



East Suffolk and North Essex NHS  
Foundation Trust

Cite this as: *BMJ* 2024;384:q285  
<http://dx.doi.org/10.1136/bmj.q285>

## Organising childcare is a problematic reality for doctors in training

Finding childcare that is flexible, affordable, and accessible is difficult and stressful for doctors in medical training. My family's experience is testament to this, writes **Charlotte Leahy**

Charlotte Leahy *specialty trainee year 3 anaesthetist*

Since having children during my anaesthetic training, I have found arranging reliable childcare to be a constant organisational, logistical, and financial challenge. As a two doctor family, with both of us working as registrars in training, we have had difficulty finding childcare that meets our needs.

The early years sector is struggling, and many nurseries are closing, meaning that the competition for places is ever greater.<sup>1</sup> I remember excitedly touring nurseries when I was eight months' pregnant with my oldest child, aiming to secure a place for when he was around 1 year old, and being informed that the waiting lists were already filling up fast. Government statistics show that the number of early year providers fell by 5% between 2022 and 2023.<sup>2</sup>

Simply finding a childcare solution that accommodated my 10 hour normal working day was a major hurdle. Medical training pathways often involve rotations between hospitals, leading to changing commutes and potential relocations. Changing childcare providers can be impossible given growing waiting lists, limited options, and inflexibility regarding which days children attend. I assumed the hospital nursery would be the answer for us, but the reality of frequent rotational changes and 70 miles between our hospitals (despite having training numbers in the same deanery) meant that this would not work for our family. We chose a nursery near our home, hoping that this would provide stability for our children and that we would be able to share the drop-offs and pick-ups. This solution comes with many tense commutes—my husband's is almost 1.5 hours each way—trying not to be late for either work or collecting the children.

Like so many working parents, we have also found that childcare costs have increased rapidly. Our nursery is part of a large national childcare chain, and in the past five years the daily rate for under 2 year olds has increased by a staggering 38%. This far outpaces any increases in our pay as doctors in training and means that we are paying proportionally more to be able to work.

Returning to work from my second maternity leave involved joining a rota share, where the on-call shifts were shared between trainees. When my rota clashed with our childcare arrangements, the nursery was unable to accommodate a change to my baby's days of attendance in time for me to return to work. Luckily, my husband was able to get less than full time (LTFT) training approved in time, although this did mean an unanticipated further drop in our family income. Rotational training adds another element of unpredictability, with "off days" needing to be negotiated afresh every time.

My husband and I have both made the decision to continue with LTFT training, primarily to reduce the stresses associated with juggling childcare. Despite this, each new rota brings an exhausting merry-go-round of comparing our rotas, messaging colleagues to swap shifts, taking annual leave during each other's nightshifts, and occasionally roping in family members to cover gaps in childcare. The number of trainee doctors at risk of burnout is now at a record high,<sup>3</sup> and the pressures of coordinating childcare can only be adding to the problem.

My eldest is now in primary school, and far from this being the end of my childcare headaches, it has added another layer of complexity. It means two drop-offs, shorter school days, inset days, and school holidays to contend with. We were lucky that some local schools did offer wraparound care, although the latest opening hours are just 15 minutes after my normal working day ends. Many parents will not have much choice in their primary school, and therefore have limited choice regarding wraparound care options. Parents who are doctors might find that their inconsistent or atypical working pattern means that finding a suitable school based provider is impossible. Alternative paid options can also be limited. Childminder numbers have halved since 2013,<sup>4</sup> the number of au pairs from the European Union working in the UK has declined as much as 75% since Brexit,<sup>5</sup> and the cost of a nanny will be prohibitive for many. School holiday clubs in our area are also lacking, with most offering a maximum 6 hour day, so the breaks require careful shift swapping and staggering of our annual leave.

For our family and many others with parents in medical training, the administrative and mental burden of finding safe, affordable, and adequate childcare is only increasing. The unpredictability of our work, and the lack of flexibility in the childcare system, means that doctor parents are often caught in the middle. For me, it often feels that being a "good trainee" conflicts directly with being a good enough parent. I worry about missing training opportunities or that I am not pulling my weight in this stretched NHS. This is only compounded by the guilt when my child is yet again the last one left at after school club at closing time.

Until medical training is modernised, retaining trainees in their roles and high rates of burnout will continue to be a problem. All specialties need to actively facilitate LTFT training and flexible progression. Departments should make rotas in collaboration with trainees and should follow the BMA's *Good Rostering Guidance*.<sup>6</sup> Soaring childcare costs and lack of availability is a wider problem,

which sticking plasters like tax-free childcare and free working hours are not adequately tackling. In the meantime, “junior” doctors—62% of whom are over 30<sup>7</sup>—with caring responsibilities have no choice but to continue to try to do their best for their families.

Competing interests: No conflict of interest to declare.

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

- 1 Priestley I. Childcare expansion: success or failure depends on government support. National Day Nurseries Association. (2023. <https://ndna.org.uk/news/childcare-expansion-success-or-failure-depends-on-government-support/>)
- 2 Department for Education. Childcare and early years provider survey. Reporting year 2022. 14 Dec 2023. <https://explore-education-statistics.service.gov.uk/find-statistics/childcare-and-early-years-provider-survey>
- 3 BMA. “Shameful” levels of burnout highlighted in GMC survey, says BMA. 2023. <https://www.bma.org.uk/bma-media-centre/shameful-levels-of-burnout-highlighted-in-gmc-survey-says-bma>
- 4 Ofsted. A focus on childminders. 2023. <https://www.gov.uk/government/publications/early-years-inspections-statistical-commentaries-2022-to-2023/a-focus-on-childminders>
- 5 Issimdar M. Brexit leads to sharp drop in au pairs from Europe, agencies say. BBC News. 1 Feb 2020. <https://www.bbc.co.uk/news/uk-england-51280496>
- 6 BMA, NHS Employers. Good rostering guide. 2018. <https://www.bma.org.uk/media/1979/bma-nhse-good-rostering-guidance-may2018.pdf>
- 7 McNally S, Scarlett McNally: Renaming junior doctors-to improve value, respect, and patient safety. *BMJ* 2023;381: doi: 10.1136/bmj.p999. pmid: 37164385