

Radiation Oncology Residents have Childcare Responsibilities

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Introduction

In spite of improved recruitment of under-represented minorities to medical schools nationwide⁴, gender disparities persist in radiation oncology, and recruitment to training programs in the field has decreased in recent interview cycles. Similar to other male-dominated medical specialties, women have been recruited to radiation oncology at a slower rate⁵. It is essential to comprehend the requirements of our potential trainees, including their need for family support, in order to encourage the recruitment and retention⁶ of a diverse oncology workforce. The American College of Graduate Medical Education (ACGME) and the American Board of Radiology (ABR) have updated their policies to allow programs to grant leave(s) of absence of 6-12 weeks or more, including parental leave. Albeit numerous doctors will decide to begin a family during residency preparing, we estimate that many might know nothing about the medical care advantages and strategies supporting parental leave in residency, to some degree because of heterogeneity in execution of these strategies and reluctance to look for this data because of a paranoid fear of conceivable segregation. Achieve career success is to provide time and financial support to both birthing and non-birthing parents. While female radiation oncology residents have more childcare responsibilities than their male counterparts, they also have similar career aspirations. While improved parental leave policies are one step toward reducing gender inequities, prioritizing the development of department cultures that support resident parents of any gender is even more crucial. During the interview process, it will be crucial to communicate these values to potential applicants in order to increase recruitment to radiation oncology and increase gender diversity in our field.

Description

This survey provides insight into the gap that must be filled in order to provide equitable healthcare to new resident parents and provides a snapshot of the current state of parental leave policies in radiation oncology residencies in the final year prior to the updated ACGME institutional requirements⁷. Despite the fact that all programs are now required to provide six weeks of parental leave at least once during training, the policies allow each program to choose the length of time offered, the source of financial support, and the time designated. Accordingly, there will normally be contrasts across establishments in execution. This is not always a bad thing because each program will be able to address its own unique challenges with solutions that are specific to that program. However, it is essential for programs to strive for transparency during interviews and to present policies in an accessible and objective manner so that both applicants for residency and current residents are aware of the support they will receive. This is because of these differences. We discovered that of potential applicants in radiation oncology indicated plans to start a family during their residency. Similar to what has been reported by other medical specialties, work-life balance may influence the recruitment of potential applicants for radiation oncology [1].

The majority of respondents stated that their decision to choose radiation

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oncology over other medical specialties was influenced by the perceived increased flexibility to start a family. Intriguingly, this insight expands on previously reported perceptions of radiation oncology as a "family-friendly" specialty¹¹ and further demonstrates that prospective applicants take this into consideration when making decisions about their career. Table 5 shows that while only of radiation oncology applicant respondents used program demographics, such as the faculty-to-resident gender ratio and the number of residents who have children, when determining their residency rank list; a greater percentage used parental leave policy information. The utilization of personnel and occupant orientation proportion by imminent candidates in rank rundown assurance concurs with past information exhibiting high pattern number of female doctors inside a specialty to be prescient of orientation variety among clinical specialties⁵, and information showing positive connection between's the quantity of female staff and occupants at a program. In addition, the majority of respondents agreed that their prospective programs were likely to provide information about fertility services or fertility services themselves. Our findings demonstrate that prospective applicants for residency programs in radiation oncology value family planning information and consider gender representation at potential programs [2].

The majority of respondents were unable to recall the parental leave offered at their matched program (68 percent were unable to recall maternity leave, and 82 percent were unable to recall partner leave policy), despite these findings. Only 68% of applicants affirmed parental leave policies were presented during at least one residency interview. Residents are now Policy update to be eligible for at least six weeks of paid leave during their residency⁷. However, important information that will be required to implement these policies is not specified, such as the amount and source of financial support (including the possibility of using vacation and sick time to supplement salary support). Also, societies like the American Academy of Pediatrics (AAP), the American College of Obstetrics and Gynecology (ACOG), and most recently the American College of Radiology (ACR) have come to the same conclusion: programs should try to give parents 12 weeks of parental leave, which would be allowed under the ABR Residency As a result, despite the fact that the ACGME mandates a minimum of six weeks of paid leave, different departments' and state disability policies' interpretations of the allotted time and resources will likely result in different implementations of this policy. Our findings show that parental leave policies vary across radiation oncology residency programs in terms of time offered, sources of financial support, and required clinic coverage at the time of this survey, prior to the implementation of the ACGME minimum parental leave of six weeks [3].

Programs must strive for transparency when providing information about resident benefits due to the lack of standardization. "It is information I would greatly appreciate and definitely would have influenced my rankings," one applicant stated. Importantly, a new requirement in the ACGME 2021 policy update states that "an applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means institutional policy for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence..."⁷ Our information from the two candidates and PDs recommends a significant number of projects have introduced parental leave information verbally notwithstanding numerous candidates referring to reluctance to suggest the subject of parental leave because of seen worries of conceivable discrimination⁹. Poor recall of the information may also have been caused by the oral presentation. We recommend that programs update their website and consider including parental leave policies in slide decks or handouts in addition to their contract materials based on the findings here. Moreover, we accentuate all advantages ought to be introduced along these lines, including those relating to conceptive advantages and richness help [4].

In response to this survey, a significant number of applicants indicated an affirmative desire for fertility-related services and information. Although we are hopeful that the findings here support a growing movement to normalize and support parenthood in residency training the dialogue regarding parental leave is difficult and concerns regarding potential discrimination are not unfounded.

A fundamental requirement for trainees in order to promote and Infertility affects nearly one in four female physicians, which is significantly higher than the general population's rate¹⁶. It is essential that applicants have access to all benefits information in an objective and non-discriminatory manner due to the heterogeneity in program benefits and statewide policies following the Dobbs Decision¹⁷ and the majority of applicants expressing a desire to start a family during residency training. It is encouraging that radiation oncology PD respondents did not believe that taking six weeks of parental leave would hinder multiple career development parameters, such as: clinical proficiency, productivity in research, and the capacity to pursue academic or private practice careers with success. This point of view is valuable because many applicants in this study were concerned that starting a family would have a negative impact on their career path or ability to achieve their goals. This further demonstrates the significance of sponsorship and mentorship in assisting resident parents achieves their career goals and preventing unequal opportunity distribution [5].

Conclusion

Understanding the survey's limitations and context is crucial. In the final interview cycle prior to the implementation of the updated ACGME Institutional Requirements, we described the current state of parental leave information dissemination. We hope to offer a method for programs to use when updating their institutional policies to identify applicants' preferences and potential obstacles. The applicant's and program director's perspectives, which are likely to represent respondents with strong opinions on parental leave policies, are likely to be influenced by selection bias, recall bias, and the small sample size of this analysis. Despite representing a minority of all program directors was female), the majority of program directors who responded to this survey were self-identified women respondents didn't uncover orientation, probably out of worry for namelessness. Moreover, we perceive a further requirement for portraying the necessities of candidate guardians who don't recognize as cis-orientation and of the lesbian, gay, sexually open, transsexual, and strange/addressing labor force in medication, that isn't explicitly investigated in this review. Taking everything into account, working on the correspondence of these significant strategies to forthcoming candidates and learners will advance doctor wellbeing, diminish orientation imbalances through enrollment, and make a comprehensive culture that seriously elevates doctors across all degrees of preparing.

Acknowledgement

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Conflict of Interest

None.

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