



Continuity of Care

ACGME program requirements define continuity of care as providing care to a panel of patients in a continuous fashion. This is a foundational aspect of family medicine and is required in your residency program. To accomplish this, you are expected to be assigned to one Family Medicine Practice site for all three years but required to do so at least throughout the second and third years of training. You will need to complete a minimum of 1,000 hours dedicated to caring for Family Medicine Practice site patients and must be scheduled to see patients in that site for a minimum of 40 weeks during each year of your training.

Time Away from Training Allowances

Residency Training Requirements for Board Certification Eligibility

Candidates for certification are required to complete 36 months of graduate medical education in an ACGME accredited Family Medicine residency program. In some situations, the training may be extended for additional time to meet the minimum requirements. All residents must have core clinical training that includes the breadth and depth of Family Medicine. These include, but are not limited to:

1. Residents are required to spend their PGY-2 and PGY-3 training in the same residency program's teaching practice, in order to provide sustained continuity of care to their patients.
2. Each year of residency must include a minimum of 40 weeks of continuity clinic experience (exceptions may apply if the residency program has received a waiver of this requirement in connection with pilot projects assessing intentional variation in training requirements)
3. Residents are required to complete a minimum of 1,000 hours dedicated to caring for Family Medicine Practice site patients to be eligible for ABFM certification.

The Program Director is expected to electronically verify via the Resident Training Management (RTM) system, on behalf of the program, that the resident has met all requirements for board eligibility and is ready for autonomous practice.

Family Leave Policy and Time Away from Training

For the purpose of this policy:

- Academic/training years will be referred to as PGY1, PGY-2, PGY-3, and, when relevant, PGY-4.
- Family Leave of Absence from the residency program will be referred to as **Family Leave**.
- Time off allotted by programs for vacation, sick leave, holiday, PTO will be referred to as **Other Leave**.

Family Leave provided under this new policy is intended to address leave that related to:

1. The birth and care of a newborn, adopted, or foster child, including both birth- and non-birth parents of a newborn.
2. The care of a family member with a serious health condition, including end of life care.
3. A resident's own serious health condition requiring prolonged evaluation and treatment.

This policy does **not** apply to other types of personal leave and/or interruptions from a residency (e.g., prolonged vacation/travel, unaccredited research experience, unaccredited clinical experience, military or government assignment outside the scope of the specialty, etc.). This policy likewise does not apply to periods of time for which a resident does not qualify for credit by reason of resident's failure to meet academic, clinical, or professional performance standards.

ABFM policy **only** provides guidance about the maximum time away from training allowable for a resident to be away from their program and remain board eligible without having to extend their training. It does not replace local human resource policies for resident leave. It is also distinct and separate from, and should not be confused with, family leave as permitted by the Family and Medical Family Leave Act (FMLA), or specific leave policies as defined by your sponsoring institution

human resource department. Additionally, this policy is **not** intended to prescribe decisions regarding the official date and time of resident graduation. At any point, a Program Director and the CCC can make a decision to extend a resident's training based on their assessment that the resident is not ready for attestation of meeting ACGME requirements and enter autonomous practice.

Time Allowed for Family Leave of Absence

Family Leave Within a Training Year: ABFM will allow up to (12) weeks away from the program in a given academic year without requiring an extension of training, as long as the Program Director and CCC agree that the resident is ready for advancement, and ultimately for autonomous practice. This includes up to (8) weeks total attributable to Family Leave, with any remaining time up to (4) weeks for Other Leave as allowed by the program.

The resident must still have at least 40 weeks of continuity experience in the year in which they take Family Leave. This policy also supplants the previous 30 day limit per year for resident time away from the program.

Total Time Away Across Training: 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. Generally speaking, 9–12 weeks (3–4 weeks per year) of this leave will be from institutional allowances for time off for all residents; programs will continue to follow their own institutional or programmatic leave policies for this.

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.

Additional Considerations:

- ABFM will allow Family Leave to cross over two academic years. In this circumstance, the Program Director and sponsoring institution will be the ones to decide when the resident is advanced from one PGY-year to the next.
- Other Leave time may be utilized as part of approved Family Leave, or in addition to approved Family Leave. ABFM encourages programs to preserve a minimum of one week of Other Leave in any year in which a resident takes Family Leave. Consideration should be given to the importance of preserving some time away for resident well-being outside of a period of Family Leave.
- Residents are expected to take allotted time away from the program for Other Leave according to local institutional policies. Foregoing this time by banking it in order to shorten the required 36 months of residency or to retroactively "make up" for time lost due to sickness or other absence is not permitted.
- Time missed for educational conferences does not count toward the time away from training under the Family Leave time allowed in this policy.

Waiver of Continuity of Care Requirements for Hardship

While reaffirming the importance of continuity of care in Family Medicine residency training, ABFM recognizes that hardships occur in the personal and professional lives of residents. Accordingly, a waiver of the continuity of care requirement or an extension of the leave of absence policy may be granted if your residency program closes during your training period, or when a resident experiences a substantial hardship. A hardship is defined as a debilitating illness or injury of an acute but temporary nature, or the existence of a threat to the integrity of the resident's family, which impedes or prohibits the resident from making satisfactory progress toward the completion of the requirements of the residency program.

A request for a waiver of the continuity of care requirement or an extension of the leave of absence policy on the basis of hardship must demonstrate:

- The nature and extent of the hardship.
- Assurance that disruption on continuity of care does not exceed 12 months.
- That the annual vacation/sick time permissible by ABFM and the program has been reasonably exhausted.
- That a medical condition causing absence from training is within the Americans with Disabilities Act (ADA) definition of disability.

If the necessary absence is less than 12 months, the amount of the 24-month continuity of care requirement that the resident completed prior to the absence will be considered a significant factor in the consideration of the request.

When the break in continuity exceeds 12 months, it is highly unlikely that waivers of the continuity of care requirement will be granted.

The Residency Program Director should indicate what criteria will be used to determine the point at which the resident is expected to re-enter. This re-entry may not be granted a level beyond that which the resident had attained at the time of departure. Given that these circumstances are uncommon and fluid, the resident may re-enter the program pending a final decision by ABFM on the amount of additional training, if any, that will be required of the resident.

