



NHS Fife and Tayside

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As a solo parent and a doctor, I know firsthand the challenge of balancing childcare and career

Affordable childcare with extended opening hours, equitable access to child benefits, and better flexible working policies would help all doctors in their home lives and career, says **Catriona Semple**

Catriona Semple *consultant vascular surgeon*

Single, 39, and reeling from the first covid lockdown, I decided that if I was ever to become a parent, I had better make a start. A year and a half later, after undertaking in vitro fertilisation as a prospective solo mum, I gave birth to my son. He is now 2 years old and brings me daily joy and a new appreciation of the wonder of simple things. His arrival has also opened my eyes to the challenge of finding childcare that fits around a busy medical schedule. This is particularly difficult when, either by choice or circumstance, there is no co-parent to help.

Assessing childcare options, I quickly ruled out a childminder. Even if I had been able to secure a place, their opening time of 8 am wouldn't have allowed me to get to work in time for my ward round. Paying a nanny to cover just my elective days would have cost almost half of my take home pay, before out-of-hours expenses. After a degree of trial and error, my son has settled in a nursery close to one of my places of work, open from 7.15 am to 6.15 pm and flexible about days. Its location means commuting for an hour and a half each way several days a week, but this is a small price to pay for the ability to get to work on time.

In our house, there is no second parent to cover when I have 72 hour weekends on call, night shifts, or days when I work well into the evening. I am fortunate to have colleagues who have agreed to changes in my job plan, balancing fewer on-call duties with a proportionally greater elective and teaching commitment. Nevertheless, the need for out-of-hours childcare has left me reliant on my parents in a way that I haven't been since leaving home. They are fit, adore their grandchildren, and are currently able to shoulder some responsibility for my chaotic toddler to enable me to work. The time will come when I have to find other, paid, arrangements, but for now, I hugely appreciate the help they give me and the wonderful relationship they have with my son.

As a consultant, I have some autonomy when organising my job plan, a predictable salary, and no need to move house or job unless I choose to. Trainees, with the need to relocate regularly, salaries that vary with banding, and rotas providing only a few weeks' notice of antisocial shifts, have additional struggles. Single trainees in particular might find that the cost and logistics of childcare make completing training impossible.

Courses and conferences are essential (often mandatory) for training and create opportunities for career progression. Lack of flexible childcare makes it difficult for those with caring responsibilities to

attend, leading to inequity of opportunity.¹ This should be straightforward to tackle. The Royal College of General Practitioners annual conference advertises facilities for parents with babies under 18 months old. The Royal College of Paediatrics and Child Health provides a free crèche for delegates. My son and I were welcomed to the Medical Women in Leadership Conference last year in Edinburgh. I cuddled, bribed, and breastfed my toddler in a packed auditorium, removing him only when he heckled the chair of the General Medical Council. I retained less knowledge than if I had been there without him, but I am proud to have attended and met many inspirational women, and I hope that those of us who brought our babies encouraged others to do so in the future. Routine provision of childcare at conferences for all specialties would improve equality of access, especially for those whose choice is either to bring a child or not come at all.

Many of the government's childcare benefits favour two parent families. Thresholds for receiving child benefit and tax-free childcare are based on individual, rather than household, income.² Two parents might receive full child benefit payments up to a total income of £100 000, whereas a single parent starts to lose child benefit at half of this. Tax-free childcare makes a huge difference to its affordability, but households with two parents have twice the access of single parent households. I think that benefits related to the welfare of a child should be means tested on the total income of the household, rather than on individual parental income.

These inequities feel hard to tackle, particularly given the current cost of living crisis—I am acutely aware that worrying about breaching the income threshold for tax-free childcare is a problem that many people would love to have. Nevertheless, this has featured in my decision not to apply for discretionary points that reward professional contribution, and to reduce my sessional commitment to 10 a week. Speaking to colleagues in similar positions, I am not alone. In an NHS in need of all the enthusiastic senior clinicians it can get, these inequities are barriers that prevent those who care for children from taking on additional hours and duties and from being fairly recompensed for them.

The need for extended childcare for children of all ages, and across school holidays, is not exclusive to the UK. Swedish nurseries typically open at 7 am, as does wraparound care for school age children, and some are open into the evenings or overnight.³ Norway applies the principle that no household

should spend more than 6% of their income on childcare,⁴ and most preschools open at 7 am. In the United States, a single person with dependents can apply for “head of household” status, which affords them some of the tax benefits available to married couples.⁵

Ask most parents, and they will prioritise the care of their children over career progression, salary, or job satisfaction. The NHS cannot afford this. Affordable childcare with extended opening hours, equitable access to benefits, and better flexible working policies would allow all doctors with caring responsibilities, not just single parents, to better integrate the responsibilities of home with a rewarding career.

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2 UK Government. Financial help if you have children. <https://www.gov.uk/browse/childcare-parenting/financial-help-children>

3 Nordic Co-operation. Childcare in Sweden. <https://www.norden.org/en/info-norden/childcare-sweden>

4 Lind Y. Childcare infrastructure in the Nordic countries. Aarhus University. <https://nordics.info/show/artikel/childcare-infrastructure-in-the-nordic-countries>

5 US Internal Revenue Service. Filing status. <https://www.irs.gov/faqs/filing-requirements-status-dependents/filing-status>