

TGG Study Leave Survey

Thank you for agreeing to participate in the British Orthodontic Society's Training Grades Groups study leave survey to assess the impact of changes to study leave allowance and budget.

Personal Details

Initials: (to help the regional reps keep track of the returns or eliminate for anonymity)

Dental Hospital:

Deanery:

Post: SpR FTTA

Year: 1 2 3

No of hours in weekly timetable allocated for study eg MSc, MPhil etc:hrs

Any restrictions to where and when this is taken?

- Yes, (describe)
- No

Do you have access to other sources of funding to attend courses or conferences eg departmental fund?

- Yes, (describe)
- No

Original Study Leave Agreement

Annual study leave budget (£):..... (0 - no limit)

Annual study leave entitlement (days):(0 - no limit)

Course selection is determined by:

- Personal preference
- Personal with authorization from TPD
- TPD recommendation only
- Deanery
- Other

Conference selection is determined by:

- Personal preference
- Personal with authorization from TPD
- TPD recommendation only
- Deanery
- Rotation
- Other

Current Study Leave Agreement

Have there been any changes in budget in the past 12 months?

- Increased
- No change
- Reduction

Current annual budget (£):..... (0 - no limit)

Have there been any changes in leave entitlement in the past 12 months:

- Increase
- No change
- Reduction

Current annual leave entitlement (days):..... (0 - no limit)

If no changes to BOTH leave and budget then proceed to the final section (entitled "Future Changes")

Date when restrictions were imposed: (DD/MM/YY)

Duration of restrictions:

- Don't know
- Not defined
- Months
- Permanent

Reason given for restrictions:

- Non given
- Verbal notification
- Written notification

Reason:.....

Consequence of Restrictions Over Past 12 Months

Number of events affected by restrictions:

- Courses (insert number)
- Conferences (insert number)

No of times the following have been experienced due to restrictions in study leave:.

- Unable to attend (insert number)
- Study leave no expenses (insert number)
- Annual leave with no expenses (insert number)

No of times the following have been experienced due to restrictions of funding:

- Unable to fund (insert number)
- Other source of funding (eg departmental fund - describe). (insert number)
- Self funded* (insert number)

*If self funded...

- Total cost of funding over 12 months.....
- Number of events funded

Have restrictions affected you attending the following:

- Local meetings
- National Meetings
- British Orthodontic Conference
- Other

Have you personally discussed these issues with:

- Supervising consultant
- TPD
- RITA Panel
- STC
- Other...
- None

If not discussed, why not?

- Accept there are problems
- Will have no effect
- Fear of retribution
- Other.....

Effects of these discussions (If held):

- No effect
- Funding granted
- Other.....

Are current restrictions affecting your training?

- Yes, (describe).....
- No

Future Changes

Do you consider that any future restriction in study leave entitlement and budgets would affect training?

- Yes, (describe)
- No

Do you have any further comments you would like to make?

Thank you for taking the time to complete this questionnaire. Please ensure it is returned to your local regional representative.