

Parental Leave for Residents at Programs Affiliated With the Top 50 Medical Schools

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ABSTRACT

Background Of the top 15 medical schools with affiliated graduate medical education (GME) programs, 8 offer paid parental leave, with an average duration of 6.6 weeks. It is not known how other GME programs approach parental leave.

Objective We searched for the parental leave policies for residents in programs affiliated with the top 50 medical schools.

Methods In 2019, we identified the top 50 medical schools designated by *US News & World Report* in the research and primary care categories (totaling 59 schools), and identified the associated GME programs. For each school, we accessed its website and searched for “GME Policies and Procedures” to find language related to maternity, paternity, or parental leave, or the Family Medical Leave Act. If unavailable, we e-mailed the GME office to identify the policy.

Results Of 59 schools, 25 (42%) described paid parental leave policies with an average of 5.1 weeks paid leave; 11 of those (44%) offer ≤ 4 weeks paid parental leave. Twenty-five of 59 (42%) programs did not have paid parental leave, but 13 of these specify that residents can use sick or vacation time to pay for part of their parental leave. Finally, 13 of 59 (22%) offered state mandated partial paid leave. One school did not have any description of parental leave.

Conclusions While paid parental leave for residents has been adopted by many of the GME programs affiliated with the top 50 medical schools, it is not yet a standard benefit offered to the majority of residents.

Introduction

Burnout and depression in physician trainees is increasingly common, and disproportionately affects women who experience work-family conflict.¹ Residency and fellowship training often coincides with childbearing years, yet there is variable institutional support, such as parental leave, available for resident mothers.² Only 8 of the top 15 medical schools with affiliated graduate medical education (GME) programs have a formal policy for residents providing paid parental leave, and of those, the average duration was 6.6 weeks.^{2,3} Access to paid parental leave has the potential to impact the psychological well-being of resident mothers by reducing maternal depression, and is associated with other positive health benefits, such as a reduction in infant mortality and an increase in the duration of breastfeeding.⁴ As prior work was limited to the programs affiliated with the top 12 medical schools, we expanded this analysis for a more comprehensive understanding of the landscape of paid parental leave in GME.

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Editor's Note: The online version of this article contains a table of parental leave for graduate medical education trainees affiliated with the US News & World Report Top 50 Medical Schools.

Methods

In 2019, we identified the top 50 medical schools as designated by *US News & World Report* in both the research and the primary care categories, for a total of 59 schools, and identified the GME program affiliated with each.⁵ In order to obtain these rankings, each of the 185 accredited medical schools were surveyed on 11 different indicators and weighted and ranked on their composite score. For each medical school, we accessed its website and searched for the “GME Policies and Procedures” to find language related to maternity, parental, or family leave, or the Family Medical Leave Act (FMLA). FMLA refers to legislation passed in 1993 allowing for up to 12 weeks of unpaid job protection for specified family and medical reasons for any employee who has worked for an institution or company for 1 year and served 1250 hours.⁶ If there was no reference to parental leave, we e-mailed the GME office to learn its parental leave policy (provided as online supplemental material). Microsoft Excel (Microsoft Corp, Redmond, WA) was used for data analysis and summary.

Results

Of the 59 medical schools, 25 (42%) described paid parental leave policies for their residents on their

website. For these schools, the average duration of paid parental leave available was 5.1 weeks (provided as online supplemental material). Of the 25 schools with paid parental leave, 11 (44%) offer 4 weeks or less of paid leave, 3 (12%) offer reduced pay or pay via disability, 2 (8%) offer increasing amounts of paid parental leave for each contracted year of service, and 5 (20%) offer additional partial pay through state funded programs. One program offered a paid parental leave bank that a resident could accrue with unused sick time for the future.⁷ Of note, 16 of the 25 (64%) GME programs offering paid parental leave were ranked in the top 20 by *US News & World Report* in either the research or primary care categories, and 14 of 25 (56%) were publicly funded medical schools.

Of the 59 schools, 13 (22%) were in states that offered partial paid leave that residents could qualify for through a state-funded benefit program (New York and California). The California Family Rights Act provides 6 weeks of partial pay at 60% to 70% of salary for all parents, and the New York State Paid Family Leave Act currently offers up to 10 weeks of partial pay for all parents, with an increase to 12 weeks by 2021.⁸ Of these programs, 5 of 13 (38%) provided paid parental leave in addition to the state mandated leave, and are included in the totals above for schools providing paid leave. Of the 59 schools, only 1 did not have any reference or description of parental leave and did not respond to e-mail or telephone call requests for information.

Of the remaining 25 (42%) medical schools, all referenced that residents would have protected unpaid leave by the FMLA as mandated by federal law. However, it should be noted that FMLA is mandated by the federal government; therefore, all residents have access to this if they meet the requirements of working at the institution for 1 year and 1250 hours. Of these, 18 (72%) are publicly funded, and 11 (44%) were ranked in the top 20 by *US News & World Report* in either the research or the primary care categories. Finally, 13 (52%) specify that residents can use sick or vacation time to pay for part of parental leave.

Discussion

This study demonstrates that many of the nation's GME programs associated with top ranked medical schools by *US News & World Report* understand the importance of paid leave, with 42% of the top 59 programs offering an average of 5.1 weeks paid parental leave.² However, the majority of these programs are clustered in the top 20 schools and others offer less than 4 weeks. This leaves many

trainees with only access to sick or vacation time to use as parental leave, which is limited. Furthermore, job protection and unpaid leave is offered through FMLA, but frequently only after a trainee has worked at the program for 1 year, excluding first-year trainees.

This work is consistent with prior work by Magudia and colleagues² and further expands their analysis of parental leave to include GME programs associated with 59 medical schools. Lack of paid parental leave has multiple potential and realized health impacts. Resident burnout increases as a result of new parenthood coinciding with training, perhaps related to the lack of paid leave.⁹ Additionally, pregnancy during residency has a higher than average rate of adverse obstetrical outcomes.¹⁰ While there are likely multiple factors that contribute to this, it is possible that pregnant trainees limit their use of time off for early management of pregnancy in order to save it for parental leave. There are health impacts on the infant as well, including shortened duration of breastfeeding shown to correlate to lack of paid time off.³

One of the contributing factors to residents deferring any type of leave is the potential for a required extension of training, which is specialty specific and often mandated by specialty boards if a trainee takes leave in excess of 4 weeks per year.² This has significant economic and career advancement implications, and can deter trainees from taking time off, even if a robust paid parental leave policy exists. Given the progress toward a competency-based medical education system, it may be appropriate to consider revising these guidelines to better support trainees in ways that do not negatively affect medical training.

Limitations of this study include missing data from schools not found on publicly available websites, and the possibility that some websites were out of date and not reflective of the current policy. Because the website is often the first line of information for interested trainees as they are making decisions, we did not reach out directly to each GME office to confirm policies. Finally, the data do not reflect the number of residents who have creative options available to them to supplement paid or unpaid leave, such as more flexible elective time.

Conclusion

While paid parental leave for residents has been adopted by many of the GME programs affiliated with the top 50 medical schools, as designated by *US News & World Report*, it is not yet a standard benefit offered to residents.

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