Residents and fellows gain additional caregiver, medical leave

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In the coming years, resident physicians and fellows will have increased flexibility to provide care and attend to their loved ones.

Adopted by the American Board of Medical Specialties (ABMS), the leading not-for-profit organization that oversees physician certification in the United States, the new leave rule allows for a minimum of six weeks away once during training for purposes of parental, caregiver, and medical leave without exhausting vacation or extending training.

The policy will take effect in July 2021.

“The growing shifts in viewpoints regarding work-life balance and parental roles had a great influence in the creation of this policy which fosters an environment that supports our trainees’ ability to care not only for patients, but also for themselves and their families,” stated Richard E. Hawkins, MD, ABMS president and CEO. “Several ABMS Member Boards have already adopted policies ensuring residents and fellows have the flexibility to manage their training commitments ‘when life happens’ and not unduly delay achievement of board certification. All of our Member Boards will extend these opportunities to residents as they implement the new policy during the next year.”

Incorporating life flexibility in training

Several programs, according to the ABMS, have already instituted policies that meet the criteria the organization announced. For instance, the American Board of Obstetrics and Gynecology allows a resident to take up to a total of 24 weeks (six months) of leave over the four years of residency, not to exceed 12 weeks in a single year.

Historically resident training has caused many physicians to delay life milestones, such as parenthood—a 2016 study found that more than half of residents surveyed delayed having children.
during residency. For those that do take the step to start a family, balancing the workload can be a tall task, especially for mothers, who tend to take on more of the parenting responsibilities.

“Historic models of residency training have ignored the well-being of residents and the fact that many of them are in a phase of life when they are building families and investing in life-long relationships,” said John Andrews, MD, the AMA’s vice president for GME Innovations. “I think a light has been cast on the problem due to the growing number of women training in medicine. But this is not just a maternity leave or childbearing issue. There are a variety of important life events that happen during residency training that need to be acknowledged, and residents need to have the freedom and autonomy to address them.”

**Working toward balance**

Nearly a decade ago, members of the AMA’s House of Delegates (HOD) passed a Residents and Fellows’ Bill of Rights. That policy calls for graduate medical education programs to grant trainees no less than six weeks leave per year, for reasons related to health, training and professional development.

The Association has also moved toward addressing a number of potential complications in training through its AMA Reimagining Residency initiative. That grant program resulted in eight entities receiving $15 million for projects that support bold and innovative projects that provide a meaningful and safe transition from undergraduate medical education to graduate medical education, establish new curricular content and experiences to enhance readiness for practice and promote well-being in training. Dr. Andrews oversees the Reimagining Residency initiative. He was also a member of the work group that contributed to the ABMS leave policy. “There is greater sensitivity to threats to well-being and contributors to burn-out in physician training than there was 50 years ago,” he said. “While that sensitivity is shared, the practical response has been highly variable across programs and disciplines. This new policy creates a standard that all can abide. “The AMA is very concerned about the health and well-being of physicians. Appropriate attention to self-care and the care of loved ones in the career of a physician begins in residency. Physicians will then model those behaviors in practice and for the next generation, building resilience in the workforce.”