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# A guide to planning your maternity

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Written by a Wessex  
GP trainee for  
Wessex GP trainees

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Health Education Wessex

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## **1. Why produce this document?**

I am a GP trainee working in the Portsmouth patch. I started my training in 2010 and have taken time out of practice twice to have my two children. After my first child I returned to work less than full time (LTFT) at 60%, first in hospital and subsequently in a GP practice.

The first time I took maternity leave I was working in a hospital post and the second time in a GP practice so have had experience of both settings whilst pregnant.

I found getting all the information I required to plan my maternity quite challenging and sometimes felt like I was the first trainee to have a pregnancy!

I therefore decided to put together this guide of the things I found useful. It is, I am sure by no means everything, but hopefully it will make it easier for you to start thinking about various different aspects (and money saving tips too)!

Hope you find it useful and please let me know if you have any questions/additions you come across which you think may be useful for an updated version at [wessexait@googlemail.com](mailto:wessexait@googlemail.com)

Good luck!

Lynnsey.

LTFT member of the Wessex AiT subcommittee.

## **2. Abbreviations:**

SMP: Statutory maternity pay

MA: Maternity allowance

EWC: Expected week of confinement/childbirth (the week you are due)

KIT: Keeping in touch days

LTFTT: Less than full time training

WTE: Whole time equivalent

SPP: Statutory paternity pay

## A Guide to Pregnancy and maternity information whilst GP training.

### **3. Working whilst pregnant:**

There are lots of forms that need completing in order to organise your maternity leave and pay. The sooner you start completing these the better.

You need to inform your employer of your pregnancy. Obviously it is up to you when you feel ready to do this, but it is advisable to at least tell your line manager fairly early so they can do the necessary risk assessment to ensure you are not putting yourself or baby at harm.

You must have told your employer in writing no later than the end of the 15<sup>th</sup> week prior to your expected date of childbirth in order to be eligible for maternity pay. Ideally you should give them a minimum of 28 days notice before you intend going on maternity leave.

#### **3.1 People to tell:**

- Your clinical supervisor
- Your educational supervisor
- Your programme directors (who can guide you as to who else you need to tell).
- Your programme administrator
- The deanery (Fenella Williams)
- Your practice manager
- Human resources department (if in a hospital post).

### **4. Antenatal appointments:**

You are entitled to the time off required to attend any antenatal appointments and classes.

### **5. Maternity Leave:**

You are entitled to 52 weeks of maternity leave.

This is made up of 26 weeks ordinary maternity leave and 26 weeks additional maternity leave.

The legal minimum length of maternity leave you can take is 2 weeks (starting from the day your baby is born).

### **6. Maternity Pay:**

This is broken into occupational pay (the NHS scheme) and statutory maternity pay (SMP) or maternity allowance (MA) - see section 6.2 & 6.3 below.

#### **6.1 Occupational pay:**

Most GP trainees are eligible for the NHS scheme for maternity pay providing they have “worked in an NHS organisation continuously for the preceding 12 months and continue to be employed until at

least the beginning of the 11<sup>th</sup> week before the expected week of childbirth (EWC)” (NHS maternity guide- see link no 2 in section 15). Swapping from hospital post to GP does NOT break service.

Under the scheme, if eligible, you will receive:

8 weeks full pay (minus SMP/MA).

18 weeks half pay.

13 weeks SMP or MA.

13 weeks unpaid.

Your payment is calculated on your average earnings over 2 months prior to the ‘qualifying week’ (which is the 15<sup>th</sup> week before your EWC). This therefore includes any banding supplement you are receiving at that time.

NB. The above is for employees who intend on returning to work in the same place. The amount can change if this is not the case (see [http://www.nhsbsa.nhs.uk/Documents/NHSBSACorporatePoliciesandProcedures/Maternity\\_Leave\\_Policy.pdf](http://www.nhsbsa.nhs.uk/Documents/NHSBSACorporatePoliciesandProcedures/Maternity_Leave_Policy.pdf) for further details).

### **6.2 Statutory maternity pay (SMP):**

This is paid by your employer alongside your NHS scheme.

It is £138.18 per week (for tax year 2014-15) payable for up to 39 weeks.

If you have moved hospitals or moved into a general practice placement recently you may not be eligible for SMP as you may not have worked for the particular practice/hospital long enough.

You need to have worked for that trust/practice for at least 26 continuous weeks into the 15<sup>th</sup> week before the week your baby is due! (sounds complicated but there are calculators on line that will tell your employer whether you are eligible or not).

see: <https://www.gov.uk/calculate-your-maternity-pay>

Don't worry if you are not eligible - you can apply for maternity allowance instead (see 6.3).

### **6.3 Maternity Allowance (MA):**

If you do not qualify for statutory maternity pay (sec 6.2) you can apply for maternity allowance through the department of works and pensions.

You will need to complete an MA1 claim form available from:

<https://www.gov.uk/government/publications/maternity-allowance-claim-form>

You need to have worked for 26 weeks (in the previous 66 weeks) to be eligible.

This is available for a maximum of 39 weeks (the same as statutory maternity pay) and currently is £138.18 per week (for tax year 2014-15).

You can complete this form anytime after the 26<sup>th</sup> week of your pregnancy. Payment can start 11 weeks before your baby is due, but you can specify when you want payment to start.

Alongside your application form you will need:

- Pay slips
- Your MatB1 certificate (you will get this from your midwife after the 20<sup>th</sup> week of your pregnancy).
- An SMP1 form (from your employer saying you are not eligible for statutory maternity pay).

## **7. Child benefit forms:**

Available on line or in your Bounty pack received when your baby is born. See <http://www.hmrc.gov.uk/childbenefit/start/claiming/how-to-claim.htm#2>

You will need to send a birth certificate/adoption certificate with these.

It is paid every two or four weeks direct into a bank account of your choice.

- £20.50 per week for first child
- £13.55 per week for every subsequent child.
- (numbers correct as of May 2014).

Child benefit can be back dated up to three months.

This is means tested, so if you or your partner individually earn over £50,000 per annum you may not want to claim/or claim less as you will be liable for a tax charge called the “High income child benefit charge” (details can be found on the web address above).

## **8. Organisations:**

**8.1 BMA:** If you are a member of the BMA - inform them of your maternity leave as you are eligible to a reduced rate for the duration of your leave.

**8.2 GMC:** Offer a reduced rate if your salary for the year falls below a certain level. See following website for further information.

<http://www.gmc-uk.org/doctors/fees/lowerincomes.asp>

**N.B. You will need to ensure you have FULL registration ready before you return to work.**

**8.3 Defence Organisation:** This can be cancelled whilst you are not working. Remember to restart it before you go back to work and allow at least a couple of weeks for this to be organised. MDU/MPS will refund any money back to you that you have paid for that year. If you are in general practice at the time you will need to speak to your practice manager/deanery as they will have paid the GP part of your defence organisation fees which will need to be refunded back to them.

**8.4 RCGP:** You still need to pay the full subscription rates to the college as your portfolio and access to e learning etc. remains open should you wish to use it. However once you have gone over the

three original years training subsequent years will be charged at half the amount (correct May 2014).

### **9. Returning to work:**

Under the NHS scheme the full 52 weeks of maternity leave is assumed unless you state differently. If you want to change your return to work date you must give at least 28 days notice and this will be accommodated if possible depending on the particular job you are going back to.

### **10. Accruing annual leave:**

You should plan to use up any annual leave that you already have before you start your maternity leave as it may not be possible to carry it over to the next annual leave year. This will depend on your employer's policies and your contract of employment with them. You will continue to accrue annual leave whilst you are on maternity leave and this is usually taken in a block at the end of your maternity leave. The Deanery does not usually support using accrued leave to effectively work less than full time after maternity leave and any requests to do this will be considered on a case by case basis.

Your accrued leave does not count towards your training time which will recommence from when you actually return to work

### **11. Keeping in touch (KIT) days:**

These are optional days which can be taken with an aim to ease your transition back into work.

They allow you to work under your contract of employment without losing your SMP/MA entitlement. They can include training days and things that allow the employee to keep in touch with the workplace.

- You are entitled to a maximum of 10 KIT days. These do not extend the maternity leave.
- Working part of a day counts as ONE kit day.
- You may be paid your basic pay during these days (less your maternity pay), though this is only if prior agreement has been made with the employer if they offer the scheme. GPs often do not have access to the scheme. You also need to consider the cost of childcare/medical indemnity for these days as you may end up at a loss in monetary terms.

**N.B. If you intend on doing any KIT days you must ensure you have adequate medical indemnity for this. The minimum period is a week at a time, so this may affect how you wish to space any KIT days.**

### **12. Applying to work for Less than full time training (LTFTT):**

There is a form on the deanery website which needs to be completed and sent to Fenella Williams at the deanery for your request to be considered.

[http://www.wessexdeanery.nhs.uk/support/support/less\\_than\\_full\\_time\\_training.aspx](http://www.wessexdeanery.nhs.uk/support/support/less_than_full_time_training.aspx)

Note this form can be completed and submitted whilst you are pregnant if you know this is what you intend on doing.

It can take quite a while for the deanery to confirm whether or not your application is successful, so it is best to leave plenty of time to apply for this. The sooner you do this the easier it is for them to plan around rotations.

It is NHS policy to place LTFTT in a slot share if at all possible (usually at 60%) and failing that to place a LTFT in a full time slot.

Rotation dates will usually continue in line with usual changeover dates. Therefore if working at 60% a 6 month time period is equivalent to 3.6 months whole time equivalent (WTE) which fulfils the RCGP criteria of a minimum 3 month WTE in post.

### **13. Once you are back at work:**

Every effort is made to place you back in the same programme/trust/rotation. However this is not always possible as slots will have been filled by the next trainees currently in the programme. The deanery will try to place every person into a suitable programme under the same terms and conditions, though this occasionally does mean a change in placement.

#### **13.1 Childcare vouchers:**

If you have your child in paid child care whilst you are working you may want to consider the childcare vouchers (a tax saving scheme). You can take up to £243 a month from your salary for childcare vouchers to help towards nursery/childminders/after school club fees. This money comes out of your pay each month before tax.

There are many different schemes but all work in the same way. The hospitals will be able to tell you how to set this up.

Unfortunately many GP practices are not part of the scheme and will not set it up as it costs some money to do so. However, being part of the scheme can reduce the national insurance contributions they make, thereby offsetting the amount they have to pay to enter the scheme, so it may be worth at least enquiring about it.

### **14. Paternity pay:**

Fathers are entitled to two weeks paternity leave. Usually chosen to be taken as one week or two consecutive weeks. Leave can only start at the earliest on the day the baby is born but must be taken within 56 days of birth.

To qualify, you must tell your employer before the end of the 15th week before your baby is expected, or as soon as reasonably practical.

To be eligible for occupational paternity pay you must:

1. have, or expect to have responsibility for your child's upbringing
2. have worked continuously for an NHS employer for at least 12 months.
3. Are the child's biological father, or the mother's partner/spouse/civil partner.

If these criteria are met, you are entitled to two weeks full pay (minus any statutory paternity pay (SPP)). If 2 above is not correct you may be eligible for SPP alone.



For occupational paternity pay a BSA PAT1 form must be completed and given to your employer.

To qualify for statutory paternity pay (SPP) you must give your employer at least 28 days notice. The rate of SPP is the same as that for SMP.

See 1 & 3 below (section 15) for further details including the possibility of additional paternity leave (splitting the entitled one year maternity leave between mother and father).

### **15. Useful websites:**

1. BMA maternity guidance 2011: PDF document (page 29 specifically for GP registrars).

2. NHS maternity policy:

[http://www.nhsbsa.nhs.uk/Documents/NHSBSACorporatePoliciesandProcedures/Maternity\\_Leave\\_Policy.pdf](http://www.nhsbsa.nhs.uk/Documents/NHSBSACorporatePoliciesandProcedures/Maternity_Leave_Policy.pdf)

3. NHS paternity policy:

[http://www.nhsbsa.nhs.uk/Documents/Paternity\\_Leave\\_-\\_Issue\\_2\\_-\\_18.11.11.pdf](http://www.nhsbsa.nhs.uk/Documents/Paternity_Leave_-_Issue_2_-_18.11.11.pdf)

4. Guidelines for LTFTT GP trainees in Wessex:

<http://www.wessexdeanery.nhs.uk/pdf/Posts.pdf>

[http://www.wessexdeanery.nhs.uk/quality\\_management\\_policies/policies\\_and\\_procedures.aspx](http://www.wessexdeanery.nhs.uk/quality_management_policies/policies_and_procedures.aspx)

(see existing documents on LTFTT and maternity/paternity/adoption here).

5. Wessex Local Medical Committees (LMC):

<https://www.wessexlmcs.com>

6. The Wessex AiT guide to completing your training:

<http://www.wessexdeanery.nhs.uk/pdf/Hbook2013.pdf>

7. Planning ahead to when you are qualified (note this applies to London deanery but some information may be transferable).

<http://www.londondeanery.ac.uk/professional-development/professional-support-unit/inductreturnretain/gp-retainer-scheme>

Salaried/Locum GPs:

<http://bma.org.uk/practical-support-at-work/contracts/sessional-gps>

**N.B. Every effort has been made to ensure the information in this document is correct, though policies may change with time.**