



Policy, Practice, and Education

Paid family leave in a large urban center academic radiology department: How we do it

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The benefits of family leave have been well established for employees, their dependents, and the institutions/businesses offering the leave. Paid family leave (PFL) is associated with increased duration of breast feeding [1]—which has been shown to increase both infant and maternal health outcomes [2,3], improvement of father-child relationship quality with long-lasting effects, and increased parental satisfaction [4–6]. On the other end of the age spectrum, PFL is similarly shown to be of great benefit both for employed caregivers of older adults, as well as the increasingly aging population, with decreased utilization of nursing homes, decreased rates of depression in both the caregiver and their dependent, and decreased familial financial strain [7]. Benefits to the employer are numerous and include both financial gains and workplace culture enrichment [8]. In the medical field, and specifically within the specialty of radiology, PFL has been associated with decreased medical error rate and increased retention rate [9].

Given these overwhelming benefits, along with overall physician well-being in mind in the current climate of increasing physician burnout, our department of radiology instituted a 14-week PFL for all eligible faculty members of both genders in 2018. Our department has traditionally been progressive with regard to physician well-being with numerous social, financial, and institutional interventions. Appreciating that one of the major contributors to physician burnout is work-life imbalance [10–12], specifically with physician parents of young children being at greatest risk [13], led to the change of our “6-week paid with up to additional 6 weeks unpaid” parental leave policy to a policy of 14 paid weeks.

The other major impetus of implementing what can be viewed as a generous PFL was support of gender diversity in our department and improvement of gender parity in advancement and leadership for female faculty. Overall, women are underrepresented in the field of radiology, with only 25% of practicing radiologists identifying as female in a 2018 survey by the ACR [14]. Furthermore, a recent NIH-funded study following career outcomes of academic faculty from 1993 to 2013 across 24 US medical schools noted that women are still less likely to attain senior-level leadership positions than men and less likely to achieve the rank of professor [15]. We improved our PFL with the hopes of increasing recruitment and retention of talented female faculty and supporting the work-life balance and career satisfaction as a means

to increase the odds of promotion and leadership.

Looking ahead to the next generation of radiology trainees, and recognizing that radiology residency typically overlaps with prime child-bearing years and the challenges associated with balancing rigorous call and rotation schedules with a newborn, we sought to establish a parental leave policy for our radiology residents of both genders. Residents are considered employees, as per the 2011 supreme court ruling [16], and as such are entitled to 12 weeks of unpaid family leave under FMLA [17]. Unfortunately, due to time constraints associated with Accreditation Council for Graduate Medical Education (ACGME) requirements for graduation, as well as American Board of Medical Specialties (ABMS) board eligibility requirements, which are in part dependent on duration of training, residency programs' parental leave policies are variable, with majority providing little to no leave [18–20].

1. What was done

1.1. Faculty

All eligible, as defined by FMLA [17], faculty in our academic radiology department of 135 faculty in NYC, are allotted up to 14 weeks of paid family leave, to be taken within the first year of having or adopting a child or whenever needed to care for a spouse, child or parent with a serious health condition.

Weeks need not be taken consecutively, and in fact, many of our faculty have elected to take a few interspersed weeks of leave in the latter half of the postpartum year; some quoting the reason for the delay as addressing child care deficiencies during certain weeks in the year, while others choosing to postpone a few weeks of leave to enjoy time with their newborn child during a time in development when babies are more interactive and the child-parent relationship is more dynamic and rewarding. Change in policy was announced at our quarterly department meeting by our chair, emphasizing the “family” aspect of the leave rather than a leave allotted to parents only.

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1.2. Trainees

In line with the FMLA and in accordance with the recent Association of Program Directors in Radiology (APDR) statement supporting the right of residents of all genders to take FMLA dictated leave [17,21], we elected to provide 12 week of parental leave to our trainees. The change in the American Board of Radiology (ABR) core examination eligibility policy allotting up to 4 months of leave during the first three years of residency while still remaining eligible to sit for the core examination [22] allowed our residency program the flexibility to implement such a parental leave without extending residency duration.

In addition, as our trainees are hospital employees, they are eligible under New York State Law for partially paid family leave (NYS PFL) [21]. The law was made effective January 1st, 2018 and is designed to phase in over four years beginning with 8 weeks of leave for all employees who have worked for 26 weeks (this is in contrast to FMLA which requires 52 weeks of employment prior to coverage, thus technically making first year residents ineligible for FMLA [17]) at 50% of employee's average weekly wage, culminating in 12 weeks of leave at 67% of average weekly wage by January 1st, 2021.

2. How was it done

2.1. Faculty

14 weeks of family leave for our faculty is made feasible by the large size of our department and individual divisions, which allows for workload redistribution without significant additional workload for any individual faculty covering for a colleague on leave. The natural built-in advance notice of impending birth or adoption of a child allows for equitable allocation of call responsibilities prior to the individual's scheduled leave.

While this leave applies to not just new parents but to all faculty (as discussed above), we want to anticipate the ways in which our policy might affect those who do not take leave, specifically any negative effect on their well-being. Our department has not yet implemented but is considering providing compensation for additional off-hours coverage for faculty members who cover for a colleague on leave. Compensation could be financial, additional vacation, or additional work-from-home days.

2.2. Trainees

ACGME residents and fellows, as employees of the hospital (as opposed to faculty who are employees of the medical college), are subject to the hospital's parental leave policy, an updated version of which was developed by the GME office and hospital leadership. The department chair, program directors, associate program directors, program coordinators, and chief residents were responsible for application of this policy to our trainees.

The policy was created and approved to bridge the gap until the final phase in of the NYS PFL offered to our trainees by January of 2021. At this time, our trainees are offered 10 weeks of paid family leave at 60% of their average weekly wage under the NYS PFL. An additional two weeks can be taken by the trainees for a total of 12 weeks, at the expense of elective/research weeks during the fourth year of residency or elective time during fellowship.

Similar to redistribution of the workload for our faculty, chief residents are able to equalize the load of call among all residents over the course of the year with careful attention to fairness and transparency. Rarely, changes spanning two academic years are required. The chiefs also strive to implement a yearlong residency rotation schedule that accounts for a trainee's absence by both covering the necessary rotations with staffing by their co-residents and minimizing the educational compromises to the resident planning on parental leave by ensuring adequate variety in subspecialty exposure.

As per the ABR Core Examination Policy [22], the residency program director, associate program director, and residency Clinical Competence Committee (CCC) (which meets biannually) evaluate whether any resident, including those who have taken a parental leave, have sufficient knowledge and experience to sit for the Core Examination.

3. Outcomes

We have successfully implemented a paid family leave policy for faculty and trainees in our department. Implementation of the family leave policy has been greatly appreciated by both faculty and trainees and has facilitated increased openness and conversations on the struggles of work-life balance, in particular in the setting of new parenthood. This dialogue led to the founding of a radiology resident parenting group, where interested residents and faculty meet to discuss parenting issues and thus create a community and support network.

In our culture of increasing financial, work, and social demands with resultant physician burnout epidemic, as well as a persistent gender gap in radiology, it is crucial that we actively advocate for all members of our department and address their work-life balance and wellness needs. Supporting our faculty and trainees' ability to care for their families relieves at least two acute stressors, financial and that of sufficient time, leading to more professionally satisfied and productive members of the department.

Declaration of competing interest

Neither of the authors have anything to disclose.

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