

Family/Medical Leave for Diagnostic Radiology, Interventional Radiology, and Radiation Oncology Residents in the United States: A Policy Opportunity

Manuscript Type: Editorial

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Endorsements:

American Association for Women in Radiology (AAWR) Board of Directors, Executive Board

Association of Program Directors in Radiology (APDR)

Association for Directors of Radiation Oncology Programs (ADROP)

American College of Radiology (ACR), Young and Early Career Professional Section

American Alliance of Academic Chief Residents in Radiology (A3CR2), Executive Committee

American College of Radiation Oncology (ACRO), Resident Committee

Association of Residents in Radiation Oncology (ARRO), Executive Committee

Society for Women in Radiation Oncology (SWRO), Executive Board

American Association for Women in Radiology (AAWR) Members-in-Training Committee

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Abbreviations:

AAP: American Academy of Pediatrics

ABMS: American Board of Medical Specialties

ABR: American Board of Radiology

ACGME: Accreditation Council for Graduate Medical Education

APDR: Association of Program Directors in Radiology

DR/IR/RO: Diagnostic Radiology, Interventional Radiology and Radiation Oncology

FMLA: Family and Medical Leave Act

SCARD: Society of Chairs of Academic Radiology Departments

Introduction

The American Board of Medical Specialties (ABMS) recently announced that effective July 1, 2021, member boards with training programs of two or more years must “establish requirements for candidates to become eligible for Initial Certification, including standards for training” and have “policies that accommodate reasonable leaves of absence from residency and fellowship training for personal or familial needs” (1). In preparation for this mandate, the American Board of Radiology (ABR) solicited comments from diverse stakeholders in March 2021—including the Association of Program Directors in Radiology (APDR), the Association of Program Directors in Interventional Radiology and the ABR Initial Certification Advisory Committee for Radiation Oncology—with regards to Residency Service-Time Requirement (2), including considerations of family/medical leave. These communications included an initial proposed policy suggesting that “Programs may grant up to six weeks Parental, Caregiver and Medical Leave during the residency” (2–5).

We appreciate the ABR’s efforts to seek feedback as it develops an updated policy. The purpose of this piece is to promote transparent discourse and to examine the nuanced issues pertaining to family/medical leave considerations within the broader context of Residency Service-Time Requirement (2) policies for Diagnostic Radiology, Interventional Radiology and Radiation Oncology (DR/IR/RO) residents, with the shared goal of optimizing both the training of competent clinicians worthy of public trust as well as professional well-being and diversity, equity and inclusion. Given the rationale provided below, we recommend that the ABR leave policy allow a resident who is in good standing to take 12 weeks of family/medical leave during residency (in addition to 4 weeks of vacation per year), sit for the Core/Qualifying Examinations

on time, and graduate without extension of training, with additional leave to be considered by the program director on a case by case basis.

Recent Family-friendly ABR Policies

The ABR has recently instituted multiple family-friendly policies for DR/IR/RO residents.

These include:

- i. The 2019 Core Exam policy allowing “residents who are in or beyond their 32nd month of DR training to take the [Core] examination if (1) the program director attests that the resident is believed to have sufficient knowledge and experience, and (2) the candidate attests that he or she understands the potential consequences of taking the examination early. *This policy change [allows for] up to a 4-month leave of absence, in addition to standard vacation and meeting time, during the first 3 years of radiology residency [emphasis ours]” (6,7).*
- ii. The 2020 Clinical Qualifying Exam policy for RO residents broadening eligibility from “until after completion of PGY-5/R4 year”, representing completion of 48 months of residency, to now include “with approval of the program director, this option may be exercised after completion of 44 months of residency” (8).
- iii. The 2020 Medical Physics and Cancer Biology Exam policy for RO residents broadening eligibility from “after completion of their PGY-4/R3 year”, representing completion of 36 months of residency, to now include “with approval of the program director, this option may be exercised after completion of 24 months of residency” (8).
- iv. The 2020 transition to a virtual exam format for the DR, IR/DR and RO Core/Qualifying and Certifying Exams, in response to the COVID-19 global pandemic (9).

- v. Improved lactation accommodation in 2020 from 30 minutes for the Core/Qualifying Exam to an unspecified amount of additional break time that can be requested by a nursing mother (10).

We commend the ABR for these policy changes that have benefitted all residents, particularly women and residents with families.

Family/Medical Leave: Federal Law and within Medical Organizations

The 1993 Family and Medical Leave Act (FMLA) allows eligible employees to take 12 weeks unpaid, job-protected leave for the birth and care of a newborn, adopted, or foster child, as well as for care of oneself or an immediate family member with a serious health condition (11). The United States Department of Labor considers medical residents to be employees under the FMLA (12). More recently, the Pediatric Policy Council and the American Academy of Pediatrics (AAP) asked the federal government to pass the Family and Medical Insurance Leave Act to create a social insurance system enabling workers to take up to 12 weeks of *paid* leave to care for themselves or their families (13). The need for these policies, especially with respect to parental leave, are manifold. Paid parental leave is associated with numerous benefits including decreased infant mortality, decreased mother and infant rehospitalizations, decreased postpartum maternal depression, improved infant attachment and child development, decreased intimate partner violence, more timely pediatrician visits and immunizations, and increased breastfeeding initiation and duration (14,15). These concerns are no different for those still in medical training, and in fact, compared to women of a similar age, residents

experience higher rates of obstetric complications (16). Availability of leave for all parents can also encourage more equitable parental involvement in childrearing (17–19).

In March 2019, the Society of Chairs of Academic Radiology Departments (SCARD) “[pledged] to strive for departmental, institutional, and organizational change that provides 12 weeks of paid parental leave for eligible (as defined by the FMLA) faculty members of all genders” (20). The following month, in April 2019, the APDR published a statement of support for family leave as well, affirming that “under FMLA, eligible radiology residents of all genders have the right to take up to 12 weeks of unpaid family leave” and the APDR “encourages program directors to make this right known to their trainees, as indicated by federal law, and to provide notice of any additional rights under relevant state family leave laws” (21). Multiple additional publications have recognized the necessity and importance of family/medical leave for medical trainees in general (22–25) and specifically for DR/IR/RO trainees and faculty (26–29).

Shift towards Competency-based Training for Residents

Given the wide range in institutional and specialty board policies for family/medical leave (22,23), the ABMS convened a joint workshop with the Accreditation Council for Graduate Medical Education (ACGME) in February 2020 that brought together more than 80 stakeholders, including the ABR, to discuss issues pertaining to offering appropriate family/medical leave for graduate medical education trainees (30). The discussion focused on moving from time-based training requirements to competency-based training, which has been an ongoing focus of the ACGME since 1999 with the Milestones Project (31). Competency-

based training affords flexibility to accommodate family/medical leave for trainees while balancing the duty of specialty medical boards to the public to ensure the clinical competence of graduating residents. The resultant ABMS policy for all training programs with two years or more duration requires “a minimum of 6 weeks of time away from training for purposes of parental, caregiver and medical leave at least once during training, without exhausting all other allowed time away from training and without extending training” effective July 1, 2021 (1).

Considerations regarding Leave Policy Duration in DR/IR/RO

The ABR’s initial proposed leave policy was written as follows with a request for collateral comments:

“Programs may grant up to four weeks’ vacation per training year. This allowance may be averaged over the training period and is not associated with a requirement to extend training in order to allow the individual to be considered eligible for Initial Certification. Programs may grant up to six weeks Parental, Caregiver and Medical Leave during the residency. This is defined as leaves of absence for personal or familial needs, including the birth and care of a newborn, adopted, or foster child (“parental leave”); care of an immediate family member (child, spouse or parent) with a serious health condition (“caregiver leave”); or the trainee’s own serious health condition (“medical leave”). This allowance is not associated with a requirement to extend training in order to allow the individual to be considered eligible for Initial Certification and is in addition to the vacation allowance as defined” (3–5).

The above would limit DR/IR/RO residents to a single instance of no more than six weeks of family/medical leave for the entirety of residency training if candidates took the allotted four weeks of vacation per year, strived to obtain timely Initial Certification (Core and Certifying Examinations for DR/IR residents; Medical Physics Exam, Cancer Biology Exam, Clinical Radiation Oncology Exam and Oral Certifying Exam for RO residents) (32–34) and aimed to graduate on time. This would be less family/medical leave than many DR/IR/RO residencies currently offer to their residents and also less than what is allotted by some other medical specialty boards (28,35,36).

The duration of allowable parental leave may have a profound impact on the future composition of the DR/IR/RO workforce, a workforce already known to be lagging in gender diversity. For instance, DR, IR, and RO had 28%, 18% and 37% female residents in 2020, respectively, compared to 46% across all GME specialties (37). Beyond training, compared to other specialties in medicine, DR has one of the lowest proportions of full-time faculty and chairs that are female, at 30% and 17%, respectively (38). For RO, the proportions of full-time faculty and chairs that are female are even slightly lower at 28% and 14%, respectively (39). Lastly, only 10% of IR faculty (40) and chiefs are women (unpublished data) (41).

Constraining parental leave to less than the AAP recommended 12 weeks (13) has the potential to impact the recruitment of women to DR/IR/RO given that specialty training occurs during prime childbearing years (six year training pathway for DR/IR, including a one year fellowship for DR, or five year training pathway for RO). While trainees can take the FMLA of up to 12 weeks, this may require an extension of training, possibly having reverberating personal and professional consequences. Delay in residency graduation would delay the start date of

fellowship, which may cause a subsequent delay to fellowship graduation or possibly the loss of the fellowship spot itself. Such a delay may also put a trainee at a disadvantage when applying for jobs, with potential financial repercussions in their career for years to come. This could incentivize residents to take less family/medical leave than they are entitled to under FMLA, potentially at the cost of their own wellness and the wellness of their family (42–44). Others may choose to delay pregnancy, even with the knowledge that age-related fertility decline may present significant fertility challenges, especially for female physicians (45–47).

Currently, the ABR Certification Requirements dictate that DR trainees need to complete at least 32 months of clinical training and RO trainees need to complete 36 months of clinical training (27 months for both if on the Holman Research Pathway), within the ACGME-defined 48 month residency training period (48,49). This framework has allowed many programs to offer a variety of rich experiences within the 12-16 months of available elective time, including mini-fellowships, extended research blocks and non-clinical pursuits in Leadership and Global Health (50–54). Co-optation of this time for a four year Nuclear Radiology Pathway (55) and a five year integrated DR/IR program (56) has also been established. Accommodating 12 weeks of family/medical leave within this period would allow trainees to satisfy ABR Certification requirements without graduation delay. We do acknowledge that the combined IR/DR training or the four year Nuclear Radiology pathway in their current forms may present less flexibility than DR and RO for elective time, potentially requiring more careful planning to accommodate family/medical leave.

As previously described (57,58), any family/medical leave policy development should also be mindful of the following federal laws: Title VII of the Civil Rights Act of 1964 (42 U.S.C.

2000e and following) “prohibits practices that seem neutral but have a disproportionate impact on a protected group of people” (59,60). Moreover, according to the Pregnancy Discrimination Act (an amendment to Title VII), “Title VII is violated if a facially neutral policy has a disproportionate adverse effect on women affected by pregnancy, childbirth, or a medical condition related to pregnancy or childbirth” (61). Furthermore, the Americans with Disabilities Act prohibits discrimination against a person with a disability, such as a postpartum woman with complications requiring additional time off (62). Lastly, Title IX prohibits sex discrimination in federally funded education programs, including residency programs (63).

Recommended Revisions to the ABR’s Initial Proposed Leave Policy

We recognize that the ABMS policy mandates “a minimum of 6 weeks of time away from training for purposes of parental, caregiver and medical leave” (1). However, in the spirit of the FMLA and compatible with the AAP, SCARD and APDR statements in support of 12 weeks of parental leave (11,13,20,21) as well as with the ongoing shift towards competency-based training, we propose that the ABR policy allows a resident who is in compliance with clinical competency and Initial Certification requirements as well as is in good standing within their program to:

1. Take 12 weeks of family/medical leave during the course of residency (in addition to 4 weeks of vacation per year), while still remaining eligible to both sit for the Core/Qualifying Examinations and to graduate without extension of training.
2. Take additional family/medical leave if approved by the program director without extension of training (to be considered on a case by case basis), in keeping with the ABR

Initial Certification requirements and Leaves of Absence policy currently in place (7,8,64–67).

The normalization of parental, caregiver and medical leave is long overdue in medicine. The above recommended policy would represent an opportunity for the ABR to be a trailblazer among medical specialties with an approach that maintains high standards of clinical training and truly promotes diversity, equity, and inclusion as well as physician well-being, all of which will ultimately positively impact patient care.

Acknowledgements:

The authors gratefully acknowledge legal review of the manuscript by Anne Yuengert, JD, Partner, Bradley Arant Boult Cummings LLP, Labor & Employment practice group, Birmingham, Alabama; review of the manuscript by Austin J Sim, MD JD; and the support of Kaleigh Doke, MD, Laura Dover, MD, Virginia W. Osborn, MD and Amy Patel, MD.

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