Sharing the Caring: Doctors and Shared Parental Leave

Citation for published version:

Digital Object Identifier (DOI):
10.1136/bmj.i6664

Link:
Link to publication record in Edinburgh Research Explorer

Document Version:
Peer reviewed version

Published In:
British Medical Journal (BMJ)

General rights
Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact openaccess@ed.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.
### Sharing the Caring: Doctors and Shared Parental Leave

<table>
<thead>
<tr>
<th>Journal:</th>
<th>BMJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manuscript ID</td>
<td>Draft</td>
</tr>
<tr>
<td>Article Type:</td>
<td>BMJ Careers- feature</td>
</tr>
<tr>
<td>BMJ Journal:</td>
<td>Careers</td>
</tr>
<tr>
<td>Date Submitted by the Author:</td>
<td>n/a</td>
</tr>
<tr>
<td>Complete List of Authors:</td>
<td>Stock, Sarah; University of Edinburgh MRC Centre for Reproductive Health, Tommy's Centre for Maternal and Fetal Health; University of Western Australia, School of Women's and Infant's Health Gordon-Smith, James; NHS Lothian, Radiology Watson, Andrew; NHS Lothian, Psychiatry; University of Edinburgh College of Medicine and Veterinary Medicine, Psychiatry Maybin, Jacqueline; University of Edinburgh MRC Centre for Reproductive Health, Obstetrics and Gynaecology</td>
</tr>
<tr>
<td>Keywords:</td>
<td>maternity leave, paternity leave, shared parental leave, human resources</td>
</tr>
</tbody>
</table>
Sharing the Caring: Doctors and Shared Parental Leave

Dr Sarah J Stock, Senior Clinical Lecturer Maternal and Fetal Medicine, MRC Centre for Reproductive Health, University of Edinburgh and Honorary Consultant Obstetrician, NHS Lothian (Corresponding Author)

Dr Andrew Watson, Consultant Psychiatrist, NHS Lothian and Honorary Senior Clinical Lecturer, University of Edinburgh

Dr James Gordon-Smith, Consultant Interventional Radiologist, NHS Lothian.

Dr Jacqueline Maybin, Clinical Lecturer and Specialist Trainee in Obstetrics and Gynaecology MRC Centre for Reproductive Health, University of Edinburgh.

Corresponding author: Dr Sarah Stock, MRC Centre for Reproductive Health, University of Edinburgh Queen’s Medical Research Institute Edinburgh/School of Women’s and Infant’s Health, University of Western Australia, Crawley, Australia

sarah.stock@ed.ac.uk
In April 2015 the government introduced more flexible leave allowances for UK parents. Working parents who share responsibility for childcare are entitled to 50 weeks of Shared Parental Leave and 39 weeks of Shared Parental Pay following the birth or adoption of a child. Both parents can take leave at the same time, and periods of leave may be stopped and started (Box 1). In this article we share our experience of shared parental leave (Box 2).

**Advantages of Shared Parental Leave**

An obvious advantage is that Shared Parental Leave allows both parents to spend time with their children and experience fulltime childcare. It can increase bonding and allows time away from work, thus a different perspective. For a couple, having the experience of both roles can deepen a relationship. Furthermore, the option of being off at the same time can be a rare opportunity for time together as a family.

Parental leave has demonstrable effects on parental and child health. Childcare has been shown to rewire fathers’ brains – what were previously thought to be ‘maternal’ brain patterns are not sex specific, but develop in fathers who are primary carers of children too. For each ten-week increase in paid leave there is a predicted reduction in infant mortality rates of between 2.5% and 3.4%.

Time away from work can impact training and experience. Shared parental leave means couples can share any effects on career advancement. Women remain at risk of discrimination at work due to a perception that they might require maternity leave. If parental leave replaces maternity leave, it will mitigate the risk of discrimination, and challenge preconceptions about childcare.
Challenges of Shared Parental Leave

A major barrier is financial – if you opt for shared parental leave rather than maternity leave in the first six months after birth, you may be worse off. Most female doctors are eligible for occupational maternity pay, which is considerably more generous than statutory shared parental pay (Box 1). This means it often makes sense to ‘use up’ occupational maternity pay allowance before switching to shared parental leave.

Local guidelines and practices do vary however. Scottish Governmental Policy is that either parent is eligible for contractual Shared Parental Pay (http://www.sehd.scot.nhs.uk/dl/DL(2015)05.pdf) and our health board followed these guidelines allowing a father to receive allowances that were broadly equivalent to occupational maternity pay.

The complexity of the legislation makes workforce planning problematic. Relative inflexibility of rotas, and lack of equivalent level locum staff may make discontinuous leave requests (where leave is taken in up to three blocks, interspersed by periods of work) extremely difficult to accommodate. Nevertheless, in some departments it may be easier to arrange cover for shorter discontinuous periods of leave, so this option can be advantageous.

Although generally people were very positive, we experienced some negative responses from both men and women. Some colleagues expressed the view that this was an extended holiday while others questioned why a mother might want to share leave.

How to approach Shared Parental Leave
Shared parental leave was relatively easy to arrange, with simple forms to fill in. Our departments were very supportive in the main, and were as flexible as possible with requests. We do advise planning ahead, and early discussions with line managers and Human Resources, especially if you want discontinuous blocks of leave. Check out advice from websites, and make sure you are aware of all options. You accrue annual leave during the period of leave, so factor this in on your return.

Common concerns at the end of any period of leave include deskilling, lack of confidence and competence. Each parent is entitled to 20 optional shared parental leave in touch days (SPLIT days), in addition to ten keeping in touch days associated with maternity leave. These can be used for shadowing, attending meetings or courses and should be paid, or claimed back as annual leave. In our experience they were really useful to keep you in the loop. It is also worth using a day to visit the department and reset passwords/activate accounts before restarting work.

Although it is understandable to want continued involvement in ongoing work and research projects whilst on parental leave, it easy to promise more than you can deliver. Parental leave is more enjoyable, and relationships with colleagues easier, with realistic expectations of what you can achieve. Set up an email out of office, hand over essential tasks to someone else, and extend deadlines where possible.

Would you recommend it?

Definitely. The advantages massively outweigh the disadvantages, both for parents and children. We acknowledge that it’s not for everyone, but we are very grateful for the change in legislation that made it possible for our families.
Acknowledgments

Many thanks to Jennifer Davidson and Ruth Kelly from NHS Lothian Recruitment & Personnel Services, and Carol Harris from NHS Lothian Communications and Public Affairs, for advice on this article.

References


BOX 1: Brief description of types of leave for parents working in the NHS

**Maternity leave:** Mothers must take two weeks of maternity leave, and have the option of a further 50 weeks leave, after birth or adoption of child. If working in the NHS for more than 12 months by 11 weeks gestation (or notification of adoption match), mothers are eligible for both occupational and statutory maternity pay, usually 8 weeks full pay, then 18 weeks half pay and statutory maternity pay* then 13 weeks statutory maternity pay*.

**Maternity Support (Paternity) leave:** If working for NHS for more than 12 months, fathers or partners of mothers can take 2 weeks leave, within 8 weeks of birth or adoption, with full pay.

**Shared parental leave:** up to a maximum of 50 weeks leave and 39 weeks statutory shared parental pay*, shared between parents in the first year after birth or adoption.
- In order to take shared parental leave a mother must submit a Curtailment notice to stop maternity leave/pay.
- The allowance of shared parental leave granted takes into account any maternity leave that has been taken (52 weeks minus number of weeks of maternity leave taken).
- Shared parental leave can be taken in up to a maximum of 3 blocks, interspersed with periods of work, subject to agreement with employer and sufficient (at least 8 weeks) notice.

**Parental leave:** 18 weeks per child up to their 18th birthday. This is usually unpaid, but some leave may be paid under local arrangements.

*Statutory maternity or shared parental pay is £139.58 per week (or 90% of average weekly salary if lower)
BOX 2: What the authors did

Sarah is a full time clinical academic consultant in obstetrics, primarily university employed with an honorary NHS contract. Her husband Jim is a consultant interventional radiologist working full time in the NHS. Both have similar salaries. Following the birth of their second child in February 2016, they split full time childcare, with Sarah taking 4 months of leave, and Jim taking 3 months of leave. During this time the family spent time in Australia, allowing Sarah to continue contributing to a key collaborative research project, whilst still being together as a family.

Andy is a consultant psychiatrist and an honorary senior lecturer in psychiatry. His partner works as an animation producer and they have shared the full time care of both of their children. For their first child Andy took 6 months of leave. For their second Andy has split the leave up more and took 3 months together immediately after the birth, and is planning to take a second 3 month block of shared parental leave later on. Whilst having a partner who is self-employed made some of the applications complicated, the NHS Lothian Human Resources department were fantastic and for them, sharing responsibilities this way left them financially better off than if Andy’s partner had done all the childcare.

Jackie is a clinical lecturer (ST6) in obstetrics and gynaecology. Her husband Ed is a full time IT consultant. After the birth of their first child, Jackie took 9 months parental leave and Ed took the following 3 months. This allowed Jackie to return to work without the stress of negotiating nursery at the same time. Ed claims that the best thing about his leave was spending time with their son and feeling totally competent with childcare – great preparation for solo parenting during Jackie’s nightshifts and weekend work.