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Re: Establishing Standards for Family and Medical Leave for Medical Students

Dear Doctors of Medicine, Osteopathy, and Jurisprudence:

On behalf of the American College of Physicians (ACP), we write to urge both the Liaison Committee on Medical Education (LCME) and the American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation (COCA) to establish standards that require medical schools to create family and medical leave policies that ensure support for medical students with families and with qualifying life events.

The ACP is a national organization of internists, the largest medical-specialty organization, and second-largest physician group in the United States. Our 152,000 members include internists, internal medicine

subspecialists, medical students, residents, and fellows many of whom play a critical role in the education of the next generation of physicians. ACP is pleased to partner with the medical education community in supporting the evolving physician workforce. This letter is endorsed by the Alliance for Academic Internal Medicine (AAIM), which represents departments of internal medicine at medical schools and teaching hospitals across the United States and Canada. AAIM comprises over 10,000 academic internal medicine professionals, including department chairs, residency program directors, clerkship directors, and education administrators.

We believe that family and medical leave is essential to a supportive learning environment. We are particularly concerned by the needs of over half of current medical students who are women¹, for whom the lack of parental leave policies contributes to gender inequity in our profession². Therefore, as affirmed in the ACP Position Paper on Achieving Gender Equity in Physician Compensation and Advancement, we urge the LCME and AOA COCA to take the following actions:

- 1. Urge medical schools to establish family and medical leave policies for students, and to publish and distribute their family and medical leave policies to all applicants².**
- 2. Establish standards regarding family and medical leave for students, supporting a minimum of 6 weeks to care for a newborn, newly adopted, or seriously ill child and to attend to other qualifying life events, such as care of seriously ill family members other than children².**

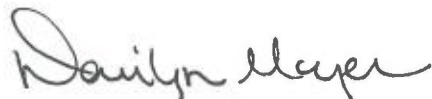
The demographics and life-experiences of matriculating students have changed significantly in recent years. Like similarly aged-peers in other professions, today's medical students lead multi-faceted lives upon matriculation. They are now an average age of 24³, and over half are women⁴. Thus, for students entering medical school, family leave is a frequent consideration. Physicians have a greater risk of suicide and female physicians specifically are known to have a greater than two-fold risk of burnout and suicide compared to the general population⁵. The stressors of balancing work and personal life have been proposed to be a factor⁶.

Family leave policies are required rather than maternity leave, because maternity leave alone fails to address two aspects of child-rearing and other life events during medical school. First, parenting adds to the challenges of medical school and spousal/partner support can be an important factor in student success. ACP and the American Medical Association have previously advocated for such spousal support by asking the Accreditation Council for Graduate Medical Education (ACGME) to require residencies to create parental leave policies⁷. ACGME institutional requirements now require that all resident contract/agreements contain reference to parental leave policies⁸. Second, family leave rather than maternity leave is compliant with Title IX. An Act to amend the Higher Education act of 1965, Title IX states "no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance". A non-child bearing new parent could interpret the inability to take family leave as discrimination under Title IX, based on the lack of benefits.

The current lack of a national accreditation standard on family leave for medical students is a potentially precarious position both ethically and legally, especially given the recent and successful effort of the ACGME to address comprehensive resident and faculty wellness and health. Just as the LCME

paralleled the ACGME to address the topic of duty hours for medical students, we urge the LCME and AOA COCA to embrace a comprehensive approach to support medical student family and medical leave. As the standard-setting bodies for accredited medical schools, your organizations provide the necessary guidance to ensure that school policies are fair, legally sound, consistently applied, and transparent. Family and medical leave is a topic of profound importance requiring such guidance, and we urge the LCME and AOA COCA to rise to meet this necessity.

Sincerely,



Darilyn V. Moyer, MD, FACP
Executive Vice President/Chief Executive Officer



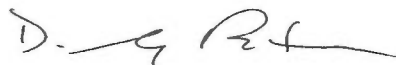
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