Career Breaks for NHS and University doctors:
An analysis of the WAM database

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Career Breaks for NHS and University doctors: An analysis of the WAM database

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Foreword
This report was written by a group who have leading expertise in this area. It is an authoritative report on the subject of career breaks and contains research and advice to employers and doctors who undergo breaks in their career for a variety of reasons.

The report includes definitions of a career break, the effect these breaks have on career progression and the factors which can impede or improve transition back to work after a break.

With the trend to prolong working life and retire later, career breaks are an important factor in a medical career and can help refresh a career, bring new skills and experiences as well as helping the work/life balance.

The report draws on the ASSET and WAM databases to illustrate gender differences in career breaks and the subsequent effect on career progression and choice of workplace after a break. It highlights the working environment as being a key factor in whether a career break is taken.

The report also looks to the future where there will be a significant increase of female doctors working in both sectors and highlights the positive steps that can be taken to avoid loss of valuable expertise and skills due to a failure to accommodate this as an important issue.

In particular it is clear that if the NHS and academia wish to retain and make best use of the talented women it employs then it will have to do much better. The recommendations in this report give employers and doctors clear suggestions on how to make a break from the traditional medical career ladder a positive experience for both sides.

Michael Rees
Co-Chair
Medical Academic Staff Committee
BMA
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Executive Summary

The data and comments in the report are taken from the Athena Survey of Science Engineering and Technology Questionnaire. This report of the medical cohort of the Athena Survey of Science Engineering and Technology survey, which includes NHS and University employees, may have only partially sampled the numbers of doctors taking a career break, because the purpose and employment models of, and what constituted a ‘career break’ were not specified. In that survey, 1 in 2 doctors employed by the NHS or Universities reported that they had taken a career break during their professional lives. Women commonly had breaks more frequently and of a longer duration than men, though maternity leave was only one of a number of reasons for a break. Hence, it becomes important to recognise that career breaks are a regular occurrence, need to be better defined and should be part of medical workforce planning.

The survey also found that men and women reported different expectations. On return to work, women commonly requested less than full-time working and reported finding access to changes in working hours difficult. Men reported that keeping in touch was the most important factor in helping the transition back to work, whereas for women childcare had become the most important issue. However, for a small cohort actually on a career break (most of whom were women), communication was ranked most important.

Career progression for women following the break differed from that of men. Men reported changing employer and finding the same level of job or higher. Women reported problems with career progression, even though the majority had undergone training and skill maintenance during the break. These gender differences in expectations and outcomes may explain some of the negative perceptions and experiences of a career break that were recorded by respondents. Many positive experiences were also recorded; successful return to work often depended on a planned, structured approach by employee, employer and the employee’s friends, family and colleagues.

Recommendations
It is imperative that all doctors can optimise the benefits of a career break and make it work for themselves, their employers and others. The process should begin in good time before the career break starts, and involve both the employer and the employee. Strategies should be developed to facilitate exit from work and the start of a career break, to maintain links during the break and to enable starting back at work. Further planning should involve both the employer and employee.

For employees:
• Consider purpose and expectations of career break e.g. career progression, time out for work/life balance
• Consider financial gains/penalties and seek advice

For employers:
• Changes in contracted hours should be fully discussed in annual appraisals, agreed with employers and reflected in job plans
• All processes for return to work should be clearly identified by the employee and employer prior to the career break, agreed and confirmed in writing by the employer
• Organise networking with colleagues
• Maintain continuing professional development

For professional societies:
• Lower subscriptions for doctors on a career break
• Access to professional development, including reduced meeting fees
• Tailored careers advice.
Findings from ASSET 2006 medical cohort

Experiences of WAM Respondents

The *Women in Academic Medicine* (WAM) report was published in April 2008 by the British Medical Association (BMA), the Medical Women’s Federation and the Higher Education Funding Council for England. It utilised the ASSET (Athena Survey of Science Engineering and Technology) 2006 questionnaire which contained over 150 questions relating to the demographics, employment and career expectations of doctors who were working or had worked in the NHS, Universities and other health care systems. It collected responses from 1162 doctors, 38% working in Universities, 53% in the NHS and the remainder working elsewhere. The section on ‘Career Breaks’ identified that the majority of female doctors (58%) had taken a career break compared with only 10% of males (Table 1).

Within medicine, the place of employment seemed to influence whether or not doctors took a career break. For example, in the WAM survey, females who had taken a career break were more likely to be working in the NHS than the University (Higher Education, HE) sector (NHS female 61%, male 9%; HE female 53%, male 11%). In a general NHS survey, females in hospital were less likely to have taken a career break than those working in general practice but hospital doctors were usually younger.

The term ‘career break’ was not defined in the WAM survey. Neither were questions asked about its purpose, except of a few doctors who were on a career break at the time of the survey. The free text from respondents recorded in Appendix B identifies some of the reasons for the break. The wide range of purposes and durations recorded suggests that some respondents may not have recognised activities in their career that could be labelled as a career break (for example, work in medical research abroad). Hence, this WAM survey may only be a partial sample and may, in particular, under-report the number of male doctors that have a career break. Even with this limitation, the large numbers of doctors reporting a career break indicates that a career break is a normal activity within a medical career and is likely to become increasingly common with more women entering the profession and men seeking a change to their work-life balance.

**Table 1**
Responses to the question ‘Since your first appointment to the profession have you taken a career break?’ (There was a 98% response rate)

<table>
<thead>
<tr>
<th>Response</th>
<th>All</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>502 (45%)</td>
<td>29 (10%)</td>
<td>473 (58%)</td>
</tr>
<tr>
<td>No</td>
<td>620 (55%)</td>
<td>273 (90%)</td>
<td>347 (42%)</td>
</tr>
<tr>
<td>Total</td>
<td>1122</td>
<td>302</td>
<td>820</td>
</tr>
</tbody>
</table>

“Career breaks should be seen positively as it shows that [doctors] are able to re-enter the workforce and bring themselves up to speed” (WAM 2008)

What is the purpose of a career break?

The WAM report highlights that taking time out for a career break is not commensurate with taking maternity leave. Of the WAM responders who were on a career break, overall 36% were not on maternity leave (100% male, 30% female – the report offers no information on paternity leave.). “I’ve always wanted to work abroad...” is a goal often spoken of during training in medicine. Sometimes historic links with hospitals in other countries encouraged out of programme experience (OOPE). Other reasons for career breaks for WAM responders included studying, travel, research and work through medical charities or in other roles such as trade union representation. The BMA 2006 Cohort study identified that 5 years after qualification, 8% of doctors had taken a break from medicine, some working or travelling overseas and a few undertaking military training.

Other published studies on specialties within medicine included a report on career breaks in general practice which identified work in a different specialty or outside of medicine as other options. Female consultants and senior trainees in paediatric surgery reported that 67% had had time away from work mainly for childcare but also for research and work overseas. In a survey of neurologists in 2005, most women had partners in full-time work who continued working soon after childbirth, whereas men with children usually had partners who did not work or worked part time. Consequently, the men either took no career break or just a short one. The differences for women were considered to reflect the difficulties in returning to medicine after a break. Further studies to compare different specialties and trends

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were suggested since it was expected by the surgeons and neurologists that more doctors, both males and females, would request career breaks in future.

What was the length of the career break?
The total length of career breaks varied from less than 3 months to more than 15 years (Table 2). Overall, men had much shorter career breaks than women. The most common time period for men was from 3 to 6 months. For women the duration of a career break was different and longer ranging from 3 months to over 10 years but with the most frequent length of a break being 3 months to 2 years. From the responses of the hundreds of women in this survey, 24% had taken a total career break of 1 to 2 years in duration. The percentage of doctors overall who had taken a career break for longer than 2 years was 12%; all but one of these doctors were women. However, the questionnaire did not ask the length of each break so up to 2 years may be a cumulative experience rather than the length of a single break.

Table 2
Responses to the question ‘What was the total length of your career breaks?’

<table>
<thead>
<tr>
<th>Length of Break</th>
<th>All</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 months</td>
<td>34 (7%)</td>
<td>4 (13%)</td>
<td>30 (6%)</td>
</tr>
<tr>
<td>3 to 6 months</td>
<td>155 (31%)</td>
<td>14 (47%)</td>
<td>141 (30%)</td>
</tr>
<tr>
<td>7 to 12 months</td>
<td>138 (28%)</td>
<td>9 (30%)</td>
<td>129 (28%)</td>
</tr>
<tr>
<td>1-2 years</td>
<td>114 (23%)</td>
<td>2 (7%)</td>
<td>112 (24%)</td>
</tr>
<tr>
<td>2-3 years</td>
<td>30 (6%)</td>
<td>0</td>
<td>30 (6%)</td>
</tr>
<tr>
<td>3-4 years</td>
<td>8 (2%)</td>
<td>0</td>
<td>8 (2%)</td>
</tr>
<tr>
<td>4-5 years</td>
<td>8 (2%)</td>
<td>1 (3%)</td>
<td>7 (1%)</td>
</tr>
<tr>
<td>5-10 years</td>
<td>7 (1%)</td>
<td>0</td>
<td>7 (1%)</td>
</tr>
<tr>
<td>10-15 years</td>
<td>2 (&lt;1%)</td>
<td>0</td>
<td>2 (&lt;1%)</td>
</tr>
<tr>
<td>More than 15 years</td>
<td>1 (&lt;1%)</td>
<td>0</td>
<td>1 (&lt;1%)</td>
</tr>
<tr>
<td>Total</td>
<td>497</td>
<td>30</td>
<td>467</td>
</tr>
</tbody>
</table>

These gender differences were observed regardless of whether doctors were employed in the NHS or Universities. The differences in time out of a career path may partly generate some of the attitudes to career breaks given in the free text of the ASSET questionnaire. These included hostility, conflict, loss of opportunities, lack of information to negotiate pitfalls, expectations outside planned hours of work, and lack of formal supervision on return to work (see Appendix B).

Other NHS staff report longer career breaks with an average of over 4 years increasing to more than 5 years for childcare in 1992, and for radiologists in 1992 a third of staff took over 5 years for childcare. In contrast, for female consultant neurologists, the time for a parental career break was an average of 4 months and for younger female trainees in the specialty, the average time was 5 months. This finding highlights the different working patterns of different groups of NHS staff and the need to obtain specific data on different grades and specialties in order to improve organisational practices.

What effect does a career break have on subsequent working patterns?
Of the women who reported a break, 40% changed from full time work prior to the break to part time working after the career break. Unfortunately the present study does not specifically identify whether women who reduced their contracted hours of work on their return subsequently returned to full time work. Analysis of free text responses indicated, however, lack of payment for increasing hours worked was a recurring issue for women working part-time after a career break. A review of the career destinations and plans of a UK medical cohort that qualified in 1988 found that more women (21%) than men (13%) indicated that they might leave medicine, yet stay in the UK, possibly indicating that they were considering a career break.

“Awareness of issues facing returners from a career break is vital. Confidence is an issue for women coming back from maternity leave or ill health” (WAM, 2008)
However, no specific details of career breaks were given. Nevertheless, in the same survey more women than men reported planning to increase their hours of work. This result affirms that changing contracted hours of work is an employment concern for women.

For men, the past decade has seen, with fathers’ demands for more time with their family and the NHS Improving Working Lives initiatives, more attention being focussed on the balance between work and family life. A qualitative study of NHS consultants’ organisational practices has identified that many male consultants were dissatisfied with the quality of their organisational practices and that they were ‘fitting in’ with the profession rather than the profession adapting to enable them to have fulfilling professional and personal lives. The perceived lack of choice over organisational practices, and the detriment to career progress if family-friendly attitudes and cultures were to be advocated appears to constrain men, in particular, from seeking alterations to their working patterns.

What helps transition back to work?

General information on the transition back to work is variable. The NHS offers brief online advice to doctors of all grades on returning to medicine and the Medical Women’s Federation website lists tips for career breaks and gives personal experiences.

The Academy of Medical Royal Colleges provides guidance on return to practice after a break of three or more months including planning for absence and actions on return. In addition, where conduct or capability issues have arisen, the guidance signposts further actions which should be taken. The British Medical Association offers individual advice on pensions, since state pension contributions, as well as occupational pensions, may be neglected items when planning a career break.

For all doctors, NHS Careers offer a website for those who are returning to medicine, with links to advice from the medical royal colleges, postgraduate deaneries and the General Medical Council (GMC). There is no time limit for returning, but retraining after a career break may be required and may depend on specialty. Revalidation with the GMC is also an issue to be resolved. Often specific details are not available through the NHS Careers website or through their links; thus doctors may have to seek individual advice. The guidance from the Academy of Medical Royal Colleges provides a formal approach to return to practice. This document provides a template for individual and organisational use and discusses issues of competence, stressing that it is the duty of all doctors to ensure that they are safe to return to practice.

For those WAM respondents who had taken a career break, the most important factors in helping the transition back to work were for:

- 72% the availability of good childcare (NHS female 76%, male 8%; HE female 79%, male 7%)
- 54% flexible working (NHS female 52%, male 25%; HE female 64%, male 13%)
- 32% keeping in touch with the department while away (NHS female 29%, male 33%, HE female 35%, male 47%)
- 29% less than full time working building up back to full time (NHS female 30%, male 25%, HE female 30%, male 0%)

These results are part of a wider list of the most important factors in helping the transition back to work after a career break (Table 3).

Table 3 shows that for men the most important part of transition back to work was keeping in touch while away from work, compared with women for whom the availability of childcare was most important. Peer networks were more common for men than for women in helping reintegration after a career break. However, most women kept in contact with their employer, many kept up their skills and some completed formal training (Table 4). ‘Keep in Touch’ days that can be negotiated with employers during a career break offer an excellent opportunity to achieve a good transition back to work.

Other factors identified (see Appendix B) included support at home and at work, employment availability, structured return to work through supervision/appraisal, a salary that can support childcare costs and information on process. It was clear from respondents’ replies that the return to work may follow different routes depending on the reason for the career break, such as through access to occupational health, further training, or simply supervision.
What difficulties did people experience on return to work?

In response to the question ‘Did you experience any difficulties in returning to work after a career break?’ 22% said they had. Females more frequently experienced difficulties than males (Table 5).

Table 5

Responses to the question ‘Did you experience any difficulties in returning to work after a career break?’ (Numbers as %, 97% response rate)

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Male</th>
<th>Female</th>
<th>F*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>22</td>
<td>13</td>
<td>23</td>
<td>39</td>
</tr>
<tr>
<td>No</td>
<td>78</td>
<td>87</td>
<td>77</td>
<td>47</td>
</tr>
</tbody>
</table>

Table 3

Responses* to the question ‘In your experience what is ‘most’ important in helping the transition back to work after a career break?’ (n = 502; 29 males, 473 females)

<table>
<thead>
<tr>
<th>All (n=502)</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of good childcare</td>
<td>361 (72%)</td>
<td>2 (7%)</td>
</tr>
<tr>
<td>Flexible working</td>
<td>271 (54%)</td>
<td>5 (17%)</td>
</tr>
<tr>
<td>Keep in touch while away</td>
<td>159 (32%)</td>
<td>12 (41%)</td>
</tr>
<tr>
<td>LTFT working initially building to FT</td>
<td>144 (29%)</td>
<td>3 (10%)</td>
</tr>
<tr>
<td>Mentoring</td>
<td>112 (22%)</td>
<td>2 (7%)</td>
</tr>
<tr>
<td>Peer networks</td>
<td>111 (22%)</td>
<td>7 (24%)</td>
</tr>
<tr>
<td>Availability of other care support</td>
<td>91 (18%)</td>
<td>0</td>
</tr>
<tr>
<td>Shorter hours</td>
<td>91 (18%)</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>Training/retraining</td>
<td>81 (16%)</td>
<td>4 (14%)</td>
</tr>
<tr>
<td>Other (see Appendix A)</td>
<td>45 (9%)</td>
<td>5</td>
</tr>
</tbody>
</table>

*note multiple responses

Table 4

Responses to the question ‘Did you undertake any of the following while you were on a career break?’

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Males</th>
<th>Female</th>
<th>F*</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>114 (28%)</td>
<td>10 (37%)</td>
<td>104 (28%)</td>
<td>20 (51%)</td>
</tr>
<tr>
<td>No</td>
<td>291 (72%)</td>
<td>17 (63%)</td>
<td>274 (72%)</td>
<td>19 (49%)</td>
</tr>
<tr>
<td>Total</td>
<td>405</td>
<td>27</td>
<td>378</td>
<td>39</td>
</tr>
<tr>
<td>b) Activities to keep up skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>237 (52%)</td>
<td>13 (50%)</td>
<td>224 (52%)</td>
<td>32 (68%)</td>
</tr>
<tr>
<td>No</td>
<td>217 (48%)</td>
<td>13 (50%)</td>
<td>204 (48%)</td>
<td>15 (32%)</td>
</tr>
<tr>
<td>Total</td>
<td>454</td>
<td>26</td>
<td>428</td>
<td>47</td>
</tr>
<tr>
<td>c) Keeping in contact with employer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>354 (76%)</td>
<td>12 (50%)</td>
<td>342 (77%)</td>
<td>35 (71%)</td>
</tr>
<tr>
<td>No</td>
<td>112 (24%)</td>
<td>12 (50%)</td>
<td>100 (23%)</td>
<td>14 (29%)</td>
</tr>
<tr>
<td>Total</td>
<td>466</td>
<td>24</td>
<td>442</td>
<td>49</td>
</tr>
</tbody>
</table>
Difficulties recorded in free text identified as ‘other’ in Table 3 (see Appendix A) included:

- ‘Although it’s improving there were very few options for flexible working so I returned full time. I also feel that it should be possible to flexibly tail off towards the end of pregnancy’
- ‘Finding a job’
- ‘Early appraisal to clarify any role changes (didn’t happen after 2nd break; did and was very useful after 3rd)’
- ‘Part time work should be available to people without children and this would enable more people to work and train, I had to take a substantial salary cut to train’
- ‘Lack of tax relief on childcare costs’
- ‘Mentoring would have been good but was not available at the time as far as I was aware’
- ‘Many of these things [noted in Table 2] would have been helpful. The only one that was actually available and brilliant was peer support; childcare I arranged myself’

In a 2006 report by the Daphne Jackson Trust of a seminar of women in science, engineering and technology (SET) on returning to University work, many similar issues were identified including childcare, salaries, emotional issues and negative attitudes. Participants considered that their experience on a career break (often maternity leave) meant they had much to offer employers, such as better time management, flexibility and adaptability, conflict resolution and working under pressure. Women reported overcoming barriers by networking, mentoring and retraining. Women’s ‘built in’ barriers were described, such as failure to ask questions and failure to apply for posts.

The report drew on the personal experiences and knowledge of participants and presented recommendations to government, employers and to returners themselves in order to encourage more women to return to their career. Women were encouraged to think about their career direction early in pregnancy before going on maternity leave and to discuss issues with their managers so that both sides could invest in the woman’s future.

## How to ease the transition back to work

Lists of questions and items to consider in planning and managing a career break have been produced by the Academy of Medical Royal Colleges for clinical staff and by the Daphne Jackson Trust and the Institute of Physics for clinical academics. The latter is reproduced with additions relevant to doctors:

### Planning

- Is there a minimum length of service to qualify?
- Will employment be guaranteed after the break?
- What employment benefits can be expected e.g. maternity pay? 17
- Are there restrictions on reasons for a break?
- Can the employer postpone a break?
- Put time and money into managing the career break in order to attend conferences and network within professional societies
- Seek out reduced membership fees for professional societies and prioritise them if needs be
- Set up internet access and email systems that enable home-working
- Talk to employer about contact during leave including ‘Keep in Touch Days’ as part of maternity leave

### Managing

- How best to keep contact with the employer e.g. paid work, contact with line managers, minutes of meetings?
- Maintain membership of professional societies
- Maintain library links e.g. online, local library
- Maintain professional development
- Maintain social links with colleagues
- Have trial runs of childcare
- Attend conferences
- Consider study for further qualification
- Ensure best possible use of the 10 ‘Keep in Touch Days’

### On return

- Discuss re-skilling and retraining with employer
- Review with employer settling in period, any time adjustments
- Arrange career guidance session
- Update *curriculum vitae*
- Contact mentor

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What do employers ask?
For employers, there are key questions to ask those returning from a career break:
- Have you completed your training?
- Are you really ready to re-enter the job market?
- Have you kept up with the trends and issues impacting on medicine?
- Are your skills current and up to date?
- Do you have realistic expectations of today's workplace?
- Can you explain how your break will benefit your future career?

In the past, employers have welcomed returners because the value of the employer's investment in the doctor or other professional increases; for example, through a consequent reduction in the need for additional recruitment and training. In addition, given the lack of homogeneity in returners as a group, employers are given access to workers at all grades. The Department of Health in 2000 recognised these advantages and summarised them as follows:
- Reducing the loss of trained and experienced staff
- Better return on investment in training
- Pool of committed employees available to cover workload peaks
- Employees return refreshed and with richer experience
- Prevents burn out mid-career

The career break schemes that were proposed then had to establish:
- eligibility
- formal channels of communication between employer and employee
- a commitment by the employee to return to work for the employer
- that in each year away the employee would work for two weeks in order to maintain practical skills.

One point of negotiation was eligibility for employment benefits including pensions. Local health service employers have since made ad hoc arrangements and issues such as pensions may have to be individually negotiated.

In the early 1990s, employers of professional groups such as social workers, bankers and accountants were recognising the value of encouraging women to return to work after maternity leave. These groups identified the skills that can be developed during maternity breaks and are of value to employers, but are often not recognised by women themselves. They include:
- Time management e.g. meeting deadlines
- Negotiating e.g. with young children!
- Organising events and other people e.g. parties, school transport runs
- Multi-tasking
- Budgeting e.g. shopping
- Motivation of others
- Critical thinking after appraisal of problems, then developing possible solutions
- Self-motivation e.g. learning
- Task delegation

Furthermore, the application of skills learnt during administration, financial planning and written contributions to schools, clubs, churches and societies in connection with family or other activities include:
- Chairing meetings or committees
- Organising large events
- Liaising with other professional bodies
- Presentation skills
- IT skills
- Persuading and influencing others
- Teamwork
- Preparing formal minutes or accounts

In the NHS, retainer schemes were introduced in 1990 for local employers. More recently, these have been superseded by the Improving Working Lives initiative set up in 2001 by the Department of Health in consultation with the British Medical Association. It supports childcare in the NHS through the Daycare Trust with factsheets and toolkits advising employers on best practice in retaining and maintaining women in work.

The benefits of employing professionals after a career break have been summarised by the Daphne Jackson Trust and include:
- Relevant experience
- Time management/organisational skills
- Less likely to relocate
- More committed
- More life experience
- Tolerance and flexibility
- Team players and understanding of the work environment and its requirements
- Problem solving
- Balanced approach
- Loyalty

From 2002-2005, the NHS had the Flexible Careers Scheme which helped hospital doctors and general practitioners back to work. Funding for this ceased in December 2005. In 2005, NHS Careers set up a good practice guide for employers, educators, colleagues and returners, entitled 'Return journeys: Bringing qualified staff back to the NHS: A Good Practice Guide'. This programme was for NHS staff but did not include doctors and is no longer available online. Table 6 lists the processes that it advised.
Table 6
The Return Process as identified by NHS Careers in 2005 in ‘Return journeys, Bringing qualified staff back to the NHS, A Good Practice Guide’

a) Recommended provisions for employer to implement for employee
- Training needs for clinical governance
- Period of work shadowing
- Refresher course
- Provision of mentor
- Assessment of employment prospects
- Help preparing a curriculum vitae and application forms
- Assess financial support required

b) Recommended content of a ‘Return to Practice Course’ for NHS staff
- Accessibility to course e.g. local travel information
- Flexibility of course e.g. hours to fit with childcare
- Mentoring, seen as critical to returners, is set up
- Course is relevant to individual needs and contemporary work
- Supernumerary work to regain confidence is available
- Feedback and stories of return to work are recorded

‘Trusts should offer ‘back to work’ and ‘taster sessions’ where those who have taken a career break can shadow working doctors to re-familiarise the doctor with procedures and work patterns so that they are confident on return.”

Does a career break impact on career progression?
In a 1995 survey of 890 appointment committee members in the Thames Region, male respondents perceived the main barrier to females applying for hospital posts was so-called ‘role conflict’, suggesting a conflict between the woman’s role as a doctor and that of a woman who took career breaks for family reasons. In contrast, women members considered workplace culture to be the main barrier. Furthermore, 59% of appointment committee members reported that questions related to family were sometimes, or always, asked prior to an interview. This avoids direct questioning at interview but the information should not be used when deciding whether or not to recruit the applicant. Although the survey was conducted over fifteen years ago it has relevance to the WAM data on career progression because respondents may have been exposed to such culture, attitudes and organisational practices. The WAM survey indicates that, overall, for the first career break, 36% of respondents did not return to the same job (Table 7), and 32% changed employer. It is notable that the behaviour of men and women taking a career break differs, and that it diverges after each career break.

From this Table, after the first career break, 69% of women returned to the same employer and after the second, about 80% of women returned to the same employer. These results could indicate that many women initially chose employers on the basis that they had good policies on career breaks, that employers, after the first career break, more readily supported a return to work for women or that the women actively chose to move to a more flexible employer after the first career break.

The report ‘Women Doctors: making a Difference’ by Baroness Deech for the Chief Medical Officer of England in 2009 identified employers’ responsibilities for doctors who are carers, those who may need to take a career break and those returning from a career break. Baroness Deech also recognised that the government should be tackling the cost/benefit issues surrounding childcare expenses. In 2002 the Department of Health published guidance on childcare at the place of work and encouraged the identification in each Trust of childcare co-ordinators. For employees, the Citizens Advice Bureau advocates ‘Keep in Touch Days’ during a career break.
For men the impact on their careers of both single and multiple career breaks was different. With each successive break, fewer men returned to the same job or employer.

These gender differences may reflect a differing content in career breaks or career expectations since, after any career break, more men than women changed employer and achieved higher grades of employment. Although the numbers of men in the WAM survey are small, this finding may reflect perceptions of value and expectations of career breaks that differ between genders. The WAM report records the effect of career breaks on career progression. It was considered that a career break was a detrimental factor overall for 13% females and 1% males (NHS female 7%, male 1%; HE female 8%, male 0%). This gender difference may be partly explained by the outcome of the career break described above; for men a career break is frequently a short-lived positive experience related to moving jobs and attaining an equivalent or higher grade of job. However, for women (who made up the majority of doctors having a career break) more than one in ten experienced a detrimental effect on their career. Table 3 shows that women were undergoing training and maintaining their skills during their career break, yet many of these women felt that their career break had had a detrimental effect on their career. Hence, although women were maintaining and improving their skills during a career break, there were perceptions that this was not valued within the profession. The negative feedback from women on career progression may represent a wider disquiet among women for recognition of the broader experiences of maternity, child and elder caring.

Learning points from free text responses

Appendix B records specific responses from individuals about what helped or hindered return to work after a career break. They are summarised as follows:

What helped in the return to work?

- Negotiation around and meeting of temporary needs e.g. phasing in of work, breast feeding
- Job opportunities
- Flexibility in hours of work, short breaks
- Finding reliable childcare
- Childcare in the workplace
- Income to match expenses of childcare
- Networking with colleagues on professional and family issues
- Personal determination

What hindered the return to work?

- Jobs: lack of jobs, unable/difficult to relocate, unable to work 80% of full time, long commuting time
- Backlog of work to deal with (locum employed to cover leave)
- Lack of funds (personal [for childcare out of hours, to pay professional fees] or research)
- Childcare: nannies leaving, co-ordinating on-call, work outside normal nursery hours
- Attitude of peers and senior colleagues ‘hostile’, ‘negative’, ‘reluctant to give back career honours’

The Daphne Jackson Trust has produced reports for employers and employees, which provide recommendations for action pre and post career break. These serve as essential tools for reducing negative attitudes towards career breaks.
What information is available about those on a career break?

There were 22 doctors who took part in the survey who were on a career break. The type of specific activities and contacts that those on a career break can access are listed in Table 8. Of those activities, a ranked list showed that communication and access to an employer's intranet were most important. These are valuable contributions to aid doctors returning to work and employers should consider their importance to staff retention.

The ASSET survey asked about the role of a professional society in supporting return to work. No respondents specifically identified professional societies to be a factor in enabling their return to work. However, of the 22 doctors on a career break, more than half requested support from professional societies for return to work such as lower subscriptions, access to professional development and career advice.

Table 8
Ranked responses from doctors on a career break to the questions 1) *Which of these do you think most useful to you while on a career break?* and 2) *What type of contact have you had with your employer?* (n=22)

<table>
<thead>
<tr>
<th>Question 1</th>
<th>Question 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication about major changes</td>
<td>10 (45%)</td>
</tr>
<tr>
<td>Access to intranet</td>
<td>7 (32%)</td>
</tr>
<tr>
<td>Allocation of mentor</td>
<td>5 (23%)</td>
</tr>
<tr>
<td>Invitations to attend training</td>
<td>5 (23%)</td>
</tr>
<tr>
<td>Departmental newsletter</td>
<td>5 (23%)</td>
</tr>
<tr>
<td>Regular communications</td>
<td>5 (23%)</td>
</tr>
<tr>
<td>Full access to library facilities</td>
<td>4 (18%)</td>
</tr>
<tr>
<td>Invitations to social events</td>
<td>4 (18%)</td>
</tr>
<tr>
<td>Occasional visits</td>
<td>4 (18%)</td>
</tr>
<tr>
<td>Invitations to attend research seminars</td>
<td>3 (14%)</td>
</tr>
<tr>
<td>Provision of computer hardware</td>
<td>2 (9%)</td>
</tr>
<tr>
<td>None of the above</td>
<td>0</td>
</tr>
</tbody>
</table>
Appendix A

A summary of free text responses to ‘Other’ in Table 3

General
'Does not really apply'
'Was not in break long enough'
'Short duration of career break'
'None of which were available'
'Never thought it through – all happened before family though'
'Determination to cope'
'Many of these things would have been helpful. The only ones that were actually available were brilliant; these were peer support and childcare – which I arranged myself'

Type of leave
Sabbatical
Sick leave
'Support from occupational health after illness'

Support
a) Support of family and partner
‘Husband who was working from home’

b) Administrative and colleague support
‘Supportive and understanding colleagues, all males, brilliant’
‘Acceptance by clinical and university colleagues that both children and writing a thesis needs time out!’
‘Support with breast feeding (expressing)’

Finding a job
‘Although it’s improving there were very few options for flexible working so I returned full time. I also feel that it should be possible to flexibly tail off towards the end of pregnancy.’
‘A wish to return to work’
‘Ease of gaining employment’

Managing change
Supervised return to work
‘Early appraisal to clarify any role changes (didn’t happen after 2nd break did and was very useful after 3rd)’

Costs and salary
Paying for childcare
‘Good salary to provide flexible support at home i.e. nannies these are expensive!!!!’
‘Tax relief on childcare costs’
‘I had a child with considerable difficulties and it would have been impossible to work full time. It was very difficult to get paid full time even though after some years I was working more than full time in practice.’

Information
Mentoring
‘Wish I’d been mentored. Came back full time for 7 years because I didn’t realise any alternative feasible’
‘Mentoring would have been good but was not available at the time as far as I was aware’
Appendix B

A summary of comments by respondents to “Please write in any examples of what helped or hindered your return to work after a career break”

1. Examples of what helped respondents’ return to work:

Childcare
- Childcare
- Good childcare
- Good childcare
- Good childcare
- Fantastic childcare
- Identification of good childcare
- Good childcare would have been the most important factor to ensure smooth transition
- A nanny who made return to work after maternity leave easier
- Stable daily nanny
- Reliable childcare at home, as my first child had chronic illness
- Employment of full-time nanny helped
- Excellent childcare – full-time nanny
- Good childcare – I employed a nanny full time, the best option for my 4 children, but very costly, and no tax allowance even for paying employer's NI contribution
- Availability of good childcare. Initially I was paying more for childcare than I was earning as work had irregular hours and I had to have childcare available also at weekends
- Salary such that I could afford a nanny rather than having to take the child to nursery
- Excellent childminder – 20 years later regarded by children as an extra aunt and a family friend
- An excellent nanny so no worries about childcare
- Super nanny, who looked to help with other things
- A nanny definitely helped
- A good nursery

- Convenient nursery on site helped the return
- Helpful nursery on site
- Workplace nursery
- Provision of staff nursery
- Being able to bring the baby to the workplace

Work flexibility
- Staggered return to work
- Going back to work 3 days the first week and then full-time
- One week working with senior trainees on my return
- Coming back to the same employer. Phasing in of responsibilities so that for example after my last career break, I timed my return to work so as not to coincide with University term time; this allowed me to get into my PhD studies again without teaching
- Flexible careers programme. No night or weekend on calls for a year
- The introduction of the flexible training scheme in medicine
- Flexible training in medicine helped
- NHS flexible training scheme
- Provision of particular schemes for return to work e.g. Retainer scheme and flexible career scheme. Posts were subsidised
- Initially I was lucky to be supported by the deaney to undertake a part-time paediatric post, very unusual in those days
- Flexible working hours
- Part-time employment
- Going back part time (otherwise I would have resigned)
- Ability to return part-time after second break
- Being part-time and allowed to decide myself when to do these hours, i.e. flexibility!

- Flexible working or part-time working
- Availability of flexible working, less than full-time to cope with health problems
- Flexible working
- Flexibility
- I was awarded a Wellcome VIP award for 6 months on my return to relieve me from teaching and administration and clinical duties so that I could concentrate on research. Very, very valuable in enabling me to come back to work full-time
- First consultant job answered advertisement for job-sharing consultant. Subsequently have never had a problem at interviews when wished to work less than full-time. I attribute that to maturing of attitudes towards part-timers over last 15 years

Support from family
- Good support from family, partner, and peers
- I was incredibly fortunate to have my mother to care for my children
- Partner/parents support my work life (not necessarily financially or practically but support my role as a working mother)
- I had family support for childcare 24/7
- Husband helped with kids
- Having a husband who could share nursery drop off and pick-up
- Understanding spouse
- Understanding husband
- Supportive husband
- Support from partner was essential
- I had a very supportive husband and good friends
- Husband who was prepared to work part-time/become a house-husband; allowed me to come back to work part-time straight after maternity leave
- Helped by supportive husband/family

14 Career Breaks for NHS and University doctors: An analysis of the WAM database
• Family support at home helped hugely
• Family support
• Family support
• Family!

Managerial support
• Manager’s support
• Supportive boss
• Supportive Clinical Director
• Very supportive head of department
• Outstanding head of department
• Excellent support from head of department
• Supportive senior staff able to provide personal practical help put me in touch with suitable people
• Helpful consultant who invented a session's work for me every week while my first child was a baby
• Senior support to achieve less than full-time work
• Employers had recognised my commitment and dedication to work and were keen to help me start back into work after maternity leave
• Helped - greatly - by flexibility and understanding of bosses
• Helpful understanding boss
• Seniors who understood that I wanted to be with my children when they were young and that that was normal!
• Boss who understood that I had to leave to collect the baby (even if we were operating)

Support from peers
• Colleagues who appreciate that having children means your intellectual abilities are unchanged but are patient while you learn to juggle all the various practical issues of combining work and family
• I returned to work in a research post due to the help of one person who was not in my primary department had one extremely supportive clinical colleague
• Supportive colleague

• Being encouraged by a colleague/friend
• Colleagues very supportive
• Supportive colleagues in the department
• Helped by colleagues who wanted to make it easier
• Attitude to maternity leave as normal part of life cycle – those who managed to say congratulations
• Understanding of other colleagues who have a family
• Support by peers was very helpful
• Peer support helped
• Understanding peer group
• Most male colleagues supportive
• Support from colleagues to help update whilst away

Short breaks/Keeping in contact or up to date
• No ability to build up hours. Back full-time
• Short breaks. Second one only three weeks as did not qualify for maternity leave
• I had also decided to work full-time so as not to prolong training time
• Remaining in contact with potential employers while away
• Not being away too long and continuing to be involved/have an input (i.e. attend board meetings from a distance)
• I have taken short periods of maternity leave during which I kept in close touch with my department and supervised work
• The fact that I continued to study and tried very hard to keep up my skills
• Took my MRCP whilst on second break (maternity). This kept me up to date

Determination
• My enthusiasm
• Self-determination
• Personal determination
• My own motivation within my field of work
• Blinkered determination and belief that 4 months adequate maternity leave

Mentoring
• Good mentoring
• Mentors/referees supplying contacts and giving advice
• My mentor was most helpful but it was very hard
• If different job, mentoring essential

Healthy children
• Children who were healthy
• Healthy kids!
• Having children in good health

Other
• A peer who had negotiated some of the pitfalls
• Availability of private room and time to express breast milk crucial in me getting back after the birth of my son
• Cleaner
• Having a decent washing machine and being able to afford a cleaner
• TERRIBLE feelings of fear of separation from new baby – helped by keeping busy and chatting to friends at work
• Living close to work (no commuting)
• Opportunity to return
• Easy availability of sessional work
• My first two breaks were 4 months for maternity leave. Nursing staff were crucial in my ability to come back to full-time (1st break) and 4 days per week (2nd break). In addition my PA was central
• Helped by careful forward planning so I had worked out how I would return and already had my jobs sorted out before going off
• Remarkably easy transition. Felt like never away. No problems
• I went travelling after a couple of years as a junior doctor. There were few attractive opportunities on my return. So I had to be imaginative, changed direction, and got a better job than I was actually looking for
2. Examples of what hindered respondents’ return to work:

Employers’ attitudes
- First maternity leave (1991-2) was awful. I was given no support/advice from employer re maternity leave entitlements. Hostile reception when I told seniors that I was pregnant; I was told I had wasted the training rotation and it should have been given to so and so
- I took time out from training to be a doctor, i.e. after first degree to enable me to have a family. Getting back to do clinical was very difficult because of prejudice against women at that time (1968)
- I had an extremely good timetable with excellent supportive consultants lined up which was changed by one of the senior consultants to a less easy timetable with less approachable consultants. Unhelpful comments from senior management about potential lack of commitment were disappointing especially as time off for domestic reasons has been nil
- Very slow career progression from lecturer despite 3 major fellowship awards
- I left a post at senior registrar level and returned to a junior lecturer post “because we only have funding for that level” and “because you are breast feeding” and “because you are working part-time”. None of this in writing of course
- Employer did cause some upset, when they stated that if I delayed starting by a year they would freeze my salary
- Having regularly worked one day per week from home pre maternity leave, was surprised to find this viewed hostilely by head of department and colleagues on my return
- Change in senior expectations
- People expecting you to do things outwith 9-5 at the last minute
- The odd too high expectation from line manager
- Unsympathetic bosses
- Support and mentoring by senior colleagues was lacking
- My practice made taking maternity leave very difficult. I had to swap out all my out-of-hours cover before I went on leave whilst I was pregnant. I did not want to return after my leave as they had been so unpleasant before I went on leave
- After a break it takes a couple of weeks to be up to speed clinically. Also you are fatigued anyway from young children and little allowance is made for this
- Had to work as a locum in different hospitals; also had to explain career break when applying for promotion
- Unhelpful attitude if you worked a 4 day week (44 hours)
- Part-time work perceived as part-time commitment despite doing full-time job in far fewer hours
- Attitude of employers to someone with 8 year career break
- Not being valued for past experience and skills
- Was gradually eased back into work, but felt part of job been taken over by other people
- Returned to work after 2nd maternity leave break and told to share
- Targeted for redundancy

Taking on too much
- Excessive amount of work
- Sleepless nights impacted on function
- Exhaustion, getting behind
- My own exhaustion trying to work full-time in a busy job with a new baby at home
- After the first period of maternity leave, I returned to work too soon when my baby was only 16 weeks old as I felt I had committed myself to this when pregnant. I worked 0.8 WTE [wholetime equivalent] and found the juggle of work and baby stressful
- Working part-time and increasing hours was very hard and demoralising (I did this after my first maternity leave); thereafter I came back full-time
- Unrealistic expectations and difficulty recognising own limitations which would have been helped by mentoring/formal reintroduction
- It is easy to do the basic clinical job, but harder to do the evening and weekend work, so can fall behind on the academic side very quickly
- Not having the time to read in the evenings after a day at work, due to tiredness. Always feeling stretched
- Long days
- Feeling torn
- Hindered after maternity break by vastly increased amount of housework
- Not really wanting to come back as too busy at home
- Combining fatigue from broken nights with children with fatigue from broken nights on-call then having to do a full days work after then pick up kids/do tea and prepare teaching for next day was a killer...I nearly gave up...then it all got a bit easier

Childcare
- Getting local flexible childcare
- No childcare available
- Finding good childcare
- Difficulty finding childcare
- Childcare difficulties
- Childcare is the biggest issue
- Childcare the main issue
Childcare was difficult
Childcare difficulties
Nannies leaving at short notice and difficulty replacing them
Mainly ensuring that childcare arrangements were in place
No appropriate childcare was available at my place of work
After having twins I needed additional help to look after children
Childcare cost and organisation
Childcare expense after 1st break and inability to secure childcare at workplace despite promises
Full time childcare requires a decent income
Lack of good and affordable childcare
Balance very demanding busy full-time job with erratic childcare and the high cost that comes with that

Lack of flexibility
Inflexibility of NHS to offer less than a full-time post
NHS not good at providing options for PT /flexible working
Availability of part-time work – or lack of it
Lack of part-time jobs
Lack of opportunities in academic primary care
It would have helped if my training fellowship could have been put on hold during my maternity leave (i.e. if it could have been extended automatically for the months missed through maternity leave)
Extremely difficult to achieve change in working pattern when going from full to part-time work, or when changing job plan – all suggestions turned down or decisions postponed until after my return
Needing to work precise hours because of childcare
Unable to work flexibly
Unable to work 80% of full-time, at the moment you can only do 60% or 100%
Flexible training is not available to those in stand-alone posts. I had to move from my original training area when I started my family, therefore could only apply for 6 month posts. One could not apply for flexible training in these posts
Inflexible working hours (at that time as a registrar I worked 66-hours a week with 3-day weekends away from home)
The availability of a part-time post with minimal out of hours cover: although this was a non-training grade

Losing touch/loss of confidence
Whilst on maternity leave communication with my department was very difficult as there was no access to my Trust email
The fact that I was away from work for nearly a year
Time off to work for professional examination – difficult to return to clinical work
General loss of confidence after a period away from clinical care
Confidence levels. Difficulty regaining lost ground in terms of research area
If you are working in a practical speciality you lose confidence while you are out, and I was only away for 3 months at a time! It is a shame that there is no longer a Flexible Careers Scheme for those who are out for longer
After 2nd career break the return to clinical work was difficult, as clinical skills were very rusty. Supported by senior staff, but still needed time to improve skills.
A specific contact for those returning to clinical work would be helpful
Change in operating technique meant that I had to learn from junior colleagues who I was supposed to be supervising
1st break was to undertake full-time study/write up my MD, so not employed but still working. 2nd break was full one (maternity leave). Main difficulty was loss of confidence in clinical skills, feeling isolated and devalued, with low team morale
During the 70s there was little in the way of formal retraining/refresher courses if one had a break during the early stages of postgraduate medical training. I experienced a significant loss of confidence following a fairly protracted maternity break
Mixed experience returning to clinical medicine (SHO level) on flexible training scheme (1986) – got a job, immediate staff helpful; hated not being part of ‘proper’ career structure; scheme not flexible enough (hours/time allowed to clock up experience)
Operating was stressful initially for a couple of weeks
Boredom at home helped the return, fear of remembering how to do the job – although this was fine after the first day back – hindered it

Peers’ attitudes
Taken less seriously by some colleagues
Colleagues thought that I am not wanting a career as a scientist or surgeon anymore because I have children
Attitude of male surgeons – they never took me seriously because I was ‘part-time’
Negative attitudes from male colleagues
Male colleagues perceiving that maternity leave was a rest! They took extra holiday even though I was a partner
Attitude of some female colleagues without children unhelpful
Unhelpful challenging behaviour from very unsupportive peers
Colleagues were used to work without me. Colleagues were reluctant to give back responsibilities/career honours
For my third break I had a stillbirth and although some colleagues were very helpful, they watched without intervening when others were obnoxious
Lack of consideration from other staff

When I returned I found that the dynamics of the department had changed and I was no longer welcome as the lead in several research projects. There followed an extremely difficult 2 year period where relationships within the Department became very strained.

Contractual issues – early return/job change

- 1st maternity leave: problems getting paid my maternity leave entitlement, as I was on a short term contract (as many doctors are!) and not returning to the exact same employer. 2nd maternity leave: forced to return earlier than I wished.
- Changed from NHS to University whilst pregnant so no maternity pay and had to return to work much sooner than I would have liked.
- Had long battle over maternity payment for last break, then although was initially due to return to the remainder of my contract (3 months full-time), was only given 1 day a week for three months, so had to seek further employment during my maternity leave.
- Had child before maternity leave was available so had to terminate job and make fresh start later.
- No real problems but proved very difficult to get 2 Consultant posts (small specialties) in same Trust and so I had to resign from my first post.
- Small changes in policy with no summary available, no written guidelines at that time, would not be a problem now.
- During my maternity leave which occurred at the end of my specialist (registrar) training, I was appointed to a Clinical Senior Lecturer post with honorary consultant contract. I was obliged to look for a job as I was at the end of my training.

On-call issues

- Inflexibility over on-call arrangements – expectations that I would be resident on call while still breastfeeding.
- Trying to arrange out of hours cover for child (I am single parent), impossible unless you can afford a nanny and even they don’t want to be on-call for 24 hours, 7 days a week.
- Inflexible working hours especially doing on-call duties.
- On-call anti-social hours.
- Co-ordinating on-calls and childcare (a hindrance).
- I was asked to do more on-call than I felt able to do with a young child and an academic position.
- Nights on.

Breastfeeding

- Due to breastfeeding I asked to work half time increasing to full-time. My employer docked my maternity pay as a result.
- No thought given to allow breastfeeding on return to work – so gave up.
- NHS part of my job rather than university – inadequate support (ignorance really) for my need to express breast milk during work hours.
- Difficulties in continuing breastfeeding (expressing milk) due to lack of suitable facilities.
- Unable to continue breastfeeding as returning to full-time work on-call.

Funding issues

- Trying to write Fellowship grants whilst on maternity leave – difficult and unsuccessful.
- Difficulty in getting part-time funding as a specialist registrar.
- Arranging funding to return to work part-time.
- When I was on leave there were several jobs that I had to do in my own time whilst caring for my baby – e.g. putting in research application.

Backlog of work

- From a Consultant post – my locum had postponed lots of difficult cases, so on my return I had to work twice as hard. From a Registrar post after maternity leave, I was better supported.
- No administrative cover whilst absent so none of my clinical administration was done despite there being clinical cover arranged. This led to a huge backlog for me to deal with on return, including urgent clinical work.
- For my last career break no one covered my Consultant post apart from emergencies for the 11 months I was off. This meant I came back to a huge backlog of work, the unit crumbling and lots of dissatisfaction. I had to work very hard for well over a year.

Financial penalties

- Need to purchase a second car, high cost of medical subscriptions, breaking new ground as none of my family or friends had worked as well as raising a family.
- Financial implications of having on-call money unavailable on the flexible training scheme.
- Financial penalties as a self employed GP.
Change in life priorities

- Different mindset – in ‘mum mode’!
- The biggest difficulty is the change in priority and having to get home for the children by a certain time
- Being less interested in work and more distracted by child after maternity leave

Lack of family support

- No family support locally
- Initially attitude of husband

Location

- Inability to relocate
- The Deanery sent me to a posting just about as far away from my home as it was possible to go which made family life more difficult as I had to spend so much time commuting

Other

- Poor mentoring
- Doctor unemployment mid-90s (not UK)
- Lack of availability of jobs
- My career break was enforced due to redundancy. My difficulties were finding a job of similar level which was interesting to me, did not involve a relocation or excessive commuting. Also I found recruitment agencies were very blinkered about my abilities
- I returned to work on the married doctors retainer scheme as a hospital doctor (unusual in itself) but had to have 3 interviews several miles from where I lived and was to work, and it took 12 months to get approval
- I took a lot of time to settle down again
- More difficult because coincided with geographical relocation

3. Other responses to the question of what helped/ hindered respondents’ return to work:

- I only had 4 months maternity leave each time – curse and blessing at the same time
- Ability to afford full-time nanny
- Continued to work – 1 day per week for 2nd 3 months of maternity leave. Employed a nanny
- Only off 4½ months on maternity leave x 2 I don’t think this is really a career break and you go straight back
- This ‘career break’ was strategic! I took a year off and went to Australia where I continued to work in medicine and A&E so gained skills and then was able to travel for a few months after – not the same as having children...
- I travelled for a year, I applied for a job on my return and was appointed. There wasn’t any issue about having had a year’s break
- I took a planned career break, so I already had a contract with my next employer
- It wasn’t a career break but a break from working. I had a job in a new speciality lined up for my return. This was very early on in my career
- Not being sure what I wanted to do...
- No problem after just 6 months
- Flexibility
- Returning to full-time work
- Had to move with husband after previous substantive post
- Currently advise all juniors to take at least 6 months and to come back part-time
References


