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## Doctor parents and childcare: the untold toll revealed

Securing suitable childcare is a financial, mental, and emotional burden to doctors, a *BMJ* survey has revealed, leading some to resign, change specialties, or alter their plans to have children

Erin Dean *freelance healthcare journalist*

Securing childcare to cover the erratic and long working hours of medicine is a financial burden and a draining source of stress for doctor parents, an exclusive *BMJ* survey has found.

More than nine out of 10 (93%) of the 596 respondents have struggled to find suitable childcare for their work schedule. Many doctors describe trying to arrange childcare as one of the most stressful aspects of their lives. “The whole thing is a total nightmare,” one trainee doctor says. “I am seriously considering resigning based on the stress and cost of this alone.” Respondents describe struggles with on-call and overnight childcare, leaving work on time to reach nurseries or after school clubs before they close, and the difficulties of managing school holidays and when their children are off sick.

For trainees, rotations add in an extra layer of pressure as moving hospitals can leave parents struggling to organise new care arrangements with little notice. Some respondents raise the specific problems for those in two doctor couples or those who are single parents. Three quarters (171, 74%) of the 231 junior doctors who responded to *The BMJ*’s snapshot survey say that childcare difficulties influence when they have children and how many children they might have.

Latifa Patel, BMA workforce lead, says that the overstretched NHS needs doctors who are parents more than ever, but balancing childcare and work is having a huge effect on medical staff. “These figures are disheartening and reflect the profound impact that inadequate childcare options, and eye watering high costs, are having on doctors and our families,” she says. “Juggling work responsibilities with the challenge of finding childcare can take a toll. The detrimental effects of stress on doctors compromises our personal health, impacts our families, and has numerous consequences on service provision.”

### Long days

The biggest single problem for all doctors is finding care that covers the length of their day, which 91% of respondents say is a challenge (respondents could choose more than one option). This is true for clinicians in all settings. Many nurseries are not open long enough, especially when long commutes to work are added to early starts to the working day, and this often only gets harder to organise when children reach school age.

Care offered by breakfast and after school clubs is often short, say respondents, around 90% of whom are doctors, with a small number of other health staff. “I use school wraparound care, which offers 8 am to 6 pm in term time only,” a GP with two children says.

“There are no other local options. This means I am often late to work and have to squeeze my day to leave early or depend on others to collect my children. Making childcare pick-up is one of the most stressful parts of my day. I feel guilty leaving work ‘early’ and equally guilty that my children are always the very last to leave childcare.”

Many doctors share these sentiments of the stress and guilt of trying to be on time for work in the morning and for picking up their children at the end of the day. Long working days, often with 7.30 am starts, combined with unpredictable hours, make being on time a constant source of worry. Doctors also do not necessarily want their children to be in care for very long periods of time, and many speak of the guilt this brings.

One trainee doctor describes “the endless anxiety of getting to work after I drop the children off and the stress of arriving on time to pick the children up after work.” She says, “I can enjoy neither my work nor my children.” Others say that their child is often the last to be collected and that there are penalties for being late. One doctor was charged £1 for every minute past the 4.50 pm closing time of the nursery. “I’m tearing my hair out getting there on time,” one trainee doctor says.

### Unsustainable costs

The next biggest problems are cost, selected by 75% of respondents, and irregular schedules, which is difficult for 65%.

For many, the financial cost is huge, leading to strained budgets and sacrifices. Several doctors say that the cost is bigger than their mortgage, and often it is more than they earn. One junior doctor with four children aged 6 years and under—two of them in school—says that childcare costs £4000 a month, £1000 more than she earns. Another junior doctor is paying £2235 a month for childcare five days a week for their toddler. “Currently pregnant and feel it may be unaffordable to have two children in nursery,” she says. A foundation year 2 doctor who takes home £1850 a month is paying £1200 on childcare.

This isn’t only a problem for doctors earlier in their careers, with one consultant stating that the cost of a nanny and nursery in London takes almost all her wage. Another doctor is thinking of leaving medicine because of the costs. “It is impossible to survive as a single parent on a junior doctor salary and pay for childcare,” she says. “I have four jobs and work more than full time and it’s killing me. At [the] point of quitting medicine as it’s just not worth it.”

A first year core trainee doctor says that their whole wage goes on nursery and wraparound school care for her two children. The school care is oversubscribed, so she has to book a year in advance and pay for days she will not need. Another describes how she essentially pays to work, as childcare costs £3500 a month. She, like many other doctors, has to use a combination of different childcare options to try and cover her working hours. “It is logistically challenging in the mornings,” she says. “We have twins in nursery and a child in school. Doing both drop-offs is tricky as they are a 20 minute walk apart. Both settings are 8 am to 6 pm, which is not sufficient to cover a 9 am to 5 pm working day plus commute time, let alone late finishes due to emergencies. As a result, we have an after school nanny who picks up from school, then collects from nursery and starts dinner.”

Another doctor says: “We struggle to make ends meet each month, have very few luxuries, drive old cars in need of repairs, [and] our kids have never been on holiday.”

### Rotation concerns

Trainee doctors have the added anxiety of trying to cope with rotations that abruptly leave them needing new childcare options. Of the 231 junior doctors who responded, rotations were a problem for 71% and irregular hours for 82%. With long waiting lists for many nurseries, some doctors have to register their children before they are born. This means that sorting out new options every six months with a few weeks’ notice can be virtually impossible.

There is a palpable sense of fear and panic among doctors about how they will manage rotations. Some describe how family members have moved near to them to help with childcare, and doctors often rely heavily on their parents to help. But others talk about how work has moved them away from the family who could provide a valuable support network.

“We live in constant fear of being sent on rotations with long commutes, as it will make pick-up and drop-off impossible, and in constant guilt that our poor child is first to be dropped off and last to leave,” says a doctor whose partner is also a doctor.

### Doctors leaving

Some doctors describe how they, or their partners, have stopped working or left the NHS. “I have left medicine as [I] could not take additional time out of training, having done a PhD and had two children, to manage doing nights on call,” a former surgeon says. “Because of this, I have been forced to relinquish my training number as a senior surgical trainee and will never be able to return to the specialty. Not all doctors have helpful or supportive partners or families, which is the bare minimum required to be able to do on-calls and complete training.”

Several respondents have changed specialty to try and fit in better with childcare. “It is frankly a nightmare,” one doctor says. “I changed specialties to general practice to try to make it work. I am now considering leaving altogether. Childcare and doctor parents just does not work.”

Many describe how they would like to expand their family but can’t imagine how they would be able to find or afford childcare. Almost seven out of 10 respondents (406, 68%), say that concerns about childcare have influenced when and how many children they plan to have. “We would love a second child, but the thought of juggling another when we are struggling with one overwhelms us,” one respondent says. “We also wouldn’t be able to afford nursery.”

Doctors describe buying houses in catchment areas for schools with the longest wraparound care options and near nurseries that offer the hours they need.

### Burden on female doctors

More than nine out of 10 respondents to the survey are women, and previous reports have identified how parenthood seems to have a greater effect on the careers of female doctors.

The BMA report *Sexism in Medicine*<sup>1</sup> found that those who had caring responsibilities were more likely to have their career negatively affected and were framing their specialty choices around childcare. “It’s also important to acknowledge that the lack of appropriate childcare options disproportionately impacts women,” Patel says.

A report from the Institute for Fiscal Studies in 2023 found that female doctors were less likely to progress than their childless male colleagues for several years after returning from maternity leave. Part time working and absences can explain most, but not all, of the slower progression of mothers.<sup>2</sup>

Overall, though, a high proportion of female doctors return to work, compared with other sectors, Isabel Stockton, senior research economist at the Institute for Fiscal Studies, says. “The NHS does quite well compared to other employers in terms of enabling mothers to stay or to return to the same employer after maternity leave and to work part time hours,” she says. But that might be little comfort to the many doctors who responded in desperation to this survey, describing the juggles they face.

Patel urges the government to improve childcare provision for key workers as a matter of urgency and to support NHS nurseries to remain open. The government must also look to offer financial support to doctors who have to arrange expensive, last minute childcare in order to work, she says. “It does not make economic sense for the government to sit back and watch droves of much needed doctors suffer from stress and require sick leave or leave the profession altogether due to a lack of childcare options,” she says.

#### Case study: “I was looked down on by colleagues for leaving to pick up my children”

Shireen Hickey, an obstetrics and gynaecology trainee doctor in Yorkshire, has experienced many of the challenges of trying to balance medical training with two young children. She and her husband, also a doctor, have used both private, school based, and NHS site nurseries as they have tried, and struggled, to find the right balance for their children and rotas.

In the end, Hickey went less than full time, and she and her husband arranged their rotas so that they weren’t working on the same day as they couldn’t get to school in time for pick-up. “Recently I got stuck in theatre and what should have been a 5.30 pm finish ended up a 9 pm finish. I was scrubbed in theatre and couldn’t contact my husband or school to let them know where I was.”

Trying to leave on time to pick up children leads to negative comments from colleagues, she says. “When I did try to leave to pick them up I was definitely looked down on by others in clinic.” Longer days and more flexibility in childcare would make a huge difference, Hickey says. “My working days would change depending on whether I was on nights or long days, but I wasn’t allowed to change my childcare days at all,” she says.

#### The BMJ Childcare Survey

The BMJ Childcare Survey ran on bmj.com from 16 to 30 November 2023. It could be completed by anyone who clicked on the link. 596 BMJ readers responded, comprising 204 consultant doctors; 231 trainee/junior doctors; 95 GPs; 3 medical students; 14 nurses; 10 researchers; and 39

others. Of these respondents, 47 were male, 548 female, and 1 preferred not to say.

Provenance and peer review: commissioned; not externally peer reviewed.

- 1 BMA. Sexism in Medicine report. 2022. <https://www.bma.org.uk/advice-and-support/equality-and-diversity-guidance/gender-equality-in-medicine/sexism-in-medicine-report>
- 2 Institute for Fiscal Studies. Progression of parents in NHS medical and nursing careers. 2023. <https://ifs.org.uk/sites/default/files/2023-02/IFS-Report-R247-Progression-of-parents-in-NHS-medical-and-nursing-careers.pdf>