

# Leave policies for residents and fellows have improved, but continued evaluation and innovation are needed

November 9 2021

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Medical specialty boards have broadly complied with their parent organization's mandate to allow at least six weeks of parental, caregiver,

and medical leave to residents and fellows in training programs spanning at least two years, but policies still vary from one board to the next and need greater clarity and specificity to better support trainees, according to a multi-institutional study led by researchers at Massachusetts General Hospital (MGH), Brigham and Women's Hospital (BWH), and Duke University Medical Center. The study, which coincides with the intensifying public debate over a nationwide paid leave program for all workers, was published in *Journal of the American Medical Association*.

"It's gratifying that many medical specialty boards have expanded their allowable leave time for people in clinical [training programs](#)," says senior author Thomas Ng, MD, Ph.D., a radiology attending at MGH, and previously a resident at BWH. "At the same time, it's interesting to see how each board interpreted or applied the 2020 policy guidance from the American Board of Medical Specialties (ABMS) in different ways. Greater guidance from leaders of medical specialty boards and other national governing bodies to clarify trainee leave entitlement would help to eliminate the confusion for trainees and training programs, and alleviate the stigma attached with taking leave."

Changes to parental, caregiver, and [medical leave](#) policies by the ABMS specialty boards followed previous studies at MGH/BWH and other institutions showing that leave was limited by ambiguous or restrictive policies, or was underused by trainees who feared the consequences of taking leave. Effective July 1, 2021, the ABMS required its 23 member boards to allow residents and fellows in programs of two years or longer a minimum of six weeks parental, caregiver, or medical leave without exhausting other forms of time allowed away from training, such as vacation. This latest study was designed to assess if and how boards had adhered to the mandate, and what changes had occurred compared to prior policies. Researchers reviewed publicly accessible websites for leave policies related to residency and fellowship training and contacted the boards to verify that they were current.

The team learned that while all boards now have leave policies compliant with the ABMS [policy](#), their implementation was variable. Some boards set maximum limits on leave per year, while others define limits over the entire training duration. Moreover, some boards require generic use of non-clinical time (including vacation) to fulfill the terms of the leave, while others define specific parental, caregiver, or medical leave requirements separate from other types of leave.

"Given that the extended training of many residents and fellows coincides with childbearing years, the availability of family, caregiver and medical leave is essential to support the next generation of physicians," notes lead author Kirti Magudia, MD, Ph.D., a radiology attending at Duke University Medical Center, and previously a radiology resident at BWH. "Ensuring that allowable parental, caregiver or medical leave does not deplete vacation time is a critical aspect to leave policies that will promote professional and personal well-being."

This past September, the Accreditation Council of Graduate Medical Education (ACGME) followed the ABMS by mandating a minimum of six weeks of parental, caregiver, and medical leave for all residents and fellows in accredited programs. Co-author Debra Weinstein, MD, vice president for graduate medical education at Mass General/Brigham, commends the ABMS and ACGME actions. "These governing bodies, and hopefully others to follow, are helping to modernize the profession's approach to support the well-being of members, while ensuring that the objectives of education and training are fulfilled.," she says. "More progress needs to be made, but these are important steps in the right direction."

**More information:** Kirti Magudia et al, Medical Specialty Board Parental, Caregiver, and Medical Leave Policy Updates After 2021 American Board of Medical Specialties Mandate, *JAMA* (2021). [DOI: 10.1001/jama.2021.15871](https://doi.org/10.1001/jama.2021.15871)

Provided by Massachusetts General Hospital

Citation: Leave policies for residents and fellows have improved, but continued evaluation and innovation are needed (2021, November 9) retrieved 25 April 2024 from <https://medicalxpress.com/news/2021-11-policies-residents-fellows.html>

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