



DEPARTMENT OF ANESTHESIA 11/5/2021

Parental Leave During Anesthesiology Fellowship


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Disclosure

None.



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Special Thanks

Frank Rigueiro
Indiana University School of Medicine
MD Candidate Class of 2023





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Outline

- Background on Parental Leave
- Overview of Legal Regulations & Policies
- Challenges to Parental Leave in Anesthesiology Fellowships
- Discussion

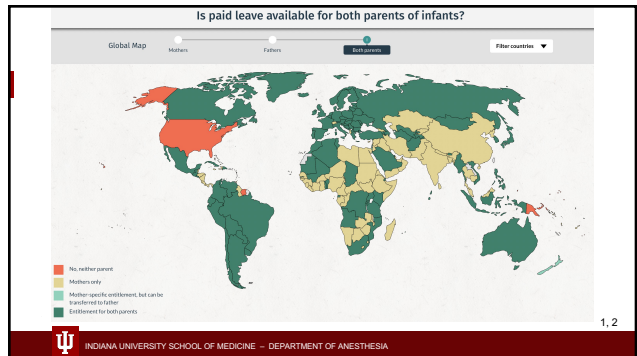


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Background on Parental Leave

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Population Health Benefits

1952: International Labor Organization (United Nations) recommended 14 weeks paid maternity leave

2000: Increased recommendation to 18 weeks

Most developed economies offer 18 weeks to 1 year of leave at 70%-100% pay

The US ranks last in government-mandated paid leave for new parents

U.S. ranks last in government-mandated paid leave for new parents

Most weeks of paid leave mandated by national government to new parents

Weeks of paid leave

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Decrease Infant Mortality

10-week extension of paid leave predicted to reduce infant mortality rates by 2.5%-3.4%, with 3.7%-4.6% mortality reduction for post-neonatal mortality, and 3.3%-3.5% in child mortality

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Increase Breastfeeding

Canada: six-month extension of paid parental leave led to 40% increase in exclusive breastfeeding at six months

US: American mothers returning to work in 6 weeks are 40% less likely to exclusively breastfeed than those planning to take 12 weeks of leave

performing CPR While Breast Pumping

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Breastfeeding Benefits Mother & Baby

Mother: Not breastfeeding is associated with increased maternal risk of breast cancer, ovarian cancer, hypertension, diabetes, heart disease

Baby: Breastfed children perform better on intelligence tests and have a lower risk of sudden infant death syndrome, asthma, obesity, diabetes, ear and GI infections, and severe lower respiratory disease (health benefits persist beyond the duration of breastfeeding)

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Overview of Legal Regulations & Policies

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Organizations and Policies Governing Parental Leave in Graduate Medical Education

- US Legal Code
- State Legal Code
- Centers for Medicare and Medicaid Services, HHS
- Health Resources and Services Administration, HHS
- Veterans Health Administration, Dept of Veteran Affairs
- National Institutes of Health
- Accreditation Council for Graduate Medical Education
- Institutional GME
- American Board of Medical Specialties
- Specialty-Specific board

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US Family and Medical Leave Act of 1993

"to entitle employees to take reasonable leave for medical reasons, for the birth or adoption of a child, and for the care of a child, spouse, or parent who has a serious health condition"

"to promote the goal of equal employment opportunity for women and men, pursuant to such clause"

"an employee shall be entitled to a total of 12 administrative workweeks of leave during any 12-month period"

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IF THEY WORKED FOR 12 MONTHS

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"an employee shall be entitled to a total of 12 administrative workweeks of leave during any 12-month period"

NOT PAID

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States With Paid Family & Medical Leave (PFML)

- New Jersey (6 weeks partial paid)
- District of Columbia (8 weeks)
- California (12 weeks)
- Massachusetts (12 weeks)
- New York (12 weeks)
- Oregon (12 weeks)
- Rhode Island (4-13 weeks)
- Washington (12 weeks)
- Connecticut (2022)
- Colorado (2024)

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Centers for Medicare and Medicaid Services

Federal Register Vol 75 No 226

The Affordable Care Act clarified that "hospitals may count residents' vacation, sick leave, and other approved leave time toward the hospitals' direct GME FTE resident count, **so long as the leave does not prolong the total time** the resident participates in his or her approved program."

The hospital to which the resident is assigned during the leave counts the FTE time for direct GME and IME **regardless** of which hospital pays the resident salary and benefits. If the rotation is not specified, the hospitals allocate the leave proportionately to the overall schedule.

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Health Resources and Services Administration

"The cost of fringe benefits in the form of regular compensation paid to employees during periods of authorized absences from the job, such as for annual leave, family-related leave, sick leave, holidays, court leave, military leave, administrative leave, and other similar benefits, are allowable if all of the following criteria are met:

- (1) They are provided under **established written leave policies**;
- (2) The costs are equitably allocated to all related activities, including Federal awards; and,
- (3) The accounting basis (cash or accrual) selected for costing each type of leave is consistently followed by the non-Federal entity or specified grouping of employees."

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Veterans Health Administration

The cost of annual leave is included in the per diem rate of residents

The VA must not be billed for days residents are on leave

Sick leave can be used for family leave, limit 15 days per resident

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National Institutes of Health

National Research Service Awards:

60 calendar days (8 work weeks) of parental leave per year for the adoption or the birth of a child (either parent)

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ACGME Fellowship Common Program Requirements

VI.C.2. There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)

Background and Intent: Fellows may need to extend their length of training depending on length of absence and specialty board eligibility requirements. Teammates should assist colleagues in need and equitably reintegrate them upon return.

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Local GME

Does your institution have a formal written GME policy on parental leave?

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December 11, 2018

Childbearing and Family Leave Policies for Resident Physicians at Top Training Institutions

Kiri Magaña, MD, PhD¹, Alexander Beck, MD, PhD², Jeffrey Cohen, MD³, et al
 > Author Affiliations | Article Information
 JAMA. 2018;320(22):2372-2374. doi:10.1001/jama.2018.14114

7 of 15 institutions had an institutional GME policy providing paid designated childbearing leave (mean 5.7 weeks, range 2-8 weeks)

Mean duration of maternity leave was 6.6 weeks (range, 2-10 weeks)

7 of 15 institutions had leave for non-birth parents (mean 3.9 weeks, range 1-8 weeks)

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FULL LENGTH ARTICLE | VOLUME 24, ISSUE 4, PAGES 483, OCTOBER 01, 2017
Parental leave policies in graduate medical education: A systematic review
 Lewis D, Kopyevskiy S, Smith-Lewis J, Nelson-Gibson S, Daniels R, Boyd S, Benjamin-Lumley M, Jaffe E, Park S, Li D
 Published: June 28, 2017 | DOI: 10.1097/PSA.0000000000000503 | Check for updates

AJS The American Journal of Surgery

Systematic review: 28 studies addressed existence of parental leave policies in GME

1986-1992: 2 studies report 22-66% of surveyed programs had formal maternity leave policies (no mention of paternity leave)

1995-2016: 9 studies reporting maternity or family leave policies, in a 1991 study of Boston-area hospital program directors there were 82% with written maternity leave policy, 75% reporting implementation of policy, with 6 studies describing paternity leave policies

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Formal Maternity Leave

Pediatric residency program directors: 90% formal maternity leave policies
 Radiology residency program directors: 88% formal maternity leave policies
 Female urologists: 42% formal maternity leave policy at their institutions
 General surgery: 67% formal maternity leave policies

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Formal Paternity Leave

OB-Gyn: 69% policies for paternity leave



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Local GME

Does your institution have a formal written GME policy on parental leave?
 If so, can interested residents find it easily online?



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Searching For "Family-Friendly" Fellowships

140 compiled locations for ACGME-approved anesthesiology fellowships

- 60 pediatric anesthesiology
- 74 adult cardiothoracic anesthesiology
- 63 critical care medicine
- 39 regional anesthesiology and acute pain medicine
- 41 obstetric anesthesiology
- 111 chronic pain medicine
- 1 clinical informatics

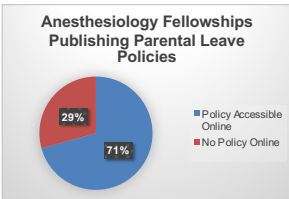
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Anesthesiology Fellowships With Online GME Policies

- 99 programs with policies easily accessible online
- 41 programs unable to find parental leave policies online
 - 6 programs required a log-in for access



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American Board of Medical Specialties



American Board of Medical Specialties
Higher standards. Better care.®

American Board of Medical Specialties Policy on Parental, Caregiver and Medical Leave During Training
Effective July 1, 2021

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ABMS

“This policy applies only to Member Boards with training programs of 2 or more years duration.”

“Member Boards that are exempt from this policy are encouraged to consider accommodations for parental, caregiver and medical leave consistent with the spirit of this policy.”

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ABMS

- Written and accessible policy on training requirements for certification.
- Incorporate time away for parental leave in addition to vacation.
- Allow minimum 6 weeks time away for parental/medical leave.
- Add to existing allowances for time away or average time over the course of the training program.
- Clearly state when parental leave requires an extension of training.
- Establish guidelines for candidates requesting parental leave.
- Limit the maximum amount of time away from any single year.
- Make reasonable testing accommodations for those that extend training.

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ABA: CA1-CA3 40-day allowance for FMLA

Qualifying Circumstances for Extended Leave (up to 40 additional day/eight weeks)
This policy is designed to align with circumstances covered by the Family and Medical Leave Act (FMLA), which allows for reasonable unpaid leave for certain family and medical reasons. These reasons may include:

- The birth and care of a newborn, adopted or foster child
- The care of an immediate family member (child, spouse or parent) with a serious health condition
- The resident’s own serious health condition

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ASA Statement on Personal Leave

“Adequate parental leave is linked to improved physical and mental health of parents and infants, as well as increased worker morale and retention. Employers, training programs, and groups should encourage a supportive environment for physician anesthesiologists and anesthesiology trainees who become parents.”

“Ideally, physician anesthesiologists and anesthesiology residents/fellows should be offered maternity leave of at least 6 weeks (vaginal delivery) or 8 weeks (Cesarean delivery) and paternity leave of at least 6 weeks with the option to extend the leave. These recommendations are consistent with those from other specialty societies, including the American College of Surgeons, American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the American College of Physicians.”

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ASA Statement on Lactation-NEW!

1. Offer reasonable break time and location for expressing breast milk
2. Offer lactation room close to clinical responsibilities, if possible, with phone and computer to continue communication re: clinical care
3. Allocate personnel and resources for lactation session breaks
4. Wearable breast pumps are acceptable in the clinical setting or the OR
5. Provide education to create supportive work culture for individuals who are breast pumping

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ABA THE AMERICAN BOARD OF ANESTHESIOLOGY

EXTRA BREAK TIME FOR NURSING MOTHER
Effective Jan. 1, 2022

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Specialty Board

Other certifications outside of the ABA

ex: National Board of Echocardiography

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Challenges to Parental Leave in Anesthesiology Fellowships

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Perception of Mothers & Fathers

Journal of the American College of Surgeons
Volume 222, Issue 6, June 2016, Pages 1090-1096

New England surgical society article:
Pregnancy and Parenthood among Surgery Residents: Results of the First Nationwide Survey of General Surgery Residency Program Directors

Presented at the 96th Annual Meeting of the New England Surgical Society, Newport, RI, September 2015.
Britt J. Sandler MHS, John J. Tackett MD, MHS, Walter E. Longo MD, FACS, Peter S. Yao MD, FACS, R BC

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Maternity VS. Paternity

General surgery program directors, 70% male

- 67% reported maternity leave policy (58% with 6 weeks duration)
- 48% reported paternity leave policy (45% with 1 week duration)
- 58% reported availability of lactation facilities
- 61% reported becoming a parent negatively affects female trainees' work, including placing an increased burden on fellow residents (33%)
- Children decreased female trainees' well-being more often than male trainees (32% vs. 9%)

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Bias?

"General surgery residents with children during training did not have significantly different total case numbers, in-service scores, or written/oral board pass rates than those without children"

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Where does the time come from?

PC: Google Images

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Where does the money come from?

Centers for Medicare and Medicaid Services under Department of Health and Human Services: leave counts toward hospitals direct/indirect GME costs if leave does not extend training

Veterans Health Administration: max 15 days of reimbursed sick leave during VHA assignment

Health Resources and Services Administration: funding of family-related leaves if provided under written policies, equitably allocated among sources of funding

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Family planning and choosing a fellowship

40% of residents and fellows at 269 programs across 3 sites of Mayo School of GME planned to have children during training.

“Pregnancy and childbirth altered trainee choice of GME program, date of completion, career plans and/or pursuit of additional degrees more often for women than for men”

89% of fathers rated paternity leave as an important benefit

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Reasons trainees don't use parental leave

1. The sense of being a burden to colleagues
2. Anticipation of a heavier workload later
3. Delayed program completion
4. Not needing the time
5. Not being the primary caregiver

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Education & Board Certification?

Maximum limit of absence from training?

Timing of specialty board certification?

Case-log quotas?

Decreased opportunity to observe readiness for practice?

Equity concerns?

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Clinical Coverage

Certain subspecialties may rely on fellows for clinical coverage, such as overnight in-house ICU call or pediatric OR cases

When a fellow takes parental leave:

Do other fellows take on their work?

Do attendings take on their work?

Is there a way to make up the work later?

What about work-hour regulations?

How does it affect work culture and environment?

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Rotation Scheduling

If a fellow takes parental leave during fellowship and needs/wants to extend their fellowship:

- Are there limited opportunities for certain required rotations?*
- Does that delay the available start date for the next fellow?*
- Will more fellows overlap than usual?*
- Is there enough clinical material for an extra fellow or does it dilute the educational experience for the others?*
- Does an off-cycle start date affect the candidate pool for the position?*

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Fellowship Matching

If a resident takes parental leave during anesthesiology core residency, and needs to extend their time, how does this affect their opportunities for fellowship?

- Will they be able to find part-time work and have health insurance until the next year's cycle?*
- Will they be able to find a fellowship off-cycle?*
- Will this disproportionately affect child-bearing women?*
- Will this pressure men to not take parental leave?*

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Considerations

Competency-based training with criteria including milestones achievements, targeted (focused) assessments, learning analytics	Formal policies for pregnancy and parental leave
Accommodate lactation	Childcare benefits
Flexible scheduling of work hours	Flexible start dates for physicians who extend training
Part-time options	Allow 6 weeks away from training while preserving 2 weeks vacation without extension
Sympathetic colleagues	Documentation

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Thank you for attending

Q & A

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