

## **BROWN UNIVERSITY DEPARTMENT OF ORTHOPEDICS RESIDENCY PARENTAL, FAMILY, AND MEDICAL LEAVE POLICY**

### **Background**

Policy for Brown orthopedic resident parental, family, and medical leave is established to meet the requirements of the ACGME, Lifespan GME, ABOS, and state and federal laws. Leave policy must be equitable and fair to the individual but also ensure satisfactory completion of residency educational goals and graduation requirements. Policy is developed with resident discussion and input (October and November 2022).

1. ACGME as of July 1<sup>st</sup> 2022 requires residency programs to allow at least 6 weeks minimum of paid medical, parental, or caretaker leave during the whole of residency training. (Appendix A)
2. ABOS requires 46 weeks per year of full time graduate medical education during PGY1 through PGY5 years averaged over 5 years. (Appendix B)
  - a. ABOS requires 6 months of non-orthopedics and 6 months of orthopedics for completion of PGY1 year.
  - b. ABOS requires 23 weeks of children's orthopedics, 46 weeks of fractures/trauma, and 46 weeks of adult orthopedics during PGY2 through PGY5 years.
3. Lifespan GME sets 3 weeks of vacation for PGY1-3, and 4 weeks of vacation for PGY 4-5. These vacation weeks can not be rolled over or used in advance of the academic year in which they are assigned. Lifespan GME policy regarding leave currently is still at 4 weeks but will be updated to match ACGME in near future. (Appendix C)
4. There is no external policy regarding redistribution of call when on leave. Distribution of call affected by leave must avoid penalizing the resident who is on leave but also ensure that residents on extended leave do not lose educational value attributed to call. This policy specifically is developed in conjunction with the current residents.

### **Leave of Absence Policy**

1. Based on ABOS, ACGME, and Lifespan GME requirements to date, planned appropriately, a resident may take up to 13 weeks of parental, family, or medical leave without required extension of residency and without use of vacation time.
  - a. The first 6 weeks of parental, family, or medical leave during the whole of residency is paid leave. The rest is unpaid leave but the resident is encouraged to discuss with the GME benefits office regarding TDI, FMLA, and disability insurance.
  - b. Resident may choose to use paid vacation time in addition to the paid leave.

- c. ABOS specialty specific requirements (ex. minimum requirement of 23 weeks of pediatric orthopedics) must be met.
2. At the soonest possible convenience, resident planning on leave should notify (1) the residency Program Director and scheduling chief to discuss options and set a preliminary plan in place to satisfy ABOS requirements and (2) the GME office regarding leave of absence and benefits. Every fair effort will be made to reschedule rotations to allow graduation on time but delay in notification may not allow for appropriate adjustments in rotations.
3. It is the responsibility of the resident on leave to maintain contact and update the GME office on specific dates of leave and return from leave. Resident should be prepared to have “out of work” and “return to work” paperwork from their or family’s clinician as appropriate.
4. Residents on leave may not participate in any work-related activities including conference, clinic, office, operating room, and lab research.
5. Personal leaves of absence that do not fall under parental, family, or medical leaves may be granted by the Program Director but are not guaranteed paid leave.
6. If the resident has not achieved competency commensurate to their peers, it is the prerogative of the Program Director, Department Chair, and/or Clinical Competency Committee to extend the resident’s training prior to graduation.

### **Distribution of Call**

1. Matching the spirit of 6 weeks of paid leave over 5 years, up to 6 weeks of prorated call will be “forgiven” and redistributed among the appropriate call pools: PGY2 weekend 1<sup>st</sup> call at RIH (call pool of 6), PGY3/4 2<sup>nd</sup> call at RIH (call pool of 13), PGY5 Chief call at RIH (call pool of 6), and Miriam call as appropriate.
  - a. To satisfy the ABOS trauma/fracture requirement, develop competency commensurate to peers, and for equitable distribution of coverage, all efforts will be made to avoid leave during PGY2 trauma rotation (both days and nights), including rescheduling the PGY2 year rotations as needed.
  - b. For PGY3/4 weekday 2<sup>nd</sup> call at RIH already includes a post call day and with a call pool of 13, there is minimal impact.
  - c. For PGY3/4 weekend 2<sup>nd</sup> call at RIH and for PGY5 call at RIH, “forgiving” up to 6 weeks of call will only increase each other residents’ call by less than one weekend day for the year.
2. For leave extending beyond 6 weeks, the prorated call from beyond the 6 weeks will be rescheduled and “made up” by the resident barring unforeseen circumstances.

### **Extension of Residency**

1. The PGY6 trauma fellowship year does allow for some flexibility in extension of residency if necessary. A delayed start to the PGY6 has been used in the past for

remediation of residents. Similarly, a delayed start to the PGY6 year can be used for offsetting leave beyond 13 weeks, meeting specific ABOS graduation requirements, and/or achieving competency commensurate to their peers.

2. For ABOS Part 1, the resident if required to extend residency could:
  - a. Take the exam at the end of the PGY6 year instead of the end of PGY5 year OR
  - b. The Program Director may apply to the ABOS to allow the resident to sit for the exam with the rest of their class, but the results would not be released until after the resident graduates at the completion of the extension.

***Appendix A: Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements (Page 16 of 18, effective July 1, 2022)***

“IV.H. Vacation and Leaves of Absence

IV.H.1. The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must:

IV.H.1.a) provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report;”

***Appendix B: American Board of Orthopaedic Surgery (ABOS) Rules and Procedures for Residency Education, Part I, and Part II Examinations (Page 5 of 29, May 11, 2022)***

“3. Each program may provide individual leave and vacation times for the resident in accordance with overall institutional policy. However, one year of credit must include no more than 50 weeks of full-time graduate medical education per year; and at least 46 weeks of full time graduate medical education per year; averaged over five years. Graduation prior to 60 months from initiation of training is not allowed.

4. Program Directors may retain a resident for as long as needed beyond the minimum required time to ensure the necessary degree of competence in orthopaedic surgery. According to the current Special Requirements of the RC for Orthopaedic Surgery, the committee must be notified of such retention. This information must also be provided to the ABOS through the Record of Residency Assignment program.”

***Appendix C: Lifespan GME Leave of Absence Policy (James Arrighi, MD, GMEC, REVISED June 1, 2021) (will likely be updated to ACGME requirements shortly)***

***Family and Medical Leave.*** Family and Medical Leave may be requested by a house officer for: a) birth to a child; b) placement of a child 16 years of age or less in connection with the adoption of such child; c) serious illness of the house officer, or the house officer's parent, spouse, child, mother-in-law, or father-in-law; d) as further specified by Lifespan system-wide policy and any applicable federal or state laws.

For leave related to birth of a child or placement of a child 16 years of age or less in connection with adoption of such child, the house officer will be maintained at 100% of stipend for the 30 calendar days following the first day of leave. If both parents are current house staff, one parent may be maintained at 100% stipend for 30 calendar days. The house officer may also be eligible for Rhode Island Temporary Disability Insurance or Temporary Caregiver Insurance in accordance with applicable state law.