

**Policy of the Graduate Medical Education Committee**  
**Section: Resident Support/Conditions for Appointment**  
**Subject: Leave for Residents**  
**Number: 2.200**  
**Date Developed: 1/89**  
**Last Review/Revision: 2/04, 12/06, 6/09, 12/2011, 6/2012, 12/2014**  
**ACGME Requirement: Institutional II D.4.h.**

**Purpose**

To define the policies and procedures as well as the related responsibilities of the Program Directors, and the residents/fellows for physical absence from the training site that is paying that day's stipend.

This policy defines paid vacation, sick, and educational leave which the scheduled payment source will honor. The scheduled payment source is not obligated to pay stipend and benefits for any other physical absence. When there is a physical absence in excess of, or not included in, leaves addressed in this policy there must be an alternate stipend and benefit payment source.

The financial accounting for resident salary and benefits is by the day. Every calendar day (work days, off days, sick days and all of the leaves defined below) for every resident must be paid from some source, except in instances of leave of absence. An institution (ACH, CAVHS, UAMS MC, etc) or a program is usually the funding source.

**Definitions**

**Sick leave** is paid absence from scheduled work for reason of illness or injury.

**Family Medical Leave Act (FMLA):** A federal law intended to promote a healthy balance between work and family responsibilities. Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable.

**Leave of Absence** is unpaid absence from the educational activities of the residency program when no sick or vacation leave exists to cover the absence and it is leave other than FMLA-qualified leave.

**Vacation Leave:** paid absence from the residency program typically used for recreation or personal business.

**Professional or Educational Leave:** paid time away from the training site that is paying that day's resident stipend, for educational or professional meetings.

**Holiday:** paid time off only if resident's scheduled assignment (clinic) is closed.

**Military Leave:** absence from the residency program to fulfill obligations of the National Guard or any of the Uniformed Services of the United States as defined in 38 U.S.C. 4303.

**Responsibilities for Administering Policy**

Resident physicians are in the unique position of having a role as students and employees. Although brief periods of leave usually can be accommodated, time away from the residency (fellowship) program may affect not only the resident's ability to sit for boards, but also may negatively impact the program financially and through its accreditation status. Extending the program may not be possible due to the lack of salary funding, and/or fine imposed by the U.S. Citizenship & Immigration Service (INS). Additionally, the program may not receive approval from the ACGME to increase the resident complement for the additional educational time.

It is the responsibility of the Program Director to:

1. Keep accurate records of sick leave, vacation leave, leaves of absence, professional or educational leave and training status not only for billing purposes but also to have adequate information for Board certification;
2. Determine whether the resident will be required to spend additional time in the program to compensate for an extended leave period and be eligible for certification for a full training year;
3. Provide the resident with the program's written policy concerning the effect of leave, for any reason, on satisfying the criteria for completion of the residency program. The policy will contain information on access to eligibility requirements, usually the American Board of Medical Specialties web site [http://www.abms.org/About\\_ABMS/member\\_boards.aspx](http://www.abms.org/About_ABMS/member_boards.aspx)
4. Provide resident in writing, the consequences of exceeding the amount of leave set by the ACGME and/or the Specialty Board.
5. Notify the Assistant Dean for Housestaff Affairs to discuss the accounting of the leave, financial compensation, and record keeping requirements. See GME Committee policy 2.120.

It is the responsibility of the resident to:

1. Notify the Program Director as soon as possible about the need to take leave for any reason;
2. Supply the necessary written information about the reason for any type of leave;
3. Gain a thorough understanding of the effect the leave will have on meeting the requirements of the residency (fellowship) program and board certification.

## **I. Sick Leave Policy**

Sick leave for medical reasons will be granted with pay for a **maximum of 12 days during each year** of the residency program. Sick leave does not accrue. Sick leave may not be borrowed from future credits. Residents do not receive payment for unused sick leave at the completion of the program. Any day that the resident is on the schedule to work will be charged as sick leave if the resident is unable to work due to illness. To access sick leave a resident must notify the Program Director or his/her designee. The specific procedure for notifying the Program Director of brief absences due to illness is developed within the individual program.

Each program will inform its residents/fellows of the specialty Board regulation on time away from the program vs. Board eligibility.

By law, if one of the events listed below occurs (regardless of available leave credits) the COM Housestaff Office must be informed 30 days in advance of the event or as soon as practicable afterward to avoid penalties associated with violations of the Family Medical Leave Act (FMLA) law.

- Pregnancy, incapacity due to prenatal medical care or child birth;
- To care for employee's child after birth or adoption or foster care placement;
- To care for spouse, child or parent with a serious health condition;
- Resident's personal health condition which makes resident unable to participate or restricts participation in the residency program.

The COM Housestaff Office is the Human Resources Office for residents and fellows. The Program Coordinator is the liaison between the resident, the Housestaff Office and the person in the program who prepares the duty schedule.

## **Bereavement Leave**

Sick leave may be granted to employees due to the death or serious illness of a member of the employee's immediate family. Immediate family is defined as the father, mother, sister, brother, spouse, child, grandparent, grandchild, in-laws or any other person acting as a parent or guardian of an employee. The department head may grant sick leave for death or family illness in an amount which is reasonable for the circumstances.

## II. Leave of Absence (non FMLA qualified) Policy

The Program Director has the sole authority to grant a leave of absence for a resident. In order for a leave of absence to be granted, the following procedure must be followed:

### Procedure

1. The resident must discuss the reasons and estimated length of time for a leave of absence with the Program Director.
2. The discussion must include whether the resident will be paid, the financial source for stipend and other benefits, the estimated length of time for the leave of absence, and a full determination of whether or not the resident is required to spend additional time in the residency program to compensate for the leave period and be eligible for certification for a full training year. The decision regarding additional time in the program should consider the requirements of the individual specialty Boards, and be reported to the GMEC Finance Advisory Committee. See GMEC policy 2.120.
3. Prior to making a final decision regarding the request for leave of absence, the Program Director must contact the Assistant Dean for Housestaff Affairs to discuss the accounting of sick leave, vacation time, restrictions about family medical leave, financial compensation (stipends and benefits), and the record keeping requirements.
4. After consultation with the Assistant Dean for Housestaff Affairs, thorough discussion with the resident regarding reasons for the leave, review of necessary documentation regarding the medical or other condition, and thorough review of the residency requirements for board eligibility, the Program Director makes the final decision regarding granting a leave of absence.
5. The Program Director provides a decision in writing to the resident and the Assistant Dean for Housestaff Affairs which must include the starting and ending dates of the absence, financial support (stipends and benefits) if applicable, and the amount of additional time in the residency program that is required to compensate for the leave and fulfill board eligibility requirements.
6. Once the resident is placed on leave of absence, the Program Director must notify the Assistant Dean for Housestaff Affairs if there is any change in the dates of the leave of absence and confirm the date the resident will return to the residency program.

## III. Military Leave Policy

The Uniformed Services Employment and Reemployment Rights Act does not apply to residents enrolled in the GME program. Residents who are members of the National Guard or any of the Uniformed Services of the United States may be called to duty in such uniformed service. The resident shall notify the Program Director in writing upon learning that he/she has been called to duty in a uniformed service. Prior to leaving the program for active duty, the resident and Program Director shall discuss the tentative plans for the resident's return to the program including the level of re-entry. Within the abilities of the program to accommodate the resident's re-entry in the program, the duration of absence from the program and the resident's activities during the absence, the program will make every effort to ensure that the resident re-enters the program at the level commensurate with his/her abilities.

## IV. Vacation Leave Policy

Each Program Director has the authority to determine the length and scheduling of vacation time for residents within the program. **The annual vacation allowance is 21 days.** Vacation time does not accrue. Vacation leave may not be borrowed from future credits. Residents do not receive payment for unused vacation leave at the completion of the program. Because paying for vacation leave is not the responsibility of individual pay sources, there are no days scheduled as "off" during vacation. For example: a resident scheduled in an outpatient clinic that is open Monday –Friday will use 7 days of vacation in order to be away from that pay source for a Monday – Friday vacation.

Each program will inform its residents/fellows of the specialty Board regulation on leave used vs. Board eligibility. Vacation leave must be approved by the appropriate department/program representative. An individual Program Director may alter the amount of leave but only in order to comply with the American Board of Medical Specialties requirements.

The Program Director shall provide written instructions to residents within their program and to Program Directors of off-service residents about the procedures and rules for scheduling vacation time. Each department shall grant vacation time to residents from other departments on a FTE basis proportionate to the time spent on service in the other department. For example, if four residents from Department A rotate on a Service of Department B for three months each, Department B must grant three weeks (15 working days plus weekends to a maximum of 21 days) to be distributed among the four residents [4 residents x 3 months = 12 months of 1 FTE; therefore 1 FTE = 3 weeks vacation]. The Program Directors of Departments A&B will arrange the appropriate allocation of the vacation time among the residents.

The nature of some educational experiences may preclude taking vacation time. In this case, the Program Director shall communicate this decision to Program Directors of visiting residents in a timely manner so that this can be considered when preparing the overall rotation schedules.

In addition to the annual vacation days that are given on a yearly basis, each resident or fellow will also be allotted five (5) additional vacation days for use by the resident or fellow at their discretion during the entirety of the individual's residency or fellowship period at UAMS. These five vacation days are given whether the length of the program is a one-year program or a multi-year program.

#### **V. Professional or Educational Leave Policy**

Programs will define and allocate professional and educational leave up to a maximum of 5 days per year, in addition to sick and vacation time. Professional and educational leave may not be carried over from one year to the next.

Job or further educational training interview days may not be counted as professional or educational leave.

Professional or educational leave may be used to take primary or subspecialty boards.

USMLE exams may be taken using professional or educational leave.

For audit purposes, professional or educational leave must be noted as such on the schedule submitted to the Housestaff Office.

Special exceptions for more than 5 days per year will be considered by the finance committee under this policy. Those exceptions include but are not limited to: advanced recognition, exceptional research or academic performance. Exceptions should be requested in advance of the registration deadline/leave date.

A UAMS Request for Travel Authorization should document professional or educational leave. See UAMS Administrative Guide Policy 8.4.04. That policy can be found at [www.uams.edu/adminguide/WIN08404.html](http://www.uams.edu/adminguide/WIN08404.html)

Reference: UAMS Administrative Guide policy on FMLA 4.6.11

American Board of Medical Specialties  
Policies on Time Away from the Training Program  
January 10, 2014

Program	Board Requirement
Anesthesiology	Total of any and all absences may not exceed 60 working days (12 weeks) during the CA1-3 years; up to 5 working days for scientific meetings is considered part of the training program.
Anesthesiology subspecialties	The total of any and all absences during a subspecialty fellowship may not exceed the equivalent of 20 working days (four weeks) per year. Attendance at scientific meetings, not to exceed five working days during the year of training, shall be considered part of the training program. Training in an anesthesiology subspecialty must not be interrupted by frequent or prolonged periods of absence. When there is an absence for a period in excess of two months, the Credentials Committee of the ABA shall determine the number of months of training subsequent to resumption of the program that are necessary to satisfy the training requirement for admission to the ABA subspecialty examination system.
Dermatology	Absence should not more than 6 weeks in an academic year or a total of 14 weeks over the three years, including vacation
Emergency Medicine	Leaves of absence, vacation, sick must not exceed 6 weeks per year (must complete 46 weeks/year)
ENT	Must not exceed 6 weeks per year
Family Medicine	Absence from the program must not exceed 1 month (4 weeks) per academic year for vacation, illness, personal business, leave, etc., must not exceed a combined total of one (1) month per academic year. Time away from the residency program for educational purposes, such as workshops or continuing medical education activities, are not counted in the general limitation on absences but should not exceed 5 days annually.
Internal Medicine	Must not exceed 1 month (4 weeks) per academic year Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period.
Medical Genetics	Of the required training period, programs may grant up to one month/year for vacation, pregnancy, parental or family leave, or illness. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and cannot be forfeited in order to shorten the training period
Neurology/Child Neurology	Must follow overall institutional policy
Neurosurgery	
Ob/Gyn	Must not exceed 8 weeks in any of the first three years, or 6 weeks during the fourth year, or a total of 20 weeks over the four years of residency
Ophthalmology	No board requirement. ACGME requirement: Length of training must be at least 36 calendar months, including appropriate short periods for vacation, special assignments, or exceptional individual circumstances approved by program director
Ortho Surgery	Must not exceed 6 weeks per year (46 week year)
Pathology/Subspecialties	Sick, vacation, parental and other leave must not exceed 4 weeks per year (48 week year)
Pediatrics/Subspecialties and combined training	Absence must not exceed 1 month (4 weeks) per academic year
PM&R	Must not exceed 6 weeks per academic year
Psychiatry/Subspecialties	Must follow overall institutional policy
Radiology/Subspecialties	Must not exceed 6 weeks per academic year
Surgery	Must complete 48 weeks of full time clinical activity in each of the five years of residency. See board for other options.
Vascular Surgery	<u>Integrated</u> – board will accept for documented medical problems or maternity leave 46 weeks of training in <b>one</b> of the first three years of residency and 46 weeks of training in <b>one</b> of the last two years, for a total of 142 weeks in the first three years and 94 weeks in the last two years. <u>Independent</u> - board will accept for documented medical problems or maternity leave 46 weeks of surgical training in <b>one</b> of the two years of vascular surgery training.
Urology	Residents must work a minimum of 46 weeks/year