

ABFM Family Leave Policy FAQ – May 2020

Clarification Regarding the Use of this Policy:

ABFM policy is only intended to address maximum time away from training that is allowable for a resident to be board-eligible at the end of their training and Program Director sign off. It does not supplant local human resource policies.

This policy is also not intended to prescribe or force decisions regarding time of resident graduation and attestation that the resident is ready for autonomous practice. It only provides guidance about the maximum time away from training allowable for a resident before the program would have to extend their training. It is the responsibility of the Program Director and the CCC to make a decision to extend a resident's training based on their assessment that the resident is not ready to enter autonomous practice.

1. What is the start date for this policy and is it retroactive for residents already in the program?

This revised Residency Family Leave Policy becomes effective beginning July 1, 2020 will apply to all residents and fellows in the program, regardless of their training year. For the purposes of determining extension of training decisions, this policy is retroactive to include any resident who is enrolled in the program at the time the policy takes effect but does not retroactively change the resident's time of promotion from one PGY year to the next.

Related Question: If I have a resident scheduled for paternity leave from mid-June 2020 to 8/1/2020, would the time from 7/1/2020–8/1/2020 fall under this policy or is this only for leaves that start on 7/1/2020 or later?

Yes, because this is retroactive for residents already enrolled in the program, the ABFM Family Leave Policy would apply for this resident.

Related Question: I have a PGY-1 currently on maternity leave. She's returning to work at the start of Block 13 and based on the former ABFM policy her promotion to PGY-2 was scheduled to be delayed until after she completes Block 1 of AY20-21 and her graduation will be delayed until after she completes Block 1. These delays would not be required under the new policy. My question deals more with the delay to PGY-2 status as she may not supervise junior residents until she is a PGY-2. The CCC and I have complete confidence in her ability to function as an upper level resident and I'm wondering if the new policy would allow us to still promote her to PGY-2 status on July 1 using the new policy (since it also effective that day), while retaining the delayed graduation date mandated under the old policy.]

Yes, because this is retroactive for residents already enrolled in the program, the ABFM Family Leave Policy would apply for this resident. While this policy change would not apply to any decisions previously made about advancement from one PGY-year to the next, if the advancement occurs any time on or after July 1, 2020 when the policy becomes effective, ABFM allows discretion to the Program Director, CCC, and institutional officials to make decisions about advancement based on assessment of readiness.

Related Question: We have a matched applicant joining us in July who informed us she is pregnant and due to deliver mid-July. Are we obligated to give her leave time (with pay) when she hasn't

really started working with us yet? It seems risky, what if she decides to postpone her residency altogether?

Yes, this policy would apply to this resident in terms of future decisions regarding whether or not she would need extension of training before graduation. A program is not obligated to provide time away to a resident by this policy – that depends on local program and institutional needs and requirements. ABFM does not have a role in determining whether leave is accompanied by pay, as that is a local institutional issue.

Related Question: Will the board allow for flexibility in the “not retroactive issue” if a PD deems a resident ready to graduate - or can that be a program decision. Would the board disallow a resident graduating on time if they took a leave Jan 2020?

Yes, because this is retroactive for residents already enrolled in the program, this policy would apply for this resident as long as the program deems that the resident is ready for autonomous practice.

Related Question: I have a graduating resident who has extended contractually until July 24. This was due to back surgery this past year. From what I hear, you are telling me he could finish on time June 30? Is that correct?

Yes, because this is retroactive for residents already enrolled in the program, this policy would apply for this resident as long as the program deems that the resident is ready for autonomous practice.

Related Question: We have a resident who took a leave of absence for maternity in her first year and would be graduating this June, but is delaying until Sept. If the program feels she is ready, does she still need to make up the 3 months? This resident will be taking her boards in July.

Yes, because this is retroactive for residents already enrolled in the program, this policy would apply for this resident as long as the program deems that the resident is ready for autonomous practice.

Related Question: Will this policy apply to residents at the very beginning of residency. For example, a resident who delivers a baby two weeks into intern year.

Yes, because this is retroactive for residents already enrolled in the program, this policy would apply for the scenario described.

Related Question: Our schedules are all set for the academic year starting July 1, 2020. Is there any consideration of delaying this start to the next academic year?

No. ABFM has been committed to creating a new Family Leave policy that supports residents during critical periods of time in their personal and family lives. Our Board of Directors approved this policy in April 2020 with a July 1, 2020 start date and does not wish to delay any longer with implementation.

2. What will be the requirement from the ABFM if the resident is off for family leave for greater than 20 weeks during the entire residency?

A resident who is away from the program more than 12 weeks in a single year and/or more than 20 weeks across the span of their training will need to extend their time in the residency for the time that their leave extended beyond these parameters.

3. Can you elaborate on the difference between working days and calendar days? What about holidays? Weekends?

The former ABFM Leave Policy was revised to clarify this by eliminating the use of the terms days, months, weekdays, workdays, weekend days, and now only uses the designation of “weeks” to describe time away from training for Family Leave. Additionally, to avoid confusion between leave within a year and across the entirety of training, the policy now describes both time periods in terms of leave amounts that combine Family Leave and Other Leave (vacation, sick leave, PTO, holidays, etc., as defined by your institution).

The policy now states “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.”

Related Question: Our residents get 3 weeks of vacation, 1 week of CME and up to 13 sick days and 6 holidays. That exceeds the ABFM time limit if they use all their sick days.) [The FAQ reply to question #2 ("working days" versus "calendar days") seems like it is still going to cause confusion. This is all further compounded by the fact that some programs use calendar months and others use blocks. I think it needs to be extremely specific and say "8 weeks (40 weekdays) in programs that use a schedule based on 2 or 4-week blocks" or "2 months (~42 weekdays depending on the months) in programs that use a schedule based on calendar months." Any generic reference to "total days away" is going to raise questions about weekdays versus weekends versus holidays and the attempted specifier of "work days" is just still too generic because we work during the week and on the weekend and on holidays.

We are hoping that elimination of working days, calendar days, weekend days, weekdays, months, etc. and using only the term weeks will help clear up the majority of the confusion described by this question. It appears that in this case the local policies around leave time allow for six weeks and 5 days when combining all types of “Other Leave.” For purposes of board eligibility at the end of training, the total of 12 weeks in a given year (Family Leave + Other Leave) and/or 20 weeks across the training program are standard for all residents, even if your institution allows more. In the case of a Family Leave up to 8 weeks, you and the resident may negotiate to use some of the leave you describe toward the 8 weeks, or you may decide together to extend the resident’s training to allow for the greater time described. We hope that the elimination of working days, calendar days, weekend days, week days, months, etc. and using only the term weeks will help you in this situation.

4. Please confirm that for non-FMLA time away, programs are to continue with the 30 calendar day limit?

This new policy replaces the former 30-day calendar limit regarding maximum allowable time away from training to remain board eligible without requiring training extensions, in order to allow Program Directors the flexibility to establish criteria for leave time based on your local needs and institutional requirements. It is intended to focus on increasing the time for residents to take Family Leave for significant events like the addition of a child to the family, serious personal illness and the ability to care for a family member with a significant illness.

Program Directors will have discretion about utilizing the 12 week maximum (up to 8 weeks of Family Leave and up to 4 weeks of other leave (vacation, sick, holiday, PTO, etc.) to address other short term

situations (e.g. exhausted sick leave and an acute illness requiring short-term leave) in order to address these in a way that is equitable in terms of training extensions.

Related Question: Need clarification-- Dr. Smith starts FM residency July 1, 2021. She takes maternity leave September 1 for 8 weeks, then her 3 weeks of vacation later in the academic year. She takes 3 weeks of vacation in PGY2 year, 3 weeks family leave then 3 weeks of vacation in her PGY3 year, and she can graduate June 30, 2024? What if a resident wants to take a leave to take a prolonged vacation for his or her mental health? Same rules?

Yes, this policy would apply in this situation. As long as the total time away is \leq 20 weeks total and not more than 12 weeks in an academic year, the Program Director would not be required to extend training. If there is ever a situation in which additional leave is needed for health reasons, the program can grant this, but training would need to be extended. The allowable period for Family Leave does not apply to periods of prolonged vacation that a resident wishes to take, which would fall under your institutional policies.

Related Question: Just to clarify, this allows a resident to take the time off without extending, but it does not dictate that a program must extend a resident's training if they feel it is needed?

Correct, this policy only provides guidelines for the upper limits of allowable time away without having to extend training. A program is never prohibited from extending training for a resident that is not deemed ready for autonomous practice.

Related Question: While giving program directors discretion in determining competency for residents who've taken long term leave, other Board policies seem to tie their hands in cases where a resident merely gets sick and doesn't qualify for long term leave. In our institution, if a resident gets ill (or has surgery, for instance), the first four days of that absence is charged to PTO. A second illness or absence operates the same way- the first four days come out of PTO. So, say a resident takes four weeks of vacation (PTO) in an academic year, and then happens to get the flu and is forced to miss 5 additional days of training; by my reading of current Board policy (which represents a continuation of previous Board policy), he or she will need to have their training extended for however many days they're off more than the 21 allowed by the Board. In that case, competency no longer matters; or rather, it's not the limiting factor. The only criterion for advancement, even if the program director determines that the resident is competent for independent practice, is that the resident has completed the requisite number of days. The irony, of course, is that two equally qualified residents are subject to completely different rules. Someone who takes 3 months of leave during their PGY-2 year can graduate with their peers if they have seen 1650 patients and are judged competent by the program director; but their classmate who's off just one extra day in the PGY-2 year must have his or her graduation extended. Am I reading these policies wrong or are there really two sets of rules for residents?

ABFM is attempting to create a policy that will allow Program Directors discretion to create equity across residents' needs for time away from training within a total amount of allowable time framework.

5. Please confirm that for all types of time away (non-FMLA and FMLA), programs are still required to have residents complete 40 weeks continuity clinic per each PGY year and 36 months of training in total for graduation?

Yes. Within a given academic year, a resident can be away from the program as described in the new policy and still maintain their ABFM eligibility without an extension of training, as long as they are meeting their 40 week continuity requirement and have a pathway to meet their 1650 continuity visit minimum by the end of training. Ultimately, the timing of graduation is always determined by the program director after a determination about whether the resident is ready for autonomous practice or needs to extend training in order to reach optimal readiness.

Related Question: The New Long Term Absence Policy, which aims to align Board Policy with broader social policy, allows residents up to 60 calendar days (plus vacation, with some stipulations) away from the program in any given academic year. It further specifies that leave can bridge academic years and that if that happens, up to 20 weeks can be permitted away from the program. Beyond that, other than the requirement for 40 weeks in training and 1650 continuity visits (which does not change), the decision to extend training is left to the discretion of the program director. In other words, if the resident has met the minimum visit requirement and is judged to be competent to practice independently, he or she can graduate “on time.” That determination seems consistent with implementation of milestones and the drive to make competency the ultimate criterion for graduation.

Yes, this is accurate. Up to 8 weeks in a given year can be taken as Family Leave and up to 12 weeks in a given year is allowable as a combination of Family Leave and Other Leave. As long as these parameters are met, it is up to the Program Director to determine if an extension of training is needed. As long as the Program Director and CCC feel confident that the resident is ready for autonomous practice based on milestones and ongoing assessment of competency, no additional extension of training is required.

Related Question: How can a resident be away 4 weeks for Other Leave, 4 weeks for Family Leave and get 40 weeks of continuity. Yes, technically there are 44 weeks remaining but there are lots of residency experiences where clinic time is exceedingly difficult - away rotations and night float being the most common.

ABFM realizes that there is variation in curricular design and rotations across programs, and that away rotations and night float do present challenges to achieving the 40 week requirement. ABFM counts on the Program Director, Administrator and faculty to work on specific curricular needs for a resident during the year in which they need to take Family Leave in order to move rotations such as away electives and those requiring night float to be in alternate years, when possible. When this is not possible, or if it is not desirable from the resident’s perspective, you may choose to extend their training. There is nothing in the ABFM policy that prevents a resident from taking a shorter Family Leave period in lieu of having an extension of training in cases where the curricular requirements cannot accommodate the leave.

Related Question: If that changes (retroactive discussion) please plan to comment on how that impacts the 40 week requirement (i.e., would we still need to ensure the resident had 40 weeks in each year with the leave that was taken.)

The 40 week minimum per year requirement applies even in cases of retroactive consideration of Family Leave time.

Related Question: Would it be possible for residents to do 1 clinic per week when they are on elective during part of their FMLA, or does that ruin the FMLA to help with continuity issue?

Those decisions are up to the Program Director and resident to negotiate. Nothing prohibits the addition of clinics during elective rotations, as those are curricular decisions made at the program level. ABFM would discourage this as part of Family Leave time, but does not prohibit it. The Program Director is in the best position to understand the needs and desires of the resident with respect to the reasons for their Family Leave time.

Related Question: I'm assuming that if we are in one of the pilot programs that do not require 40 weeks of continuity clinic currently, we'd just have to use our best judgement and discuss with the board how many weeks of clinic is required?

Yes, we would be happy to look at the plans proposed by the pilot programs for how they will handle each of these situations to ensure shared understanding.

6. They still need the 1650 though, regardless?

Related Question: I have several second years whose numbers are lower and are expecting a child in their 3rd years. I can't imagine they will hit 1650. Difficult decisions about extending or not

Related Question: Essentially these residents will still need to meet the 1650, correct? So, they may have to extend for that reason.

Yes, the 1650 minimum for continuity visits remains an ACGME accreditation requirement and, as such, remains an ABFM priority. Given that this is a minimum floor, we expect that even residents with Family Leave will have the opportunity to meet this visit number before they complete residency. Careful planning for sufficient clinic sessions and patient visits before and after the Family Leave should be able to accommodate this. If they do not, the resident will have to extend their training to do so.

Related Question: If a resident takes Family Leave in their first or second year, we have to assume they are going to be extended as we will not know if they meet their 1650 continuity until the end of their third year. Are we able to change their graduation date at the end of their residency?

The minimum number of 1650 visit is a floor, not a ceiling. Experience and data suggest that the majority of residents in family medicine training programs see far more continuity visits during their training. In this regard, there is no reason to assume at the outset that this number cannot be met with careful planning of the resident's curriculum after the period of Family Leave. If the resident is unable to do so, they would have to extend their training to accomplish this and the graduation date will change closer to the end of their training.

7. Could you clarify: A resident with a leave of absence is able to be promoted to the next PGY level if the program director/CCC determines this is appropriate?

Yes, if the Program Director, CCC and Designated Institutional Official agree that the resident has met the competencies needed to advance to the next PGY-level. We intend to give more discretion to programs for determining when residents are ready to be at a given level of training. This would require that they had not exceeded 12 weeks away within the preceding year and had been able to meet the 40 weeks of continuity clinic time in their current PGY year.

8. Would there be implications for a resident that wanted to take a 12w parental leave but also extend their residency (e.g. they don't want to forgo the clinical experience/training)? Would it affect a program's ability to offer this, GME payments, etc.?

A resident can always choose to extend their residency in order to optimize their clinical training as long as the program and institution are supportive of this decision. Decisions about adequacy of patients and experiences, as well as funding to do so, are left to be determined at the program level.

9. If we let residents take 8 weeks in addition to vacation then either they miss core rotations or others miss core rotations because of covering inpatient services for the resident on leave.

These are specific curricular decisions and rotation planning decisions that need to be made at the local level. We ask that you make every attempt to adjust a resident's schedule to have their Family Leave be on elective, or more individually-based (e.g. subspecialty, community medicine, and similar rotations) so as to create less disruption to core inpatient rotations and others that would impact more of their peers.

10. Does this apply to days for acute illnesses or just chronic illnesses?

Related Question: We've been pretty "trusting" with allowing residents to call out sick for a number of reasons without requiring documentation. They get 5 sick days and have known if they exhaust their time away each year (sick and vacation), then they'd have to make it up. Is there some thought/concern that we'll see residents take advantage of this and burn through their usual sick time and just rely on the backup 8 weeks when they really get sick?

Use of the Family Leave policy is intended to support time away from the program for significant illness (self or family member) or the addition to one's family. Significant illness may be acute or chronic. Whether to use this versus the sick leave allotted for all residents, depends in your judgement about the severity of the condition and how much time the resident needs to be away from training.

Related Question: Does bereavement leave fall under this policy?

With respect to bereavement leave, it depends on what fits with your existing policy for this. If this is part of a longer Family Leave to care for a terminally ill family member, or results in a substantial mental health issue that you feel necessitates the resident being out longer, you may choose to use Family Leave. Those types of decisions need to be made at the program level.

Related Question: Many think that it will be difficult to define family leave and residents will begin to believe that everyone should get family leave for whatever reason.

ABFM understands that this is a new policy, and that any new policy or process creates uncertainty. The new Family Leave Policy is intended for additions to family or major health problems requiring prolonged time out of training (major surgery, motor vehicle accident, cancer diagnosis, etc.). Program Directors and, if appropriate, the residents' doctors, should be involved with that decision.

You will also need to determine what constitutes Family Leave in your local environment. Often, that is a determination made by the sponsoring institution's human resource policies. We have faith that program directors will help guide residents through the process of discussing this with residents as a group and individually when the need arises, to do the right thing for the resident and the program.

11. I wish the statement about saving a week away from the leave was uniformly described as a suggestion, not a requirement. Our institutional FMLA policy does not allow saving vacation leave if FMLA is enacted.

ABFM encourages this, but it is not a requirement and the language of the new Family Leave Policy reflects that. This is a decision that must fit within your institution's rules, as well as the needs of the resident and the program.

12. If I have a resident who insists on using all her vacation and PTO time for pregnancy time off, must I tell her that she must save 1 week of vacation--even if it means extending her training a week?

No, this is not a requirement. It is a strong recommendation to encourage the resident to preserve a week for some other time in the year, but that is a decision you can make with the resident.

13. How do you handle a resident who says she can't take night or weekend call on certain rotations because she is a single mom?

That is an issue to be resolved at the program level. ABFM only addresses maximum time away from training that is allowable for a resident to be board-eligible at the end of their training.

14. Our institution does not provide for paid maternity or paternity leave. How do we make that work? [What are the requirements for sponsoring institutions to continue pay for this leave? The only salary continuance our institution currently has is for maternity leave and only for 6 weeks.]

That is an issue to be resolved at the sponsoring institution level. ABFM only addresses maximum time away from training that is allowable for a resident to be board-eligible at the end of their training and your sign off. No program is obligated to provide this amount of time for a resident – that is a local issue and must consider institutional human resource policies, coverage needs for the program, and resident choice if they want to use less time.

15. If a resident goes on leave because of pregnancy during COVID, she can still be promoted on time?

If a resident has any medical condition (not limited to pregnancy) that necessitates that they have no contact with COVID patients, he or she would fall under the exemption for the COVID pandemic. If the resident's total time of out of training is prolonged because the pandemic lasts for a prolonged period, we can work with you on case-by-case basis to approve the time.

16. How does this leave policy apply for end-of-year / end-of-training time window? Can a resident graduate while on leave at the end of 12 weeks away (vacation + leave)?

Yes. Contrary to popular belief, ABFM has never had a policy that required the resident to be back in training for the last week(s) of their residency. They can graduate while on leave as long as they have met their 1650 minimum continuity patient encounters for their total training and their 40 weeks of continuity practice in that year.

17. What about our residents who will seek certifications from AOBFM? Was this synchronized with them?

This policy relates only to certification eligibility with the American Board of Family Medicine and has not been coordinated with ABOFP. Residents interested in ABOFP certification will need to refer to their policies.

18. Does governmental funding to sponsoring institutions for residents continue during the time of leave?

That is not an issue that ABFM is involved with. It is up to how each institution and how they submit data related to acquisition of federal dollars.

19. Is the ABFM going to ask us to submit to them which residents have taken family leave and if so, will there be an evaluation of the reason for the leave by the ABFM?

Yes, all programs will need to submit information about any resident that has been granted a period of Family Leave, even when that time does not require extension of training, as this will help us understand and inform decisions about the impact of these policies on residency training.

Related Question: Can you guide us on how and when leave should be documented in RTM? Is there a time period from the beginning of leave?

We are working on changes in Residency Training Management System (RTM) at this time that will accommodate this policy change and will provide a specific set of directions to all programs as soon as those changes are made. It is unlikely that these RTM programming changes will be ready for the July 1, 2020 policy implementation. In between July 1, 2020 and the changes being implemented in RTM, we would ask that you work with Kathy Botner via email (kbotner@theabfm.org) to establish the timelines for a resident impacted by this.

20. What do we do with residents in COVID times who won't hit 1650 AND had a maternity or other leave (both reducing clinical volume)?

Related Question: Is the 1650 including the telehealth visits?

ABFM guidelines related to the impact of COVID on training requirements for board eligibility indicate that telehealth visits can count toward the 1650 minimum at this time, and that a 2020 graduating resident would be held harmless for not meeting 1650 because of the impacts of the pandemic. We will be monitoring the situation and determining how this will apply for 2021 and 2022 graduates. In the meantime, please record all documented visit types (in person, virtual, other) as you would track the in-person visits for each resident moving forward into PGY-2 and PGY-3 positions.

21. Would you please share the information from your slide presentation that contained the comparative leave across specialties? It is not explicitly in the background nor in the references cited. This would be very helpful in framing faculty discussion around these changes.

Yes. ACGME, ABMS and its specialty member boards have been looking at this issue since mid-2019, with a goal of creating more consistency across boards and between ACGME and boards. A primary goal of this work was to create policies that balanced the need for greater support of residents during life changing periods in their lives with the need to assure that appropriate training exposures and

competency can be achieved. In reviewing published board policies, some of which have been recently updated and others that have not yet done so, the following comparison can be seen:

Board	Max Weeks/Year	Max Weeks/Program	Includes all Leave Types:	Notes
ABFM Current	30 days (-4 weeks)	90 days (-12 weeks)	Yes	Cannot carry over
ABFM New	Up to 12 weeks (Up to 8 weeks Family Leave and up to 4 weeks Other Leave (program specific leave policy driven))	Up to 20 weeks (combined Family Leave and Other Leave)	Yes	Replaces the 3-month policy for time away; Abolishes the carry over prohibition; eliminates the 12 months in each year requirement
Obstetrics and Gynecology (4 yr program)	12 week	24 weeks	Yes	
Anesthesia		12 weeks*	Yes	*Can add up to 8 additional upon request without extension of training
Internal Medicine	5 weeks	105 days (15 weeks)	Yes	
Surgery (5 year program)	4 weeks +2 weeks in Years 1-3 of training and 4 weeks +4 weeks in Years 4-5 of training	(Max 34 weeks if used <u>all</u> vacation plus additional leave)	Hybrid	
Pediatrics	1 mo per year	*3 months (12 weeks)	Yes	* PD can request waiver for 2 additional months for family or medical leave