MARSHALL COMMUNITY HEALTH CONSORITUM GRADUATE MEDICAL EDUCATION COMMITTEE

POLICY ON COMPENSATED AND UNCOMPENSATED LEAVE

SECTION 1. STATEMENT AND SCOPE OF POLICY

This policy is to comply with the ACGME Institutional Requirement that the Sponsoring Institution has a policy regarding vacation and other leaves of absence consistent with applicable laws.

This policy also stipulates that each Residency must establish a policy on vacation and leave policy to provide Residents with accurate information regarding the impact of an extended leave of absence upon the 1) criteria for satisfactory completion of the program, and, 2) upon a Resident's eligibility to participate in examinations by the relevant certifying boards.

All residency leave policies must be pre-approved by the GMEC prior to adoption. For the purposes of this policy, leave requests will include the entire calendar week, i.e., inclusive of any weekend days that fall during the period of leave.

SECTION 2. TYPES OF LEAVE

- 2.1. Each Program must have a written policy regarding
 - 2.1.1. Vacation Leave
 - 2.1.2. Sick
 - 2.1.3. Family Medical Leave
 - 2.1.3.a. Maternity
 - 2.1.3.b. Paternity
 - 2.1.3.c. Adoption
 - 2.1.4. Military
 - 2.1.5. Educational Leave and Educational Funds
 - 2.1.6. Uncompensated Leave of Absence
- 2.2. The Program policy must be in compliance with this Institutional Policy and the individual Residency Review Committee (RRC) program requirement.
- 2.3. Each Program must submit the types of leave and amounts of leave to be annually provided to each Resident to the GMEC for approval.

SECTION 3. VACATION/ANNUAL LEAVE

3.1. Participating programs within the Consortium sites must provide each Resident with non-accrual vacation within the contract year.

- 3.2. Request for vacation time must be submitted and approved in advance by the Program Director.
- 3.3. Annual leave does not accumulate from year to year as the Resident advances through the program.
- 3.4. There is no remuneration for unused annual leave.

SECTION 4. SICK LEAVE

- 4.1. Residents must be provided sick leave per year.
- 4.2. Sick leave does carry over from one contract year to the next and will continue to accrue until the Resident completes or leaves the program.
- 4.3. There is no remuneration for unused accumulated sick leave.
- 4.4. The maximum amount of sick leave which may be advanced (in the event more sick leave is needed than has been accumulated) may not exceed 15 calendar days.
- 4.5. The Resident should contact immediately the Program Director, Program Coordinator or the attending physician if he/she is unable to report to work because of illness.

SECTION 5. MATERNITY/PATERNITY LEAVE

- 5.1. Each program must develop and implement Maternity/Paternity Leave policies that include provisions to:
 - 5.1.1. Safeguard the health of the mother and infant;
 - 5.1.2. Assure that the Resident fulfills all education requirements; and,
 - 5.1.3. Assure that patient care is uninterrupted by the Resident's absence.
 - 5.1.4. Assure Residents who are expectant fathers that Paternity Leave will be granted.
- 5.2. Pregnant Resident must be allowed the same sick leave or disability benefits as other Resident who are ill or disabled (1979 Amendment to the Civil Rights Act of 1964).
 - 5.2.1. The pregnant Resident should notify the Program Director and those responsible for the scheduling of rotations and call as soon as pregnancy is confirmed.

- 5.2.2. Efforts should be made to schedule the most demanding rotations earlier in pregnancy, allowing for the least strenuous rotations to be performed around the time of the Resident's Estimated Delivery Date (EDD).
- 5.2.3. Additional unpaid maternity leave for the Resident should be based on the written recommendation of the physician(s) caring for the Resident and/or infant and as provided by Section 9 below.
- 5.3. For paternity leave, the Resident must notify the Program Director and those responsible for the scheduling of rotations and call as soon as pregnancy is confirmed to allow for the adjustment of schedules around the time of the estimated delivery date (EDD).
 - 5.3.1. The father should be given time off while the mother is in labor.
 - 5.3.2. The duration of paid leave time for a father is recommended to be made up of sick leave and vacation.
- 5.4. Residents who are approved for more than four (4) TOTAL (annual sick leave and vacation leave) calendar weeks per year away from the Residency without make up of that time must consult with the Program Director to determine board exam eligibility.
- 5.5. A disability program may cover the additional leave time, if medically indicated.
- 5.6. Unpaid leave time (additional leave) may be also approved by the Program Director as provided by Section 9 below but may result in Residency training extension to offset missed time based on the written recommendation of the physician(s) caring for the infant.
- 5.7. With the proper advance notice required for adjustments of schedules, Residents should be able to return to the Residency after leave without loss of training status.

SECTION 6. ADOPTION LEAVE

- 6.1. Adoptive parents that are Resident must be allowed the same sick leave or disability benefits as other Resident who are ill or disabled (1979 Amendment to the Civil Rights Act of 1964).
- 6.2. The adoptive parent should inform the Program Director and those responsible for the scheduling of rotations and call as soon as the time of adoption, even if only approximate, is known.

- 6.3. Coverage of responsibilities during leave should be arranged as early as possible, with confirmation as soon as definite dates are known. The duration of paid leave time for an adoptive parent is recommended to be made up of sick leave and vacation, which may be up to four (4)* calendar weeks per year.
- 6.4. Additional unpaid leave would have to be made up by extending Residency training and should be based on the written recommendation of the physician(s) caring for the child and as provided by Section 9 below.

SECTION 7. MILITARY

- 7.1. Residents who are members of the National Guard or any Reserve Component of the Armed Forces of the United States are entitled to and will receive a leave of absence when called to active duty, required active duty or inactive duty training.
- 7.2. The duration of paid leave time is recommended to be made up of sick leave and vacation, which may be up to four (4)* calendar weeks per year.
- 7.3. Residents are required to submit an order or statement in writing from the appropriate military officer in support of the request for such military leave to their department and to the Consortium Office of Graduate Medical Education.
- 7.4. Additional unpaid leave may be granted as authorized under provisions of federal/state law and as provided by Section 9 below.
- 7.5. The terms of this policy may not supersede provisions of any Selective Training and Service Act, or other such act whereby the President of the United States may order into active duty the National Guard and the reserve components of the armed forces of the federal government.

SECTION 8. EDUCATIONAL LEAVE / EDUCATIONAL ALLOWANCE

- 8.1. Each Program must have a written policy regarding Educational Leave and Educational Funds available for its Residents.
- 8.2. The Program policy must be in compliance with this Institutional Policy and the individual Residency Review Committee (RRC) program requirement.
- 8.3 Residents are to be granted leave time to attend approved professional meetings, conferences or post-graduate courses.
- 8.4. Approval to use the Educational Leave must be obtained in writing and in advance by the Program Director.

- 8.5. Approval of the leave will be at the discretion of the Program Director. The DIO shall issue the final decision.
- 8.6. Any Educational Leave not used by June 30 of the contract year will expire and is not accrued.
- 8.7. Educational Leave is granted in addition to the non-accrued vacation and sick leave.
- 8.8. Each Resident shall be provided with an annual allowance to defray costs for attending professional meetings or courses.
- 8.9. Should the Resident opt not to use the allowance to attend professional meetings or conferences, the funds may be used to purchase medical textbooks or applications, medical equipment, tablets/computers, or other items that *are pre-approved* by the Program Director.
 - 8.9.1. Each Program shall determine and set in policy the stipulations for using the Educational Allowance for non-conference attending related items and the process for acquiring those items, i.e. departmental purchase or reimbursement upon presenting a receipt.
 - 8.9.2. The decision for approving such items shall be at the discretion of the Program Director, with the final decision being issued by the DIO.
- 8.10. Educational Allowance Funds cannot be accrued. Any unencumbered balance as of June 30 of the contract year will expire and revert back to the funding source.

SECTION 9. UNCOMPENSATED LEAVE OF ABSENCE

- 9.1. An unpaid leave of absence may be granted under special circumstances by the Program Director.
- 9.2. The Resident may be required to "make-up" the time missed in accordance with the Residency Program and Board Eligibility requirements.
- 9.3. Terms of reinstatement after a Leave of Absence will be developed, written and approved by the Program Director and the Designated Institutional Official before the Resident will be permitted to return to the residency program.
- 9.4. Health insurance coverage will NOT remain in effect during the unpaid leave. Should a Resident wish to remain covered under the health insurance, the Resident must pay a monthly premium to continue.
- 9.5. Liability insurance will not be in effect during a leave of unpaid absence.

- 9.6. Each Residency program is required to submit to the Consortium Office of Graduate Medical Education Office the appropriate paperwork to temporarily remove the Resident from the payroll and to extend the Resident's contract.
- 9.7. Residents must meet with a payroll representative to complete the necessary paperwork.

EFFECTIVE DATE: August 8, 2014

Approved by Consortium Graduate Medical Education Committee: August 8, 2014 Approved by DIO: August 8, 2014