**Resident Caregivers**

Suzanne McLaughlin, MD and Rachel Cramton, MD

Edited by Margaret McNamara, MD and Alan Chin, MD

Supporting Resident caregivers

Whether due to expanding families or caring for yourself or an ill family member, residents are not immune to caregiver stress and sometimes need a leave of absence to provide this care. It is important that lines of communication be opened early so that residents can receive support from program leadership while they explore options including leaves of absence, modified rotations, and mental health supports if needed.

Caregiver Leave General Approach

**Encourage early communication.** Encourage residents to communicate concerns or anticipated changes as early as they are comfortable, and reinforce that they do not need to be certain of an issue or plan to start the conversation. Recognize this will vary for individuals and circumstances.

**Ensure a space for discussion that allows privacy and ample time.**

**Allow yourself and the resident time to respond to the circumstances before launching into logistics. First, connect on congratulations, condolences, or uncertainty.**

**Ask your resident their initial thoughts, hopes, tentative plans, and what they are asking for. Listen. Ask clarifying questions if you sense underlying assumptions.**

**Share relevant information – ACGME and institutional requirements and ABP policies have specific elements that will have to be adhered to, and there are program-specific policies and options that may create some flexibility.**

**Document a leave plan. Ensure you and your resident understand and can reference specifics on timing (with specific dates), duration, responsibilities on return, and any changes or commitments on remaining requirements and completion dates.** Despite similarly detailed board policies, a study of program directors in Internal Medicine found ~ half reported understanding their ABIM leave policies, and hypothetical scenarios elicited incorrect interpretations in 82% of respondents.[[1]](#endnote-1) Be sure to work closely with your program coordinator and your Human Resources Department so that details of the leave are properly documented and so that salary and benefits are paid as appropriate.

Guidelines and Policies

**Your home institution.** The institutional and the Office of Graduate Medical Education (GME) leave of absence policies should be reviewed. If an academic institution is not the employer, employer HR may have their own policies. Policies need to align with ACGME and ABMS requirements, but may contain additional elements. Examples of additional elements include advance notification timelines (where possible) and assignment of responsibility (who is responsible for notifying whom).

**The Accreditation Council of Graduate Medical Education (ACGME).** ACGME institutional requirements as of July 1, 2022, mandate Core Requirements for the leave policies of Sponsoring Institutions.[[2]](#endnote-2) Requirement IV.H Vacation and Leaves of Absence specifies these elements:

* Minimum of 6 weeks
* Eligibility as of start of first contract, and duration of residency
* Includes 100% of salary, and continuation of health insurance and disability benefits
* The process for submitting and approving requests for leaves of absence must be described, and available for review by residents at all times
* Each program must provide its residents with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident’s eligibility to participate in examinations by the relevant certifying board(s).

Some FAQs from the ACGME, with more available at their site:

**When is a resident/fellow eligible to request the six-week paid leave?** [Institutional Requirement: IV.H.1.a)] Institutional policy must allow residents/fellows to request medical, parental, and caregiver leaves of absence starting on the first day of their program.

**Are residents/fellows eligible for additional leave beyond the six weeks**? [Institutional Requirement: IV.H.1.a)] Six weeks of approved leave time is specified as the minimum amount permitted under institutional policy. Additional time for leaves of absence may be granted consistent with institutional policy and applicable law.

**Does the requirement for six weeks of pay apply to a single instance of approved leave?** [Institutional Requirements: IV.H.1.a)–b)] Residents/fellows who are granted an approved leave of less than six weeks would be eligible for an additional approved leave under institutional policy. Requests for additional leave beyond six weeks should be addressed by institutional policies. For example, if a resident/fellow takes an approved leave of four weeks, and then takes another approved leave of two weeks, the resident/fellow would need to receive the equivalent of 100 percent of salary during both episodes of leave.

**If a resident/fellow has exhausted all paid vacation time, is the Sponsoring Institution expected to grant an additional paid six weeks?** [Institutional Requirement: IV.H.1.b)] Sponsoring Institutions may use vacation and other pay sources to provide paid time off during leaves of absence, provided that doing so is consistent with institutional policy and applicable laws. If vacation time is used to provide pay during leaves of absence and a resident/fellow has used all available vacation time prior to the first instance of approved leave, institutional policy must require that the resident/fellow receive the equivalent of 100 percent of salary during the first six weeks of leave granted.

<https://www.acgme.org/globalassets/pdfs/faq/ir_faqs.pdf>

**The American Board of Pediatrics.** The duration of training is pathway-specific as determined by the ACGME, and set at 36 months for categorical pediatrics. The total amount of leave time offered to a trainee is at the discretion of the institution. The ABP limits the reasons AND amount of time that can be waived before the duration of training must be extended. The ABP also requires that trainees who experience an interruption in residency for greater than 24 continuous months and wish to re-enter training must petition the ABP to determine whether credit may be awarded for prior training.

The American Board of Pediatrics’ Absences from Training Policy – Parental/Medical/Caregiver Leave allows for 1 month of absence each year for time away from training that can be used for vacation, illness or family leave. In the specific conditions of leave taken for parental, medical or caregiver needs, the ABP allows for up to 8 additional weeks over a 3-year core training program (limited to 6 weeks for combined pathways) that could be waived, if these conditions are met:[[3]](#endnote-3)

* The absence is due to parental, medical or caregiver leave;
* The trainee is deemed competent by the Program Director and Clinical Competency Committee;
* All Training requirements must be met except for elective training or research time as determined by the pathway.

The program director does not need to submit a waiver but will submit information through the American Board of Pediatrics (ABP) on-line portal in instances when residents are off more than one month per year. The ABP discourages “banking” vacation from year to year and encourages trainees to take vacation yearly. The policy also recognizes that leave policies vary across institutions, and “expects the program director to apply local requirements within these guidelines to ensure trainees have completed the requisite training period”. The ABP does not address salary or benefits provided by the program or institution during absences from training, except to note their policy does not supersede institutional or program policies and applicable laws.

The 8-week allowed leave exceeds the ABMS policy mandate, effective July, 2021, for a minimum of 6 weeks away once during any training program of 2 or more years duration. [[4]](#endnote-4) Policies vary across specialties. If you are discussing leaves of absence with a resident pursuing board certification in more than one specialty, ensure they review all relevant policies. [[5]](#footnote-1)

Here are some FAQs from the ABP policy, with more available at their site1:

**Do I need to submit a waiver to the ABP for review?** No, the ABP will no longer require waivers to be submitted for review and approval.

**My categorical general pediatrics trainee took 4 weeks of parental leave in excess of the allowable 3 months – 3 weeks of which were during elective training and 1 week was during a required rotation. How much time can be waived?** The ABP allows for only elective time to be waived – training must be extended for 1 week to make up the time missed during the required rotation.

**My categorical general pediatrics trainee took 2 weeks of medical leave and 8 weeks of parental leave in excess of the allowable 3 months. How much time can be waived?** The waiver policy permits a maximum of 8 weeks for general pediatrics residents for the entire duration of training, not per event. If the time missed is all elective time, the ABP will allow 8 weeks to be waived for the trainee. The trainee must extend training for 2 weeks to make up for the remaining time absent from training regardless of whether this additional 2 week was from elective or required rotations.

**My medicine-pediatrics trainee took 10 weeks of parental leave in excess of the allowable 4 months over the 4-year residency. How much time can be waived?** The waiver policy permits a maximum of 6 for residents in combined residency programs, to be shared equitably between the 2 specialties. Therefore, 3 weeks of pediatrics and 3 weeks of internal medicine may be waived. In this case, the trainee must extend general pediatrics training for 2 weeks and internal medicine training for 2 weeks to make up the remaining time absent from training.

**Does the ABP require that the trainee be paid for waived times?** The ABP Absences from Training policy does not address salary or benefits provided by the program or institution, as we do not have a role in these decisions. This policy also does not supersede institutional or program policies and applicable laws.

**My trainee wants to take 6 months for parental leave. Does the ABP allow this?** Yes, the ABP gives programs the flexibility to grant extended periods of leave at the discretion of the program director. However, training must be extended to make up for any absences greater than the allowable amount of time.

<https://www.abp.org/sites/abp/files/pdf/cic-absencefromtrainingfaq.pdf>

Non-clinical/parenting electives

Many programs have developed parenting, lactation, care of the newborn and other rotations that allow a return following a leave into a rotation with more flexibility around their post-leave needs. It is important to note that in most cases, these electives do not fulfill the requirements for “core or other subspecialty” electives. Examples of program leave policies as well as detailed parenting electives can be found in [APPD Connect](https://connect.appd.org/communities/community-home/digestviewer/viewthread?GroupId=67&MessageKey=72a4ea1f-ad89-4797-ab4a-d6983fc80123&CommunityKey=4094cc8b-4fff-45be-b7bf-adb97a5a6910&tab=digestviewer).

A PD pearl: “could” doesn’t mean “should” when providing options. Residents may carry a sense of an immutable timeline for school and training. Even for residents going on to subspecialty fellowship training with perceived rigid expectations, sometimes timelines need to be altered and can typically be accommodated by the next program as long as advance notice is provided. Encourage residents to consider when timelines are self-imposed and when they reflect an outside requirement, policy, or deadline. Sometimes a parenting or other independent elective is a supportive and high-yield accommodation, and sometimes it is better for trainees to be fully off of any work-related responsibilities and allow their energies to be focused on the task/responsibilities at hand.

Resources

American Academy of Pediatrics: Breastfeeding Support for Trainees - [Breastfeeding & Lactation Support Policies for Medical Trainees (aap.org)](https://www.aap.org/en/patient-care/breastfeeding/breastfeeding--lactation-support-policies-for-medical-trainees/)

Accreditation Council of Graduate Medical Education. ACGME Institutional Requirements, Effective July 1, 2022. [Institutional Requirements (acgme.org)](https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements2022.pdf)

Accreditation Council of Graduate Medical Education. ACGME Frequently Asked Questions, Institutional Requirements. Updated 6/2023. [ir\_faqs.pdf (acgme.org)](https://www.acgme.org/globalassets/pdfs/faq/ir_faqs.pdf) . pp 10-13. Accessed 1.15.2024.

American Board of Medical Specialties. ABMS Leave Policy; Effective July 1, 2021. [ABMS Announces Progressive Leave Policy for Residents and Fellows](https://www.abms.org/newsroom/abms-announces-progressive-leave-policy-for-residents-and-fellows/#policy).

American Board of Pediatrics Corporate Absences from Training Policy – Parental/Medical/Caregiver Leave. Effective July 1, 2021. [Absences from Training Policy- Parental/Medical/Caregiver Leave (abp.org)](https://www.abp.org/sites/abp/files/pdf/cic-absences-from-training.pdf).

American Board of Pediatrics’ Absences from Training: Parental/Medical/Caregiver Leave Details and Frequently Asked Questions. [Absences from Training: Parental/Medical/Caregiver Leave Details and Frequently (abp.org)](https://www.abp.org/sites/abp/files/pdf/cic-absencefromtrainingfaq.pdf)

Association of Pediatric Program Directors (APPD) Connect - [Home - APPD Full Community](https://connect.appd.org/home). (Access with your APPD sign-in and password)

1. Finn KM, Zaas AK, McDonald FS, Melfe M, Kisielewski M, Willett LL. Misinterpretations of the American Board of Internal Medicine leave policies for resident physicians around parental leave. *Annals of Internal Medicine.* 172(8):570-572. [↑](#endnote-ref-1)
2. Accreditation Council of Graduate Medical Education. ACGME Institutional Requirements. [Institutional Requirements (acgme.org)](https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements2022.pdf). Effective July 1, 2022. Accessed 1.15.2024. [↑](#endnote-ref-2)
3. American Board of Pediatrics. [Absences from Training Policy- Parental/Medical/Caregiver Leave (abp.org)](https://www.abp.org/sites/abp/files/pdf/cic-absences-from-training.pdf). Effective July 1, 2021. Accessed 1.15.2024. [↑](#endnote-ref-3)
4. American Board of Medical Specialties. [How the ABMS Leave Policy Came About | American Board of Medical Specialties](https://www.abms.org/newsroom/how-the-abms-leave-policy-came-about/). June 28, 2023. Accessed: 1.15.2024. [↑](#endnote-ref-4)
5. Example: the American Board of Internal Medicine allows up to 35 days per year, cumulative, plus an additional 35 days with a deficit in training waiver. The overall possible days of absence for a combined Med/Peds trainee by ABIM exceeds that provided by the ABP policy. However, the deficit in training waiver for the additional days can ONLY be filed in the final year of training; you could not assure a combined Med/Peds trainee that their waiver will be accepted in advance of that submission. [↑](#footnote-ref-1)