Research and Study Leave (RSL) Guidelines for Clinical Cover in the School of Medicine

22 May 2012

University of Auckland Policy

Academic staff at lecturer level and above can apply for research and study leave. It offers a break from teaching and administrative duties to pursue University-approved research and study programmes that have academic merit.

Research and Study Leave is intended to advance the:

- professional development of academic staff
- research activity of the staff member
- scholastic profile of the staff member’s department
- the interests of the University of Auckland.

The HOD, as a manager of academic staff, provides support and knowledge in the development of their academic career and research portfolio. This includes guidance regarding best timing to apply for Research and Study Leave and then on the content of their application to ensure it meets the intended objectives. The HOD will need to be aware of the process timeline to ensure all deadlines & requirements are met including the HOD report.

The relevant links are:
https://www.staff.auckland.ac.nz/uoa/home/staff-intranet/human-resources/managers-toolkit/academic-staff-key-processes

The UoA HR policy on Research and Study leave in section 1.5 states:

“1.5 Other than in exceptional circumstances it is not the practice to supply temporary replacements for staff proceeding on leave. Heads of Departments/Directors of Schools will be required to confirm that satisfactory arrangements can be made to ensure that the work of the Department/School can continue satisfactorily in the absence of a particular staff member during their proposed leave periods. Where such confirmation cannot be given it will be necessary to defer a grant of leave; but it is not envisaged that temporary staffing difficulties should provide continuing occasions for denial of leave to particular staff members in a way which disadvantages them relative to other staff members.”

Guidelines for clinical work while on RSL

This University policy does not specifically refer to clinical duties. However such duties are clearly part of the overall work of the Department /School, and thus included. The same principle should apply in that HoDs and DHBs or any other healthcare provider (collectively called 'DHB' for the remainder of this document) to whom the academic is contracted would need to confirm that satisfactory arrangements are in place to cover the clinical work if necessary. It is noted that a few academics work for more than one DHB; all DHBs for whom the academic works as part of their University employment would normally be involved in these processes.

Recommended RSL practice for medical academics involved with the delivery of contracted clinical service:

Principles:

1. Release. Ideally the academic should be fully released from contracted clinical service duties while on RSL. However, this does not preclude a medical academic continuing to deliver limited clinical service duties with the mutual agreement of the medical academic,
the Head of Department and the Head of the Clinical Service provided such duties do not unreasonably limit the medical academic’s RSL opportunities.

2. **Locum work.** The DHB clinical work that the academic would have done during RSL should be covered by an appropriately qualified clinical locum acceptable to the DHB during the RSL period. However there may be problems finding such a locum because certain subspecialty clinical skills may be rare and impossible to replace (see box at end).

If a clinical locum is employed, this person is normally expected to undertake the outpatient clinics and inpatient duties normally undertaken by the academic during the period of leave. Thus the academic should not have undue ‘catch up’ clinical work to do before or after RSL.

3. **Funding and salary.** The DHB has sufficient funds to employ a clinical locum because SOM stops invoicing the DHB for the clinical time of the academic while on leave. The University will cover the academic’s clinical base salary remuneration exclusive of clinical allowances. Payment of clinical allowances (includes on call and availability allowance) is suspended for periods of approved RSL. The University is ‘out of pocket’ for the remainder of the DHB-sourced salary.

**Process:**

1. Two years before potential RSL, the RSL applicant discusses with HOD the potential cover arrangements for RSL.
2. The HOD approves in principle that the teaching work of the academic can be covered.
3. The RSL applicant then approaches the Clinical Director of his/ her service to discuss the possibility of clinical service leave and the potential of finding a locum for the clinical work.
4. Once there is informal agreement with the clinical service, the HOD formally requests approval for clinical absence for the RSL application (specifying exact dates) with the relevant DHB Clinical Director and Service Manager, copying the SOM Contracts Manager (Peter Slocum) into the email correspondence.
5. Once approved, then the RSL application to UoA can proceed.

**One example of inability to find a clinical locum:**

"The lack of suitable locums is one that often applies to academic clinicians because their practice, by its very nature, is often super-specialised. Thus, the pool of potential locums is small and colleagues in the DHBs unwilling to pick up the workload due to its complexity. Academic surgeons are particularly challenged by the technical hands-on nature of the speciality, which add to the challenges of finding a suitable locum.

I chose not to have the right to a sabbatical when I first arrived at the University in 1997 because I already knew that it would be very difficult if not impossible to find a locum.

Although I have just had a sabbatical for the first time (eight weeks), I still have been left with clinical work that could not been done by my (very conscientious) specialist (but not super-specialised) surgical locum. To get a locum for a longer period would be challenging! I remain very envious of those who can take a year’s sabbatical; the irony is that the only time I will be able to do this is when I near the end of my career and am no longer involved in complex clinical work. This is probably not the best use of the University’s investment in sabbaticals as the time to invest in a researcher is surely on the upward trajectory of their career!

From the University’s perspective, clinical academics are strong research performers, often scoring a PBRF grade of B on only 0.3.FTE. Many would simply be even better if they had some relief from clinical duties. “