

**Family Medicine Residency Program  
United Hospital Center**

**Program Policy  
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**SUBJECT: Absence From the Residency**

**EFFECTIVE DATE: July 1, 2002**  
**REVISION DATE: January 7, 2009**  
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**1. Continuity of Care**

The requirements for continuity of care are defined in the following excerpt from the “Program Requirements for Residency Education in Family Practice”, effective July 1, 1997.

*“Residents should develop and maintain a continuing physician-patient relationship with an undifferentiated panel of patients and their families throughout the 3-year period. The program must be structured to ensure that residents maintain such continuity at least throughout their entire second and third years of training.”*

In the first year of training, residents must be assigned to the Family Medicine Center at least one half-day per week and see a minimum of three patients per session. During the second year, residents must spend at least three half-days per week in the center and see a minimum of six patients per session. During year three, residents must be assigned to the center three half-days per week and see a minimum of eight patients per session.

**2. Remote Site Experience**

The “Program Requirements” provide for residents to spend time away from the Family Medicine Center, if necessary, to meet the educational needs of their training. The use of remote sites or rotations on clinical services (associated with or external to the program) must not interrupt continuity of care at the Family Medicine Center for longer than two months in each of the second and third years. Upon return to the Family Medicine Center, the resident must provide continuity of care for his/her patients for at least two months before leaving for any additional away rotations.

### 3. Vacation / Illness / Other Absence

Residents are expected to perform their duties as resident physicians for a minimum period of eleven months each calendar year. Therefore, absence from the program for vacation, illness, personal business, leave, etc. must not exceed a combined total of one (1) month per academic year.

Vacation periods may not accumulate from one year to another. Annual vacations must be taken in the year of the service for which the vacation is granted. No two vacation periods may be concurrent (e.g. last month of the G-2 year and first month of the G-3 year in sequence) and an intervening period of at least three months must separate any two vacation segments of one month's duration each. A resident does not have the option of reducing the total time required for residency (36 calendar months) by relinquishing vacation time.

The Board recognized that vacation/leave policies vary from program to program and are the prerogative of the Program Director so long as they do not exceed the Board's time restriction.

Vacation for Family Practice Residents	
PGY-1	2 weeks (10 days) + 5 days CME
PGY-2	3 weeks (15 days) + 5 days CME
PGV-3	4 weeks (20 days) + 5 days CME

Time away from the residency program for educational purposes, such as workshops or continuing medical education activities, are not counted in the general limitation on absences but should not exceed 5 days annually.

The Family Medicine Center may be closed on days not considered UHC holidays (the day after Thanksgiving). Residents scheduled to work in the clinic will be given a vacation day. If a resident does not want to take the day as a vacation day, he or she must round/work with the inpatient team or report to his or her rotation. Documentation of participation in the rotation is required. Each resident scheduled in clinic these closed days must inform the residency coordinator of his or her work/vacation choice.

Absence from the residency, in excess of one month within the academic year (G-1, G-2, or G-3 year), must be made up before the resident advances to the next training level, and the time must be added to the projected date of completion of the required 36 months of training.

A one-month absence from the residency is defined 20 working/week days or 30 continuous calendar days. Therefore, absence in excess of this month must be made up as defined above.

#### 4. Leaves of Absence from the residency,

Leaves of one month vacation/sick time, may interrupt continuity of patient care for a maximum of three (3) months in each of the PGY-II and PGY-III years of training. Leaves may be interspersed throughout the year or taken as a three month block of time. Following a leave of absence, the resident must be expected to return to the program and maintain care for his or her panel of patients for a minimum of two months before any subsequent leave. Leave time must be made up before the resident advances to the next training level and the time must be added to the projected date of completion of the required 36 months of training. Residents will be permitted to take vacation time immediately prior or subsequent to a leave of absence. Maternity/Paternity leaves are considered under essentially the same guidelines as other forms of leaves of absence.

In cases where a resident is granted a leave of absence by the program, or must be away because of illness or injury, the Program Director must promptly inform the Board in writing of the date of departure and expected return date. It should be understood that the resident may not return to the program at a level beyond that which was attained at the time of departure.

Leaves of absence in excess of three months are considered a violation of the continuity of care requirement. Programs must be aware that the Board may require the resident to complete additional continuity of patient care time beyond what is expected to complete training requirements in order to be eligible to make application for certification.

Nevertheless, while reaffirming the importance of continuity of care in Family Practice Residency training, the Board recognizes that hardships occur in the personal and professional lives of residents. Accordingly, a waiver of the continuity of care requirement or an extension of the leave of absence policy may be granted when a residency training program closes or when there is evidence of the presence of a hardship involving a resident. *A hardship is defined as a debilitating illness or injury of an acute but temporary nature, or the existence of a threat to the integrity of the resident's family, which impedes or prohibits the resident from making satisfactory progress toward the completion of the requirements of the residency program.*

A request for a waiver of the continuity of care requirement or an extension of the leave of absence policy on the basis of hardship must demonstrate:

1. that the absence from continuity of care does not exceed 12 months;
2. the nature and extent of the hardship;
3. that excused absence time (vacation/sick time) permissible by the ABFP and the program for the academic year has been reasonably exhausted by the resident;

4. that a medical condition cause of absence from training is within the Americans with Disabilities Act (ADA) definition of a “disability.”

For absences from training of less than 12 months, the amount of the 24 month continuity of care requirements completed prior to the absence will be considered a significant factor in the consideration of the requirement. It is unlikely that waivers of the continuity of care requirement will be granted when the break in continuity exceeds 12 months.

Remote site training must comply with the ACGME “Program Requirements” and will not be affected by any leave of absence taken by a resident.

In communicating with the Board, the program should indicate the criteria it will use, if any, to judge the point at which the resident is expected to reenter. The resident may NOT be readmitted to the program at a level beyond that which was attained at the time of departure, but the resident may reenter the program pending a final decision by the Board on the amount of additional training, if any, to be required of the resident.

## **5. Time Off Requests**

A Time Off Request Form (see Attachment) must be completed when requesting time off for vacation, CME (conference time) or holiday worked. One of these forms should also be completed when planning an away (off site) rotation. These forms can be found in the residency coordinator’s office. These forms must be completed and submitted to the designated faculty at least two weeks prior to the time off (except in case of an emergency). The designated faculty will evaluate each request and check the time off calendar. A recommendation will be made by the designated faculty based upon the number of other requests for time off during that time frame. The designated faculty will then forward the request to the Director who will make the final decision about the time off request. The director will consider time off requests on a first come - first serve basis.

## **6. Excuse for Illness**

When a resident is ill and unable to fulfill duties as a resident, he/she must contact one of the Family Medicine attending faculty between 8:00 - 8:30 AM that morning. The faculty will document the absence for illness and the reason for the illness in the resident’s file. If office hours are involved, the residency coordinator should be notified between 7:00 - 7:30 AM. The residency coordinator will have a Family Medicine attending faculty call the resident back at a later time. The resident is responsible for contacting his/her rotation attending in order to notify the attending of the absence due to illness.

## **7. Meeting and Vacation Policy**

At least six residents, with a minimum of four first year residents will need to be present and available for call responsibilities at UHC during any given time in the year. Preferably, first year residents should arrange their vacation time such that, if possible, only one or two first year residents are gone at one time. Vacation may not be taken during the Family Medicine, Pulmonary or Obstetrics rotations unless approved by the Program Director. A vacation board is posted in the FMC to aid with determining vacation time. It will be updated by the residency coordinator, the director, or the designated faculty as new requests for vacation and time off are submitted by the residents. Please review the board before submitting your request. Requests will be granted on a first come - first serve basis based upon the above outlined guidelines. All requests must go to the designated faculty or his/her designee for approval, then forwarded to the director by the designated faculty or his/her designee. The faculty will forward the request to the Director who will make the final decision about the time off request. The director will consider time off requests on a first come - first serve basis according to the staffing needs of the clinic and the educational requirements of the resident.