



Managing maternity leave at the end of training

The Quality Management and Training Standards committee of the RCGP has reviewed how maternity leave at the end of training is managed. This guidance outlines the principles agreed by the committee and should be followed in conjunction with current guidance on time out of training.

1. Payment

It is accepted that a trainee will be paid for her maternity leave even if she completes training before going on leave and that maternity pay and training requirements are two separate issues. Having an NTN is not required in order to receive maternity pay however, a doctor cannot have an NTN and also be on the GP register.

2. Managing leave

- The deanery should be aware of trainees who may have maternity leave beginning near to the end of their planned training date and should try to monitor them closely to ensure that they are aware of any changes to training as early as possible.
- In principle, a plan should be developed for each of these trainees and they should be managed individually.
- If a trainee's start of maternity leave coincides with the end of training, and she will have completed the regulatory time by her planned end of training date, an ARCP panel is held as normal in the 2 months before planned completion.
- Ideally, the final ESR should be done as close to the final panel as possible so that in the event of unplanned absence when a return to training is required, it will still be in date and will not need to be redone.
- If an Outcome 6 is issued, the trainee applies for CCT and continues to be paid maternity pay post training.
- Any absence after the Outcome 6 is issued is dealt with on a case by case basis. The training 'clock' stops when statutory leave is taken.
- If after the ARCP panel and an Outcome 6 is issued, maternity leave starts early or there is any other absence which will mean that the required time in training is not completed, any remaining annual leave or agreed exceptional time out of training is used to cover the shortfall in time.
- It is the responsibility of the trainee to inform the deanery of this absence immediately and of the deanery to inform the GPSA team immediately.
- If more training time is required, a roll back of the Outcome 6 ARCP should be requested and changed to an Outcome 1. This should be done at the earliest opportunity to avoid the CCT already having been issued.
- The doctor returns to training post maternity leave to complete the remaining required time.

- A new Form R must be completed when the trainee returns to training with any new health issues or significant events declared.
- If the total absence exceeds 12 months, the Prolonged Absence Policy should be considered, and the trainee should return to training for sufficient time to allow maintenance of competences to be assessed.
- An ARCP panel is held when the trainee is approaching completion of training. Contemporaneous evidence of learning should be presented to the panel even if there is no need for a new ESR - this might include log entries, WPBAs and an Educator note confirming that the trainee has maintained their competences.
- A new ESR is only required if the one completed prior to maternity leave is out of date (generally accepted as more than 2 months of training time between ESR and panel).
- As with all trainees, any performance issues that may occur following the award of an Outcome 6 are dealt with via the Responsible Officer for revalidation.

3. Reference

- Roll backs - When a roll back of an Outcome 6 is requested, the TeP Helpdesk and GPSA team should both be notified at the same time.
- Prolonged Absence Policy – If a period of absence is greater than 12 months in total (for example, where leave or sickness is added to maternity leave) it would be expected that a period of additional training would be necessary to allow adequate time for the Educational Supervisor to assess the doctor's competencies. We would anticipate that this period might usually be of three months duration.