

## GME Comprehensive Leave and PTO Policy: FAQs & Highlights

**Who's covered?** The policy, effective 01/01/2022, will apply to Medical, Dental, and McLendon Labs trainees who are UNC Hospitals employees (that is, paid twice monthly by UNCHC) and who were credentialed/appointed through GME.

**Will it be retroactive?** Only for GME Paid Parental Leave (GME PPL), only for qualifying events occurring on/between December 7<sup>th</sup> and 31<sup>st</sup>, and only for the portion of the GME PPL occurring in 2022.

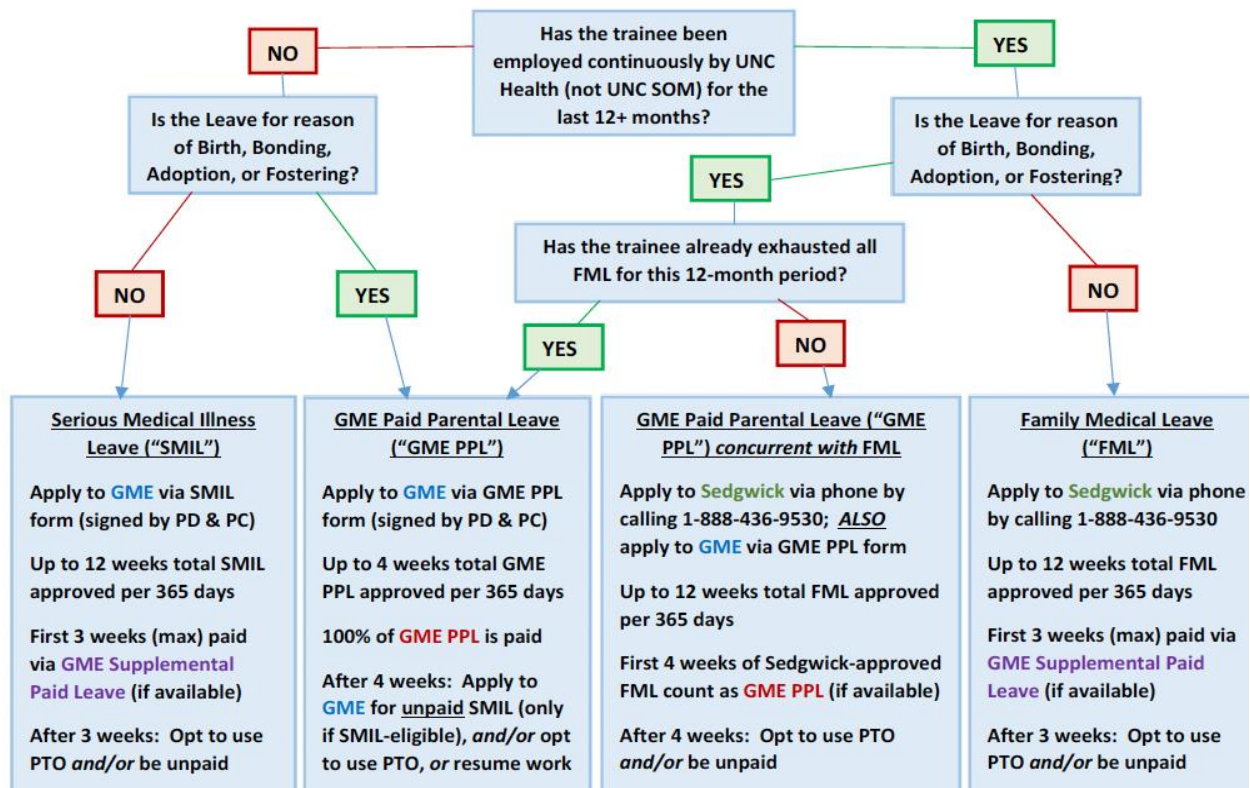
**How is PTO used?** There are two types of PTO: Vacation Time (15 days) and Sick Time (12 days). There is no requirement to exhaust either in order to qualify for other available paid Leave (such as FML or GME PPL). PTO usage is determined by the trainee and their Program, and is not overseen by GME unless trainees elect to use PTO to replace an equivalent amount of unpaid Leave (such as during FML or SMIL).

**When does PTO renew?** A trainee's PTO renews every 12 months based on their [most recent] GME start date.

**When does Leave renew?** FML, GME PPL, and SMIL each replenish 365 days following the most recent usage start date. (This includes any GME Supplemental Paid Leave used concurrently with FML or SMIL.)

**Where can I find the relevant policies and forms?** Policies are available via PolicyStat or via direct links on MedHub (under "GME Policies"). SMIL and GME PPL forms, as well as updated Leave process guides for both trainees and PCs, will also be available on MedHub (under "Resident Resources" and "Program Coordinator Resources"), coming soon.

### Which Leave will a trainee use? (FML vs. SMIL vs. GME PPL)



ABIM Leave policy: Summary of options (for 36 months of training)

| Leave                           | 42 days                     | 56 days                     | 70 days                     | 77 days                      | 84 days                      |
|---------------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|
| Vacation remaining              | 63 days (21 days each year) | 63 days (21 days each year) | 63 days (21 days each year) | 63 days (21 days each year)  | 63 days (21 days each year)  |
| Total                           | 105                         | 119                         | 133                         | 140                          | 147 total                    |
| Make up time                    | 0                           | 14 days                     | 28 days                     | 35 days                      | 42 days                      |
| Deficit in training policy used | Not needed                  | Use 14 days                 | Use 28 days                 | Use 35 days (one ABIM month) | Use 35 days (one ABIM month) |
| Total makeup days               | 0                           | 0                           | 0                           | 0 days                       | 42-35= 7 days                |

**ABIM policies for leave of absence, vacation, and deficits in required training... AKA “do I need to extend my training if I need to....”**

**Leave of Absence and Vacation**

Up to 5 weeks (35 days) per academic year are cumulatively permitted over the course of the training program for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. For example, a resident could take 105 days of leave during a three-year internal medicine residency without needing to extend training. Training must be extended to make up any absences exceeding 5 weeks (35 days) per year of training unless the Deficits in Required Training Time policy is used. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM does not establish how much time per year should be used for vacation and recognizes that leave policies vary from institution to institution. Program Directors may apply their local requirements within these guidelines to ensure trainees have completed the requisite period of training with adequate vacation over the total training duration.

ABIM considers activities such as attendance at training-related seminars, courses, interviews for subsequent training positions or jobs, etc., as bona fide educational experiences or duties essential for the continuity of education in internal medicine and its subspecialties. These activities need not be counted as part of the allocation for leave time in the academic year for purposes of tracking training time for ABIM. Similarly, ABIM does not require that this time be counted among the educational experiences of the training program; rather, the program director has the discretion to apply this policy to ensure the balance of time needed to assure competency in the discipline is achieved at the end of training.

This policy, along with ABIM's [Deficits in Required Training Time](#) policy, provides for time away from training in excess of the minimum requirements of the [ABMS Leave Policy](#), as revised in July 2021. Under the ABMS policy, “Member Boards with requirements that allow for more than six weeks of time away from training for any purpose including parental, caregiver and medical leave are in compliance with the above policy.” (ABMS Leave Policy, Appendix, ¶ 3.) ABIM’s policies allow for more than six weeks of time away from training for any purpose.

## **Deficits in Required Training Time**

This policy applies to internal medicine residency and subspecialty fellowships in all ABIM disciplines.

ABIM recognizes that delays or interruptions may arise during training such that the required training cannot be completed within the standard total training time for the training type. In such circumstances, if the trainee's program director and clinical competency committee attest to ABIM that the trainee has achieved required competence with a deficit of less than 5 weeks (35 days), extended training may not be required. Only program directors may request that ABIM apply the Deficits in Required Training Time policy on a trainee's behalf, and such a request may only be made during the trainee's final year of training. Program directors may request a deficit in training time when submitting evaluations for the final year of standard training via FasTrack, subject to ABIM review.

The Deficits in Required Training Time policy is not intended to be used to shorten training before the end of the academic year.

Examples:

- A rheumatology trainee beginning training on July 1, 2018 anticipates a completion date by June 30, 2020. A six week medical leave in the F-1 year causes the total cumulative leave over the 24-month training period to exceed the 70 days of permitted leave by ten days and extending the completion date until July 10, 2020.
- An internal medicine trainee beginning training on July 27, 2017 (27 days off-cycle due to a visa delay) anticipates a completion date by July 26, 2020.

In each example, the trainee may complete training on June 30 if:

- The program attests to the trainee's achieving the required competence on June 30, 2020,
- The program documents the reason for the deficit in training on the trainee's final year FasTrack® evaluation, and
- ABIM approves the program director's request to apply the Deficits in Required Training Time policy.

The Deficits in Required Training Time policy is not intended to be used to shorten training before the end of the academic year.

Example:

- An internal medicine trainee who initiated training on July 1, 2017 and anticipated completion by June 30, 2020 may not use the Deficits in Required Training Time policy in an effort to truncate their training (e.g., to enter a fellowship prior to July 1, 2020).