Medical Parents and Training Programmes Guidelines

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

1. Purpose

Doctors in training have minimal autonomy in structuring their work practices compared to most other professions. Medical training pathways lack flexibility in accommodating trainees taking maternity/parental leave and managing childcare responsibilities.
Despite reaching parity in training numbers, women still take most maternity/parental leave in Ireland and assume greater responsibility for childcare and domestic duties, while men have much greater difficulty accessing parental leave and flexible work arrangements.

In response to some of these issues this document will highlight areas that need to change and areas where we, as the Training Body, can make some changes.

2. Standard Expectations

2.1 Parental considerations should be understood to apply to:
a) All genders, including non-binary genders.
b) All paths to parenthood and related complications, including but not limited to:
Pregnancy and adoption, including in vitro fertilisation (IVF), and all potential outcomes including miscarriage, termination, still birth, premature births, multiple births and any other not listed.
c) Return to work after any of the events outlined above.

2.2 Policies and practices related to maternity/parental considerations should be:
a) Comprehensive and at a minimum meet an organisation's legal responsibilities, enterprise bargaining agreement, awards, and fair work standards.
b) Readily accessible and actively communicated.
c) Gender neutral and use gender inclusive language.
d) Flexible to account for the diverse circumstances and needs of trainees.

2.3 Leaders must be committed to promoting and supporting equal access to maternity/parental leave and flexible work arrangements for medical parents in training.

2.4 Clear pathways should be available to trainees seeking to apply for maternity/parental leave and flexible work arrangements.

2.5 Trainees should feel connected to the hospital/training body during periods of maternity/parental leave without arrangements being mandatory or onerous. This could be via:
a) Access to training and professional educational opportunities.
b) Utilising 'keeping-in-touch' days before ultimate return to work.

2.6 Leave and return to training programme/work arrangements should be planned such that:
a) Expectations for managers and trainees are clear, with guidelines and training provided for managers and parents to navigate leave and return to work arrangements.
b) They are flexible to unforeseen circumstances and individual trainee needs.
c) There is no penalty for trainees taking time out of the workforce.

d) Proactive and flexible approaches to support trainees returning from maternity/parental leave is outlined in our ***Return to Training after a long absence and our Guide to less than full time training*** documents.

3. Guidelines – Training Bodies

Training Bodies can make access to maternity/parental leave more equitable, flexible, and feasible to medical parents in training by:

3.1 Developing and promoting a dedicated maternal/parental leave policy. Maternity/parental leave should be a consistently anticipated trainee need and should be considered differently to other reasons for interruptions to training. Policies must acknowledge the less predictable nature of the need for and timing of maternity/parental leave.

3.2 Providing clear and comprehensive guidance about how maternity/parental leave will interact with training requirements to minimise opportunities for systemic discrimination.
c) Excluding maternity/parental leave from any time limit imposed on the total number of years allowed to complete training.

3.3 Ensuring considerations are made in planning training pathways for all paths to parenthood, maternity/parental leave, return to work and parenting responsibilities, such as:

(i) Scheduling 'away' rotations to accommodate parental considerations, minimising geographical disruption in rotations where possible (unless requested by the trainee) and providing the maximum possible notice of rotations.

(ii) Scheduling regular education and training activities within usual rostered working hours and providing remote attendance options.

3.4 Incorporating parental considerations into training post accreditation standards, including requirements for accredited training sites to provide:

i) Support in accessing maternity/parental leave entitlements.
ii) Advocate for flexible training posts.
iii) Access to appropriate lactation facilities

4. Guidelines – Clinical Sites

4.1 Clinical sites can support all paths to parenthood, maternity/parental leave, access to flexible work and return to work arrangements by:

a) Ensuring non-discriminatory recruitment and appointment processes are in place.
b) Ensuring a safe working environment is in place for pregnant trainees. This may include periodic review of the scientific evidence of specific occupational risks in pregnancy e.g. exposure to volatile agents, as well as individual medical assessment, with strategies developed and implemented to address identified needs and allow pregnant trainees to continue working safely.

4.2 Adopting rostering patterns in line with evidence-based practice that support good pregnancy outcomes and consider the needs and wishes of pregnant trainees and parents.

4.3 Assisting trainees in the organisation of job-share arrangements with the Training Body.

4.4 Offering remote access via quality video/teleconference, to support medical parents in training to participate in teaching and training and other events.

4.5 Supporting trainees' return to work by ensuring access to an induction/orientation process regardless of timing of return to work with respect to the usual clinical year.

4.6 Ensuring provision of appropriate lactation room facilities.

4.7 Appropriately resourcing and supporting the backfilling of trainees where needed and trainees not having to organise backfill or locums themselves.