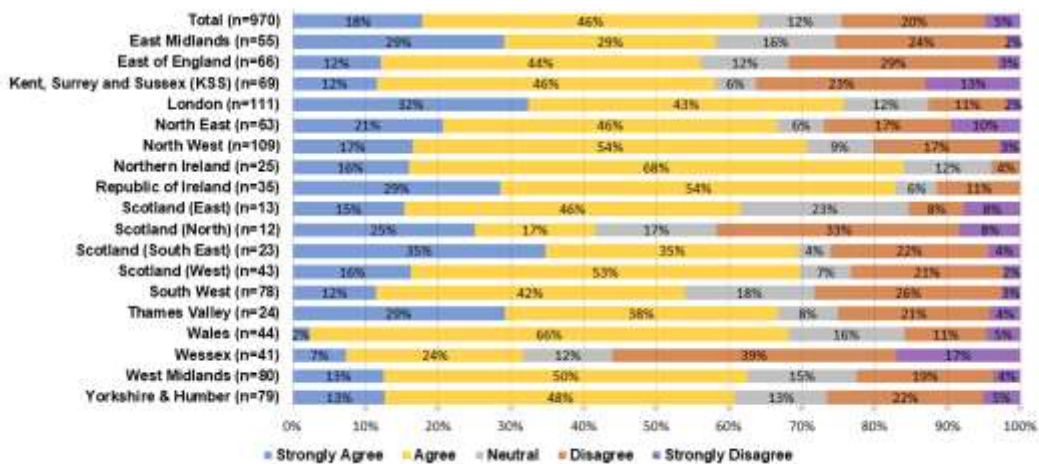


Excludes results for 'not applicable' answer option

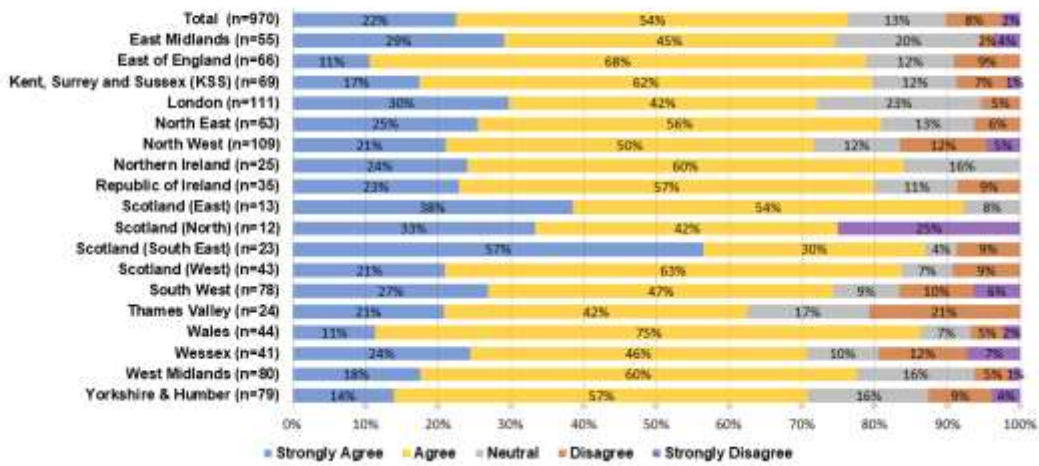
I have adequate opportunity to assess my trainees' performance in the operating theatre:



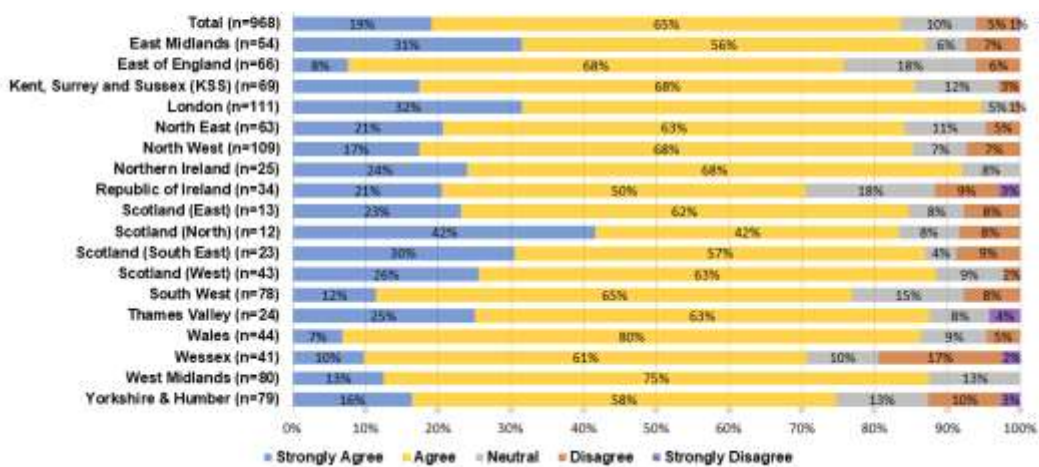
I have adequate opportunity to assess my trainees' performance in outpatient clinic:



I have adequate opportunity to assess my trainees' performance in emergency take:



I am able to regularly review my trainees' progress:



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