



ABFM Time Away from Residency / Family Leave Policy for Board-Eligibility

**Updated June 2023 to enhance clarity about leave types and parameters and to adjust for the 2023 ACGME Family Medicine Residency accreditation requirements.*

Background and Purpose

The American Board of Family Medicine (ABFM) Time Away from Residency / Family Leave Policy for ABFM board-eligibility was initially updated in July 2020 in order to distinguish parental or family leave from other types of leave (vacation, sick, holiday, academic, PTO, etc.) and to provide a more supportive policy for residents during periods in which more prolonged leave is needed, such as welcoming a new family member, caring for an ill family member, or taking time to receive needed care for a personal medical issue. Historically ABFM policy did not distinguish parental or family leave from other types of leave (vacation, sick, holiday, PTO, etc.). It was also cited as one of the more restrictive, least family friendly policies across specialty boards.¹

Numerous articles published on this topic over the last decade focused on the impact of restrictive residency policies and culture on women who have children during residency, who often faced barriers to receiving adequate time away from training to care for themselves and/or their newborns. Evidence of negative cultural biases persist, related to perceptions on impact on resident education, clinical work, and sharing of workload among colleagues. This is despite emerging evidence that the negative impact on training has been overestimated. A multi-center, cross-sectional, study of ophthalmology residents demonstrated no differences between residents taking parental leave compared to their peers, offering some reassurance regarding the unlikelihood of risk on resident performance.²

Residents themselves are often reluctant to ask for time away from residency in amounts considered appropriate for parental leave. A study published in *Family Medicine* in October 2019 demonstrated wide variation among parental Family Leave policies and practices across family medicine residency programs, showing that family medicine residents, on average, utilize less Family Leave time than is offered by programs by one-half to 1.5 weeks.³ In this regard, they have often cited medical certifying board policy as having a major influence on their choice to limit their time away from training so as not to extend their time in residency. Thus, reconsideration of ABFM policy was necessary to support resident well-being and optimize early childhood development for the children of resident trainees. Additionally, the revised policy specifically provided support for non-birth parents who take on early childcare responsibilities, as well as for residents experiencing significant personal illness or care of a critically ill or dying family.

Time away from training for any resident is impacted by multiple issues, including variability in human resource (HR) policies of sponsoring institutions and disparate definitions of Family Leave types. Local policies regarding resident time away from training may be different than what is described here. **ABFM policy is only intended to address maximum time away from training that is allowable for a resident to become board-eligible at the end of their training, after receiving Program Director sign off. It does not override sponsoring institution or residency program HR and training policies, which will continue to operate at the local level as the primary source of allowable time away from training.** Similarly, it should not be confused with leave permitted by the federal Family and Medical Leave Act (FMLA). These policies should be clearly written and communicated to both prospective and current residents, separate from ABFM policy.

Additionally, this policy is not intended to prescribe program-level decisions regarding the timing of graduation for any individual resident, which continue to be based on meeting Accreditation Council for Graduate Medical Education (ACGME) requirements and achieving the competencies necessary for a resident to be deemed ready for autonomous practice. At any point, a Program Director and the Clinical Competency Committee (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.

Principles Utilized in Consideration of a New Policy

In considering a change in ABFM Policy, the following principles were adopted by the ABFM Board of Directors to guide its decisions:

1. ABFM will support residents as they add to their families and as they attend to major personal and family health events.
2. ABFM believes that residency experiences in continuity patient care and core family medicine rotations should be priorities. Time that residents take for Family Leave should be preferentially assigned to elective and/or selected specialty rotations, rather than core Family Medicine rotations.
3. Family Leave should be allowed to cross over from one PGY to the next. Decisions about advancement from one year to the next in residency will continue to be determined by the Program Director and the sponsoring institution.
4. Other leave time, such as allowable vacation days, may be used toward allocation of time away for Family Leave, but should not be exhausted for such. The ABFM encourages programs to keep a minimum of one week of other leave time to be separated from Family Leave time to support resident well-being outside of the time period in which Family Leave is needed.
5. ABFM is committed to maintaining two examination cycles per year to not delay achievement of certification for residents who need an extension of training or who are off cycle for any reason.

Residency Training Requirements for Board Certification Eligibility

Candidates for ABFM board eligibility are required to have completed training 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. For ABFM board eligibility, these include, but are not limited to:

1. Residents are required to spend their final two years of training in the same residency program's teaching practice in order to provide sustained continuity of care to a panel of patients.
2. Each year of residency must include a minimum of 40 weeks of continuity clinic experience. While this ACGME requirement has been replaced with "should" in the 2023 Requirements for Family Medicine Residency Programs, ABFM has elected to keep this a "must" requirement for board eligibility (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. Beginning July 1, 2023, residents will be required to complete a minimum of 1,000 hours of "caring for one's panel" in the continuity practice site, in lieu of the prior 1650 visit requirement.

At the end of training, the Program Director is expected to sign electronically via the Residency Training Management (RTM) system, on behalf of the Clinical Competency Committee, that the resident has met all requirements for board-eligibility and is ready for autonomous practice.

Definitions

For the purpose of this policy:

1. Academic/training years will be referred to as PGY-1, PGY-2, PGY-3, and, when relevant, PGY-4.
2. **Family Leave** refers to a Leave of Absence from the residency program to support residents during the following:
 - The birth and care of a newborn, adopted, or foster child, including both birth- and non-birth parents of a newborn.
 - The care of a family member⁴ with a serious health condition, including end of life care.
 - A resident's own serious health condition requiring prolonged evaluation and treatment.
3. **Other Leave** refers to time off allotted by programs and their sponsoring institutions for vacation, sick leave, holiday, educational leave, or other paid time off.

Policy Parameters

This policy does not apply to:

- Other types of personal leave and/or interruptions from a residency, such as vacation/travel, educational leave, unaccredited research or clinical experiences, military, or government assignment outside the scope of the specialty, etc.
- Periods of time when a resident is away from the program for failure to meet academic, clinical, or professionalism performance standards.

ABFM does not require pre-approval for a resident's Family Leave if it is taken as outlined, and as long as the resident is on schedule to meet other training requirements. However, ABFM still requires that Family Leave or other leave of absence is reported through the RTM system, even when extension of training is not required, to allow for data tracking that supports ongoing evaluation of this policy change.

Time Allowed for Family Leave of Absence

Family Leave Within a Training Year:

ABFM will allow up to twelve (12) weeks away from the training in a given academic year without requiring extension of training, as long as the Program Director and Clinical Competency Committee agree that the resident is ready for advancement to the next level and on track to meeting competencies required for autonomous practice. **These 12 weeks can include up to eight (8) weeks attributable to Family Leave, and up to four (4) weeks of Other Leave**, as allowed by the program. 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 any other needs a resident has outside of a period of Family Leave.

The resident must still have at least 40 weeks of continuity experience in the year in which they take Family Leave.

Total Time Away Across Residency Training

A resident may take up to a maximum of 20 weeks away from training over three years of residency without requiring a training extension. This allows for periods of Family Leave that may be necessary within different academic years, such as having a second child or recurrent personal or family leave. Generally speaking, 9-12 weeks (3-4 weeks per year) of this leave will be from institutional allowances for time off that applies to all residents; **programs will continue to follow their own institutional or programmatic leave policies for this.**

A period of Family Leave may cross over two academic years. In this circumstance, the Program Director and sponsoring institution may decide when the resident is deemed prepared to advance from one PGY-level to the next.

Decisions about what constitutes family member and what constitutes serious health condition is best left to the Program Director and their institutional policies. ABFM intends to leave those decisions at the local level where they are best able to be individually made.

Time Allowed for Other Leave During the Course of Residency

Consistent with prior ABFM policy for board-eligibility, **the maximum time allowable for Other Leave is four (4) weeks or 30 days** (depending on how leave is calculated at each institution) per academic year. In the absence of a need for extended Family Leave, a resident is still required to spend 12 months in each PGY-year. Residents are expected to take this allowable time away according to local institutional policies. Foregoing this time by banking it 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.

Certification Timeline in Instances of Extension of Residency Training

If a resident's leave exceeds either 12 weeks away within a given academic year, and/or 20 weeks total across three years of training, **extension of the resident's residency will be necessary** to cover the duration of time they were away from the program in excess of 20 weeks. In this instance, residency directors must make appropriate curricular adjustments and notify ABFM of requested extensions through the RTM system, for approval by ABFM Reports must include an explanation for the absence from training, the number of total days missed, and a plan for resuming training as basis for calculating a new graduation date.

When a training extension is needed, the resident will still have two opportunities to take their initial certification exam within the same year as graduation, based on the following parameters:

If they are anticipated to complete training between July 1 and October 31, they may apply for and take the Certification Examination in April of their PGY-3 year, with permission from the program director through the RTM system.

If they are anticipated to complete their residency between November 1 and December 31, they will be eligible to take the Certification Examination in November of their graduating year. Additionally, residents who complete their training between January 1 and April 30 of the year following their original graduation date may also apply to take the November exam in the same year as their original graduation date, after approval of permission from the program director through the RTM system.

¹ Varda BK, Glover M. Specialty board leave policies for resident physicians requesting parental leave. *JAMA*. Dec 11, 2018. Vol 320 (22); 2374-2377.

² Huh DD, Wang J, Fliotsos MJ, et al. Association Between Parental Leave and Ophthalmology Resident Physician Performance. *JAMA Ophthalmol*. 2022;140(11):1066–1075.

³ Wendling A, Paladine H, Hustedde C, Kovar-Gough I, Tarn D, Phillips J. Parental leave policies and practices of US family medicine residency programs. *Fam Med*. 2019;51(9):742-9.

⁴ Decisions about what constitutes family member and what constitutes serious health condition is best left to the Program Director and their institutional policies. ABFM intends to leave those decisions at the local level where they are best able to be individually made.

