Developing people for health and healthcare

Guidance on Working as a Trainee during Pregnancy

- Maternity rights
- Maternity pay
- Trainee Responsibilities
- Trainers' and Employers' Roles
- Returning to Work

Jane Siddall, FRCOG, Associate Dean for Educator and Faculty Development

Rebecca Black, MD, MRCOG, Deputy Head of School of O&G

Gael MacLean, FRCS, M.Ed, ST7 General Surgery

THE NHS CONSTITUTION
the NHS belongs to us all

NHS
Health Education Thames Valley

Detail can be found under the following headings:

Purpose
Function
Content

- **Rights**
- **Antenatal appointments**
- **Risk assessment of duties by employer**
- **Factors to consider in risk assessment**
- **Impact of adjustments to work on training**
  - **Hours and Pay**
  - **Progress towards completing curriculum requirement**
- **Illness during pregnancy**
- **Maternity leave duration and pay options**
- **Annual leave**
- **Keeping in Touch days and Study Leave**
- **Planning return to work**
- **Less than full time training**
- **ARCPs**
- **Revalidation**
- **CCT dates**

References
Consultation
Dissemination / Circulation
Implementation

Please note that the term 'PGMDE' replaced the word 'Deanery' on 1 April 2013, and that the Oxford PGMDE is part of Health Education Thames Valley, the new body responsible for all healthcare workers' education and training.

1.0 Purpose

The purpose of this document is to describe current national arrangements for all pregnant women, with regard to statutory Maternity Rights, and also give advice on working as a specialty trainee whilst pregnant. The information is for both trainees and those involved in post-graduate training of doctors and dentists, whether in the clinical arena, or in the PGMDE. Each postgraduate specialty has different requirements of their trainees in terms of training progression (whether pregnant or not), which are outside the scope of this document. Where possible, specific concerns around clinical practice and personal safety to the mother and baby, where reassurance may be needed, are described.

2.0 Function

The function of this document is to ensure that all pregnant trainees are aware of their statutory rights, but also their responsibilities for keeping employers

informed, and to protect their own, and their patients' wellbeing. This document should be used in conjunction with the trainee's current Trust's Maternity Policy.

3.0 Content

Pregnant employees have four key rights:

- Paid time off for antenatal care (which includes antenatal classes if recommended by a healthcare professional)
- Maternity leave
- Maternity pay
- Protection against unfair treatment, discrimination or dismissal as a consequence of being pregnant, or on maternity leave.

However, pregnant women also have a number of responsibilities to inform key personnel of before they become eligible for these benefits. The key staff can be divided into those at the trainee's place of employment (such as Clinical Lead, Practice Manager) and those managing training (Deanery Programme Manager, Educational Supervisor, TPD/ Head of School). These are:

- To inform their clinical lead (may also be known as Service Director, Practice Manager in General Practice, referred to as CL in this paper) in the Trust or other Education Provider, (EP) where she is working
  - that they are pregnant
  - the week the baby is expected to be born; and
  - when they would like maternity leave and pay to commence.

- The trainee must inform the TPD (or Head of School if no TPD) in writing that she is pregnant, and when she wishes to start maternity leave. An indication of when the trainee hopes to return to work is helpful when planning future training rotations, but no trainee can be guaranteed a post in a specific unit until the return date is confirmed and rotations for all trainees mapped out. Trainees should be aware that rotations are time limited, i.e. if they already have a rotation and then have maternity leave, that rotation may no longer be available on their return.

- The trainee must inform the clinical lead as soon as is reasonably possible that they are pregnant so that the CL can undertake an initial risk assessment to protect the health of the trainee and her baby. At the very latest this should be by the end of the 15th week before the expected week of childbirth (EWC).

- All pregnant employees are entitled to 52 weeks maternity leave – 26 weeks Ordinary Maternity Leave and 26 weeks Additional Maternity Leave. This is a national statutory provision, and is not dependent on how many hours a woman normally works, and whether her employment is classed as part-time or full-time by her employer.

- The earliest date any woman can start maternity leave is the beginning of the eleventh week before the baby/babies' due date. They must complete the maternity leave notification form stating the date of when they would like to start and end maternity leave.

- In the event that there is a change of mind about when to start maternity leave, the trainee is able to do this BUT the CL **must be formally informed at least 28 days** in advance.

- In the event the trainee becomes ill with a pregnancy related illness within 4 weeks of the baby's due date maternity leave will automatically start. Maternity leave has now commenced and return dates may need to be amended. This statutory provision only applies if the illness is pregnancy related. (see section 3.5)

- In the event that the trainee wishes to amend her return to work date, either by extending maternity leave up to a maximum of 52 weeks or returning earlier than the end of Ordinary or Additional Maternity Leave then the trainee must notify her clinical lead, PGMDE programme manager **and** TPD in writing at least **8 weeks before the date she wishes to return. Failure to give 8 weeks notice of the date of return could result in the request being declined.** If a trainee does not specify a return date then it is presumed that she is returning after the whole 52 weeks. In any event the PGMDE HR contact will write to confirm the return date.

- A MATB1 Maternity Certificate issued by a Doctor or Registered Midwife must be submitted with the maternity leave application form to the Trust/EP where the trainee is working during pregnancy. This is required to enable payment of Statutory Maternity Pay (SMP) if eligible. This must be the original certificate, not a photocopy.

3.1 Ante-Natal appointments or classes

All pregnant women are able to request reasonable time off with pay for ante-natal appointments; however, they must first request this time off from the clinical lead. A pregnant trainee may be asked to show her appointment card as proof.

3.2 Risk Assessment of Duties

An initial pregnancy risk assessment should be undertaken by the trainee's clinical lead (CL) as soon as they are informed of the pregnancy, and where necessary, appropriate adjustments must be made, in accordance with regulation 16 of the management of Health and Safety at Work Regulations of 1999. Ideally this should be by twenty weeks into the pregnancy. Additional assessments may be required at 28 and 34 weeks. (See appendix for a sample assessment tool)

Should the risk assessment highlight any health issues, or if the trainee has concerns regarding the outcome of this assessment, then either the trainee or CL must contact Occupational Health to discuss further.

Trainees should try to continue to carry out their normal duties whenever possible during pregnancy but it is recognised that many pregnant women feel tired and need to rest. Employers are legally required to provide suitable rest facilities for workers who are pregnant.

3.3 Factors to consider in Risk Assessment

- Potential impact of physically demanding work
- Prolonged standing
- Long hours
- Shift work or night work
- Hazards such as radiation exposure, chemicals/ anaesthetic gases etc

The RCP / NHS Plus guideline is evidence based and used robust methodology to assess the literature available. The evidence examined by the Faculty of Occupational Medicine at the RCP (London) in writing this report related to studies done on women working up to forty hours a week on average. The findings of the Working Group were:

- There is inconsistent evidence that heavy physical work may be associated with a moderate risk of low birth weight, pre-term birth and pre-eclampsia.
- There is generally consistent evidence that lifting does not carry more than a moderate increase in the risk of pre-term birth (delivery before 37 weeks)

- There is generally consistent evidence that standing continuously for over three hours carries a small risk of pre-term birth, low birth weight.
- There is very little evidence that standing for prolonged periods has any impact on the risk of developing pre-eclampsia.
- There is consistent evidence that working up to 40 hours a week carries no more than a small risk of pre-term birth or low birth weight.
- There is limited, and inconsistent, evidence of any increased risk of pre-eclampsia in women working up to 40 hours a week.
- There is insufficient evidence that shift working (days, nights, rotating) increases the risk of any adverse outcome.

The Women in Surgery (WinS) section of the Royal College of Surgeons (London) advise their trainees that radiation exposure if wearing a lead gown is less than 1 milliSievert over nine months. They remind trainees that some exposure may be necessary to fulfill training requirements.

The Royal College of Anaesthetists have helpful information on their website, but again, there is no evidence that routine exposure to anaesthesia is teratogenic. The COSHH (Control of Substances Hazardous to Health) legally binding workplace exposure limit for prolonged exposure to Isoflurane is 50 parts per million. Limits are not applied for short term exposure.

Dental surgeons with a high use of nitrous oxide have been shown to have altered red blood cell maturation however.

The table of limits can be found on the COSHH website.

The Royal College of Obstetricians and Gynaecologists guidance does not describe any risks specific to their trainees. However, obstetric and anaesthetic trainees may be concerned about exposure to aromatherapy oils used in some maternity units. There is no high quality evidence to implicate any of the common oils used during labour in causing miscarriage or preterm labour, despite an often cited suggestion that sage oils may increase the risk of miscarriage.

3.4 Impact of Adjustments to Duties during Pregnancy on Training

3.4.1 Hours and pay

- Many trainees are contracted to work up to 48 hours a week. **There is no automatic right to cease night shifts or long shifts at any gestation simply because a particular gestation has been reached.** Depending upon the nature of the specialty, some women will wish to continue to work their usual hours, whilst others may seek to reduce their hours. Any decision to reduce working hours should be made on an individual basis, and is likely to be influenced by the trainee's past medical and obstetric history.

- It is not unreasonable for employers to request that a GP or obstetrician provide a medical certificate stating that nights or long (12 hours) shifts must not be worked. If this is the case then suitable day

work should be provided (or a trainee suspended from work on paid leave) as long as is necessary to protect the health and safety of the mother and/or child. A trainee is entitled to continue to be paid at her usual banding and for her normally contracted hours if she has been **medically advised** to alter or reduce her working hours.

3.4.2 Progress towards CCT

- Although the trainee is guaranteed employment doing reduced 'out of hours' duties, or total hours at work etc. this may not be sufficient to complete the necessary competencies, and may necessitate a recalculation of the anticipated CCT date. The employer is also required to not disadvantage other trainees within the department by altering their training opportunities as a consequence of adjusting duties for pregnant doctors or dentists.

- When a trainee has been unable to continue with their normal duties during pregnancy this should be recorded at the time of their next Annual Review of Competency Progress (ARCP). The ARCP panel will then be able to assess their progress in the light of their current educational progression and competency level, and thus their predicted Certificate of Completion of Training (CCT) date. Some Medical Royal Colleges (Paediatrics and Child Health, for example) will accredit only if all of the necessary aspects of training are being fulfilled. Paediatric trainees who stop working night shifts may be required to complete the necessary night shifts at a later date. (RCPCH material). Trainees are advised to check with the relevant Medical Royal College or GDC what current requirements are, as these are likely to change in the future. Any changes cannot be applied retrospectively, so all training assessed to date counts towards the projected CCT date.

3.5 Illness during Pregnancy

Sick leave arrangements are not usually different from those for non-pregnant colleagues; trainees are advised to consult the employing Trust's/ EP's absence policy, and also to be mindful that if a trainee (F2 or more senior) misses more than fourteen days of training in any year for reasons other than annual or study leave, then the ARCP panel may revise the CCT date at the next review. (See PGMDE position statement on 'time out of training' 2013). Foundation Y1 trainees have no study leave allowance, and could be absent for up to a month without losing the right to full registration, but pregnant F1s are advised to discuss this with the Foundation School Director if they become ill whilst pregnant during F1.

If a trainee is unwell with a pregnancy-related illness within 4 weeks of the estimated date of delivery (EDD) the employer can require the pregnant trainee to start maternity leave and pay.

If the trainee is unable to continue to work full-time because of ill health during pregnancy, then reduced hours or sick leave may be arranged. Generally, the following provisos apply (please refer to employing Trust/EP policy):

- The trainee has discussed their health with their medical advisor (GP or hospital consultant)
- The employing Trust/EP receives a letter from the advising medical practitioner stating that the trainee should reduce your hours of work or stop work
- The trainee makes contact with the Trust's /EP's Occupational Health department.
- The Clinical Lead reviews the trainee's working week taking into consideration the health and safety of their employee.
- The trainee should advise her TPD that her training hours / scope for training are to be changed.

3.6 Maternity Leave

Pregnant women can start maternity leave as early as 29 weeks, and must not work for two weeks after the birth of their baby. Whilst it might be possible for some women to work up to 38 weeks, most women will stop around 36 weeks. 'Term' begins at 37 weeks, with a 1 in 15 chance of delivery within the ensuing seven days. Approximately 25% of women deliver between 38 and 39 weeks' gestation. By the due date, just over half of all pregnant women will have delivered. Women with a twin, or higher order multiple pregnancy, are especially likely to deliver prematurely, often between 32 and 37 weeks.

3.6.1 Pre-maternity leave checklist

The Academy of Medical Royal Colleges 'Return to Practice Guidance' (April 2012) developed a checklist (a modified version is appended to this document) which should be completed before stopping work by the trainee and her **current Educational Supervisor**. The trainee should keep a copy in her portfolio and a copy should be sent to her PGMDE Programme Manager for lodging in her PGMDE file. (See Guidance for Dental and Medical Trainees taking time out of three or more months of absence from training programmes, 2013 on the PGMDE website for additional information).

3.6.2 Registration with the GMC or GDC / Royal College subscriptions

Trainees should consider carefully what the potential implications of suspending their registration might be.

- Dentists are advised by the GDC to maintain registration throughout maternity leave, as an additional 'restoration fee' is payable when they re-register.

- Medical trainees may qualify for a discount on their annual fees if their gross income falls below certain thresholds. Readers are

advised to visit the GMC pages on the website for current thresholds. Doctors must be both registered, and hold a licence to practise, if they work within the NHS. It is a doctor's responsibility to ensure she has complied with the current legislation, and not her employer nor the Deanery.

- Trainees with Royal College affiliation may be able to pay a reduced fee whilst on maternity leave. This enquiry should be addressed to the relevant Royal College.

3.6.3 Types of maternity leave

There are three schemes available in relation to length of service with the NHS (without a previous break of more than three months). Each scheme is described in detail below. The table below provides a quick check of the scheme/s an employee qualify for on the basis of their length of employment. A pregnant doctor may wish to discuss her entitlement with the HR department at the Trust /EP where she is working, to understand exactly what value her statutory maternity pay (SMP) will be.

Scheme A	Scheme B	Scheme C
Employees who have completed less than 26 weeks' continuous employment by the beginning of the 15th week before the expected week of childbirth.	Employees who have completed 26 weeks' continuous employment by the beginning of the 15th week before the expected week of childbirth.	This applies if you have at least 12 months continuous service with the Trust and/or other NHS employer (without a break of more than three months) at the 11th week before the expected date of childbirth and you intend to return to work.
You will be entitled to 52 weeks maternity leave 26 weeks Ordinary Maternity Leave followed by 26 weeks Additional Maternity Leave.	You will be entitled to 52 weeks maternity leave 26 weeks Ordinary Maternity Leave followed by 26 weeks Additional Maternity Leave.	You will be entitled to 52 weeks maternity leave. 26 weeks Ordinary Maternity Leave followed by 26 weeks Additional Maternity Leave.
Payment will be subject to qualification criteria based on your recent employment and earnings record. You may not qualify for SMP but you may qualify for Maternity Allowance (MA).	**Payment will be as follows:** Week 1-39 Statutory Maternity Pay (SMP). Week 40 – 52 Unpaid.	**Payment will be as follows:-** Week 1-8 - Full pay (inclusive of Statutory Maternity Pay). Week 9-26 - Half pay plus SMP. If half pay plus SMP exceeds full pay, payment will be reduced to full pay only. Week 27 – 39 - SMP Week 40 – 52 - Unpaid
N.B. If you chose to take **Scheme B or C** but are not eligible for SMP you may be entitled to Maternity Allowance from the Department for Work and Pensions, and this will be deducted from your initial 8 weeks maternity pay.		**You are required to return to work for the same or a different NHS employer for a minimum of 3 months within 15 months of the start of your maternity leave. If you fail to return to work for least 3 months after having notified the Trust of your intention to do so, you will be liable to refund the**

	whole of your maternity pay received, less any SMP to which you are entitled.

3.7 Statutory maternity pay (SMP)

A woman will be eligible for SMP if she meets the following conditions:

- Employed by the same employer without a break for at least 26 weeks prior to the 15th week before EWC.
- Average weekly earnings for the last 8 weeks of that period are not less than the lower earnings limit for the payment of National Insurance contributions.

- Statutory Maternity Pay is paid for a period of 39 weeks. For details of the current SMP rate please visit the 'directgov' website

- Basic SMP entitlement is:
  - 90% of earnings for 6 weeks followed by 33 weeks at SMP or
  - 90% of earnings for the full 33 weeks if less than SMP.

- Some women may have to pay tax and National Insurance contributions on SMP.

- To receive SMP a pregnant doctor must tell her employer the date that she intends to stop work because of pregnancy by the end of the 15th week before her EWC (usually by completing a form from HR).

- If a woman is not entitled to receive SMP the payroll department will let her know in writing and send her an SMP1 form.

3.8 Annual leave

Whilst on maternity leave, whether paid or unpaid, annual leave accrues for each completed month of service. This will include Bank and Public Holidays.

Annual leave can be taken either:

- Before starting maternity leave

  Or

- Before return to work after Ordinary/Additional Maternity Leave (it is not possible to take annual leave between ordinary and additional maternity leave).

Where the amount of accrued annual leave would exceed normal carry over provisions from one year to the next, this should be discussed and agreed with the Clinical Lead. In circumstances where it has not been feasible for leave to be taken prior to going on maternity leave i.e. in instances where the annual leave year and maternity leave coincide; outstanding leave can be taken immediately after the end of maternity leave. If for whatever reason an employee decides not to take this accrued leave at this time it will be lost.

Annual leave must be taken within the year that it is accrued, unless the dates of maternity leave make this impossible, even if this means taking all annual leave for the year before commencing maternity leave. Please seek advice from HR if you are unsure.

3.9. Study leave

It is possible to have paid study leave whilst on maternity leave, particularly for certain training workshops as required by the specialty training curriculum. Trainees should approach the Director of Medical Education at the Trust where they are employed, or their Trainer if in working in Primary Care or Public Health, for advice on accessing the Study Leave budget.

3.10 Keeping in Touch and Returning to work

The PGMDE guarantees return to the training programme, but not necessarily the same location, nor necessarily the same rotation, as before starting maternity leave. The return placement depends on where the maternity leave period falls in respect of normal rotation dates in the programme, and where capacity exists. Accepting this, TPDs will make every effort to allocate returning trainees to a hospital they are familiar with, as anecdotal evidence strongly indicates that this can help to reduce the stress of returning to the workplace after a prolonged absence from the clinical environment.

In order to ensure the TPDs can make every effort to meet the trainees' needs, all trainees are expected to keep their TPD (or Head of School) informed about plans, and changes to those plans if they arise, such as

- Starting maternity leave
- Returning from maternity leave
- Extending maternity leave
- Considering Less than Full time Training (LTFT)
- Leaving training

3.10.1 Keeping in Touch Days ('KiT Days')

Many Trusts provide the opportunity for 'Keeping in Touch' days, a government initiative (see references) where a trainee comes into the hospital and is paid her normal salary for that day.

- KiT days are available to all NHS staff on maternity leave.
- Trainees and their employers should remain in contact informally throughout the period of maternity leave, and more formally if KiT days are being arranged. Both parties should be 'reasonable' in the nature and frequency of enquiries being made so that no-one perceives the amount and type of contact to become unreasonable.
- The doctor can do up to 10 days work under her contract of employment, as long as both she and her employer have agreed for this to happen, and agreed on what work is to be done and how much she will be paid for it.
- KiT days cannot be taken during the period of compulsory maternity leave, the first two weeks. Using them will not bring the maternity leave period to an end and will not extend the duration of the maternity leave period.

Many trainees in the Thames Valley have found these days very useful in preparation for returning to the workplace following maternity leave, especially if they are returning to an unfamiliar hospital.If a trainee wishes to organise KiT days, she should discuss this with her Educational Supervisor and Clinical Lead to decide what activities will be done on each day - it could include performing a supervised operation for example. However, it is the trainee's decision if KiT days could be useful in her planning to return to work, as no trainee can be made to attend the workplace for any reason during her maternity leave.

3.11 Planning the Return to Work

It is never too soon to think ahead to plan a successful return to work. If possible trainees should consider attending the regional training days in their specialty, even if just for half a day. There is no requirement for trainees to do so but as the return to work comes closer it will help to familiarise oneself with new colleagues and current clinical issues. This can also be used as an opportunity to try out childcare arrangements, and make necessary adjustments, prior to returning to work.

To help make a smooth transition from being at home with a baby to being back in the working world, read the Academy of Medical Royal Colleges guidance on returning to work. (This document is on the PGMDE website).

Whilst on maternity leave:

- Organise high quality childcare, and book a few trial days., e.g. childcare for a few hours to attend a training day , KiT day or your 'Planning for Return' meeting with your Educational Supervisor. (See below in this section).
- Contact your employer a couple of months before you return and request childcare vouchers, which give a pre-tax saving for childcare.
- Plan ahead to increase competence and confidence:
    - Surgical trainees may want to brush up on laparoscopic skills; contact the local simulation laboratory at the John Radcliffe Hospital.
- The AoMRC checklist (see appendix) should be completed by the trainee and her Educational Supervisor before she returns to work if her leave has been longer than three months in total. This assessment is essential to ensure that appropriate support and supervision is in place, an ideally should be done a month before the trainee plans to return to work. The trainee should retain a copy in her portfolio, and a copy should be sent to the Programme Manager in the PGMDE. It is advised that the trainee discusses her return to the nights/ weekend rota: a first week of supervised and supported daytime shifts can be invaluable.

If the trainee is returning to work in an unfamiliar department, a visit the hospital or clinic beforehand is sensible, so that on the first day parking etc is not a worry. Ideally, find time to meet administration staff and if possible arrange a handover with the person who has been in post during the trainee's maternity leave, even if it's only the non-clinical information. This familiarisation will help with first day nerves.

3.11 Competency

Everyone has a reduction in their competence when they have been away from work, even for a short time. Accepting this is key to increasing competence and preventing it eroding confidence. Anecdotal evidence suggests that three months is the time it takes to regain a level of surgical competency after a prolonged break from clinical work. This is, of course, very individual and competency is regained in increments depending on previous experience, personal circumstance and confidence levels.

- Talk to peers and seniors; let them know you have been away. Don't assume everyone knows you have been absent - with shift work in hospitals and surgical rotations people might assume you have been posted elsewhere.
- Present yourself in a positive way - you are delighted to be back (even if you don't feel it all the time) and looking forward to getting up to speed soon with their help.

- Don't be apologetic in asking for help and supervision, people respond positively to positive and reasonable requests, and if they don't then seek out those who will. Most people will be flattered that you see them as an expert and therefore someone who can help you.

Planning ahead to build confidence can be very useful. Some examples are described below:

- Make a list of the medication you prescribe most frequently, check with the *British National Formulary* (*BNF*) or the hospital pharmacy in case there has been a change to doses or guidelines. This is particularly important with antibiotics, so do check local guidelines so you are up to speed with current patterns of drug resistance .
- Set up an email alert with your surgical specialty journal to make you aware of events and new information in your clinical field. Being aware of new developments will boost your confidence and allow you to take part in clinical discussions with colleagues.

3.12 **Less than Full time Training or taking a Career Break**

It is never too soon to explore the feasibility of less than full time training (LTFT). The PGMDE has an Associate Dean specifically to give advice and support in this area. The minimum LTFT training is 50% of the full time equivalent, but may be up to 75% depending on specialty and capacity. Some trainees are disappointed when their change to LTFT training when returning from maternity leave leaves them feeling unsettled despite the obvious advantages in their personal life. There is an appendix outlining practical tips from one of the authors at the end of this policy document based on surgical trainees' experiences and reflections.

If a trainee is considering taking a career break at the end of her maternity leave, she should discuss this at the earliest opportunity with her TPD or the LTFT Associate Dean to understand the potential implications in making this decision.

3.13 ARCPs

Trainees need not attend an ARCP panel whilst on maternity leave, but can do so if they wish. It is necessary to complete a formal educational appraisal with the Educational Supervisor before maternity leave commences, so that training to date can be reviewed and documented. This evidence can then be

submitted *in absentia* for accreditation, assuming that all targets which should have been achieved in the period of training have been (on a pro-rata basis). Multi-source feedback is desirable, as, one year down the line, not all colleagues will have sharp recall of any particular trainee and be able to give meaningful responses.

3.14 Revalidation

Doctors are required to revalidate every five years. At present, there is no requirement for dentists. The Responsible Officer for medical trainees is the Post-Graduate Dean. The Dean has the option of making one of three recommendations about any trainee, positive, deferral or notification of non-engagement. Any of these recommendations might apply to a trainee who has had, or is on, maternity leave, in the year she is due to revalidate. The 'test' is whether the trainee has met the requirements for revalidation, not how long she has been on maternity leave for. Trainees and Educational Supervisors should read the GMC's 2012 Revalidation Recommendation Statements paper, and visit the GMC website section on revalidation to look at case scenarios if they require more information. It is not only good practice, but is essential that trainees keep accurate records of their maternity leave dates etc as it is the trainees' responsibility to provide this information for revalidation, and it will also be needed for their ARCPs - especially to clarify the CCT date.

3.15 CCT dates

A CCT certificate cannot be awarded until a trainee has satisfied all the curriculum requirements set out by the relevant Medical Royal College, and has been given an Outcome 6 ARCP form for the final year of training. Every curriculum has an indicative timescale for the typical trainee to achieve specific competencies, allowing for annual and study leave absences. Other absences from training, whether sick leave (multiple odd days, weeks or months, and for any type of illness) or maternity leave can alter the CCT date, depending whether the necessary competencies have been achieved in any twelve month period between ARCPs**. From April 2013, even a single period of maternity leave for just three months will lead to a revision of date.** (GMC Position Statement 'Time out of Training', Nov 2012). **Trainees who had maternity leave before this date will not have their CCT date changed retrospectively to account for prior leave.**

All 'out of programme' (OOP) periods for research, training or career breaks will necessitate a readjustment. PGMDE modified AoMRC forms 6 and 7 (see appendix) should be completed by trainees taking OOP.

4.0 References

The material contained has been drawn from a variety of sources, which includes

- Pregnant Employees' Rights, UK Government law. (Visible at

www.gov.uk) Last update January 2013

- Regulation 16 of the Management of Health and Safety at Work Regulations of 1999 (see HSE website at www.hse.gov.uk/contact/faqs/pregnancy.htm)

- Physical and Shift work in pregnancy: occupational aspects of management. Royal College of Physicians in London and NHS Plus, 2009

- Occupational radiation exposure and pregnancy in orthopaedics, Uzoigwe CE and Middleton RG, J Bone Joint Surg Br, 2012, 94-B:23-27

- Working safely with ionizing radiation: Guidelines for expectant or breast feeding mothers, Health & Safety Executive, London, 1999

- 'Trainee Toolbox', RCOG website, January 2013

- COSHH guidance, 2013

- The British Medical Association members web-pages on 'Maternity FAQs, Rights for Junior Hospital Doctors', 2013

- Guidance for Paediatric Trainees on Pregnancy and Maternity leave, Dr. F O'Brien, RCPCH 2011

- Employee's Guide to Maternity leave, Royal Berkshire NHS Foundation Trust ,November 2012

- The Gold Guide v 4, 2010

- GMC registration pages at www.GMC-uk.org

- GDC registration pages at www.GDC-uk.org/dentalprofessionals/cpdpages

- GMC Position Statement, 'Time out of Training', Nov 2012

- Return to Practice Guidance, Academy of Medical Royal Colleges, 2012

- GMC Revalidation Recommendation Statements, GMC 2012

- For a clear explanation of NHS maternity leave policy including KiT days: http://www.nhsbsa.nhs.uk/Documents/NHSBSACorporatePoliciesandProcedures/Maternity_Leave_Policy.pdf

- For BMA members, the BMA careers website has elearning modules which may be useful. The module 'How to take a career break and have a successful return to work' by Gael MacLean and Barbara Wallis (both from Oxford Deanery) has been cited in this document.

5.0 Consultation

This policy was reviewed in draft, and amended where necessary, by

- practising consultant obstetricians working in the Thames Valley
- the PGMDE Executive team, including the Dental and GP Deans
- Human Resources (Daniel Keenan at the South Central SHA and Alison Ball at the Royal Berkshire Hospital)

6.0 Dissemination / Circulation

This policy is available on the Oxford PGMDE website

7.0 Implementation

Immediate. The validity will be for three years, or until changes in national maternity rights terms, or GMC regulations impacting on pregnant trainees change, whichever is sooner.

8.0 Appendix

8.1 Risk assessment tool for pregnant trainees
8.2 Modified AOMRC form 6
8.3 Modified AoRMC form 7
8.4 Tips for Less Than Full Time trainees .

Appendix 1.

Sample of Risk Assessment Tool for Pregnant Trainees.
Read in conjunction with section 3.3 of this document

Potential hazard	Potential risk to	Suggested solution
Lifting patients	Trainee and patients	Manual handling training; use of aids and help from colleagues
Prolonged standing	Trainee	Ensure breaks between cases in theatres
Lone working	Trainee and patients	The trainee should work as

	(If the trainee becomes unwell, neither she, not her patients have medical / dental cover)	part of a team at nights and at weekends, or not do these shifts if she is not part of a team.
Long shifts	Trainee (fatigue)	Ensure that rest breaks are taken
Chemicals / medication	Fetus	Some pharmaceutical products may be teratogenic (e.g. chemotherapy). Advise checking with COSHH or pharmacy dept.
Ionising radiation	Fetus	Lead aprons etc should be worn. Safe if routine ionizing protection standards followed.
Discomfort and / or Fatigue	Trainee	Increases as pregnancy advances. Ensure adequate rest breaks, sit to work if possible. TED stockings may help with lower limb oedema.

Forms to complete before starting maternity leave and before return to practice.

Appendix 2

Planning Absence from Practice Checklist Form 1 (adapted from AoMRC form 6)

1	How long is the trainee likely to be absent?
2	Are there expected to be any significant changes to training arrangements during this period? (e.g. curriculum, eportfolio updates, equipment). Will this trainee need updating on return?
3	How long has this trainee been in postgraduate training in this field? Does this have a bearing on their needs upon return? (e.g. moving from core training to higher specialist training, or to a more senior position within the training programme).
4	Could this trainee 'Keep in Touch' through occasional supervised days in the workplace, or by attending relevant educational events? (These are voluntary: no trainee can be made to attend whilst absent. Trainees whose licence has been suspended cannot enter the workplace during their suspension)
5	Does this doctor have any additional educational goals / targets to achieve during their absence? (This may particularly apply to those who have been suspended locally through Conduct or Capability issues)
6	What sort of training support , CPD etc will need to be in place to support the doctor on their return?
7	Are there any cost issues related to the question above? (e.g. locum cover if return is to be phased ?)
8	Will the doctor be able to retain their licence to practise during their absence? Will they also be able to fulfill requirements for revalidation?
9	Are there any issues which could relate to the doctor's next annual assessment (ARCP)? If so the Head of School and Post-Graduate Dean should be informed by the Education Supervisor or Trainer.

10	How is the trainee going to plan their return to a learning environment whilst away?

Signature trainee

Date

Signature of ES or Trainer

Date

One copy should be retained by the trainee, a second copy should be filed in the Deanery file for the trainee, so should be sent to the relevant Programme Manager.

Appendix 3

Planning Return to Practice form 2 (adapted from AoMRC form 7)

The trainee should bring their copy of Form 1 to the meeting

1	How long has the trainee been absent?
2	Has the absence been longer than had been expected? (This may be especially relevant if the original absence had been unplanned)
3	How long had this trainee been practising before the absence?
4	What responsibilities does the trainee have in the role to which they are returning? Are these different to those before absence? Are any new or more onerous?
5	How does the trainee feel about their confidence? How do they feel about their skill set (not just technical abilities)
6	What support has the trainee identified as likely to be helpful on their return?
7	Has the trainee had any 'Keeping in Touch' (KIT) opportunities during their absence?
8	Have there been any major changes since the trainee to leave of absence? (e.g. New equipment, new responsibilities, new treatments, new clinical guidance/ pathways etc.)
9	Has the absence had an impact on the trainee's ability to gather evidence to support revalidation?
10	Are there any new issues (personal or professional) which have arisen whilst the trainee has been away which may impact (positively or negatively) on confidence or ability?
11	Has the trainee undertaken any relevant learning or development whilst

	absent (Can apply to any trainee, but particularly those with Conduct or Capability issues contributing to, or causing, absence)
12	Has Occupational Health recommended that this trainee needs a phased return to work?
13	Are there any issues which need to be raised with the Head of School or Post-Graduate Dean around the trainee's next ARCP?
14	Will this trainee require a period of observation of others' practice before they return to work?
15	Will this trainee require direct supervision / additional support on return. Does this have an additional staffing or cost implication?

Signature trainee

Date

Signature of ES or Trainer

Date

One copy should be retained by the trainee, a second copy should be filed in the Deanery file for the trainee, so should be sent to the relevant Programme Manager.

Appendix 4: Practical tips on Working Less Than Full Time LTFT)

Practical tips for planning the return to work less than full time

- Job sharing - get to know your job share partner, try to meet socially before you start to find out personal circumstances which will help facilitate a good working relationship
- Your team - email the team to introduce yourself and explain which days you are working, and make sure everyone has your contact details

Practical tips in the workplace when working less than full time

- Present yourself in a positive light; the glass is half full mode rather than half empty. For example, if you don't work on a Thursday or Friday make sure everyone knows you are available on Monday to Wednesday rather than focusing on when you are not around.
- If you can, be flexible so that you are not always missing the day when the team meetings or MDTs happen, as this can lead to a sense of isolation. This may involve working, for example, three days but having back up available and paid for on four days so you can achieve this.
- Make sure the administration staff has a written copy of your working days so patients are not booked for you when you are not available. This will show you are organised and professional and ensure there is no confusion regarding your availability
- Try not to develop a misplaced guilt about not being with the team full time - remember you are only being paid at less than full time rate
- Ensure you use any study leave available to attend appropriate courses and updates, find out the dates well in advance so you can adjust your working schedule to attend

Attitudes of others can be difficult to change, but even if your working hours are tightly constrained by external circumstances do try to appear willing. For example try to explore options if a colleague needs help covering a shift or clinic as this will help to show you are a committed member of the team