

Supporting Junior Doctors becoming Parents- the Experiences of Clinical and Educational Supervisors

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INTRODUCTION

Trainees report challenges in navigating work-related administrative aspects of becoming parents

Supervisors are often a first point of contact and in many cases act as line managers

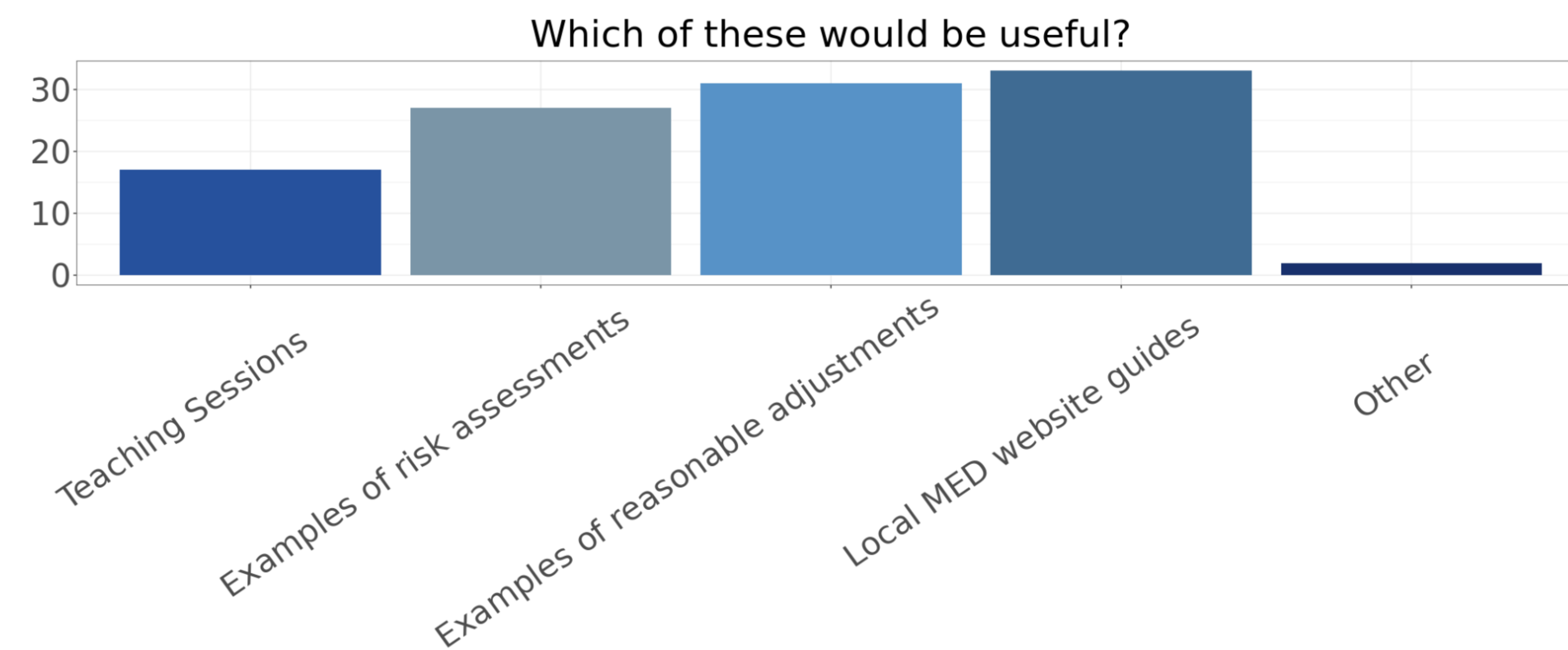
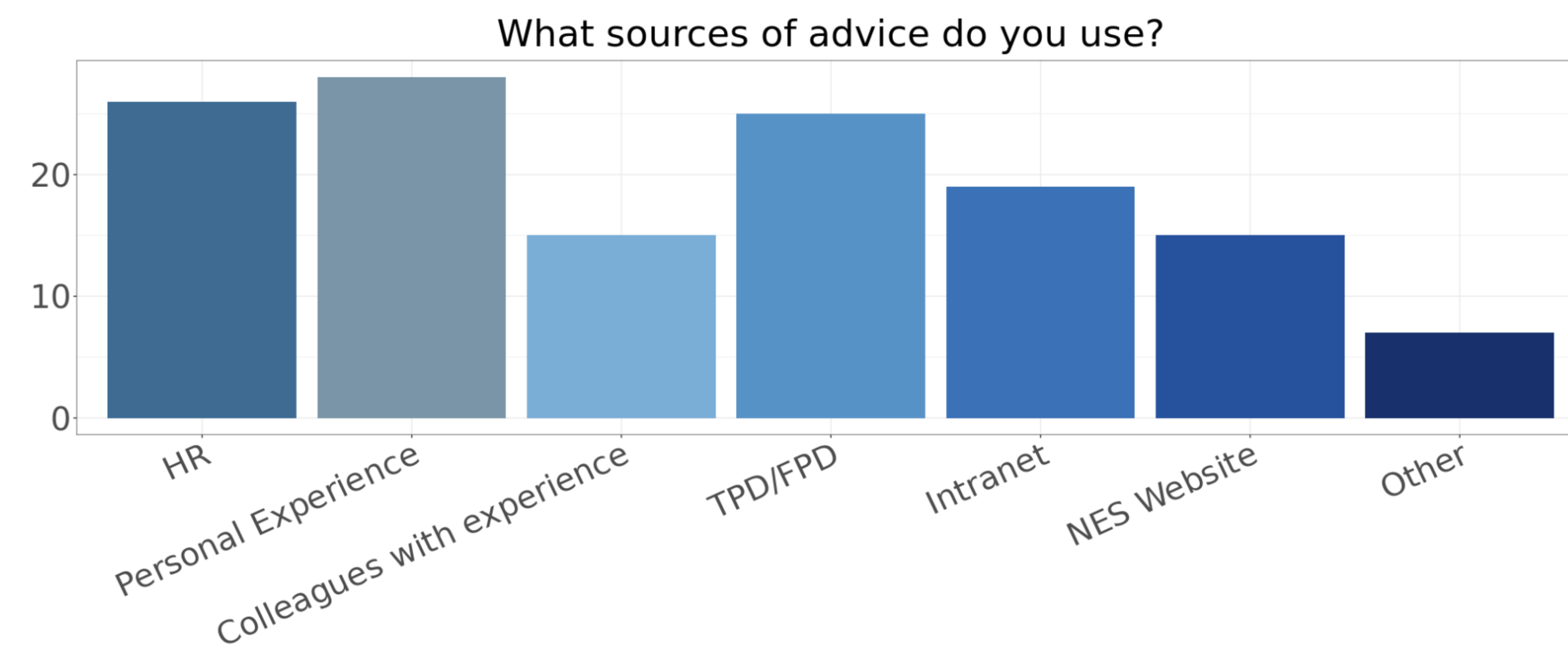
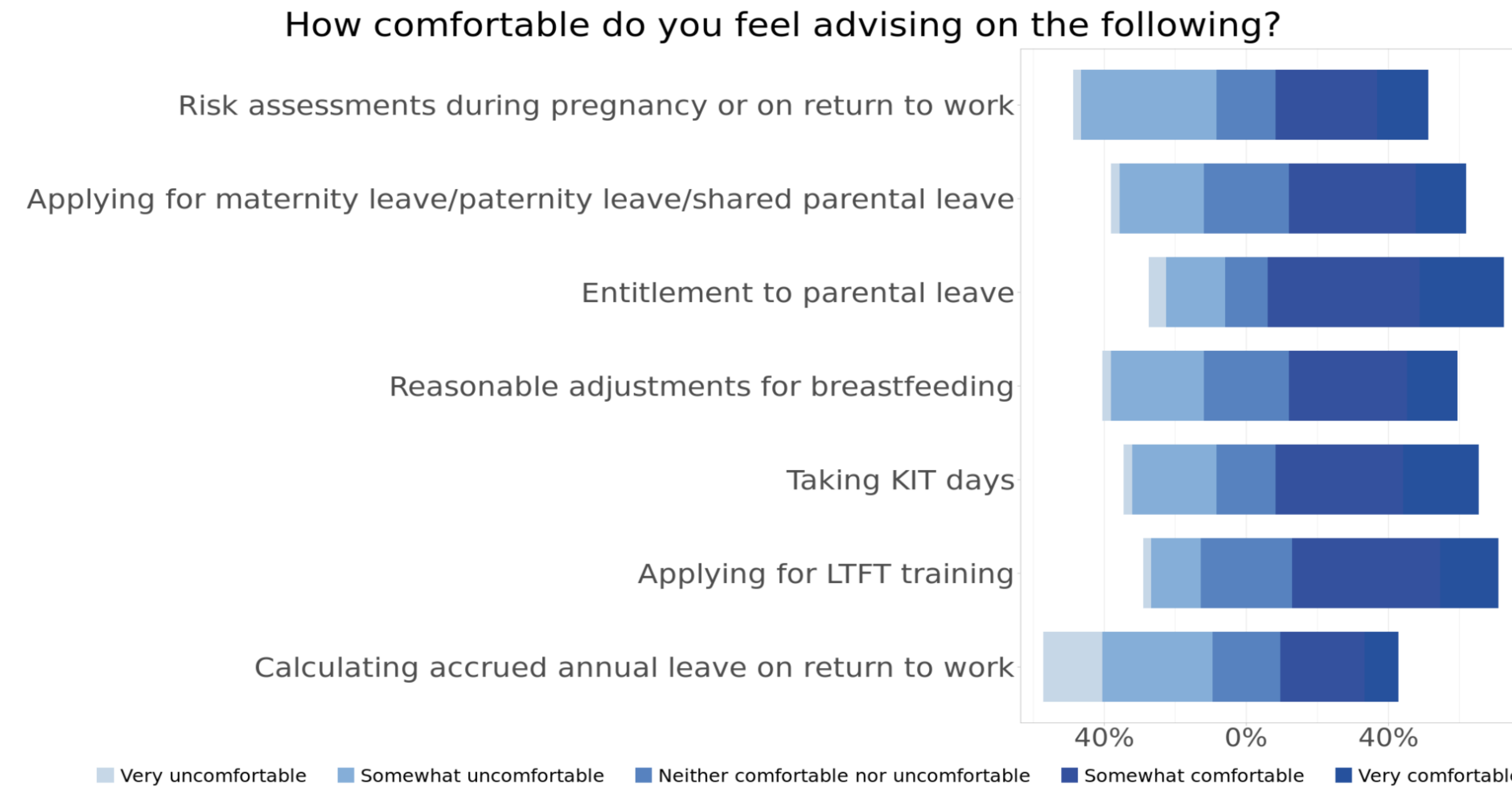
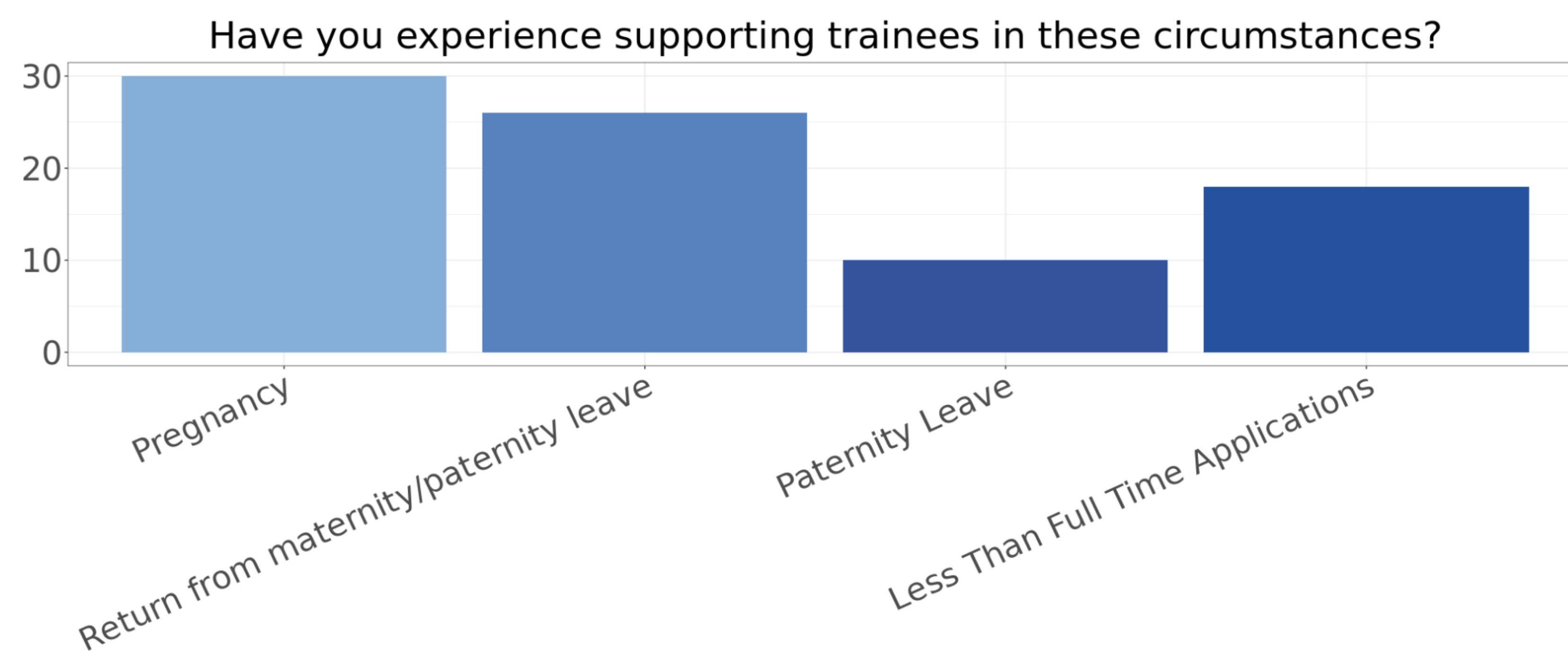
We identified how prepared supervisors felt to act in this role and what resources they would find helpful.

METHOD

A survey was distributed to all educational and clinical supervisors in NHS Lothian via the ADME.

RESPONSE

43 supervisors supervising all grades of junior doctors responded. A wide variety of specialties were represented including medical and surgical specialties, paediatrics, EM, Anaesthetics, O&G, radiology, psychiatry and GP.



OTHER COMMENTS FROM RESPONDENTS

“As a clinician I cannot be expected to replace good quality HR...”

“When I went on maternity leave as a registrar I had no information or advice...”

“...professional managers... should be supporting this activity in departments...”

“I feel in need of education as to this topic!”

“some guidance...would be very helpful”

“this causes stress for everyone”

CONCLUSIONS

Supervisors share trainees’ challenges in navigating pregnancy and maternity leave.

There is a heavy reliance on personal experience or that of colleagues, which may be dated, and may result in female supervisors taking a disproportionate share of workload.

Some processes may benefit from more support from HR (eg leave calculations), but some are intrinsically linked to training (eg LTFT applications) and require input from supervisors.

A local webpage with resources for trainees and supervisors has been developed. Work on examples of risk assessments and reasonable adjustments is ongoing.