



LEAVES OF ABSENCES FOR RESIDENTS & FELLOWS

Effective: January 1, 1990
Last Revised: July 7, 2023
Next Review: July 7, 2024
Owner: OGME/GMEC
Applicability: GME/GPR

Responsibility

This policy is maintained by the Graduate Medical Education (GME) Department.

Purpose:

To ensure that all of MAHEC's Graduate Medical and Dental Education (GME) programs meet or exceed the Institutional and Common Program (IV.H.1) Requirements of the Accreditation Council for Graduate Medical Education (ACGME), the Commission on Dental Accreditation (CODA), the ACGME Institutional and Residency Review Committees (IRC and RRC), and the American Society of Health System Pharmacists (ASHP) regarding absences for all residents/fellows.

The policy also includes adherence to MAHEC's employment policies and benefits and the policies set forth by the American Boards of each Residency and Fellowship Program MAHEC sponsors.

The Graduate Medical Education Committee (GMEC) in consultation with the Program Directors, GME Institutional Department & Talent Management (TM) will be responsible for maintaining this policy.

Policy:

Residents or Fellows within GME Residency and Fellowship programs at MAHEC are ineligible for MAHEC's Paid Time Off (PTO) policy. Instead, this policy provides GME Residents or Fellows with unique and comprehensive Leave(s).

Documentation of a resident's/fellow's absences will be maintained by the programs and reviewed periodically by the GMEC via Workday. Every absence from the program will be documented via New Innovations and Workday, and the programs will monitor the totals to determine if there is a need to extend a resident's/fellow's contract date in order to maintain their board eligibility (board eligibility specialty links below).

Specialty Certificates	Subspecialty Certificates
<p data-bbox="87 1665 493 1692">American Board of Family Medicine</p> <ul data-bbox="136 1738 363 1766" style="list-style-type: none"><li data-bbox="136 1738 363 1766">• Family Medicine	<ul data-bbox="911 1738 1308 1871" style="list-style-type: none"><li data-bbox="911 1738 1192 1766">• Adolescent Medicine<li data-bbox="911 1772 1159 1799">• Geriatric Medicine<li data-bbox="911 1806 1308 1833">• Hospice and Palliative Medicine<li data-bbox="911 1839 1114 1866">• Pain Medicine

Specialty Certificates	Subspecialty Certificates
	<ul style="list-style-type: none"> • Sleep Medicine • Sports Medicine
American Board of Internal Medicine	
<ul style="list-style-type: none"> • Internal Medicine 	<ul style="list-style-type: none"> • Adolescent Medicine • Adult Congenital Heart Disease • Advanced Heart Failure and Transplant Cardiology • Cardiovascular Disease • Clinical Cardiac Electrophysiology • Critical Care Medicine • Endocrinology, Diabetes and Metabolism • Gastroenterology • Geriatric Medicine • Hematology • Hospice and Palliative Medicine • Infectious Disease • Interventional Cardiology • Medical Oncology • Nephrology • Neurocritical Care* • Pulmonary Disease • Rheumatology • Sleep Medicine • Sports Medicine • Transplant Hepatology
American Board of Obstetrics and Gynecology	
<ul style="list-style-type: none"> • Obstetrics and Gynecology 	<ul style="list-style-type: none"> • Complex Family Planning* • Critical Care Medicine • Female Pelvic Medicine and Reconstructive Surgery • Gynecologic Oncology • Maternal–Fetal Medicine • Reproductive Endocrinology and Infertility
American Board of Preventive Medicine	
<ul style="list-style-type: none"> • Aerospace Medicine • Occupational Medicine • Public Health and General Preventive Medicine 	<ul style="list-style-type: none"> • Addiction Medicine • Clinical Informatics • Medical Toxicology • Undersea and Hyperbaric Medicine
American Board of Psychiatry and Neurology	

Specialty Certificates	Subspecialty Certificates
<ul style="list-style-type: none"> • Psychiatry • Neurology • Neurology with Special Qualification in Child Neurology 	<ul style="list-style-type: none"> • Addiction Psychiatry • Brain Injury Medicine • Child and Adolescent Psychiatry • Clinical Neurophysiology • Consultation-Liaison Psychiatry • Epilepsy • Forensic Psychiatry • Geriatric Psychiatry • Neurocritical Care* • Neurodevelopmental Disabilities • Neuromuscular Medicine • Pain Medicine • Sleep Medicine • Vascular Neurology
<p>American Board of Surgery</p>	
<ul style="list-style-type: none"> • General Surgery • Vascular Surgery 	<ul style="list-style-type: none"> • Complex General Surgical Oncology • Pediatric Surgery • Surgery of the Hand • Surgical Critical Care

Outlined below are the leaves of absence or time away from the program allowed by MAHEC. However, time away from the residency or fellowship program in accordance with these policies may exceed the guidelines set out by each specialty’s certifying board. This will result in the need to extend the length of the residency program in order to qualify for specialty or sub-specialty board certification. Consultation with the Program Director and the GME Office is required prior to all residents/fellows taking extended periods of leave.

This policy applies to all contracted residents and fellows employed by MAHEC in an ACGME or CODA accredited program.

Times of Time Away from Training:

Paid Time Off:

- PGY-1 - PGY-8 ACGME and ASHP Medical and Pharmacology Residents and Fellows will receive **15 days** of paid leave.
- PGY-1 Dental Residents will receive **10 days** of paid leave.

Holidays: The department will attempt to provide each **ACGME - Medical Resident and Fellow 5 days** off during the Thanksgiving, Christmas or New Year’s Holiday in addition to their 15 days of leave.

Due to hospital coverage and rotations, residents/fellows do not follow the same set MAHEC Holidays and Building Closure Guidelines as other MAHEC employees. The programs are responsible for evenly distributing work hours during holiday times. Under no circumstances will holiday leave be

subject to payout upon separation from employment. Residents are not guaranteed holiday leave unless the service or area to which the resident is assigned is closed for the holiday.

Extended Leave: Extended Leave is time taken away from resident/fellow training beyond thirty (30) days of leave per year. The minimum amount of training time during the contract year is defined for residencies and fellowships by the Accreditation Council on Graduate Medical Education (ACGME), the Commission on Dental Accreditation (CODA), the ACGME Institutional and Residency Review Committees (IRC and RRC), the American Society of Health System Pharmacists (ASHP) and each individual Specialty Board requirements. In the case where any such requirements relative to a particular MAHEC residency or fellowship program are not specific, the allowable combined total PTO, Sick Leave, and any additional Sick Leave taken during the contract year shall be 1 month (30 days).

Educational Leave: Residents/fellows can take approved leave to engage in educational activities that typically occur outside of MAHEC. These activities may include attending regional and national meetings and participation in global health activities. This leave does not count against PTO or sick time.

The GME Office recognizes that travel related to interviews for Fellowships or post-Residency employment is necessary. This type of travel will result in absences from clinical duties which impact the entire residency. The following conditions must be met before such travel will be approved.

- Time away from clinical duties will be minimized.
- The costs of these interviews will be borne by the individual resident/fellow.
- Total time spent at interviews or for professional development (meetings, other presentations) is considered educational and not PTO time.

Sick Leave: Ten days (defined as 10 scheduled working days' worth) of paid Sick Time are provided annually. Sick Time is intended to be used to preserve and promote trainee health and wellbeing, and will be approved at the Program Director's discretion.

Trainees planning to use Sick Time to cover foreseeable appointments are responsible for making arrangements for coverage of their clinical responsibilities. In instances of unforeseeable Sick Time, it is the responsibility of the Program Director or their designee – not the trainee taking time away – to make arrangements for coverage of the trainee's clinical responsibilities.

Bereavement Leave: Residents may take up to three (3) days of paid leave due to the death of an immediate family member. Immediate family shall include spouse, child or stepchild, parent or stepparent, grandparent, grandchild, parent-in-law, foster parent, brother, sister, brother-in-law, sister-in-law, daughter-in-law, or son-in-law of the Resident or Fellow. With approval of the Program Director, additional time for bereavement may be taken using annual leave or leave without pay.

GME Supplemental Paid Leave: Residents or Fellows are eligible to receive a minimum of six (6) weeks of GME Supplemental Paid Leave for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME or CODA accredited program starting the day the resident/fellow is required to report to duty. GME Supplemental Paid Leave is contingent upon and concurrent with an approved Family Medical Leave (FMLA) approval (six weeks is defined as 30 scheduled working days total). A trainee is only eligible for GME Supplemental Paid Leave concurrent with approved FMLA.

MAHEC will provide Residents or Fellows in ACGME or CODA accredited programs the following in relationship to GME Supplemental Paid Leave:

- (IV.H.1.b) 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken (CORE).
- (IV.H.1.c) One week (5 scheduled working days) 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. (CORE)
- (IV.H.1.d) Ensure the continuation of health and disability insurance benefits for residents or fellows and their eligible dependents during any approved medical, parent, or caregiver leave(s) of absence. (CORE)
- (IV.H.1.e) Describe the process for submitting and approving requests for leave of absences (CORE)
- (IV.H.1.f) Be available for review by residents/fellows at all times; and, (CORE)
- (IV.H.1.g) Ensure that each ACGME-accredited programs provide accurate details to its resident/fellows on the implications of an extended leave of absence on the completion of their program and eligibility to participate in examinations (CORE)

Supplemental Paid Leave runs in coordination with PTO and Sick Leave and will subsidize leave balances as needed to ensure six weeks (30 scheduled working days total) is provided for the first approved medical, parental, or caregiver leave(s) of absence taken. As well as protect one week (5 scheduled working days) of paid time off reserved for use outside of the first six weeks of the first approved Family Medicine Leave (FML) approval.

Leave For Parent Involvement in School: In accordance with North Carolina state guidelines, four hours of unpaid Parental Involvement Leave per calendar year will be granted (no waiting period) for a parent, guardian, or person standing in lieu of parent in raising a school age (grade school, preschool, or child day care) child so that the trainee can become involved in school activities.

The Leave for Parent Involvement in Schools is for a maximum of four hours per calendar year (Jan-Dec), no matter how many children may be in the family. The Leave must be scheduled for a time that is mutually agreeable to the department and the trainee, and approval for the absence must be requested at least 48 hours in advance of the event/appointment. The program may require written verification from the child's school that the trainee attended or was involved in school activities during the time of the Leave. At the trainee's discretion, this Leave may be taken using available Vacation Time.

General Requirements

1. Travel arrangements should not be made before the request is approved by the Program Director.
2. Leave must be taken or used during the contract year.
3. No two leave/PTO periods may be concurrent (e.g., last month of the PGY-2 year and first month of the PGY-3 year in sequence).
4. PTO, Sick leave, Bereavement leaves or GME Supplemental leave cannot be used to reduce the length of the residency/fellowship program.
5. The resident/fellow is responsible for requesting time off at least 30 days in advance. Requests to have the weekend preceding the start of PTO off must be submitted to the Chief

Resident(s), Program Administrator and the Program Director. Program Administrators are responsible for documenting this time via Workday.

6. Due to staffing constraints, PTO requests may be denied on certain rotations. These rotations may vary from year to year, program to program. The Program Administrator can provide this information to the resident/fellow.

7. Approval for PTO use requests are generally awarded on a seniority basis based on PGY year and the constraints of staffing on services is a factor taken into consideration. However, every effort will be made to honor as many specific requests as possible.

8. Senior residents planning to use Educational Leave to attend a meeting (i.e. a conference or research presentation), should request this time off as far in advance as possible to avoid having more than one resident away while on the same service rotation

- If requests for Educational Leave are not received and built into the schedule at the time PTO requests are made, it may not be possible to grant the time away due to scheduling conflicts or constraints.

9. The Program Director may take into consideration aspects of a resident's or fellow's professionalism when making decisions concerning leave requests, particularly when a conflict between requests arises. Such considerations include, but not limited to, duty hour logging compliance, case logging compliance, conference attendance and preparation, and program performance.

10. Per ACGME guidelines any days away from the program other than approved PTO days, holidays, sick days, bereavement leave, GME Supplemental leave are deducted from leave balance.

11. Vacations will run Monday to Sunday, if taking off from clinical duties. It should not be assumed that the weekend prior to a scheduled vacation will be given off. Arrangements to have this additional weekend off can be requested only through the approval of the Program Administrator, Program Chief and the Program Director.

12. Residents or Fellows are prohibited from moonlighting while on any type of Leave.

13. Residents or Fellows on Leave are responsible for completing annual (re)credentialing requirements (including LMS training modules) and for being compliant with institutional policies regarding immunization(s) of healthcare personnel (e.g. influenza, COVID, etc.) prior going on a foreseeable Leave OR within 30 days of returning from any Leave, if relevant (for example, the influenza virus season is determined by ongoing transmission of influenza in the community, which is typically until late April/May).

The ACGME requires that the sponsoring institution provide written institutional policies on trainees' PTO (i.e., Vacation and Sick Time) and Leave options (both with and without pay) and that these policies comply with applicable laws.

These policies will be available on the New Innovations system.