Maternity Leave Information

Jenny Walton is an ENT SpR in the Thames Valley Deanery and mum to 2 lively boys. She has completed a Masters in Functional and Clinical Anatomy alongside her training. She is currently on maternity leave will be in the middle of ST5 when she returns to work later this year. Training less than full time following the birth of her eldest has provided an excellent work-life balance and she uses any spare time she can to run with her boys in their running buggy.

Employees’ rights – you are entitled to:

• Maternity leave (52/52 total, must take min. 2/52)
• Paid time off for antenatal care (midwife/doctor’s appointments/scans/antenatal classes)
• Maternity pay or maternity allowance
• Protection against unfair treatment, discrimination or dismissal
• Accrued annual leave including public holidays
• Fixed term contracts – must be extended to allow full 52/52 ML if contract due to end after 11/52 before expected date of delivery (EDD):
  • Example:
    • Contract due to end on August 1st, EDD October 17th – contract ends as planned, if trainee on rotation, trainee moves to next placement
    • Contract due to end on August 1st, EDD October 10th – contract must be extended until at least October 10th the following year
• Rotational trainees – have the right to return to the same placement or the next placement if already planned to change.

Maternity Appointments

• You are entitled to paid time off for antenatal care, this should be organised locally within your department and is not counted as part of your annual/study leave:
  • Give your department as much notice as possible, ideally in writing
  • If short notice appointments are required, discuss with colleagues/supervising consultant to best manage these within department
• In a straightforward first pregnancy, the following is an example of the appointments you are likely to be offered:
• 2 ultrasound scans (approx. 12 weeks and 20 weeks)
• 8-10 midwife appointments throughout pregnancy (depends on local area)
• 1 GP appointment for heart/lung check
• 1 practice nurse appointment for whooping cough vaccine
• In subsequent straightforward pregnancies, the number of midwife appointments is usually lower
• More appointments/scans may be offered depending on individual circumstances

Maternity Pay (MP) – 3 types

• Statutory (SMP):
  • Entitled to SMP if you have had at least 26 weeks of continuous employment with the same employer (hospital trust) by the beginning of the 15th week before EDD (beginning of pregnancy week 26/40)
  • 6/52 at 90% full pay
  • 33/52 flat rate SMP (£148.68 from April 2019) or 90% of average weekly earnings, whichever is lower
  • 13/52 unpaid leave

• Occupational (OMP):
  • Entitled to OMP if you have 12/12 continuous NHS service by 11 weeks before EDD (beginning of pregnancy week 29/40) and intend to return to work (RtW) for a minimum of 3/12 immediately after ML
  • 8/52 full pay (including SMP or MA receivable)
  • 18/52 half pay (plus SMP or MA receivable)
  • 26/52 unpaid

• Maternity Allowance (MA):
  • If above conditions not met, e.g. 12/12 NHS service but <26/52 at current trust, can claim MA + OMP
  • Claim via Gov.uk or Job Centre Plus
  • https://www.gov.uk/government/publications/maternity-allowance-claim-form
  • MA works in the same way as SMP and results in similar monthly earnings, the difference is the way in which it is claimed

Maternity Pay worked example

• A Doctor earns £24,000 pre-tax base salary per annum with 50% banding, totalling £36,000 annual salary:
  • She has worked continuously for the NHS for more than 12 months and started at her current trust on August 1st
  • Her EDD is May 21st meaning she will have completed at least 26 weeks employment at this trust by the time she reaches the beginning of her 26th week of pregnancy
  • She is entitled to both SMP and OMP
  • She is paid a total of £6,000 during the qualifying weeks (18-25/40)
  • Her average weekly income for the qualifying weeks is £692.31 (£6000 ÷ 52)
  • Her SMP will therefore be £623.08 for 6 weeks then £148.68 for 33 weeks
  • Her total pay will therefore be:
    • £692.31 for 8 weeks (full pay)
    • £494.83 for 18 weeks (half pay + flat rate SMP)
    • £148.68 for 13 weeks (flat rate SMP only)
    • Unpaid for 13 weeks
  • This will be paid monthly as usual (you should have the option of being paid an average salary over the 12 months, in this example this would be approx. £1,368 per month).
**Important employment timeframes during pregnancy**

**Up to week 25**
- Confirm pregnancy – **congratulations!** – consider when to inform employer (team and medical staffing)
- Carry out risk assessment (usually with clinical supervisor (CS))

**15 weeks before EDD**
- Deadline to inform employer **in writing**
  - Receive employer’s confirmation **in writing** (usually within 4/52 of start of ML)
- Advantages of informing employer early:
  - Support at work
  - Paid time off for appointments

**11 weeks before EDD**
- Earliest date at which planned ML can begin*
  - Must give 4/52 notice to change this date

*If baby is born before ML starts, date will be adjusted to the day after the baby is born.
ML would start automatically if you are off work for a pregnancy related illness in the 4/52 leading up to EDD

**Employee to provide the following:**
- Intention to take ML and planned start date
- Intention to RtW (assumed after 52/52 unless you state otherwise)
- Proof of pregnancy (usually MatB1 form from)

**Employer to provide the following:**
- Paid/unpaid ML entitlements
- RtW date
- Length of accrued AL
- Need for 28/7 notice to change RtW date

**Employee to provide the following:**
- Current duties and risks
- Personal health and wellbeing
- Enough time off before to rest and prepare vs. enough time off after to be with baby

**Start date of ML considerations:**

**Keep in touch days (KIT)**
- Take up to 10 in total, must agree dates and duties beforehand (**obtain written agreement from department and HR**)
- Supervised clinical sessions or courses/training days
- Paid at base daily rate minus usual tax/NI/pension minus any MP due on that day – consider financial implications, take close to RtW date
Paternity Rights

- Entitled to **unpaid** time off for 2 antenatal appointments
- Paternity leave – eligible for 2/52 paid leave (if >12/12 continuous NHS service), usually starts the day after baby is born (but can defer as long as taken within first 8/52)

Adoption Leave

- The primary carer in an adoption arrangement has the same entitlements as regular maternity leave providing they have:
  - 12/12 continuous NHS employment by the beginning of the week they are notified of being matched with a child
- Entitled to reasonable paid time off for adoption appointments – arrange with own department.

Shared Parental Leave (SPL)

- Up to 50 weeks of leave can be shared between two parents
- Up to them how to split – can both be off work at the same time or can take it in turns
- One parent must be eligible for maternity/adoption pay/leave or MA
- The rate of pay for SPL is now equivalent to OMP rate (as of April 1st 2019) meaning parents won’t be financially disadvantaged if they share the leave
- See sources of information on SPL below

Pearls of wisdom from other trainees

- Maternity documentation can be confusing when talking about dates:
  - When referring to a specific ‘week’, this always begins on a Sunday and ends on a Saturday
- If you would like to consider returning less than full time (LTFT) after ML, discuss with deanery ideally before starting ML – they may not have a LTFT placement for you immediately and you may not want to worry about organising this when you have a young baby at home
- Boost income during qualifying weeks (average weekly income during 18-25/40) to improve overall MP e.g. in-house locum shifts
- Consider requesting MP to be averaged and paid over 12/12 rather than a reducing amount (must be agreed in advance, not all trusts will agree but should!)
- Organisations will often reduce fees during ML – must contact them in advance as not usually able to claim retrospectively (e.g. BMA/GMA/ISCP/RCS/MDU/MPS/ENTUK)
- Ensure both your trust and your deanery know your correct ML dates to ensure correct CCT date and pay
• Discuss with CS ways to ensure your wellbeing in theatre – sit to operate, planned breaks during long cases, hydration
• Try to get ISCP/surgical logbook up to date prior to ML so you are not worrying about this for ARCP when you RtW
• Think carefully before planning to write papers/take exams during ML – this may be the last thing you can actually manage
• Ask other trainees when they came off the on-call rota:
  • Note that coming off the rota/leaving out of hours duties does not affect your pay
• When planning antenatal appointments, it may be easier to schedule these either early morning or late afternoon to reduce travel to and from work and to minimise disruption to your working day.

Useful contacts/sources of information

• Ask others who have recently been through the process:
  • Face to face
  • Via social media – WENTS facebook group, Physician Mums Group (PGMUK) on facebook
• Trust Maternity Advisor (if there is one):
  • Bear in mind that advice from this source will usually be generic to all NHS employees and doctors on rotational contracts have specific requirements
• BMA helpline: 0300 123 1233 for individual advice
• BMA guidance: https://www.bma.org.uk/advice/work-life-support/working-parents
• NHS Handbook: http://www.nhsemployers.org/tchandbook
• RCS Pregnancy and Maternity guidance booklet: http://surgicalcareers.rcseng.ac.uk
• Royal College of Obstetricians and Gynaecologists: https://www.rcog.org.uk
• Information for Shared Parental Leave
  • https://www.gov.uk/shared-parental-leave-and-pay