

PSS information guide

Parenthood

Everyone's experience of becoming a parent is different; it is often a joyous occasion, but it is not always easy, and there is not a "one-size-fits-all" approach. We recognise that this is a very broad subject and acknowledge that there are many different ways of becoming a parent, whether through natural pregnancy, adoption, IVF, surrogacy or fostering.

This help sheet offers practical guidance and highlights resources and support networks and covers just a few of the topics and issues which may affect many doctors who become parents during their working life.

Becoming pregnant or beginning the adoption process

Early and informal discussions with your employer about your pregnancy or your adoption plans are encouraged so all arrangements and considerations are made in a timely manner. The best people to speak to depends on your grade: for trainees, your clinical supervisor and TPD are good places to start, whereas for those not in training, it's advisable to share the news with your appraiser and line managers. In both instances, speaking to your medical staffing department is also important.

Things to think about during these discussions

- Length of career **break (parental leave)** and use of annual leave entitlement.
- **Keeping in touch (KIT)** days and paying for those.
- **Personal Development Plans (PDP)** and collecting evidence for your PDP to facilitate your next ARCP or appraisal during leave.
- Supervision sessions during leave.
- Considering taking an **out of programme career break (OOP-C)** if you are a doctor in training in case you take leave for longer than a year.

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- Employment rights.
- Statutory Maternity/Paternity pay.
- Maternity/Paternity leave policy of your trust.

If you are pregnant, you are entitled to reasonable time off to attend antenatal appointments. You are not required to make up the time taken to attend them. This includes any extra appointments required for complications.

- Additionally, your employer has a **legal duty** to risk assess the workplace in relation to the health and safety of expectant and new mothers.

You should think about how you are feeling physically and emotionally about your pregnancy and how this might be impacted by your role and workplace. It is important that you and your employers work together to make reasonable adjustments to your working conditions. These adjustments should cover both your daytime post and work out of hours.

Parental leave

Before going on leave

Whether you are planning to utilise shared parental leave (SPL) or are making arrangements for maternity or paternity leave, you are encouraged to discuss keeping in touch, future posts, and other issues which you may wish to address. For doctors in training, this is a good opportunity to complete an **online pre-absence form**, as it will help with these discussions.

In preparation for taking parental leave, we advise making sure that, if applicable, your e-portfolio or any evidence required for revalidation is up to date so that you can avoid

unnecessary pressure when you return to work. Depending on the timing of your leave within the academic year, the number of workplace-based assessments, reflection, and other evidence that you should ideally complete before taking leave may vary. You can discuss this with your supervisor or line manager and agree what would be most practical. We recommend looking at the Academy of Medical Royal Colleges' guidelines [Return to Practice Guidance](#) (PDF) around support for doctors who have been absent from medical practice for three months or longer, as it includes a helpful checklist of things to consider for discussion both before and after your leave.

Parental leave and pay

The BMA, HNS Employers and the government website provide extensive information about maternity and paternity pay as well as shared parental leave. Links are included at the end of this guidance.

Keeping in touch while you're on leave: KIT and SPLIT days

At the time of writing, by [law](#), you can return to work for up to 10 days during your maternity or adoption leave, and these are called '**Keeping in Touch' (KIT) days**.

If you are taking SPL, both you and your partner can work on up to 20 '**Shared Parental Leave in Touch' (SPLIT) days**.

This is in addition to the 10 KIT days already available to people taking maternity or adoption leave. These days can generally be used for any work-related purpose and are to be agreed with your supervisor or line manager.

Note that taking KIT/SPLIT days is not mandatory, and both you and your employer must agree to them. If you do choose to take them, they do not have to be taken consecutively.

Continuing professional development

There is no requirement to undertake CPD whilst on parental leave. But should you choose to, below are a few suggestions for how you could take part in CPD activities:

- KIT/SPLIT days within your usual role.
- Supported Return to Training (SUppoRTT) resources may be available through your Deanery if you are a doctor in training. Please check your local area for details.
- Attend relevant courses to keep your practice up to date.
- Reading the RCPsych journals which are available via the [RCPsych website](#).
- CPD online via the [RCPsych website](#).
- [Trainees Online](#), the online learning resource to support trainee psychiatrists in preparing for MRCPsych exams.
- [Electronic Medicines Compendium](#) for medication updates.

Working and parenthood

Returning to work

It is important to continue open discussion regarding your return to work and what you might need to support you in doing so. Again, we recommend utilising the checklist in the AoMRC's [Return to Practice Guidance](#) (PDF) to help you think about your transition back to work. When you return to work with caring responsibilities, you may need to consider how you can accommodate the challenges of work and home.

It may be helpful to have an early review with your line manager (or training programme director if in training) before

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you return to consider your options, which may include working less than full time (LTFT) or flexibly-see the College's pages on [Training LTFT](#) or [working LTFT](#) for further information.

Clinical placement

If you are a doctor in training, it is possible that your period of parental leave might cross over into what would technically be another period of clinical attachment. If this happens, you have the same right as any other trainee to select your preference for jobs and you should be at no disadvantage.

While on the one hand, it can often be more practical to remain working for the same trust when you return to work, there may be other personal reasons why this is less suitable. However, any job changes would need to consider your training needs and those of other local trainees alongside personal reasons. It would be sensible to ensure that your TPD is aware of your preferences and has up-to-date contact details for you. However, please note that supervisors and TPDs will usually only contact you if absolutely necessary, although it can be helpful for you to keep the lines of communication open with them occasionally by email.

Breastfeeding

Employers are subject to certain legal obligations with regard to accommodating breastfeeding mothers when they return to work. If you anticipate that you will be breastfeeding your child when you return to work then it would be advisable to discuss this with your supervisor, line manager and trust, where appropriate, to determine how this can be best accommodated.

There are several options as to how you can continue breastfeeding once you've returned to work. We advocate that each mother is treated as an individual with autonomy to make decisions about what is

best for her and her child and is supported to do so.

Parental self-care

Being a parent can be a wonderful yet potentially overwhelming experience. Considering the physical and psychological demands placed on new parents, it is important for them to take care of their own physical and mental wellbeing. As a new parent, you might feel overwhelmed, have low self-esteem and sometimes be tearful.

This can be quite normal, and a conversation with your health visitor or GP is always advisable to ensure that you get the support you need. Often physician parents feel that they should be able to handle everything on their own and hesitate in seeking help. The resource links at the end of this page give useful guidance on where to seek help and support.

Baby with complex needs

Sometimes babies might have compelling medical needs that new parents have to contend with. These might mean extended periods in hospital or even repeated admissions. Trusts provide a small number of days of **paid carers leave** and a period of **unpaid parental leave**.

As these are not common situations, it is helpful to speak to supportive organisations such as the **BMA** and the **Royal Medical Benevolent Fund**, as well as to your clinical supervisor and HR to plan how work and training may be adapted to your and your family's needs. It may be helpful to discuss training arrangements, the nature of leave and the option of less than full

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time and/or flexible working, if one can work at all.

Sometimes career breaks and employment breaks may be necessary which can feel both isolating and devastating; however, support is available to chart this difficult journey as listed at the end of this webpage. Juggling parenthood of a baby with complex needs with your professional career is a very tough challenge but also one in which you and your baby can blossom, embracing your new world with the right support.

Baby loss

The loss of a baby is undoubtedly one of the most devastating experiences a parent can go through. Each loss is unique, and ways of coping and grieving will be deeply personal. It can also feel very isolating. Returning to work after bereavement and dealing with the emotional pain of others at a time when you are likely to be feeling emotionally vulnerable yourself can be very hard.

Making time to access social and emotional support through friends and family is important, as is being able to access sensitive support from colleagues and supervisors at work. Links to additional support services are listed at the end of this webpage.

Resources

Parental leave and pay

NHS Employers Terms and Conditions: [Section 15: Leave and Pay for New Parents \(England, Wales & Scotland\)](#)
[Paternity Leave for Doctors](#)
[Shared Parental Leave](#)
[Adoption and Surrogacy](#)
[Government Guidance: Children and](#)

Parenting

[Maternity Action on Sickness During Pregnancy: Sickness during pregnancy, maternity leave and on return to work.](#)

• [Mental health support during pregnancy](#)

- [RCPsych Perinatal Psychiatry Faculty: Resources](#)
- [Postnatal Depression Awareness: Help4Mums](#)
- [Maternal Mental Health Alliance](#)

Baby loss-information and support Information

- NHS Employers Terms and Conditions: See [section 15](#) above, in addition to [Section 23 Child Bereavement Leave](#)
- **Support**
- [Tommy's](#)
- [Maternity Action](#)
- [SANDS](#) (Stillbirth and Neonatal Death Charity) [Miscarriage Association](#)

Baby with complex medical needs-information and support Information

- Carers Leave: Please speak to your HR department
- Government Guidance: [Unpaid Parental Leave](#)
- Government Guidance: [Flexible Working](#)
- Guidance on support for NHS employees who are carers: [Our NHS People: Supporting our Working Carers](#)

Support

- Carers UK: [Help and Advice on Caring](#)
- Support for families raising a disabled child: [Contact](#)
- Royal Medical Benevolent Fund for financial support as well as coaching to return to work: [Royal Medical Benevolent Fund](#)
- return to work: [Royal Medical Benevolent Fund](#)

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For further information on informal peer support groups, please contact [the PSS](#).
This help sheet was developed in collaboration with the Psychiatric trainees' Committee and the Women and Mental Health SiG.

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