

## **Vacation and Leaves of Absence Policy #0.15**

### **I. Purpose**

This policy is intended to ensure programs provide guidance to residents/fellows regarding their employer's policy on vacation and leaves of absence, the effect that a leave may have on their ability to complete the training program, and the impact a leave may have on their eligibility for board certification.

### **II. Policy**

Each program must develop a vacation and leave of absence policy that complies with the requirements outlined in this policy, specialty-specific board eligibility requirements, and applicable laws.

ACGME-accredited programs must provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report. The program must provide residents/fellows with at least the equivalent of 100% of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken, provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken, and ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence.

Vacation and leave time are managed at the program level. Vacation and leave requests must be approved by the Program Director prior to a resident/fellow taking vacation or leave. Leave time cannot be used to make up required training time unless permitted by the specialty/subspecialty board. Extensions of training may be required if the leave time exceeds specialty board requirements. The Program Director, in partnership with the DIO, is responsible for monitoring leave and specialty board requirements and notifying the resident/fellow if an extension of training is necessary.

Each program must have specific criteria for residents/fellows to satisfactorily complete each level (year) of training as well as the entire program. These criteria must, at a minimum, meet the criteria necessary for certification by the appropriate medical specialty board. The criteria may be more rigorous than the criteria set by the specialty board, at the discretion of the program director. These criteria must be clearly outlined in the policy for leave and must be readily available to all residents in the program.

Each program must inform all applicants invited for an interview, in writing or by electronic means, of their vacation and leaves of absence policy.

### III. Leave Limits and Eligibility for Board Certification

Vacation and leaves of absence can impact residents'/fellows' training years and extend program completion to be eligible to participate in examinations by the relevant certifying boards. The individual specialty boards, as recognized by the American Osteopathic Association (AOA) and American Board of Medical Specialties (ABMS), establish standards for eligibility to participate in specialty board certification exams. These policies are recognized and followed, without exception, by all KCU-GME Consortium-sponsored GME programs.

#### AOA

For AOA board certification, residents/fellows in ACGME-accredited programs generally need to complete the full duration of their training. The AOA's guidelines stipulate that:

- Residents and fellows should not miss more than 15-20% of their total training time to be in good standing for board certification.
- Residents and fellows can utilize the ACGME six-week leave once during their training for parental, caregiver, or medical leave without exceeding their allotted vacation or sick leave, and without needing to extend their training.

Carefully track and document absences, and communicate with the DIO and AOA to ensure compliance with all requirements and institutional oversight of the leave policy.

#### ABMS

The ABMS-recognized specialty boards allow training programs of two or more years' duration a minimum of six (6) weeks away once during training for purposes of parental, caregiver, and medical leave, without exhausting time allowed for vacation or sick leave and without requiring an extension in training. Programs must communicate with the ABMS board for their specific specialty when a resident's leave of absence will require an official extension so they can help mitigate the negative impact on a resident's career trajectory that a training extension may have, such as delaying a fellowship or moving into a full, salaried position.

The ABMS-recognized specialty board requirements are outlined below:

- **Dermatology:** Leaves may not exceed 8 weeks (6 weeks leave + 2 weeks' vacation) per contract year or 16 weeks (80 weekdays) over three years, including vacation. Any resident who has been absent more than eight weeks (6 weeks leave + 2 weeks' vacation) in one given year or 16 weeks (80 weekdays) over three years throughout residency training may be required to make up the time missed.
- **Emergency Medicine:** Leaves of absence (including vacation and sick time) that exceed six weeks in an academic year require an extension of the program. Two additional weeks per year may be granted to accommodate leaves of absence for parental, caregiver, and personal medical leave or vacation time, if the allowed six weeks of absence has been used for parental, caregiver, or personal medical leave, provided that the program director attests that competency has been achieved

without an extension of training. A minimum of 46 weeks of training is required for every training level and a total of 138 weeks over the course of the three years of training.

- **Family Medicine:** Leaves may not exceed twelve (12) weeks per contract year, as long as the PD and CCC agree that the resident is ready for advancement, and ultimately for autonomous practice. This includes up to eight (8) weeks total attributable to Family Leave, with any remaining time up to four (4) weeks for Other Leave as allowed by the program. A resident must have at least 40 weeks of formal training in the year in which they take Family Leave. A resident may take up to a maximum of 20 weeks of leave over the three years of residency without requiring an extension of training. If a resident's leave exceeds either 12 weeks away from the program in a given year, and/or a maximum of 20 weeks total, (e.g. second pregnancy, extended or recurrent personal or family leave) extension of the resident's training will be necessary to cover the duration of time that the individual was away from the program in excess of 20 weeks.
- **General Surgery:** In addition to the 6 weeks away once during training for purposes of parental, caregiver, and medical leave, residents may take an additional four (4) weeks off during the first three (3) years of residency, and an additional four (4) weeks off during the last two (2) years of residency. Residents are expected to complete a minimum of 48 weeks averaged over the first 3 years of residency, for a total of 144 weeks. Residents are expected to complete a minimum of 96 weeks over the last 2 years, and 48 weeks of Chief Resident rotations. *Note: This is an ABS policy only and should not be confused with family leave as permitted by the Family and Medical Leave Act (FMLA).* non-clinical time may be reduced in one year to allow for additional non-clinical time in another year. If a circumstance occurs, in which a resident's leave exceeds this time, the resident must make up any time exceeding the limits before they can advance to the next contract year (ultimately delaying their completion date).
- **Internal Medicine and subspecialties:** Leaves may not exceed five (5) weeks or 35 days per contract year. If a circumstance occurs, in which a resident's leave exceeds 5 weeks or 35 days, the resident must make up any time exceeding the allocated time before they can advance to the next contract year (ultimately delaying their completion date). Residents cannot be away from the program for more than a total of 105 days during the three years of training.
- **Orthopaedic Surgery:** Leaves may not exceed 6 weeks per contract year. If a circumstance occurs, in which a resident's leave exceeds 6 weeks, the resident must make up any time exceeding the 6 weeks before they can advance to the next contract year (ultimately delaying their completion date).
- **Otolaryngology-Head and Neck Surgery:** Leaves may not exceed 6 weeks per contract year. If a circumstance occurs, in which a resident's leave exceeds 6 weeks, the Program Director must submit a plan to the ABOHNS for approval on how the necessary training will be achieved, which may require an extension of the residency.
- **Psychiatry:** Residents/fellows are allowed a minimum of four weeks of leave time (including vacation, sick time, maternity/paternity leave, ect.) per each training year. These four weeks should be averaged over the four-year training

period. Leave or vacation time may NOT be used to reduce the total amount of required residency training or to make up deficiencies in training. Programs must allow a minimum of 6 weeks of leave time away from training for purposes of parental, caregiver, and medical leave at least once during training, without exhausting all other allowed time away from training and without extending training. Within American Board of Psychiatry and Neurology (ABPN) and ACGME policy guidelines, it is up to the program director and the program clinical competency committee to determine whether a given resident has met training requirements or must extend their period of training.

**Addiction Medicine:** Leaves may not exceed six (6) weeks. If a circumstance occurs, in which a fellow's leave exceeds 6 weeks, the fellow must make up any time exceeding the 6 weeks before they complete the program and qualify for American Board of Psychiatry and Neurology Addiction Medicine boards.

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