

Pregnancy and parental leave policies at Australian and New Zealand medical schools

Caroline McGrath¹, Rebecca A Szabo^{1,2} and Justin L Bilszta¹ 

Abstract

Background: Research into how medical schools support students who are pregnant or with current parental responsibilities has been mostly limited to the US context.

Objectives: To review pregnancy and parental leave policies for students at Australian/New Zealand medical schools.

Design: A cross-sectional survey.

Methods: Data were collected between June and September 2021. Websites of Australian/New Zealand medical schools (n = 23) were searched for freely available information on pregnancy and parental leave policies. Each school was contacted to provide supplementary information on the processes to support students who apply for pregnancy and/or parental leave. Outcome harvesting techniques were used to analyse the key attributes and processes used by medical schools.

Results: None of the 23 accredited Australian/New Zealand medical schools had specific pregnancy and/or parental leave policies. Fourteen of the 23 Australian/New Zealand medical schools responded to the request for more information. All confirmed, beyond their University's general student leave policies, they had no additional pregnancy and parental leave policy. Analysis of each school's processes identified the following themes: lack of school specific pregnancy and/or parental leave policies; lack of public statements of support for medical students who are pregnant and/or with current parental responsibilities; and lack of attention to the specific needs of medical students who are pregnant and/or with current parental responsibilities, including those with pregnant partners or are a birth support person.

Conclusion: There was a lack of documentation and formalized processes related to the support of this group of students. By creating easily accessible information on pregnancy and parental leave which is nuanced to the challenges of medical school and clinical placements, medical schools and medical education accreditation bodies in Australia/New Zealand can address the needs of medical students who are pregnant and/or with current parental responsibilities and normalize pregnancy and parental status within entry-to-practice medical courses.

Keywords

medical education, medical student, parental status, policy, pregnancy

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Introduction

In the United States¹ and Australia/New Zealand² (ANZ), surveys of graduating medical students suggest upwards of 10% have at least one non-spouse dependent, the majority of whom are likely to be children. There is limited understanding of the experiences of medical students who are pregnant during their studies or enter medical schools with parental responsibilities. In addition, little is known about what medical schools are doing to support these students.

¹Department of Medical Education, Melbourne Medical School, University of Melbourne, Parkville, VIC, Australia

²Department of Obstetrics and Gynaecology, Melbourne Medical School, University of Melbourne, Parkville, VIC, Australia

Corresponding author:

Justin L Bilszta, Department of Medical Education, Melbourne Medical School, University of Melbourne, Grattan Street, Parkville, VIC 3052, Australia.

Email: jbilszta@unimelb.edu.au



“medical student policies”; “medical student leave”; “medicine leave policies”; “MD leave policies” (or “MBBS leave policies”, where applicable); “pregnant”; “pregnancy”; “maternity”; “parent”; “family”; “child”; “birth”.

Figure 1. Individual search terms used to identify freely available information on leave policies relating to pregnancy and parental status in medical school and/or university websites.

Existing literature^{3–5} has primarily focused on pregnancy and parental experiences of graduated and/or senior medical doctors with little attention given to medical students. Durfey et al.,⁶ in a recent commentary, recommended more research on existing medical student parental leave policies to create a foundation for understanding how medical schools support students who are parents. In a follow-up study, Kraus et al.⁷ reviewed the characteristics of US medical school parental leave policies, finding many lack parental leave policies for medical students that are easily accessible and separate from formal leave of absence policies. Bye et al (2017) and De Hann et al (2021), in a survey of medical students at a single US medical school, explored the elements to include in a pregnancy/leave policy. This included qualitative feedback from students on how best medical schools can assist students during pregnancy and parenthood.^{8,9}

In ANZ,^{10,11} pregnancy and parental status is protected by national anti-discrimination legislation. This legislation articulates it is unlawful for an employer to discriminate against an employee on various grounds including sex, pregnancy, potential pregnancy, breastfeeding and/or family responsibilities. Although university students are not considered employees, Universities must comply with relevant legislation to ensure students are not denied access to, or equal participation in, a course for which they are enrolled due to their pregnancy or parental status.¹² All Universities have a general student leave policy, which clearly outlines their responsibility to all students and incorporates options for leave based on pregnancy or parental status regardless of enrolment status and follows legislative requirements. The application and interpretation of these policies in relation to onerous medical school curricula, and clinical placements in multiple settings, remain unexplored.

To our knowledge, no studies have looked at the current state of pregnancy and parental leave policies (e.g. parental leave at the time a student is the pregnant person, when their spouse or de facto partner gives birth, as a birth support person or they adopt a child) at ANZ medical schools. This is particularly relevant given the changing demographics of medical student cohorts in Australia over the past decade² as medical schools have transitioned from 6-year Bachelor of Medicine/Bachelor of Surgery (MBBS/MBChB) curricula to 4-year Doctor of Medicine (MD) curricula.¹³ With a requirement of having at least 3 years of an undergraduate degree prior to entering an MD programme, the average age of medical students in Australia

at least is increasing. This may have implications on the likelihood of being, or becoming, parents during medical school. Medical schools in New Zealand have, to date, retained the MBBS/MBChB model with the bulk of students entering medical school directly from high school.

This study sought to review pregnancy and parental leave policies and processes for students at medical schools in ANZ. The aim was to identify what medical schools do to (1) support currently enrolled students, and (2) inform prospective students interested in attending schools with family-friendly policies.

Methods

Data collection

This study used a cross-sectional survey design. All accredited medical schools in ANZ ($n=23$) were identified from the Australian Medical Council (AMC) website.¹³ The AMC and the Medical Council of New Zealand (MCNZ) work collaboratively to assess Australian and New Zealand primary medical education providers and their programmes. During July 2021, the websites of all medical schools were searched, via the search function on each University's homepage, to identify freely available information on leave policies relating to pregnancy and parental status (see Figure 1). Each search term was used individually, and results were reviewed for relevance. Where no information was found on the medical school's website, a search of the respective University's website using the same search terms was undertaken.

Following this, each school was contacted via the Medical Deans of Australian and New Zealand Medical Education Consultative Committee (MECC). The MECC, a committee of the Medical Deans of Australia and New Zealand (MDANZ),¹⁴ is composed of Directors of Medical Education/Directors of Teaching and Learning at each accredited medical schools. Using an introductory email to all MECC members (see Supplemental Material), each school was asked to confirm whether they have a school-specific policy related to pregnancy and parental leave, or whether this is incorporated within a general student leave policy. They were also asked to provide a copy of the leave policy and confirm where it is accessible (e.g. freely available on the medical school website or only available to enrolled students?). Where no school-specific policy existed, each school was invited to provide an overview of the processes by which they assist students who apply

- What are the underlying principles to support pregnancy and/or parental leave during medical school, and are these matched with written guidelines or protocols?
- Do schools identify the specific needs of students who are pregnant (e.g. morning sickness, antenatal appointments, birth, postpartum, etc)?
- Do schools identify the specific needs of partners or birth support person/s, especially around birth and early postpartum period?
- Do schools identify the specific needs of parents (i.e. those already with children when they enter medical school)?

Figure 2. Questions used to guide characterization of each medical school's approach to managing pregnancy and parental leave for medical students.

for pregnancy or parental leave. We purposefully did not define the meaning of terms such as *partner(s)*, *parent(s)* or *parental leave* in our communication as we were interested in the language and context in which each of these terms was used within each school's approach.

Data analysis

Using the principles of document analysis,¹⁵ the pregnancy or parental leave policy of each medical school, together with their supplementary written responses, was analysed to better understand the key attributes and processes used by each school. The document analysis process, informed by Wilson-Graus' six principles of outcome harvesting,¹⁶ provided an opportunity to collate and analyse documents (see Figure 2) to recognize patterns and themes among the different medical schools.

Ethical/human subject study approval was not indicated for this study as data sought were administrative and not of a personal or individual nature.

Reflexivity

Researchers included a third year medical student (C.McG.) and a senior lecturer in medical education (J.L.B.). C.McG. commenced medical school with two children under 5 years of age, while JB is a parent of a 6-year-old and has been involved in developing and reviewing student administrative policies and processes for the Melbourne MD programme. Weekly discussion and reflection between J.B. and C.McG. were undertaken to ensure the potential influence of personal experience, as well as views espoused by others (e.g. student and/or teaching staff colleagues), was openly acknowledged and resolved. R.A.S. is a clinician and senior lecturer in obstetrics and gynaecology and medical education who does not have children. She directly supervises medical students and training doctors who have had pregnancy and parental leave during their studies and training.

Results

None of the 23 accredited ANZ medical schools had a school-specific pregnancy or parental leave policy (data

not shown). All relied on their University's general student leave policy.

Although the search of medical school websites was focused on identifying the existence of pregnancy and parental leave policies, other relevant information was identified. One medical school (School A) had a freely available guideline that outlined the support available for medical students who are pregnant or have parental responsibilities and clarified policies and procedures as they apply to this student group. A second medical school (School B) had a freely available guideline that detailed the occupational health-and-safety (OH&S) aspects for pregnant students on campus and clinical placement.

Of the 23 medical schools contacted via MECC for more information, 14 responded (see Table 1) and all confirmed they had no school-specific pregnancy or parental leave policies and rely on their University's general student leave policy.

The outcome harvest identified several key themes related to the support of medical students who are pregnant or have parental responsibilities:

- **Identifying pregnancy and/or parental leave policies for medical students**

As described, none of the 14 medical schools had specific leave policies related to pregnancy or parental responsibilities. Except for School A, locating the applicable sections of the university general leave policies relating to pregnancy or parental leave involved multiple steps or there were variations in the way this information was provided, reported and interpreted for students. For example, one medical school indicated information about applying for pregnancy or parental leave was contained in a 67-page document. Another school provided a link to their policy on request, and the relevant information was found by following linked embedded documents within their Student Enrolment Policy.

Although most medical schools were able to describe the processes by which they support students who apply for pregnancy or parental leave, these were not formalized or documented in writing (apart from School A). Processes differed across medical schools, with students encouraged to seek assistance and/or guidance from a variety of

Table 1. Pregnancy and parental leave policies for students at medical schools in Australia and New Zealand.

Medical school ^a	Does the medical school have a specific pregnancy or parenting leave policy, or does it use the University's broader leave policy?	Where is the leave policy freely available from?	Is leave policy only available to enrolled medical students?
Australian National University	Broader leave policy	Medical school website	No
Bond University	Broader leave policy	University website	No
Curtin University	Broader leave policy	University website	No
Deakin University	Broader leave policy	University website	No
Flinders University	Broader leave policy	University website	No
James Cook University	Broader leave policy	N/A	Yes
Monash University	Broader leave policy	University website	No
University of Melbourne	Broader leave policy	University website	No
University of Notre Dame ^b	Broader leave policy	University website	No
University of Otago	Broader leave policy	Medical school website and University website	No
University of Queensland	Broader leave policy	Medical school website	No
University of Western Australia	Broader leave policy	University website	No
University of Wollongong	Broader leave policy	University website	No
Western Sydney University	Broader leave policy	University website	No

NA: not applicable.

^aThe following medical schools did not reply: Griffith University, University of Adelaide, University of Newcastle/University of New England, University of Sydney and University of Tasmania. The following Universities replied but did not provide relevant information: Macquarie University, University of Auckland and University of NSW.

^bResponse received from Sydney campus but not from Fremantle campus.

different sources including academic or professional staff within their medical school or clinical school to more general University student services. Several schools intimated that despite the process for assisting students who apply for pregnancy or parental leave not being documented in writing, it is '...understood...' although it was not clear by whom it, or what, was understood.

- **Public statement of support for medical students who are pregnant and/or with parental responsibilities**

None of the medical schools, apart from School A, had a public statement on either their website or in any of the documentation provided, which expressed their support for students who are pregnant or have parental responsibilities.

- **Attention to the specific needs of medical students who are pregnant and/or expectant parents**

Except for School A, School B and a third medical school (School C), none of the medical schools had documentation outlining the specific needs of pregnant students nor how they support these needs.

School A listed a range of available supports for pregnant students including pregnancy leave, student affairs services, financial assistance, and assistance and flexibility regarding examinations and assessments. Examples were also provided of reasons for which students can obtain

pregnancy leave, including pregnancy-related illness, miscarriage, bereavement and stillbirth.

School B and School C provided information on managing the health and safety of students who are pregnant or breastfeeding. This information may exist for other schools within general University OH&S policies; however, we were unable to identify this within a specific pregnancy and/or parenting guideline. School B discussed the safety aspects of pregnant students participating in their medical curricula including participation in laboratory classes (and potential exposure to chemicals) and workplace health and safety requirements on clinical placement. School C had a pregnancy health, safety and wellbeing page on their University website that recognized the additional precautions that may be required for students who are pregnant or breastfeeding, including working with chemicals, working with ionizing radiation and immunizations.

- **Recognition of the specific needs of medical student who are parents and/or primary carers**

None of the surveyed medical schools, apart from School A and School B, appeared to have any documentation separate to broader University information addressing the needs of medical students who enter medical school as parents and/or primary carers.

School A identified a variety of situations where student parents and/or primary carers can obtain leave, including caring for an unwell dependant and loss of childcare at short notice. In addition, student parent and/or carers can

bring children to lectures and non-clinical classes if childcare provisions have unexpectedly become unavailable, where the child is very young or requires breastfeeding, and can request flexibility around timing of clinical placements to work around personal circumstances. School A also stipulated students who are pregnant, or parents, can access feeding and expressing facilities both at the medical school and at hospital-based training sites.

In School B, medical student parents may request time during their clinical placement for breastfeeding breaks or to express breast milk, and to have it stored in a suitable facility. In addition, the University website of School B has a policy relating to children on campus which recognizes the need for dependent children of students to attend classes under certain circumstances, for example, when childcare arrangements fall-through or parents can take children into libraries or other non-teaching areas ‘. . .occasionally. . .’

Other schools reported they had childcare and lactation facilities available on the main University campus but did not describe how this applied when a student moved to a clinical placement at a hospital-based training site.

- **Recognition of medical students who have pregnant partners and/or are a birth support person**

None of the schools had specific guidelines for those students with pregnant partners or who are a birth support person, addressing situations such as attending antenatal visits, taking leave around the birth and early postnatal period, and instances where the partner might want to take extended leave after the birth of their child.

Discussion

Responding to calls⁶ for more research on parental leave policies at medical schools, this study explored the characteristics of pregnancy and parental leave policies at ANZ medical schools. In keeping with their legal requirements, all the surveyed medical schools utilized their University’s general student leave policy. None had school-specific pregnancy and/or parental leave policies for medical students. Overall, there was a lack of documentation and formalized processes related to the support of this group of students. Although the findings presented here are specific to the ANZ context, they resonate with those reported by others,⁷⁻⁹ and with a cohort of up to 10% of medical students commencing medical school with parenting responsibilities or becoming parents during medical school, this is an area which requires attention.

Of those schools that responded to the request for more information, only one (School A) publicly indicated, through a statement on their school website, their support for students who are pregnant or have parental responsibilities. Currently, all ANZ medical schools have public statements of support for First Nations, LGBTIQ+

(Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex) and students from low socioeconomic backgrounds; this sends out a message that the medical school (and the wider University) is supportive of these groups and their needs and recognizes the value of their inclusion. The AMC and MCNZ also identify the unique needs of a diverse group of students.¹³ However, neither give specific recognition to pregnant students or those with parental responsibilities, who also add diversity, and there is also no specific requirement within accreditation standards for medical schools to provide these students support services. Kraus et al.⁷ highlight similar concerns with a lack of clear guidance from the Liaison Committee on Medical Education (LCME) accreditation standards for US medical schools. Inclusion of a diverse group of medical students benefits medical schools and the community by ensuring diversity of experience and thought. Recognizing and supporting parents, and those who are or may become pregnant as medical students, stands to benefit schools, universities, students and the community. This presents an opportunity for a coordinated approach from AMC and MCNZ to assist medical schools, as part of their accreditation standards, to recognize and support this group of students while still complying with legislative requirements.

Augmenting existing policies with procedures to provide an explanation of how to apply a leave policy to the medical school context would avoid the risk of sending a message to students that entry-to-practice medical courses may not recognize, support or assist them to fulfil their needs during pregnancy or as parents. Studies in the United States^{8,9} and internationally^{17,18} have surveyed medical students’ perspectives of what they consider the key characteristics of family-friendly medical schools. These found that despite cultural and geographic differences, students consistently reported they wanted schools to provide clear and reliable information regarding leave for students who are pregnant or parents. Students want provision of appropriate support services to student parents and administrators who are approachable and understanding of students’ individual circumstances. Further research is needed to better understand the mechanisms of how these policies are provided impacts how current and prospective students access and interpret this information, as well as those who apply these policies.

It is clear any guideline and/or policy should acknowledge the broad definition of a ‘parent’ and ‘parenting’, which incorporates not only cis-gendered heterosexual parents but also parents from non-nuclear and non-traditional families, diverse economic and cultural backgrounds, and transgender and non-binary students.⁷ Concerningly, one school reported students who are pregnant should seek support from a ‘. . .Disability officer. . .’; however, pregnancy is a normal life event and not a disability. Finally, there needs to be an acknowledgement the

experience of pregnancy involves not just the pregnant person but may include their partner or support person, all of whom may be a medical student. Consequently, all needs should be considered and documented in any guideline and/or policy.

Limitations of this study included the challenges of locating specific and relevant information within University documentation, as well navigating the websites of medical schools and Universities. Another limitation was only 14 out of 23 ANZ medical schools replied to the request for further information. The non-responding schools may have documentation, policies and supporting processes related to pregnancy and parental leave that have not been captured here.

Existing literature^{8,9} has attempted to examine the views and experiences of medical students who are pregnant or have parental responsibilities. This was via a series of open-ended questions, and while providing some insight into the lived experience, this type of methodology has the potential to suffer from a lack of conceptual richness because the data can often consist of a few sentences or less. To the best of our knowledge, no study has performed in-depth, qualitative interviews with medical students who are pregnant or with current parental responsibilities. As this is an ongoing gap in the literature, future research exploring the medical student and prospective medical student perspective is essential. Several schools reported medical students could access childcare and lactation facilities available on main University campuses. It was unclear how this applied when a student was on clinical placement at sometimes multiple sites where a health service was responsible for providing these facilities. We argue a reliance solely on general student leave policies does not address these challenges. Future research could include a review of clinical-training sites and their policy frameworks regarding assisting pregnant and parenting medical students during clinical placements.

Conclusion

In conclusion, this study is the first of its kind to review the current state of pregnancy and parental leave policies of medical schools in ANZ. The results presented highlight a lack of documentation and formalized processes related to the support of medical students who are pregnant and/or with current parental responsibilities. Medical schools and medical education accreditation bodies in ANZ can address the needs of this group of students and normalize pregnancy and parental status within entry-to-practice medical degrees by creating easily accessible information on pregnancy and parental leave which aligns with legal requirements to not discriminate on the basis of pregnancy or parental status. This information can include, but not be limited to, a clear description of the amount of time available to take leave; workplace health and safety

requirements; the potential impact of leave on the availability of tuition loans and/or other forms of financial support; and time and space for lactation and childcare when students return. This information can be nuanced to the challenges of medical school and clinical placements, rather than provided as 'general' University policies.

Declarations

Ethics approval and consent to participate

Ethical/human subject study approval was not indicated for this study as data sought was administrative and not of a personal or individual nature.

Consent for publication

All authors had full access to all study data, and read and approved the final version of the manuscript.

Author contribution(s)

Caroline McGrath: Data curation; Formal analysis; Investigation; Writing – original draft; Writing – review & editing.

Rebecca A Szabo: Investigation; Writing – review & editing.

Justin L Bilszta: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Project administration; Supervision; Writing – original draft; Writing – review & editing.

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Availability of data and materials

The materials collated from the web-based search of medical school websites, as well as the de-identified supplementary written responses from each medical school are available from the corresponding author on request.

ORCID iD

Justin L Bilszta  <https://orcid.org/0000-0001-9578-591X>

Supplemental material

Supplemental material for this article is available online.

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