

Parental Leave Survey

Presented by Dr Alys Burns on behalf
of Dr Elaine Griffiths

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Parental Leave Survey

Why are the results of this survey important?

- ▶ Women are increasingly well-qualified surpassing men in terms of educational attainment constituting 60% of medical school entrants
- ▶ 50%-75% of registrars in most specialties are female with exceptions in Radiology 43% and Surgery 31%
- ▶ Female doctors make up 52%-73% (depending on specialty) of other doctors in training
- ▶ Demographic ageing + projected shrinking of the working age population makes it essential that we retain the female workforce
- ▶ NHS cannot afford to waste the talent & skills of the female workforce with children by denying them the ability to reconcile work and caring responsibilities

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Why are the results of this survey important continued?

55% of **all** doctor's report stress due to conflict between work and family life. This can be at its highest when returning from maternal leave.

Predictors of such conflict:

- ▶ Long working hours and feeling unready/ill prepared for return to full duties
- ▶ Quantitative demands at work/feeling overloaded
- ▶ Short-notice changes in the duty roster
- ▶ Going to work despite own health problems or illness of children
- ▶ Job tension/undermining behaviour
- ▶ Sleep deprivation

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UK LTFT figures:

- ▶ In 2008, (all specialties) 5.7% of the UK trainee doctor population were in LTFT - 96% of these were female
- ▶ In 2011, there were only 151 LTFT surgical trainees in UK
- ▶ In 2014, LTFT 11.3% - only 80.4% were female
- ▶ In 2015 Health & Social Care Annual Workforce Publication reported 2% of male registrars were LTFT but 18% of female registrars were LTFT
- ▶ In 2016 ASiT survey 92.5% surgical LTFT were female; Median age 33yrs; 53.8% worked 60% of a full-time post and 82.7% were childrearing

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Barriers identified to a stress free return from parental leave, AoMRC Survey 2016:

- ▶ Risk assessment for pregnancy; breast feeding & all mother's returning from maternity leave were not being properly undertaken
- ▶ Keeping in touch days during maternity leave were not being adequately provided
- ▶ Suitable facilities/working conditions to facilitate continued breast feeding & allow a faster return to employment were not being provided
- ▶ Returning trainees did not have a designated consultant to provide support & advise during the first 3 months of their return to work
- ▶ Adequate goals & assessments for the first 3 months were not being agreed
- ▶ Links to useful information were not being provided

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The Academy of Medical Royal Colleges Maternity/Paternity Survey Results

Pregnancy can be a stressful time for prospective parents. We investigated the particular problems experienced by those in the medical and dental professions such as planning maternity and paternity leave; maintaining competencies & returning to work, with appropriate childcare, all of which can present major challenges.

Legislation was introduced in the UK in April 2015 to enable greater access to shared parental leave, and with this in mind we hope the recommendations as a result of these survey findings will enable a more positive experience of returning to work.

Produced by
The Academy of Medical Royal Colleges
Flexible Careers Committee

Parental Leave Survey

Barriers identified continued:

- ▶ Changes/developments to guidelines/procedures/equipment during their absence were not being communicated
- ▶ Work 'shadowing' for the first week was not offered
- ▶ Expectation of immediate return to on call rota was stressful
- ▶ Sleep deprivation (<4 hours continuous rest due to childcare) was associated with fatigue & errors
- ▶ The lack of affordable, high-quality childcare, preferably with on-site late opening, for surgical specialties were not available
- ▶ Family support was not available due to regional career moves

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Remedies:

- ▶ More flexible training opportunities should be provided with an emphasis on competency driven rather than time driven progression
- ▶ Occupational health assessments for those returning from leave or sickness absence should be mandatory (including assessment of sleep deprivation)
- ▶ All trainees returning from a period of absence should have a designated consultant supervisor
- ▶ LTFT trainees should remain in a post for an equivalent of 6 months of full time training to ensure continuity of training experience

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Remedies continued:

- ▶ A phased return to work with one weeks “shadowing” & several weeks without on call commitments should be the norm
- ▶ Annual review of competence progression should be performed when the LTFT trainee has completed a 12 month training period regardless of whether this is out of synchronisation with other trainees.
- ▶ The current pro rata assessments devalue the trainees progress & is a cause for poor morale
- ▶ KIT days must be supported by childcare provision & opportunities to receive updates on new initiatives within the employing trust

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Remedies continued:

- ▶ High-quality childcare, preferably with on-site late opening especially for surgical/acute emergency specialties must be provided
- ▶ Signposted information sources must be provided by the Deanery/HEE when LTFT training is being considered
- ▶ Rotations that take no account of a doctor's personal circumstances must be abandoned & discrimination in allocating jobs/operative exposure ceased
- ▶ Undermining behaviour from workplace staff **must** be stamped out & a supportive inclusive culture for LTFT working developed

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Survey Recommendations:

Recommendation 1

- ▶ To increase awareness of the Terms and Conditions of Employment in relation to parental leave.
- ▶ To ask NHS Employers to recirculate to Employers their duty and role in discussing voluntary arrangements around KIT days prior to maternity leave and ensure that the employee's returning Trust, if different, is involved in these discussions in order to agree funding support in advance of leave
- ▶ Suggested action: NHS Employers, Unions

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Recommendation 2

- ▶ To remind Employing Trusts of the requirement under the Terms & Conditions of conducting a risk assessment for pregnancy; breast feeding and all mother's returning from maternity leave

Recommendation 3

- ▶ To recirculate the Health and Safety Executive Guidance on breastfeeding to ensure that suitable facilities and working conditions are provided to facilitate continued breast feeding

- ▶ Suggested action: NHS Employers, Unions

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Recommendation 4

- ▶ To recommend to Employers that trainees returning from parental leave have a designated consultant who will be available support and advise during the first three months of their return to work
- ▶ Suggested action: NHS Employers, Unions

Recommendation 5

- ▶ Employers to make available to those taking parental leave information about changes and developments to guidelines, procedures or equipment during their absence
- ▶ Suggested action: Employers, HR

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Recommendation 6

- ▶ To circulate links to useful information to Colleges; LETB's and Deaneries to promote and support available resources for those seeking to take parental leave
- ▶ Suggested action: The Academy, Royal Colleges, Unions

Recommendation 7

- ▶ Employers to make available to those taking parental leave information about changes and developments to guidelines, procedures or equipment during their absence
- ▶ Suggested action: Employers, HR

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Recommendation 8

- ▶ Recommend that all employers have an obligation to offer work 'shadowing' to employees returning from leave
- ▶ Suggested action: Employers, HR

Recommendation 9

- ▶ Recommend LETB's and Deaneries to undertake annual review that appropriate health checks are undertaken prior to trainees recommencing work after a period of leave
- ▶ Suggested action: LETB, Deanery, Employers' Occupational Health departments

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Recommendation 10

- ▶ Recommend the development, provision and expansion of on-site late opening childcare for health care workers with on call commitments or in the craft specialties.

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Conclusions:

- ▶ Medicine needs the brightest & most technically skilled trainees regardless of gender
- ▶ We need to improve work-life balance for parents and caregivers
- ▶ Women should be able to continue in higher-level jobs (rather than working in jobs below their skill level in order to have the desired level of flexibility)
- ▶ Skills shortages and mismatches are more likely to be addressed if we encourage women to remain in the workforce