



# British Orthopaedic Association

## BOA Statement of Expectations

### **Pregnancy, Maternity, Shared Parental or Adoption Leave and Returning to Work in Trauma and Orthopaedics**

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Time out for parents raising a family should not be seen as a barrier to progression for surgeons. Time spent on pregnancy, maternity, shared parental and/or adoption leave makes up a small proportion of a surgeon's working life.

Having the right support in place significantly contributes to retention within the surgical workforce. With over 50% of the medical workforce being female it is vital to ensure that Trauma and Orthopaedic Surgery is an attractive and supportive specialty.

The BOA believe that it is important for clear expectations to be set for both employer and employee from the start of pregnancy through to return to work and for all surgeons taking parental leave. Those responsible should be well informed and able to support the surgeon throughout.

The BOA expects that:

- At a minimum, any discussion for expectant surgeons<sup>1</sup> should consider the following:
  - Working Pattern – hours, on-call while pregnant

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<sup>1</sup> Expectant surgeons includes those undergoing fertility treatment or having recurrent miscarriages.

- Strategies for dealing with pregnancy symptoms
- Impact of current training placement – subspecialty, commute etc
- Every expectant surgeon should have a risk assessment undertaken by a designated person with appropriate clinical experience as soon as practically possible after making their pregnancy known.
- Following risk assessment any adjustments should be initiated by TPD, clinical or educational supervisors and reviewed regularly throughout pregnancy.
- Reasonable accommodations for pregnancy could include but not be limited to:
  - Additional opportunities to rest
  - Physical adaptations e.g. seats in theatre
  - Frequent opportunities to take refreshments or relievers for symptoms.
  - Work-force planning to give maximum access to training opportunities.
- Any pregnant colleague should not be expected to:
  - Swap on calls from the third trimester
  - Do any work related activity while on maternity leave
- ARCP should only include any time prior to the start of maternity leave and required assessments are pro-rata for the time that year the trainee actually spent in training.
- A departmental contact/ Education Supervisor should be assigned for the period of parental leave.
- SuppoRRT Champion in place and the SuppoRTT strategy fully implemented resulting in a high-quality supported return to training for all concerned
- Returning to Work planning should be initiated prior to commencing maternity leave and the following considered with full discussion and agreement:
  - Placement - Familiar hospital and sub-specialty, length of commute
  - Provision for Keeping In Touch or Shared Parental Leave in Touch days in the department they will be returning to
  - Phased return, possibly using annual leave
  - Period of settling in for 2 -4 weeks which might include:
    - i. No unsupervised on-call duties e.g. night-shift
    - ii. Supervision in clinic and theatre
    - iii. Exemption from extra responsibilities, i.e. being rota master
  - Requests for LTFT training should be sympathetically considered
  - Consideration of support if mother is breastfeeding and provision of suitable facilities to support this.

The BOA Guide for Supervising consultants “Supporting Surgeons through Pregnancy, Maternity, Shared Parental or Adoption Leave and Returning to Work” outlines the support we expect to be provided. Further advice and guidance is available on the BOA website.