

Leave for Fertility Treatment

Leave Entitlement

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Overview

This section provides staff and managers with guidance on the procedures relating to applications for and the approval of paid leave for the purposes of fertility treatment.

Audience

This section applies to UK-appointed staff only.

Responsibilities

These guidelines and procedures should be read and followed by:

- members of staff wishing to take leave for fertility treatment
- their line managers.

Policy

While there are no legal requirements for employers to allow employees time off for fertility treatment, best practice suggests employers should adopt a sympathetic and open approach that allows employees who choose to undergo fertility treatment time off with pay. These guidelines are intended to outline the provision for time off with pay available to individuals undergoing fertility treatment and those providing support to their partners.

Guidelines/Procedures

Entitlements

For those individuals who choose to undergo fertility treatment, the process involved is often time consuming, expensive, traumatic and stressful. Many find it increasingly difficult to confide in managers and colleagues the details of their treatment and the problems they experience, especially when fertility treatment courses do not work.

Members of staff who choose to follow a course of fertility treatment will have the right to request either of the following entitlements:

- Female employees: up to ten days paid leave within a 12 month period to cover necessary treatment during a fertility treatment cycle.
- Partners: up to five days paid leave within a 12 month period to cover necessary treatment and to provide support during a fertility treatment cycle.
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These entitlements also include paid time off for when treatment has been unsuccessful.

For managers' information, an example of a fertility treatment cycle and suggested periods of leave is included in IVF treatment cycles below.

It is usual for employees undergoing fertility treatment to agree a scheduled plan with the fertility clinic and this should be discussed with their line manager. The schedule is invariably defined by the clinic, not the patient, as treatments have to occur at specific dates and times.

Qualifying criteria

Individuals who have been employed by the British Council (BC) for one continuous year or more on an indefinite or fixed term contract are eligible to apply for fertility treatment leave. This includes staff with same sex partners and single women.

Treatments may fall into any of the following areas:

- Frozen Embryo replacement (FER)
- Gamete Intra-fallopian Tube Transfer (GIFT)
- Intra-Cytoplasmic Sperm Injection (ICSI)
- In-vitro Fertilisation (IVF)
- Zygote Intra-fallopian Tube Transfer (ZIFT)

Leave in excess of entitlement/unused entitlements

- Managers should demonstrate a pragmatic approach to staff whose fertility treatment exceeds the ten or five days paid leave entitlement by considering requests for annual leave, unpaid leave or flexible working (see Flexi Time).
- Members of staff should note that any unused entitlement to paid leave for fertility treatment during a calendar year may not be carried forward and is forfeit.

Postponing leave

There may be occasions when line managers require an individual to postpone taking leave for fertility treatment until a later date, for example, because of operational reasons. In the event that an application for time off is postponed to a later date, this should only be as a result of legitimate business reasons or grounds of over-riding operational necessity. Further advice can be obtained from your HR Services unit.

Counselling and support

The Employee Assistance Programme (EAP) provides a confidential and professional advice, counselling and support service to staff undergoing fertility treatment and to managers requiring support. The service is free of charge to employees and their immediate family household members, and is available at any time, day or night, 365 days a year.

Maternity/paternity leave

- Individuals whose fertility treatment is successful are eligible to apply for either contractual maternity or paternity leave provided they have completed at least one or more year's continuous service.
- Contractual maternity leave is for 26 weeks on full pay for staff with an Expected Week of Childbirth (EWC) date on or before 31 March 2007, followed by up to 26 weeks Additional (unpaid) Maternity Leave (AML). Staff with an EWC on or after 1 April 2007 have a contractual entitlement to 39 weeks paid maternity leave (26 weeks on full pay followed by 13 weeks Statutory Maternity Pay (SMP), and up to 13 weeks AML. SMP rates are currently £108.85 per week.
- Paternity leave is available to the father of the child, or the partner or spouse of the mother of the child. The partner does not have to be the father of the child; the partner may be female. The current contractual entitlement is either three separate but complete weeks or three consecutive weeks' leave. Applications for paternity leave should be made to HR Services through line managers. Further details can be found in *Paternity Leave*.

Procedures**Applying for fertility treatment leave**

1. A member of staff must make an application to their manager for paid time off for fertility treatment at least four weeks prior to the commencement of treatment. Applications must at all times be treated in the strictest confidence.
2. On receipt of the application, the manager should arrange a meeting with the member of staff to determine her (or his) needs as well as discuss the anticipated number of days away from work and any flexible working pattern arrangements that will be required once the treatment has started.

Note: While there is no limit to the number of fertility treatments an individual may wish to undertake within a calendar year, the entitlement to paid leave shall not exceed ten days within a 12 month period for female staff members or five days within a twelve month period for partners.

Approving leave

1. Applications for leave must be made through line managers and documented on the Leave Application/Record Form. Applications can be requested as whole or half days and must be accompanied by proof of appointment in the form of a letter or appointment card from the fertility clinic.
2. Line managers must send details of approved leave to HR Services to monitor. Information should be sent "In Confidence" and only to those on a "need to know" basis.

Notes:

- There may be occasions where an individual is required to undergo treatment at short notice. Where this is the case, the individual should contact their line manager at the earliest convenience practicable and provide an indication of their expected date of return to work. Proof of the appointment will be required on return to work and the period of fertility treatment leave documented in the normal way.
- Appointments which have been approved by managers should not count against an employee's sickness absence record, performance evaluation, promotion prospects, selection for redundancy or used in any disciplinary or management action against attendance.
- Managers should be aware that, by providing their consent to an employee taking paid time off work to cover fertility treatment, they are also protecting the employee from receiving unfavourable treatment (including dismissal) as a result of undergoing fertility treatment.

IVF treatment cycles

The following table provides an indication of the IVF treatment cycle and the possible impact on the member of staff and the operation. A flexible working pattern (for example, home working or flexi-time) can be implemented during the period of the treatment cycle (approximately two weeks). This must be agreed prior to the treatment starting.

Example of cycle for IVF treatment

Day	Treatment	Impact on individual's working pattern
Pre-stage	<p>This requires appointments with a GP, initial fact-finding with fertility clinic, information sessions, counselling sessions, blood tests for both partners, preliminary scans and so on.</p> <p>After identifying the cause of infertility, corrective treatments may be required to maximise future success for example, polycystic ovaries, low sperm count, ovarian cysts and so on.</p> <p>Note that certain tests must be conducted at definite times in the lead up to first stage, for example blood tests for hormonal levels.</p>	<p>This could be over a six-month period to determine if the couple are eligible and their suitability for the treatments available.</p> <p>Up to 6 x ½ day appointments.</p> <p>If corrective treatment is necessary, this may be longer.</p>
First stage Day 1	Start of treatment with intake of first drug.	No significant impact.

Day 2	Intake of second drug in the form of nasal sprays at 12 hourly intervals.	Individuals are likely to experience side effects. Possibility of sickness absence or half - full day's leave.
Second stage - start of injections. 11-12 days	Start of the ovarian stimulation injections.	1 day off. Requirement to attend clinic on the first day of this stage. During this time the individual will have ultrasound scans and blood tests.
Third stage	Last stage of injections and scan before egg collection.	1 day off.
Fourth stage	Egg collection.	2 days off. Member of staff will have to undergo sedation and possibly general anaesthesia.
Fifth stage	Embryo transfer.	1 day off.
Sixth stage	Finding out the results. 2 weeks after embryo transfer.	1 day off. If the outcome is negative, the individual may require time off due to depression.
Seventh stage	Pregnancy	Up to 4 scans will be required during the first 3 months of pregnancy to verify that the foetus/es is/are viable. The first 3 months of pregnancy carry the greatest risk of miscarriage, which is more the case with IVF treatments.

Note: Fertility treatments are often unsuccessful, but the chance of successful conception and implantation improves with the number of treatments. It is usual for patients to undergo two treatments each calendar year, although this will depend on individual circumstances and the considerable costs involved.

Individuals can seek further information on fertility treatment from the Human Embryology and Fertilisation Authority's (HEFA) website.