



WELSH SCHOOL OF ANAESTHESIA

PROVIDING EDUCATION, TRAINING AND CAREER DEVELOPMENT

Planning your maternity/paternity/shared parental leave and return to work

A guidance for trainees in the Welsh School of Anaesthesia

Jennifer Myo & Jade Loughran

Version 2, September 2025



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

Congratulations! This is an exciting time, but organising leave arrangements can be daunting and overwhelming.

We have put together this guide specifically for trainees within the Welsh School of Anaesthesia to help navigate the various processes and aspects you need to consider.

For consistency, we will refer to our single lead employer (SLE) as NHS Wales Shared Services Partnership (NWSSP) throughout the document.

The first thing to say is that you are not alone in any of this.

If you need help or support at any time, please use this guidance and the contacts provided.

We have hyperlinked as much as possible to the relevant information and forms so please let us know if any are not working or if you think anything should be included.

We aim to keep it as up to date as possible.

Jen and Jade

Checklist of things to do

Use this page as an overall checklist for organising your maternity/paternity/parental leave. We hope it helps!

Contents

BEFORE

- ☐ Arrange risk assessment with departmental manager and forward to Single Lead Employer
- ☐ Apply for maternity/paternity/shared leave by 25th week of pregnancy *need MATB1 form*
- ☐ Inform departmental manager
- ☐ Inform TPD
- ☐ Inform educational supervisor +/- college tutor
- ☐ Arrange pre-departure meeting and complete pre-departure checklist - send to TPD
- ☐ Amend professional subscriptions
- ☐ Consider signing up to mailing lists for return to work courses
- ☐ Apply for LTFT working (if relevant)
- ☐ Handover any ongoing projects/non-clinical work
- ☐ Change email address preferences on intrepid to receive relevant correspondence from HEIW
- ☐ Consider adding 'out of office' message to work email

DURING

- ☐ Organise KIT/SPLIT days
- ☐ Pre-return to work meeting (8-12 weeks before return to clinical work)
- ☐ Reinstate relevant professional subscriptions

AFTER

- ☐ Yearly renewal of RCOA reduced fees if LTFT
- ☐ Review governmental financial benefits

Once you find out you are pregnant.....	6
Who to inform	6
Sick leave during pregnancy.....	7
Occupational hazards and risks	8
On calls during pregnancy.....	8
Leave.....	10
Antenatal appointments	10
Applying for maternity leave	10
Accrued annual leave	11
ARCP.....	12
Paternity leave	12
Shared parental leave	14
Pre-departure checklist.....	15
While you are away.....	16
Keeping in touch days.....	16
Return to work courses	16
Before you return to work	18
Pre-return meeting	18
Returning to on-call duties.....	19
Peer mentoring	19
Professional support unit	19
Breastfeeding.....	20
Less than full time training.....	21
Applying for less than full time training.....	21
Pay and rotas.....	22

Study leave	22
Educational development time	23
Annual leave and bank holidays	23
Support for less than full time trainees.....	24
Other useful information	25
Financial information	25
Exams.....	26
WSA useful contacts list.....	27
Useful external links	27
Acknowledgements.....	27

Once you find out you are pregnant

Who to inform

Departmental manager and rota coordinator(s)

When you decide to inform your department of your pregnancy is up to you but this must be by the **25th week**. Consider speaking to the rota coordinator early about planning your rota and on call duties during pregnancy.

Educational supervisor and/or college tutor

It is a good idea to contact or meet with your educational supervisor (ES) and college tutor (CT) to allow any training modules or requirements to be planned/amended if they are affected in any way by pregnancy.

e.g. it may not be the appropriate time to be undertaking a block of interventional pain lists, as these will almost all be X-Ray guided procedures.

Training Programme Director (TPD)/HEIW

Liaise with your TPD regarding your leave plans so that your programme can be planned and re-mapped, and your CCT date can be amended accordingly. Additionally, include Liz Babbage, HEIW anaesthetic school manager, in your correspondence (see orange box below).

RCOA training

Contact the RCOA training department (training@rcoa.ac.uk) to let them know when you plan to take leave, along with your proposed

return to work date to ensure records of your CCT date are kept up-to-date.

*It is important to be aware there are **three** main stakeholders in any information sharing: **NWSSP**, **HEIW** (i.e. your TPD and School manager*) and your **health board** (i.e. departmental manager).*

If in doubt, notify all three contact points.

**HEIW anaesthetic school manager is Liz Babbage
(liz.babbage@wales.nhs.uk)*

Sick leave during pregnancy

Prior to childbirth, any pregnancy-related illness is as per the Sickness Absence Policy as stated in the NWSSP maternity, paternity, adoption and parental leave policy.

If sick leave is needed in the four weeks running up to the expected delivery date (EDD), the employer can trigger the start of your maternity leave. This is detailed in the Sickness Absence Policy linked above.

In the case of a pregnancy ending in miscarriage before the beginning of the 24th week of pregnancy, the sickness leave policy applies. If a pregnancy ends with a stillbirth after the 24th week of pregnancy, the maternity leave and pay policy applies.

Any sickness absence needs to be reported to your employer, NWSSP, by completing the Notification of sickness absence form, and you will also need to complete a Notification of absence return form; **it is vital you complete the return form so they know your sick leave has ended.**

Remember you will need to liaise with your local department, in addition to HEIW/TPD, to report any sick leave and that you will not be at work, using the usual local procedure.

Occupational hazards and risks

It is the responsibility of the trainee to arrange a risk assessment. The risk assessment should cover things like manual handling, ionising radiation exposure, shift patterns and any adjustments needed to your working schedule (e.g. considerations around night shift/long day working).

Additional information about occupational hazards can be found in the Association of Anaesthetists document [A Guide to Parenting During Anaesthesia Training](#).

The [risk assessment form](#) should be completed with your anaesthetic department manager, with the completed form sent to your employer at NWSSPSLE.Anaesthetics@wales.nhs.uk.

Please note that slightly different arrangements may exist locally, for example a college tutor may also support the risk assessment process in some departments to guide clinical aspects.

On calls during pregnancy

On call commitments can be very demanding for a pregnant anaesthetist and each pregnancy is different. However, there is no specific national guidance or conclusive evidence surrounding whether or not a trainee should work nights and long days during pregnancy.

Thus, there is no entitlement for a trainee to not undertake out of hours work during pregnancy. There may be locally agreed arrangements within departments and they may have ways they plan rotas (e.g. doing nights and/or long days earlier in the pregnancy).

It is for the trainee to consider whether they are able to continue out of hours work which may be necessary to ensure a healthy pregnancy. You should seek support from your GP and you will need to provide a sick note if you feel you need to amend your shift patterns. This is the responsibility of the trainee.

Any rota changes supported by a GP sick note/letter **do not** result in any changes to pay or banding. It will be at the discretion of the TPD if your CCT date is affected by this change in working pattern. It is advisable to speak to your department, occupational health and your

The up-to-date A Guide to Parenting During Anaesthesia Training from the Association of Anaesthetists comprehensively covers this topic of shift work and on-calls.

rota coordinators as soon as possible to help with planning cover.

Antenatal appointments

You are entitled to paid time off work for the attendance of antenatal appointments. Where possible, try and give as much notice to your department and/or rota co-ordinations if your absence requires cover.

Applying for maternity leave

You can decide when to start and how long to have for maternity leave at any time. You can start maternity leave at any date after the 29th week of pregnancy. This date can be changed provided you give

*NWSSP has a **trainee hub** that contains relevant policies and forms for trainees in Wales*

your employer 28 days notice, where possible. .

You must notify your employer of your intention to take maternity leave in writing **before the end of your 25th week** of pregnancy by completing a maternity leave application along with your MAT B1 form (completed by your midwife and usually issued after the 20

*Keep copies (electronic and/or hard copies) of your MAT B1 form, front **and** back, in case you need to submit your original form.*

week scan).

All maternity, paternity and shared parental leave is applied for and dealt with by your employer, NWSSP, rather than your local department. However, **It is important to ensure your department**

MATERNITY PAY ENTITLEMENTS			
Service	Qualifying Period	Intention	Pay Entitlement
≥ 20 Wks service ERDC	≥ 10 th week before ERDC	Returning/unexpected not returning	Unpaid 6 Weeks 100% pay 3 weeks 50%
≥ 20 - 6 Wks service ERDC	≥ 10 th week before ERDC	Returning/unexpected not returning	6 Weeks 100% pay 3 weeks 50%
≥ 10 Wks service ERDC	≥ 10 th week before ERDC	Not returning as per ARC Section 11-4.2	8 weeks of full pay 2 weeks 100% + 50% Unpaid for full pay
Final leave/leave	If contract agreed after 10 th week before ERDC contract extended beyond 10 th week before ERDC Section 11-7.2 for the gold leave Military Reserve Paternity Pay		8 weeks unpaid CONTRACT ends
≥ 10 Wks service ERDC		Returning	8 weeks of full pay 2 weeks 100% + 50% period of normal full pay 3 weeks 50%
≥ 10 Wks service ERDC		Unscheduled returning	10 weeks unpaid 3 weeks 50%
		If decides to return after the 10 th week before ERDC	10 weeks unpaid

Image 1:
maternity pay

Image 2: sample MAT B1 form

If you would like to receive average pay throughout your maternity leave (**not** including your accrued annual leave which would be at full pay), contact NWSSPSLE.Anaesthetics@wales.nhs.uk who will forward this request to payroll with your maternity letter, which contains the dates and weeks of your maternity leave. Give plenty of notice as it may affect your pay at the beginning if there are any delays in notification.

Accrued annual leave does not count towards training for ACCS trainees as ACCS falls within the School of Emergency medicine and this is a decision made by each discrete school. Therefore, this section does not apply.

When planning your maternity leave, it is important to consider your annual leave entitlements. This includes any annual leave entitlement left in the leave year you are in when you start your maternity leave. You then continue to accrue annual leave whilst on maternity leave.

Some trainees choose to use some annual leave before they start their maternity leave, but **any remaining annual leave can be carried over to the end of your maternity leave**. Your accrued leave can also be used at the end of your maternity leave.

If you do choose to take annual leave at the end of maternity leave, it is important to remember that the first day of your accrued leave is your official 'return to work' date.

e.g. if maternity leave ends on 1st January and accrued leave starts 2nd January then your return to work date is 2nd January.

This is important for the calculation of your CCT date. Whether or not the accrued annual leave counts as training time varies across specialties in Wales, but in anaesthesia your accrued annual leave **does** count as training time.

ARCP/TOOT calculation

On returning to work, you will need to declare time out of training (TOOT) since your last ARCP on your form R. This will include a combination of the precise number of annual leave and maternity leave days and will need to be clearly documented. TOOT needs to be calculated as a whole i.e. count 7 days a week for all trainees regardless of whether you are full time or less than full time. The following date calculator is helpful for getting accurate dates [Calculate Duration Between Two Dates – Results](#)

Paternity leave

Paternity leave is statutory leave and you are entitled to one or two calendar weeks of paid paternity leave if you have more than one year of NHS service. If you have less than one year of NHS service, you will receive statutory pay. Full details can be found in the [NWSSP maternity, paternity, adoption and parental leave policy](#).

Who to inform

As for maternity leave, you need to notify your department manager, educational supervisor/college tutor and HEIW/TPD about your intention to take paternity leave. The department will need to know

the expected delivery date and whether you intend to take one or two weeks of paternity leave.

You must notify your NWSSP of your intention to take paternity leave in writing before the end of the 25th week of the pregnancy by completing a paternity leave application. You will need to submit a copy of your partner's MAT B1 form (completed by the midwife and usually issued after the 20 week scan).

Remember maternity, paternity and shared parental leave is applied for and dealt with by NWSSP, not your local department, so any queries need to be directed to NWSSP. It is important to copy in your department manager to any correspondence so they are aware of your leave intentions

It is vital that you keep a copy of the MAT B1 form, as your partner will also need this form if applying for maternity leave.

Attendance at antenatal appointments

You can take unpaid leave to attend up to two antenatal appointments (up to 6 and a half hours per appointment). The details of this can be found [here](#). Other arrangements may apply locally and this can be discussed with your department.

On call rotas

You do not need to rearrange or swap on calls to cover the period of paternity leave. If you are due to be on call on the day your partner goes into labour, follow the local procedure to let the team know as you would if you were off sick - let the department manager and on call consultant know as soon as possible, to ensure the on call is covered and patient safety is not compromised.

Starting paternity leave

Your paternity leave must start within 56 days of the estimated due date. If the baby is born before or after this date, your paternity leave can start on the day your partner goes into labour. Keep in close

contact with your local department to ensure that lists/on calls are covered safely, and inform NWSSP as soon as your leave has started.

On your return to work, you will need to declare the number of days out of training since your last ARCP on your form R. All dates of paternity leave need to be carefully documented.

The days out of training for paternity leave figure needs to be calculated as a whole i.e. count 7 days a week for all trainees regardless of whether you are full time or less than full time. The following date calculator is helpful for getting accurate dates
[Calculate Duration Between Two Dates – Results](#)

Shared parental leave

Shared parental leave allows parents to take a total of 52 weeks leave immediately after the birth of a child. This can be taken by two parents at the same time, or at different times. The birth parent of a child must take two weeks maternity leave, which leaves a further 50 weeks that can be taken between the parents. The total shared parental leave that is available is therefore 52 weeks minus any maternity leave already taken. Entitlement is also dependent on your partner's employment policies.

Shared parental leave can be complex to navigate, so contact NWSSP as soon as you have decided to take shared parental leave to ensure plans are put in place early. It is worth organising a meeting with your partner and the relevant people to prevent any confusion at a later date. Details of how shared parental leave works can be found in the [NWSSP single lead employer shared parental leave policy](#). You will need to complete the [shared parental leave application form](#). Note that if both partners are employed by NWSSP, you will need to complete an application form for each of you.

Remember to also inform your department/rota co-ordinator, HEIW and your TPD if you plan to take shared parental leave.

Pre-departure checklist

Prior to starting an extended period of leave, a pre-departure meeting checklist needs to be completed with your ES. This should

Send your completed pre-departure checklist to your TPD and HEIW. Keep a copy for yourself to refer to in your pre-return to work meeting.

be done in good time **before** starting maternity leave. The pre-departure meeting is a good time to discuss concerns and expectations, keeping in touch (KIT) days and LTFT working/application - see later section for more details on working LTFT.

You will likely be incredibly busy once you start your leave and may not have a chance to think about work. Although it may seem a while off, now is a good time to sign up to any upcoming return to training course mailing lists, (links to course mailing lists are included in the relevant sections of this guide).

If you do not want to continue to access your work email while you are away, you can change your contact details on your intrepid account to an email address you will have access to. HEIW will continue to send you relevant correspondence, and will use the contact details listed on your intrepid.

Aim to hand over or tie up any loose ends, e.g. QI projects, audit, LLP, before starting maternity leave as it will be much harder to do so whilst on leave.

While you are away

Keeping in touch days

Keeping in touch (KIT) days, or shared parental leave in touch (SPLIT) days are optional and can be used for clinical or non clinical activities (e.g. courses including the return to work courses).

You can have up to 10 KIT days and will be paid for any full or part days you do (your pay, whether on the OMP or SMP weeks, will be topped up for the days you do). Liaise with your department to get lists or clinics you feel will be most useful or inform them if you plan to use one for a course. Keep a record of what dates you have done, you will need to complete a KIT day form to be paid - this is currently on page 34 of the NWSSP maternity, paternity, adoption and parental leave policy. Your local department will need to confirm the details of all KIT days for payroll purposes.

KIT days must be used during maternity/shared parental leave, they **cannot** be taken in your accrued annual leave. Some trainees find it useful to use a KIT day to do a list with their educational supervisor, which is also an opportunity to complete the pre-return meeting and checklist.

Return to work courses

Return to anaesthesia course (clinical)

The return to anaesthesia course is a one day small group course focussed around the specific needs of the trainees attending. It consists of morning workshops and afternoon simulation sessions, tailored to the grade, training needs and any concerns of the trainees. All the faculty have either taken time out of training themselves or have supported others doing so. It is also a good opportunity to meet with the LTFT/return to training lead on the day.

If you think you will be interested in attending the return to anaesthesia course please fill in this form ASAP. This will add you to the mailing list to receive upcoming course dates (please ensure you

use an email address that you will have access to while you are away from work).

RestaRTT workshop (non-clinical)

The RestaRTT workshop is a trainee-led cross specialty non-clinical return to work workshop, covering topics such as confidence, imposter syndrome, breastfeeding and returning to work, employment matters, and less than full time training. It is an informal day run in child friendly venues, and it is a great opportunity to network with trainees who will be returning to work around the same time as you. All the trainees running the course have themselves taken time out of training. Dates for upcoming courses are sent out via HEIW, spaces are allocated on a first come first serve basis. Sign up to the mailing list [here](#).

Before you return to work

Pre-return meeting

You need to organise a meeting to complete the pre-return checklist, and to plan any module requirements that may be needed; ideally 8-12 weeks before your return to clinical work, and can be with your

It is important your TPD and HEIW are aware of your exact return to training date.

local return to training lead (see below).

Trainees who have specific module requirements may find it useful to have a meeting with or contact their TPD in advance of this meeting.

Local return to training leads

Aneurin Bevan University Health Board	Dr Sian Griffiths
Cardiff and Vale University Health Board	Dr Liz Boucher
Royal Glamorgan Hospital	Dr Neeta Tailor
Prince Charles Hospital	Dr Tom Bird
Princess of Wales Hospital	Dr Paulo Antoniazzi
Swansea Bay University Health Board	Dr Ceri Beynon
Glangwili Hospital	Dr Anna Pisarczyk-Bathini
Ysbyty Gwynedd	Dr Suman Mitra
Ysbyty Glan Clwyd	Dr N Williams
Wrexham Maelor Hospital	Dr Gillian Bennett/Dr R Vlies

Returning to on-call duties

Returning to on-call commitments can be daunting. Trainees returning to work will have varying needs in terms of support and supervision.

You will have a period of supported on calls, but when returning from maternity/shared parental/adoption leave, you are not entitled to a phased return, or a period without on calls as this would affect your pay.

Departments are usually supportive of returning trainees. You should discuss with the rota coordinators locally in advance of your return as many departments write the rota sympathetically so that you get some normal days before any on calls, and long days before nights.

Peer mentoring

The Welsh School of Anaesthesia has a number of trainees who have been trained as peer mentors. These people can offer you support and advice, or simply a friendly face and coffee (whichever you prefer!). These trainees are all people who have themselves had time out of training or who have an interest in trainee support. If this is something you think you'd be interested in, the scheme lead is Dr Jess Phillips as the main point of contact (jessicaphillips23@doctors.org.uk).

Professional support unit

The professional support unit (PSU) is available to all trainees at any time during their training. They can offer psychological support, exam support, support with training and progression, health and wellbeing support, mentoring, and support for international medical graduates and refugee doctors. Like many other trainees, we have both accessed the PSU during our training - they are a hugely valuable resource.

You can access the PSU directly or request a referral by a trainer. The online form can be found [here](#).

Breastfeeding

If you choose to breastfeed, it is important to know that you do not have to stop because you are returning to work. While many trainees will continue by expressing milk at work, other flexible arrangements should be considered by your employer to allow you to continue to breastfeed, which may mean rota adjustments. You should discuss this in advance with the department you are returning to (the return to training lead in the department is a good starting point). Employers are required to provide adequate facilities for you to express and store milk if this is something you want to do.

There is lots of additional useful information about breastfeeding and returning to work in the Association of Anaesthetists [A Guide to Parenting During Anaesthesia Training](#) document. There is also a wealth of experience available from [Breastfeeding for Doctors](#), who provide lots of information on their website and a peer support facebook group.

Less than full time training

Applying for less than full time training

Less than full time (LTFT) training is well established in the Welsh School of Anaesthesia, and you can discuss your options with the LTFT training lead, TPDs and/or trainee representative at any time.

If you would like to return to work at a different percentage of whole time equivalent (WTE), whether this is an increase or decreased working percentage, you must apply to do so using the HEIW form [here](#).

Although HEIW has two windows per year for applying to train LTFT, if you are returning from maternity/shared parental/adoption leave you can submit an application at any time of year - the earlier the better.

Discuss your thoughts or intentions early with your TPD and the LTFT lead to allow your programme to be mapped well in advance for all your training/module requirements.

When completing the application, remember that the date you want to start LTFT training should be put down as your actual clinical return date after your accrued annual leave.

More information on LTFT training, including the LTFT policy and FAQs, can be found on the HEIW [less than full time training page](#). You are also invited to join the “LTFT Anaesthetic Trainees - Wales” facebook group, which has a wealth of information on returning to work, rotas, and all things LTFT.

Pay and rotas

LTFT pay and rotas can be difficult to understand and at times confusing! Essentially, you work your pro rata amount of all shift types. The [HEIW LTFT handbook](#) contains lots of information, but we have tried to summarise some of the common queries here.

Pay and banding

Pay for LTFT work on actual hours worked (not your %WTE*for training), plus the antisocial/out of hours supplement (banding). LTFT pay codes are labelled F(number)F(letter). The F(number) corresponds to the average hours/week you work based on your actual rota and is your basic salary pay. The F(letter) part is the LTFT coding for banding.
(*WTE = Whole time equivalent)

Example:

A 70% LTFT trainee who works a rota that is on average 33.1hours/week, on a rota designated as a 50% banded rota, will be paid F8FA. If they rotate to another hospital and the new rota is on average 31.5hours/week on a 50% banded rota, they will now be paid F7FA.

Basic salary band	Hours of actual work (including out-of-hours)	Hours of actual work (including out-of-hours)	Band value (% off salary)	Band	Value
	Equal to	Less than		FA	50%
F5	20	24	50%	FB	40%
F6	24	28	60%	FC	20%
F7	28	32	70%		
F8	32	36	80%		
F9	36	40	90%		

Tables from BMA [How pay banding works](#)

Study leave

LTFT trainees have a pro-rata entitlement of study leave days per year, but are allocated the same study budget as full time trainees. These should both be shown in the 'leave entitlement' section on intrepid.

Many trainees who are LTFT for childcare responsibility reasons have fixed working days. If you want to do a course/study leave activity but it falls on a day you do not usually work (often referred to as an LTFT day), then you are allowed to swap your working days around for that week, or request a day in lieu elsewhere in the rota to allow you to take study leave on the relevant day. The necessity of taking study leave on a non-working day will be reviewed by the college tutor who may explore other options with you. Any changes like this need to be discussed with and approved by the department with the same 6 weeks notice required for study leave application.

Educational development time

LTFT trainees have a pro-rata entitlement to educational development time, and this should be booked or allocated using the usual process for your department. Full time EDT allowance is as follows:

- Stages 1 and 2 of the curriculum on both Core Anaesthetic Training and ACCS pathways should be allocated up to 2 hours of EDT per week.
- Stage 3 should be allocated up to 4 hours per week.

Annual leave and bank holidays

LTFT trainees have a pro-rata entitlement to annual leave.

Bank holiday allowance works differently for LTFT trainees to full time trainees, and can seem confusing at first. For each year, LTFT trainees have a pro-rata entitlement to bank holiday days (there are 8 bank holidays/year in Wales). This number of days is added to your annual leave allowance, and that is your total leave allowance for the year.

Then:

- If a bank holiday falls on a day you do not usually work (an LTFT day), you do not deduct a day from your leave allowance.

- If a bank holiday falls on a day that would usually be a normal working day, you will not be working - this uses a day from your leave allowance.
- If you work a bank holiday as an on-call, you do not deduct a day from your leave allowance, but you do not get a day in lieu as you have already been allocated your bank holiday entitlement in the leave allowance.

Example:

A trainee working LTFT who would have a 32/day as a full time trainee.

Annual leave = $32 \times 70\% = 22.4$ days

Bank holiday allowance = $8 \times 70\% = 5.6$

Total leave allowance for the year = 28 days

Support for less than full time trainees

Remember there is lots of support available to trainees who are training LTFT. In addition to the support available to all trainees, the LTFT trainee representative or LTFT/return to training lead are always happy to help with queries or concerns. The facebook group is a great peer support group, and with a growing number of trainees choosing to train LTFT, it's very likely there will be others working with you who are also less than full time.

Other useful information

Financial information

Medical indemnity

Maternity/shared parental/adoption leave is regarded as a career break (although it is not a break in NHS service), and thus you are not required to pay subscription fees whilst you are not undertaking any medical practice. You can claim retrospectively if you were not aware of this. You must remember to reinstate your cover on return to work. Reduced fees can apply if you return to work LTFT. Contact your indemnity provider for more details.

GMC

The GMC does not offer specific discounts for maternity/shared parental/adoption leave. However, if your income falls below the income threshold you are able to apply for an income discount. The [GMC website discount page](#) covers this in more detail.

Royal College of of Anaesthetists

You can apply for your membership without a fee for 12 months. A [self declaration form](#) can be submitted and emailed back to the

*If you return to work at LTFT and are therefore eligible for the reduced fee going forwards, you will need to complete this form **every year**.*

Membership Engagement team.

BMA

You can apply for reduced subscription fees depending on your gross annual income. You will benefit from this reduction at your next renewal. You can find a link to the form and FAQs on the topic [here](#).

Association of Anaesthetists

You can apply for a 90% discount of your membership fee if you take a minimum of six months maternity/shared parental/adoption

leave. The form to apply for this is on the Association of Anaesthetists parental leave page found [here](#).

Pensions

You and your employer will continue to contribute to your NHS pension scheme for the period of your maternity leave if you are a member.

If you register for child benefit (even if you choose not to receive the money if you are over the income threshold), you will receive the national insurance credits towards your state pension for the period you are not paying national insurance while on any unpaid leave. It also means your child will automatically be issued with their national insurance number at the relevant time. More details about this can be found on the gov.uk child benefits page [found here](#).

Tax-free childcare in Wales

You can get up to £500 every 3 months (£2000 a year) for each child to help with costs of childcare. Once you set up an account, the government will pay in £2 for every £8 you pay in.

Details on the government's tax free childcare and how to set up a childcare account to use this scheme can be found on the gov.uk tax-free childcare page [found here](#).

Exams

Outstanding exams can be a source of great stress and worry. If you have exams yet to complete, it is worth discussing formally/informally with your educational supervisor to make a rough plan even if the exams are currently some time away. This may give you some reassurance you have made a plan going forward. The PSU can also offer exam support regardless of previous exam outcomes.

WSA useful contacts list

The Welsh School of Anaesthesia website has a [contacts page](#) where you can find up to date contact details for programme directors, training leads and trainee representatives.

Useful external links

[BMA Maternity, paternity and adoption advice and support](#)

[Returning to clinical training after maternity leave](#) - BMJ article

[BMA Counselling and peer support services](#) - open to all Doctors and Medical students

[Health and Safety Executive Pregnant workers and new mothers: your health and safety](#)

[Canopi](#) - Free and confidential mental health support for NHS staff across Wales

Acknowledgements

With thanks to Dr Nitin Bhalla and Dr Phill Molloy for their help with the paternity leave guidance, and to Dr Libby Duff and Dr Liz Boucher for their help and support putting together this guidance. Original guidance updated September 2025 by Dr Georgina Carnaby.