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Medical Mum in General Practice

I MET YOU FIVE YEARS AGO WHEN YOU WERE JUST STARTING IN THIS PRACTICE. It's been a really busy five years both professionally and personally for me. I started work here five years ago as a salaried GP and have since become a partner in the practice, which is great. I have also got married, had two children and moved house three times, so it's been really busy and really fulfilling

SO HOW DID YOU APPROACH MATERNITY AND RETURNING TO WORK AS A DOCTOR? Well I came at it from two very different stances. With my first pregnancy I was actually employed as a salaried doctor, so the terms and conditions of my maternity were very clearly laid out. It enabled us to budget and plan really well and make an informed decision about how long I was going to be off, which was really helpful. My second lot of maternity leave came when I was actually a partner in the business, which was very different. We work by partnership agreement and there are terms and conditions laid out. It's very different from a salaried contract, so for us, in terms of budgeting etc, it meant I could have less time off second time round, which just needed careful consideration.

YOUR EMPLOYERS HAVE BEEN EXCELLENT. IS THAT ALWAYS THE CASE WITH DOCTORS?

Unfortunately I don't think it is. Although I've been very fortunate I know others that haven't. I think that although most of the maternity leave contracts are pretty standard people do struggle to negotiate a return to work and inevitable lots of women decide that they would like to work less or shorter hours once they have had a baby. This can be difficult to negotiate and I can see from both sides why this can be a problem. There are schemes in place to try and aid these workers and there is a GP retainer scheme which enables women to return up to four sessions a week in a protected practice with supervision and without all the extra contract work, managerial and administrative duties. They can go in, do their job, go home and look after their babies; so there are things available, it just needs to be thought through.

BEING A GP IS A DEMANDING THING ON ITS OWN. HOW DO YOU BALANCE IT AND WHAT HAS TAKEN A LOWER PRIORITY FOR YOU?

I think I'm probably the same as most parents when I say that you do balance things mostly and certainly I have a wide variety of hobbies and interests, but I've had to let some of them slide for the time being. They are things I know I'll pick up again in the future, but obviously my priorities at the moment are my family and my work.

SOME PEOPLE ARE GOING TO BE SAYING THAT YOU'RE LUCKY. WHAT IS IT LIKE FOR MOST PEOPLE BEING A MEDICAL MUM?

I think I am at one extreme end of how people are able to manage this and I am very lucky. I've got lots of friends that still live in the place where we qualified, which is Newcastle. They didn't move back to the area where their families lived. They all now have young children and I hear about the challenges they face on a daily basis and I think that that is probably more the norm. So, you know when the children are poorly, they actually have to rely on a friendship network to help them out and they can have almost a rota basis which they work. So I think it can be done and obviously it is done successfully on many occasions, but it is perhaps not that easy. Another way that people manage things is to employ a nanny rather than to use nursery facilities. In fact I know one of my colleagues here does this; it affords him much more flexibility if

he is running late, or if a child is sick then the nanny is obviously still going to be there. So there are ways around it, but again it's just something you have to think through and think out how is it going to work best for you?

NOW YOU ARE PROBABLY IN THE BEST POSITION TO KNOW WHAT YOUNG PEOPLE THINK ABOUT BECOMING A MEDICAL MUM. WHAT GOES THROUGH THEIR MINDS? WHAT WOULD YOU SAY TO THOSE PEOPLE?

I would say there are two main things that cross your mind before you are about to embark on planning a pregnancy and taking on maternity leave. The first thing is the feat of losing all your knowledge. I remember being absolutely petrified on my first day back from maternity leave, but if you keep in touch with your work place and keep in touch with what is going on in the medical world then it really isn't that scary at all, but it feels it at the time. The second thing, and probably more important, is the feeling of guilt that is inevitable as a working Mum; whether that be medical or otherwise. I think people are always going to grapple with the idea of being able to be a better mum or a better GP. Actually, what I've learned is that I can't do both. I can't do both 100%. It's just not possible. So the way I look at it now is that I try to strive to be a good enough GP and a good enough Mum and that's fine.

PEOPLE LISTENING TO YOU WILL HAVE ON THEIR MIND SOME OF THE THINGS THEY OUGHT TO BE PLANNING BEFORE THEY SET OUT. HOW DID YOU APPROACH IT?

I think it is important to be very clear about what your rights are in terms of your contract or partnership agreement. Certainly, even before planning my first child I was fully aware of what my contract entitled me to. It's important because what you don't want to do is end of being pregnant and with a baby and not being happy with those terms. Leaving employment while you are on maternity leave is not something that many people would advise you to do. Just be clear about that before you set out on this path. I think it's just being honest and open with your colleagues and employers every step of the way. If you are having serious thoughts about decreasing your working hours or changing your working day because of child care needs, the earlier you can start talking about it the better, rather than leaving it until the day before you want to come back because it's logistically difficult, although very possible.

YOU ACTUALLY BECAME A PARTNER HERE DURING YOUR MATERNITY HOW DID YOU MANAGE THAT?

It was interesting how it came about. Obviously with my first maternity leave I was on a salaried contract and so we actually worked it on that basis. The partnership was agreed while I was on maternity leave and we negotiated that I started my partnership on the day I returned. It was an unusual situation and not easy to plan. .

DID THAT GIVE YOU BETTER TERMS FOR COMING BACK WITH REGARD TO YOUR HOURS?

Well they needed somebody to replace the outgoing partner – six sessions which is three days a week and that is what I wanted to do anyway; so for me there wasn't too much negotiation involved, but yes I think if that happened to somebody else they would have to negotiate quite heavily at that point and think really carefully about what hours they wanted to work once the child had been born, or once they returned to work. So yes, I think being open and communicating about what you need is the most important thing.

SO WHAT ARE THE POSITIVES ABOUT BEING A GP AND ALSO A MUM?

I think there's loads of positives which I probably wasn't aware of before becoming a mother, certainly in terms of the empathy you feel towards other parents bringing

their children in. You know I know what it's like having a child with a temperature of 39 and thinking I'm sure it's viral. Is it viral? I know what these parents are going through, so I have a lot more empathy with them. I think just dealing with the child in front of you when you've got a two year old that loves Peppa Pig and you can talk about Peppa Pig and you have that rapport, gives a lot of benefits.

**SOMETHING NICE THEN. ARE THERE ANY NEGATIVES?**

I think I've certainly noticed after coming back from maternity leave that I had quite an influx of parents with children. The word gets around. They know you are a new mum and are coming to ask your advice about things like "is this right type of formula for them to be on". "Is this a rash or not" and although I quite enjoy that side of things you can get on to a one track lane for a while,

**WHAT HAPPENS IF YOUR OWN CHILDREN AREN'T WELL?**

I think most medics would agree that it's very very difficult not to over medicalize your own children. You do have to maintain a sense of pragmatism when they are unwell.

**SO IT IS POSSIBLE FOR DOCTORS TO PLAN TO HAVE A FAMILY?**

Of course, it's possible, and I think especially for GPs. The vast majority of female GPs have families. It's got to be possible; it's got to be supported, so I don't think anybody should have any concerns about that side of things.