ABMS Releases New Parental and Caregiver Leave Policy, ABU Responds

The American Board of Medical Specialties (ABMS) establishes requirements for candidates to become eligible for Initial Certification. Effective July 1, 2021, a new parental leave policy will allow for a minimum of 6 weeks away from training for the purposes of parental, caregiver or medical leave at least once during training, while maintaining at least 2 weeks of vacation without extension of training. Currently, the American Board of Urology (ABU) stipulates that a urology resident must work at least 46 weeks during each year of residency to be eligible for board certification with extension of training if this requirement is not met. While the current ABU policy is more flexible than many other specialties, the new ABMS policy requires the ABU to reassess their requirements to ensure compliance.

The policy arrives as the demographics of urology residencies are changing. The recently published AUA 2019 census data elucidated several interesting findings regarding the current cohort of urology residents in the U.S. First, nearly 30% of current residents are women, which is significantly higher than the 9.9% of practicing women urologists. Additionally, the majority of residents (68%) and fellows (80%) reported being married or partnered, with 24.8% of residents and 46.3% of fellows identifying themselves as parents. Finally, the mean number of weeks taken off when a child was born during residency was 6.4 for females and 1.6 for males. Astoundingly, nearly 15% of residents and 28% of fellows reported that no parental leave was offered by their training program.

With more women in the urology workforce and an increasing focus on well-being in residency training programs, a consensus statement detailing the implementation of the new ABMS policy for urology residencies is needed.

Urology residents face considerable challenges in family planning during their training. For example, perceptions of support from faculty and colleagues can limit the pursuit of parenthood during surgical training. In a survey of 2,188 general surgery residents, 30.4% of participants reported feeling unsupported by fellow co-residents in taking parental leave and 32.7% unsupported by faculty. Unfortunately, these perceptions are not unfounded; surveys of program directors across a variety of surgical fields have revealed that many believe pregnancy during residency negatively impacts work performance.

The small size of many urology residency programs may further impact perceptions of parenthood due to a concern of work strain on co-residents. In a recent JAMA surgery article, one of the most commonly cited obstacles to taking leave amongst surgical residents was perceived “strain on residency program,” second only to “lack of universal leave policy” among surgical residents taking parental leave. Finally, financial constraints may also dissuade residents from becoming pregnant or taking extended leave as neither the ABMS nor the ABU provide policy for unpaid vs paid leave, an issue universal to many American workers.

The above policy has the potential to enact significant positive change in urology training. The emphasis of well-being and mental health across residency programs has certainly encouraged the development of parental leave policies. However, certain challenges may arise in the implementation of these policies, including the issue of substitute coverage as well as that of paid vs unpaid parental leave and sources of funding if necessary. Further policies addressing paid leave status, the availability of lactation rooms, financial sourcing of replacement labor, and support for residents covering for those on leave will only further support this initiative and allow for
trainees to achieve the flexibility that these policy changes intend to afford them.