To the Editor: Time to Redefine Medical Training: Supporting New Parents with Time-Flexible Models

Caleigh Campbell, MD, FRCPC

Medical training should develop the whole person and promote work-life integration. Corbisiero et al's recent review, "Formal Parental Leave Policies and Trainee Well-Being in US Graduate Medical Education: A Systematic Review" highlights how current parental leave policies are inadequate in duration, leaving trainees at increased risk for burnout and post-partum depression, and are associated with perceived negative career impacts and stigmatization.[1] Despite longer parental leave in Canada, new parent trainees report similar perceptions of career impact and stigma upon their return to work.[2] With the mounting pressures on new parents, and the rising rates of burnout among residents and fellows, I believe it is time to challenge the current training culture and adopt time-flexible postgraduate medical education.

Parenting today is no small feat. My own journey as a parent began midway through my pediatric critical care fellowship, during which I took an 11-month parental leave. Despite program support and a gradual re-entry, I felt considerable pressure to balance my performance at work and as a parent. Parental stress and mental health challenges are well-known adverse childhood experiences, a topic recently addressed by the US Surgeon General.[3] In his introduction to the advisory, Dr Murthy says, "The work of raising a child is work, no less valuable than the work performed in a paid job and of extraordinary value when it comes to the impact on the future of society … .society as a whole must see itself as sharing in this responsibility—and shaping policy, programs and individual behavior accordingly."[2] These pressures, coupled with concerns of negative career impacts and strained collegial relationships, are common obstacles faced by trainees returning to work after parental leave.[1,3] It behoves us as a profession to rethink how new parent trainees are supported during training.

Postgraduate medical education is the first stage of a physician's career journey. We must shift away from rigid, time-based residency training and view residency and fellowship as growth opportunities, not races to a finish line. The United Kingdom (UK) implemented alternative, less-than-full-time (LTFT) training options, as early as the 1960s.[4] In 2022 17.1% of UK trainees were working LTFT, with the trend increasing each year.[4] These programs have been widely accepted by trainees despite some administrative obstacles, such as scheduling and pay problems.[4] Such models could support new parents in their transition back to work while ensuring that physician trainees gain the depth and breadth of experience they need to develop competency.[5] Similar to work-hour restrictions, time-flexible training can maintain patient safety and quality of care as core priorities in medical training. Neither being a physician nor a parent is easy, but by adopting time-flexible training models, we can reduce burdens and foster a supportive environment for our future.

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Caleigh Campbell, MD, FRCPC, is a Pediatric Cardiac Intensivist, Department of Critical Care Medicine, Stollery Children's Hospital, Edmonton, Alberta, Canada.

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Corresponding author: Caleigh Campbell, MD, FRCPC, Stollery Children's Hospital, Edmonton, Alberta, Canada, caleigh.campbell@albertahealthservices.ca