



Maternity Leave and Training Requirements

– A Baby's Birth Month Makes a Difference!

Text by Anonymous

"Upon Residency Advisory Committee's recommendation, the Joint Committee on Specialist Training has reviewed and approved that your traineeship period be extended by XX days..."

At first, I wondered if there had been a mistake in the letter. After all, this was the second time I had taken maternity leave, yet the extension of the traineeship period was much longer this round. One of my colleagues in another department soon provided the answer. My first child had been born towards the end of the year and thus my maternity leave happened to straddle two separate six-month postings (with twice the number of "leave of absence days" that counted towards training). However, my second child was born in March, and my entire maternity leave fell within a single six-month posting.

Upon asking around, I realised that some of my more savvy colleagues, who had known this in advance, had tried to time their pregnancies or split their maternity leave to take advantage of separate blocks of "leave of absence days". Thus, they were able to maximise the amount of maternity leave that would count towards training. However, should we really have to go to such lengths for the sake of our residency training? After all, the total amount of leave taken is still the same – logically,

the month that a baby is born in should have no impact on how much extension of training time is required. In addition, not everyone is fortunate enough to time their pregnancies so perfectly.

Perhaps some would say that I was naive not to think about such issues before starting my family – however, I was simply not aware of the implications for training. I graduated medical school and served housemanship overseas, so I was relatively out of touch with the local training environment. Like any mother, when I did get pregnant after several months of trying, my concerns were the health of my baby, delivery arrangements and childcare options. To be frank, how this affected my training was the furthest thing from my mind.

Some disclosure required here – I am currently working in a rather male-heavy specialty, and at the time of my pregnancies, there were few senior female colleagues who could provide me with training-related maternity leave advice. Furthermore, our training programme had recently changed, and my seniors had mostly commenced their training under the old Basic and Advanced Specialist Training system with different requirements and leave policies. I am sure that if you asked the current bosses/supervisors, few could tell you off the cuff what the current policies are!

For the sake of future female doctors in the same shoes (pending further changes of policy), it would be ideal if the residency advisory committee could make their training-related maternity leave policies clear from the start – for instance, adding a specific section pertaining to this in the contracts we sign. And of course, for the sake of fairness and logic, the month in which a baby is born should not make a difference. If need be, we can always make up for a posting in different months – there are plenty of out-of-phase medical officers and service registrars around for this to work in practice. ♦

The author is a mother of two. She did her undergraduate medical degree in the UK and is currently working as a registrar in one of the SingHealth institutions.