Physicians not only care for patients but are also caregivers for family members. For physicians to stay focused on their patients, they also need to have support to care for their own families. In recent years, leave policies for medical students, residents and fellows have been more supportive of time to give birth, rear an infant and care for infirm family members while training.

For instance, several physician organizations are supporting 12 weeks of paid family leave, including the American Academy of Pediatrics (AAP), which has based its support “upon the scientific evidence of benefits to the child,” as noted in a resolution presented by the AAP and nearly 20 other medical societies.

Establishing professionwide standards on leave policies is essential to support physicians-in-training who are learning to strike a work-family balance that supports quality patient care, and that was reflected in new policy adopted at the 2022 AMA Interim Meeting in Honolulu.

The House of Delegates (HOD) modified existing policy to encourage implementation of parental, family and medical necessity leave for medical students and physicians. The updated policies call on the AMA to:

- Study the impact on and feasibility of medical schools, residency programs, specialty boards and medical group practices incorporating into their parental leave policies a 12-week minimum leave allowance, with the understanding that no parent should be required to take a minimum leave.
- Recommend that medical practices, departments and training programs strive to provide 12 weeks of paid parental, family and medical necessity leave in a 12-month period for their attending and trainee physicians as needed.
“It is important that medical students and all physicians-in-training have access to equitable, adequate and paid parental, family and medical necessity leave to support their health and well-being,” said AMA Immediate Past Chair Bobby Mukkamala, MD.

Separately, delegates modified existing policy to encourage implementation of parental, family and medical necessity leave for medical students and physicians to include:

- Leave policy for miscarriage or stillbirth.
- Duration of leave allowed after miscarriage or stillbirth.
- Equal parental leave that includes leave for miscarriage or stillbirth.

**Put leave policies in writing**

The HOD also adopted modifications of existing policy to call on medical schools to develop written policies on parental leave, family leave and medical leave for medical students.

Such written policies should include the following elements:

- Leave policy for birth or adoption.
- Duration of leave allowed before and after delivery.
- Extended leave for medical students with extraordinary and long-term personal or family medical tragedies, without loss of previously accepted medical school seats, for devastating conditions such as terminal illness, permanent disability, or complications of pregnancy that threaten maternal or fetal life.
- How time can be made up in order for a medical student to be eligible for graduation without delays.
- What period of leave would result in a medical student being required to complete an extra or delayed year of training.
- Whether schedule accommodations are allowed, such as modified rotation schedules, no night duties, and flexibility with academic testing schedules.

**Support for compassionate leave**

Pregnancy loss is just one of the reasons medical students and physicians may seek leave, according to a resolution presented by the AMA Resident and Fellow Section.

To help support grief-stricken doctors and medical students, delegates urged “medical schools, residency and fellowship training programs, medical specialty boards, the Accreditation Council for
Graduate Medical Education, and medical group practices to incorporate and/or encourage development of compassionate leave policies as part of the physician's standard benefit agreement.”

According to the delegates’ directive, the recommended components of compassionate-leave policies for medical students and physicians include whether:

- Cases requiring extensive travel qualify for additional days of leave and, if so, how many days.
- Leave is paid or unpaid.
- Obligations and time must be made up.
- Make-up time will be paid.

The AMA also will:

- Encourage medical schools, residency and fellowship programs, specialty boards, specialty societies and medical group practices to incorporate into their compassionate leave policies a three-day minimum leave, with the understanding that no medical student or physician should be required to take a minimum leave.
- Support the concept of equal compassionate leave for pregnancy loss and other such events impacting fertility in a physician or their partner as a benefit for medical students and physicians regardless of gender or gender identity.
- Encourage staffing levels and scheduling to be flexible enough to allow for coverage without creating intolerable increases in the workloads of other physicians, particularly those in residency programs.

In addition, “medical students and physicians who are unable to work beyond the defined compassionate leave period because of physical or psychological stress, medical complications of pregnancy loss, or another related reason should refer to their institution’s sick leave policy, family and medical leave policy, and other benefits on the same basis as other physicians who are temporarily unable to work for other reasons.”

In June, delegates adopted policy encouraging medical schools and residency and fellowship programs to accommodate cultural observances for medical students, residents and fellows from American Indian, Alaska Native, and Native Hawaiian communities.

Read about the other highlights from the 2022 AMA Interim Meeting.