Parental Leave in Medicine
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With more doctors emerging from graduate university programs, post-graduate specialist training most commonly takes place between the ages of 25-35, which coincides with the optimal time for having children. (3) Existing medical training pathways were designed for people able to work long hours and had few responsibilities in the home. However, female doctors are much more likely to assume childcare responsibilities than their male counterparts. The disparity between female and male doctors' childcare responsibilities has been identified as a significant structural barrier to women moving into roles of higher status and higher pay. (1)

Although a range of policies exist to support parenting, these provisions are highly variable both on paper and in practice. For instance, cardiothoracic surgery trainees may take no more than six weeks' leave, including parental leave, within any 6-month rotation, while GP registrars can take 12 months' leave from training and return to part-time training. These discrepancies in programs may explain why many young female doctors move into specialties such as GP with more flexible policies.

Policies that support parenting alongside medical training are needed to promote gender equity in all aspects of medicine.

Maternity leave arrangements
Most female doctors-in-training who decide to have children will need to apply for maternity leave from their employer, most commonly a state health service. Employers are governed by federal legislation that stipulates women are entitled to a period of 52 weeks unpaid maternity leave (including 18 weeks of paid parental leave at minimum wage.) When the period of maternity leave has finished, the women may request a further 52 weeks unpaid leave and may also request a return to part time or flexible hours which the employer must show reasonable grounds in order to refuse. (4) In addition to this, state health services will also offer a period of paid leave. Doctors working for NSW Health are eligible for 14 weeks of maternity leave at full pay, following a period of employment of 40 weeks, and unpaid leave of up to 12 months from the date of birth in accordance with legislation. In Victoria, doctors receive 10 weeks at full pay. Therefore, if taken in conjunction with the 18

weeks of government parental leave (paid at minimum wage) doctors can access between 6 and 7 months of paid leave.

However, with many doctors employed on 12-month or 24-month contracts women can find they have no job to return to if the contract expires within the leave period. (5). In an interview with *MJAInsight*, an unnamed surgical registrar stressed the importance of timing the announcement of her pregnancy:

"*If you defer your training before you are allocated a job then, effectively, you have no employer to take maternity leave from. So I waited until my job was allocated before I told them I was pregnant and put in for maternity leave*.
"*The board was unhappy, and some of my colleagues were exceptionally unhappy, but that was the best way I could see to get what I was entitled to*." (6)

Training arrangements

A doctor enrolled in a specialist-training program must also apply to the relevant college for leave. Provisions between colleges are highly variable. GP registrars, for example, can take 12 months parental leave from training and then return to part-time training of a minimum 14.5 hours per week (7) Other colleges including the RACP, RANZCOG and the ACEM have similar provisions for parental leave and the option of a return to part time work. However most colleges have a time limit in which training must be completed which may in turn limit the duration of leave or part time work if a woman wishes to have multiple children during the training period. (8, 9, 10)

Many of the surgical training programs do not offer the same flexibility due in part to the rigidity of the programs. The most recent training regulations handbook for Cardiothoracic Surgery stipulates that trainees may take no more than six weeks leave (including parental leave) within a six-month rotation. Trainees who wish to take more than this can apply for leave from training in six monthly blocks and may have to demonstrate currency of skills before returning to work. Part time training is considered but must be in 12 monthly periods in order to fit within the six monthly rotational structure of the program (11).

Many specialist training programs also require rotation to hospitals outside of a trainee's home town or expect that part of the training be undertaken overseas, which is an added challenge for doctors who are caring for children.

Finally, entrenched cultural values that women will assume childrearing responsibilities have also been identified as a barrier to women entering male-dominated specialities. In 2015 a report commissioned by the RACS in response to emerging allegations of bullying and harassment identified discriminatory practices and attitudes towards female doctors. One pregnant trainee was required to work 30 hour shifts in the last week of pregnancy while others were asked on their plans to have children or told they would only be considered for a job if they had their tubes tied. (12).

What Needs to Happen

- **Leadership from medical colleges:** RACS has set a target to increase the proportion of female surgical trainees from the current 29% to 40% across all specialties by 2021. Among the actions to be taken to reach this target are re-designs of training models and liaising with hospitals to ensure greater flexibility and family- friendly protocols including easier access to interrupted training e.g. parental and adoption leave and reducing the frequency of geographical changes in rotation placements and the active promotion of flexible training options.Colleges should provide specific, readily accessible materials outlining the options for a potential trainee to accommodate pregnancy, maternity leave and return to work arrangements after the birth of a child. This could include some of the challenges, both personal and professional, that a doctor may encounter when deciding to start a family and ways the college can assist, particularly when it comes to industrial matters with their employer.
- **Support from Employers:** Award agreements need to incorporate provisions for doctors to take parental leave in circumstances where their contract may expire in the period of leave. For hospitals juggling staffing, one solution would be to have a pool of service registrars who can meet the needs of the hospital to cover parental leave (5) although this may be more difficult in regional and rural hospitals. Equally importantly, addressing how promotions are offered to staff to ensure they are applicant based rather than ‘taps on the shoulder’ via informal networks will help in achieving goals of gender equity. (1)
- **Cultural change in parenting expectations:** More broadly, childcare should be reframed as a social responsibility to be shared between parents. Parental leave is available for fathers in many instances but is rarely accessed: just

one in 50 men take parental leave in Australia compared to 40 per cent or more in some Nordic countries. (16) Even when the leave is available, many men do not ask, citing fear of professional repercussions. (17) Level supports policies that promote shared parenting.

References and further reading

1. http://bmjopen.bmj.com/content/5/11/e009384.full
2 http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features20April+2013
3 https://www.mja.com.au/journal/2013/199/5/integrating-parental-leave-specialist-training-experience-trainees-and-recently
4. https://www.fairwork.gov.au/how-we-will-help/templates-and-guides/fact-sheets/minimum-workplace-entitlements/parental-leave-and-related-entitlements
5. https://www.mja.com.au/journal/2013/199/5/integrating-parental-leave-specialist-training-experience-trainees-and-recently
Costa, CM et al; Med J Aust 2013; 199 (5): 359-362.
6. http://www.doctorportal.com.au/mjainsight/2013/26/trainees-keep-mum-secure-jobs/
7. http://www.racgp.org.au/education/fellowship/fellowship-of-the-racgp/policies/policies/vocational-training-pathway-requirements-for-fellowship-policy/
8. https://www.racp.edu.au/trainees/flexible-training-options/interrupting-or-withdrawing-from-training
9. https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Training%20and%20Assessment/Specialist%20Training/Training%20Requirements/Fractional-part-time-training-guildelines.pdf

10. https://acem.org.au/Education-Training/Specialist-Training/Manage-Your-Training-Program.aspx?tab=Placement-Interruptions#course-content
11. http://www.surgeons.org/media/24895847/2016-12-05_prc_2017-cardiothoracics_regulations.pdf
12. http://www.surgeons.org/media/22086656/EAG-Report-to-RACS-FINAL-28-September-2015-.pdf
13. http://www.surgeons.org/media/24924140/2016_12_20_diversity_and_inclusion_plan.pdf
14. https://amavic.com.au/page/Doctors_in_Training/DiT_Agreement_2013-2017/Understanding_your_parental_leave_entitlements/
15. Oláh LS, Bernhardt E. Sweden: combining childbearing and gender equality. *Demogr Res* 2008;19:1105–44.
16. http://www.oecd.org/gender/parental-leave-where-are-the-fathers.pdf
17. http://www.smh.com.au/business/workplace-relations/where-are-the-dads-parental-leave-for-men-remains-low-2016030