

**ILLINOIS STATE MEDICAL SOCIETY**

**Resolution 12.2022-31  
(A-23)**

Introduced by: Nellie Roberts and Cecily Negri, ISMS Members

Subject: Supporting Childcare for Medical Residents

Referred to: Council on Education & Health Workforce

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1           Whereas, the healthcare field is experiencing a major shortage of physicians<sup>1</sup>;  
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4           Whereas, work-home conflicts, including decisions regarding family-life  
5 balance, have been cited as a contributing factor to physician burnout<sup>2</sup>; and

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7           Whereas, over half of the surveyed residents report delaying childbearing, half  
8 of these cite childcare as a contributing factor for this decision, and only 1/3 are content  
9 with this decision <sup>3</sup>; and

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11           Whereas, only 3% of resident respondents believe their institution provides  
12 adequate childcare resources<sup>4</sup>; and

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14           Whereas, rural communities in Illinois are experiencing 18+ month waitlists in  
15 order to access childcare, further limiting resident physicians’ access to necessary  
16 resources; and

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18           Whereas, specific hospital centers have found providing childcare is more cost  
19 effective than missed work days<sup>5</sup>; and

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21           Whereas, providing childcare will increase resident satisfaction and allow for  
22 more focused care of patients<sup>6</sup>; and

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24           Whereas, the AMA has recognized the challenges facing residents as parents in  
25 H-200.948 yet has not addressed specificities or ways to mitigate these challenges;  
26 therefore, be it

27           RESOLVED, that ISMS create policy advocating for increased access to  
28 childcare for Illinois resident physicians via no-cost or decreased cost childcare in the  
29 hospitals where employed and/or subsidized off-site programs in the community; and  
30 be it further

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32           RESOLVED, that ISMS support increased childcare facilities in rural Illinois;  
33 and be it further

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35           RESOLVED, that ISMS support subsidized care at these facilities for resident  
36 physicians; and be it further

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38           RESOLVED, that ISMS reaffirm AMA policy D-200.974 committing to  
39 investigate barriers to childcare for medical trainees, as well innovative childcare  
40 methods, and encourage all Illinois residency programs to implement solutions to the  
41 lack of childcare availability for their residents, especially in rural Illinois communities.

### **Resources:**

1. Kirch DG, Petelle K. Addressing the Physician Shortage: The Peril of Ignoring Demography. *JAMA*. 2017;317(19):1947–1948. doi:10.1001/jama.2017.2714
2. West, Colin P., Liselotte N. Dyrbye, and Tait D. Shanafelt. "Physician burnout: contributors, consequences and solutions." *Journal of internal medicine* 283.6 (2018): 516-529.
3. Stack, Shobha W., et al. "Childbearing decisions in residency: a multicenter survey of female residents." *Academic Medicine* 95.10 (2020): 1550-1557.
4. Wallace, Chelsea C., et al. "Parenting in plastic surgery residency." *Plastic and Reconstructive Surgery* 149.6 (2022): 1465-1469.
5. Herman RE, Koppa D, Sullivan P. Sick-child daycare promotes healing and staffing. *Nurs Manage*. 1999;30(4):46–47.
6. Snyder RA, Tarpley MJ, Phillips SE, Terhune KP. The case for on-site child care in residency training and afterward. *J Grad Med Educ*. 2013 Sep;5(3):365-7. doi: 10.4300/JGME-D-12-00294.1. PMID: 24404297; PMCID: PMC3771163.

### **Fiscal Note:**

None

**Existing ISMS policy related to this issue:**

The Illinois State Medical Society encourages medical schools to create comprehensive informative resources that promote a culture that is supportive of their students who are parents, including information and policies on parental leave and relevant make up work, options to preserve fertility, breastfeeding, accommodations during pregnancy, and resources for childcare that span the institution and the surrounding area. (2021 Annual Meeting; BOT 2020-JUL; Last BOT Review 2020)

**Existing AMA policy related to this issue:**

**Onsite and Subsidized Childcare for Medical Students, Residents and Fellows H-200.948**

Our AMA recognizes: (1) the unique childcare challenges faced by medical students, residents and fellows, which result from a combination of limited negotiating ability (given the matching process into residency), non-traditional work hours, extended or unpredictable shifts, and minimal autonomy in selecting their work schedules; and (2) the fiscal challenges faced by medical schools and graduate medical education institutions in providing onsite and/or subsidized childcare to students and employees, including residents and fellows.

**Supporting Child Care for Health Care Professionals D-200.974**

Our AMA: (1) will work with interested stakeholders to investigate solutions for innovative childcare policies and flexible working environments for all health care professionals (in particular, medical students and physician trainees); (2) encourages provision of onsite and/or subsidized childcare for medical students, residents, and fellows; and (3) will work with the Accreditation Council for Graduate Medical Education, Association of American Medical Colleges, and American Association of Colleges of Osteopathic Medicine to identify barriers to childcare for medical trainees and innovative methods and best practices for instituting on-site and/or subsidized childcare that meets the unique needs of medical students, residents, and fellows. (Policy adopted at A-22)