1. **PURPOSE**

The purpose of this policy is to define the policy and procedures related to a leave of absence during a GME residency or fellowship.

2. **POLICY**

The IU School of Medicine Leave of Absence Policy for residents was developed to serve the best interests of the individual resident, the resident's colleagues, and to meet the resident’s program goals as well as the goals of the School of Medicine. While the education and well-being of the residents remains the primary concern, other impacts may be simultaneously considered. For example: the patient care outcomes in the clinical learning environment should not to be compromised; and the teaching responsibilities of the residents toward the medical students should not be compromised. Additionally, while the aim of return after leave might be to resume duty at the same level, the continuum of competence and expectations in some instances may require that the resident demonstrate current competence or remediate the deficits as needed.

The School of Medicine provides eligible residents two types of leaves of absence, a standard leave of absence, and a family/medical leave of absence in accordance with the Family and Medical Leave Act of 1993 (FMLA): (Reference 1)

**Standard Leave of Absence (LOA)**

The amount of paid leave a resident is given will be reduced by the number of paid days off already taken during a given academic year. Generally, full-time residents may be permitted up to six weeks paid time off, for example two weeks of vacation and four weeks of leave time, with full benefits for bona fide qualifying events, such as ineligible FMLA/short-term disability leave, sick leave, and parental leave.

In some cases, it may be necessary for a resident to be placed on a Standard Leave of Absence as unpaid. This unpaid time off will encompass the same rules for benefit coverage and board requirements. Some examples of unpaid LOA are medical license expiration, various visa issues, any GME requirements to remain clinically active to train, or additional personal leave.

The program director, in consultation with the Director of GME, will determine what constitutes a bona fide leave and the length of leave on a case-by-case basis.

**Family Medical Leave (FMLA)**

Eligible residents (residents who have worked for the School of Medicine at least twelve months and/or at least 1250 hours during the twelve-month period prior to the first day of leave) are
entitled by federal law to a maximum of twelve weeks of FMLA leave. FMLA leave extends up to 12 weeks, not necessarily with pay, but with full benefits for the following qualifying events: birth of a child or care for the newborn; placement with the employee of a child for adoption or foster care; the need for the resident to care for a spouse, child, or parent with a serious health condition; or a serious health condition that renders the resident unable to perform the functions of the job. At full implementation, an FMLA consists of six weeks paid and six weeks unpaid. The amount of paid leave will be reduced by the number of paid days off already taken during a given academic year. (Reference 2)

This document is not intended to cover all of the provisions of the FMLA. Some of the key requirements of the FMLA are listed that will have the most significant impact on personnel practices for resident. If more information is required, please contact the Office of Graduate Medical Education.

3. SCOPE

This policy applies to all Indiana University School of Medicine (IUSM) GME resident and fellow physicians.

4. DEFINITIONS

4.1 ACGME is the Accreditation Council for Graduate Medical Education.

4.2 A resident is an IUSM resident or fellow, or a non-IUSM resident or fellow electively rotating through IUSM and provides clinical care as part of a GME program.

4.3 A qualifying event is any medical event occurring for either a resident, dependent, or any family member for whom the resident is a primary caregiver. This does not include bereavement, employment related or other personal activities.

5. PROCEDURE

5.1 Request for LOA/FMLA: All requests for leaves of absence will be made in writing using either GME’s LOA or FMLA form. The form must be submitted to the department chair/program director at least sixty days in advance except for emergent situations. Once the form has been approved by the program director, the resident or coordinator uploads the form into MedHub to inform the GME Office of the request. All requests for leaves of absence require the final approval of the Director of Graduate Medical Education.

This policy refers to IUSM’s academic year which begins on July 1<sup>st</sup> and runs through June 30<sup>th</sup>. Therefore, residents’ appointments usually begin on July 1<sup>st</sup> and end on June 30<sup>th</sup> of the academic year. Requested leave time includes all calendar days (including weekends).

All international medical graduates are required to have pre-approval for any paid
or unpaid leaves of absence.

5.2 **American Boards:** In order to meet the educational requirements for each resident, it is necessary to consult the American Boards of each specialty to determine the maximum leave allowed for a resident to remain Board eligible. Some Boards clearly state the maximum time allowed for leaves; some have no specific policy, while others defer to the program director. Therefore, each Board must be consulted in order to determine if makeup time is required.

5.3 **Make-Up Time:** For a leave of absence that extends beyond the maximum allowed by the specialty Board, the department has the responsibility to see that the best interest of the educational program, as well as the interest of the resident is served. In order to assure the highest quality education, the department may decide that making up absent time would not be satisfactory. The program director will ultimately decide how to resolve these situations. However, potential problems involving makeup time do not grant the program director the authority to deny FMLA leave to someone lawfully entitled to it.

Any makeup time that is required will be scheduled with an effort to best accommodate the needs of the resident, but makeup time cannot be guaranteed. When makeup time is scheduled, the resident ordinarily will be required to make up the absent time in excess of six weeks (or the maximum allowed by the specialty Board) at the end of the academic year in which the absence occurred. Exceptions will be granted for those programs’ Boards allow makeup time to be added to the end of training.

This makeup time will necessarily delay the beginning of each of the resident’s subsequent academic years by an amount equal to the makeup time (i.e., delay of promotion to the next PGY level). In effect, all future training years will become off-cycle by an amount equal to the makeup time. Any required makeup time will be paid and all fringe benefits provided.

Each program must provide its residents with a written policy in compliance with its RRC Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program.

5.4 **Paid Time Off:** A resident could be absent as a result of a vacation, a death in the family, military duty, or other personal reasons. See Policy on Paid Time Off and Policy on Military Leave for more information (References 3 and 4). All Departmental/GME approved unpaid time must be recorded in MedHub as a Leave of Absence (LOA).

5.5 **Educational Seminars:** If a department chair specifies certain seminars, meetings, or courses as part of the educational experience, residents at Level II or higher may be granted a few days’ leave with pay. If a resident wishes to attend a meeting, symposium, etc., which is not on the specified list, this should be done as part of annual vacation time. All educational leaves are at the discretion of the department chair and no additional pay or compensating time off will be granted. Each
program determines whether expenses will be provided for attending medical conferences.

5.6 Additional Provisions:

- If a leave extends past six weeks in the first twelve months of a resident’s appointment or if a leave extends past twelve weeks for all other appointments, health benefits may be provided at the resident’s expense and with the approval of the School of Medicine.

- A resident who has used all benefit paid time off as part of a leave of absence, but who has not used the complete 6-week paid leave of absence, may take the remainder of the paid leave time later in the same academic year. The initial leave of absence needs to be for an approved qualifying event, such as those within FMLA guidelines. The total paid time taken may not exceed six weeks.

6. IMPLEMENTATION

The Designated Institutional Official (DIO) for Graduate Medical Education is responsible for implementation of this policy.

7. OVERSIGHT

Policy authority for this document resides with the Graduate Medical Education Committee. The DIO and the Graduate Medical Education Committee are responsible for oversight. This policy will be reviewed every three years or more often if deemed necessary.

8. REFERENCES

1. FMLA (1993)

The Family and Medical Leave Act of 1993 can be found at:
http://www.dol.gov/whd/regs/statutes/fmla.htm

2. IUSM Paid Time Off Policy

3. Military Leave Policy
http://medicine.iu.edu/residents/files/4313/9326/2123/12._Military_Leave_REVISED.pdf

4. Leave of Absence Examples
| Supersedes: 02/13/2013 | Michelle S. Howenstine, MD  
Senior Associate Dean for GME and CME  
Electronic Signature on File |
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Resident A

- PGY4 with vacation initially planned as 1 week in blocks 3 and 10, and 2 weeks in block 13
- Hospitalized in block 5 for 1 week, then requires another week to recover prior to returning to work
- Still takes vacation in block 10 to find a place to live during fellowship
- Because the initial leave was an approved qualifying event in block 5, block 13’s scheduled 2 week vacation can be considered an extension of her initial leave by Program and GME.
- If Director approves, then block 13’s 2 week PTO is moved to an executed LOA form, 2 weeks are paid with clarification of any training extension requirements per Boards.

Resident B

- International medical graduate PGY4 with vacation initially planned with 2 weeks each in blocks 3 and 11
- Grandparent passes away in block 8, and resident must return to home country for 2 weeks
- Resident is not eligible to extend paid leave for 2 weeks for 2 reasons:
  1. Bereavement is not a qualifying event
  2. Any LOA by an international medical graduate paid or unpaid must be pre-approved by ECFMG via GME.
- Therefore the 2 weeks PTO used in block 8 consumes the remaining PGY paid benefit and future PTO scheduled in block 11 is rejected by the Program

Resident C

- Resident went on an extended medical leave during the second year of fellowship, which consisted of six weeks of paid leave and six weeks of unpaid leave.
- The Boards for the resident’s specialty state that a resident can take no more than six weeks off per academic year. As a result of this rule, the resident is required to make up six weeks by the end of training.