

**Department of Medicine
Division of Education
Internal Medicine Residency Program
July 1, 2020**

Leave Policy

I. PURPOSE

This document outlines the program leave policy of the internal medicine residency program.

II. BACKGROUND

Internal medicine residency training requirements, both length and program content, are regulated by both the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Internal Medicine (ABIM). Total training time is 3 years with 5 weeks/year or 105 days of total time allowed away from training. These entities endorse the importance of leave and the role that taking leave has in ensuring such things as well-being, starting families and managing illnesses. Local policy also exists and defines how much leave is allowed and paid for and how leave is reported; it is important to recognize that leave allowances may exceed requirements for board eligibility and length of training may need to be extended to meet those requirements.

III. DEFINITIONS

Training time: Training time is defined by the ABIM and must be 3 years of training (exception is ABIM research training pathway) with 105 days (35 days/year) allowed away from training over the 3 years.

ABIM Deficits in Required Training Time Policy: This policy exists to provide discretion to the program director in reducing training time by no more than one month if a resident has met competence; this process can be initiated only in the final year of training.

Vacation: As per local policy, 4 weeks of vacation are allowed each academic year. The program defines 4 weeks as 20 days.

Sick leave: As per local policy, 12 days of sick leave are allowed each academic year.

Parenteral Leave: As per local policy, leave may be taken for a newborn child or child recently placed via adoption, provided the leave takes place within one year of the birth of the child or placement of the child with the resident. Residents are granted 4 weeks of paid parenteral leave.

Family and Medical Leave Act and/or the California Family Rights Act: These acts allow parenteral leave to extend to up to twelve (12) workweeks.

Additional Education Experiences: As per ABIM policy, the program considers activities such as attendance at training-related seminars, courses, interviews for subsequent training positions or jobs, etc., as bona fide educational experiences or duties essential for the continuity of education in internal medicine and its subspecialties. These activities need not be counted as part of the allocation for leave time in the academic year.

IV. PRINCIPLES

- Graduating residents must demonstrate knowledge, skills and behaviors to enter autonomous practice.
- Graduating residents must fulfill ABIM requirements for eligibility to take internal medicine boards.
- The program leadership strongly endorses residents taking needed time for personal leave, illness or parenteral leave and if applicable, military leave and commits to working with residents to structure training to fulfill these requirements.
- The program must be able to accurately record and report training time to regulatory bodies and also account for resident time and attendance for billing purposes.

V. POLICY

The program allows 35 days of total leave in one training year if training is not be extended. This leave includes vacation, illness and parenteral leave. If parenteral leave is used, paid leave may exceed the time required for training. Trainees must fulfill, at minimum, required length of training in order to advance in year of training. All leave must be requested and reported. Leave exceeding 35 days/year must be arranged and approved in advance with the Program Director to ensure that requirements for ABIM certification will be met.

VI. PROCEDURES

Requesting Vacation Leave

- a. Residents requesting vacation leave must submit a request for vacation to the inpatient scheduler.
- b. If leave > 20 days is needed, residents must make arrangements in advance with the program director.

Reporting Sick Leave

- a. A resident who is ill, must contact his/her immediate supervisor for the rotation (for example, chief resident for ward duty, clinic director for ambulatory rotation or continuity clinic.).
 - i. The Chief Resident for inpatient rotations will report the absence and the jeopardized resident to the inpatient scheduler
 - ii. If the resident is on an ambulatory rotation, the resident also needs to notify the ambulatory scheduler.

Requesting Family Leave

- a. A resident who is expecting to utilize parenteral leave should meet with the residency coordinator to go over benefits and initiate plans for schedule changes. The resident may also choose to meet with the program director to understand training requirement options.

Process for Deficits in Required Training

- a. At the discretion of the program director with input from the clinical competency committee, the length of training may be decreased. The deficit of training must be less than 5 week (35 days). That decision can only be made in the final year of training. The request is made when submitting evaluations to the ABIM for the final year of standard training via FasTrack; approval is provided by the ABIM.

VII. SCOPE:

This policy applies to the internal medicine residency program.

VIII. REFERENCES:

- a. American Board of Internal Medicine, Policies and Procedures for Certification
- b. UC San Francisco – House Staff-Committee of Interns and Residents/Service Employee International Union (CIR/SEIU)

VII. RECESSION

Department of Medicine Leave Policy (September 28, 2018)

APPENDIX

UC San Francisco – House Staff-Committee of Interns and Residents/Service Employee International Union (CIR/SEIU)

Article 13: VACATION

Vacation leave with compensation shall be four (4) workweeks per academic year. Vacation time does not accrue from year to year and must be scheduled and taken in the same academic year the vacation is earned. Under special circumstances, departments may make a discretionary allowance for carry over beyond that year. Vacation leave shall be scheduled by mutual agreement with the program and/or department and given as leave depending upon the mode of scheduling of a given service. Procedures for requesting and assigning vacation schedules must follow written policy and be in compliance with each program's ACGME Program Requirements and specialty board requirements, which concern the effect of leaves of absences, for any reason, on satisfying the criterion for completion of the residency or fellowship program.

Article 14: SICK LEAVE

Sick leave with compensation is given at the rate of twelve (12) days per academic year. Sick leave is credited to the year of appointment and does not carry over from year to year. In addition, vacation leave may be used to cover sick leave, which exceeds twelve (12) days. Unused sick leave shall be forfeited upon graduation, termination, or resignation. Additional sick leave may be granted at the discretion of the program and/or department. Makeup time may be required to meet educational objectives and be in compliance with ACGME Program Requirements and specialty board requirements.

Article 15: PARENTERAL LEAVE

- A. The University shall provide two (2) workweeks of parenteral leave with pay each academic year to a parent to allow them to bond with a newborn child or child recently placed via adoption, provided the leave takes place within one year of the birth of the child or placement of the child with the resident or fellow. Beginning July 1, 2019, the University shall provide three (3) workweeks of parenteral leave with pay. Beginning July 1, 2020, the University shall provide four (4) workweeks of parenteral leave with pay.
- B. If the Resident or Fellow is eligible for leave under the Family and Medical Leave Act and/or the California Family Rights Act, parenteral leave can extend to up to twelve (12) workweeks. If the Resident or Fellow wishes to be paid for work days beyond the paid entitlement in paragraph A during parenteral leave, the Resident or Fellow may use accumulated sick and/or vacation time for such pay.
- C. The University will provide direct human resources support in helping Residents and Fellows to coordinate their parenteral leave. Residents and Fellows will be given support in making up training time lost due to parenteral leave of absence so that the Resident or Fellow can complete their residency or fellowship program.

- A. Leave for Military Service

Residents and Fellows are eligible for up to thirty (30) days of military leave with pay while engaged in the performance of military duty. All benefit coverage will continue during paid military leave. Absence from the training program to meet military service obligations must be with the approval of the program director and/or department.

B. Leave for Jury Duty

A Resident or Fellow called to jury duty will receive regular compensation for time served. The Program Director and/or department must be notified as soon as a jury summons is received. Only the court, pursuant to the procedure outlined in the Jury Summons Notice, can grant deferment or excused absence from jury service.

American Board of Internal Medicine Policies

Leave of Absence and Vacation

Up to 5 weeks (35 days) per academic year are cumulatively permitted over the course of the training for time away from training which includes vacation, illness, parenteral or family leave or pregnancy-related disabilities. For example a resident could take 105 days of leave during a three year internal medicine residency without needing to extend training. Training must be extended to make up any absences exceeding 5 weeks (35 days) per year of training unless the Deficits in Required Training Time policy is used. 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. ABIM does not establish how much time per year should be used for vacation and recognizes that leave policies vary from institution to institution. Program Directors may apply their local requirements within these guidelines to ensure trainees have completed the requisite period of training with adequate vacation over the total training duration.

ABIM considers activities such as attendance at training-related seminars, course, interviews for subsequent training positions or jobs, etc., as bona fide educational experiences or duties essential for the continuity of education in internal medicine and its subspecialties. These activities need not be counted as part of the allocation for leave time in the academic year for purposes of tracking training time for ABIM. Similarly, ABIM does not require that this time be counted among the educational experiences of the training program; rather, the program director has the discretion to apply this policy to ensure the balance of time needed to assure competency in the discipline is achieved at the end of training.

Deficits in Required Training Time

ABIM recognizes that delays or interruptions may arise during training such that the required training cannot be completed within the standard total training time for the training type. In such circumstances, if the trainee's program director and clinical competency committee attest to ABIM that the trainee has achieved required competence with a deficit of less than 5 weeks (35 days), extended training may not be required. Only program directors may request that ABIM apply the Deficits in Required Training Time policy on a trainee's behalf, and such a request may only be made during the trainee's final year of training. Program Directors may request a deficit in training time when submitting evaluations for the final year of standard training via FasTrack, subject to ABIM review.