<u>University of Michigan General Surgery Residency Program</u> Handbook for Family Leave of Absence

Introduction & Intent:

The following resources have been compiled to assist general surgery residents in navigating the leave of absence process surrounding the birth, adoption, or fostering of a new child. The goal is to improve transparency and accountability at all steps, so that residents understand their rights and responsibilities.

To the extent that any of the policies or benefits described below exceed what is required by the house, these additional benefits are being offered at the complete discretion of the program. These benefits are offered only within the surgery program. The program reserves the right to modify or withdraw them at any time.

Part I: Practical Steps for House Officer Family Leave of Absence – Outlines the step by step process in filing and approving a Family Leave of Absence, as required by the University of Michigan Graduate Medical Education Office.

Part II: Summary of Resident's Rights and Responsibilities – Summarizes basic information about family leave, including duration of leave, extension of training, and usage of vacation time.

Part III: Excerpts from Relevant Resources – Compiles policy information from primary sources that impact Family Leave of Absence (LOA), including the House Officer Association (HOA) Contract, the University of Michigan Graduate Medical Education (U-M GME) Office, and surgical specialty boards (e.g., American Board of Surgery, American Board of Plastic Surgery).

Part I. Practical Steps for House Officer Family Leave of Absence:

The purpose of the following summary is to provide transparency to house officers navigating a Leave of Absence, so that they know their responsibilities as well as the responsibilities of the Residency Program.

Steps for Initiating a Family Leave of Absence:

- 1. E-mail exchange between house officer (HO), program director, and program administrator to determine the following information:
 - a. Type of Family Leave of Absence (LOA) (Maternity or Parental)
 - b. Start date
 - c. Anticipated end date^{1,2}
 - d. Any vacation days to be used in conjunction with LOA
 - e. Determination if LOA will extend training and by how much³
- 2. Concluding email from program administration that confirms the arranged details from #1, and HO responds, "I agree."
- 3. Program administrator completes HO LOA Form on GME website; this form along with Email from #2 is sent to GME LOA Specialist. Only proceed to next step when it has been approved.
- 4. Program administrator to enter LOA on MedHub and upload documentation under "Resident Absences."
- 5. Program administrator enters case for LOA into HR Solutions Center
- 6. HO and Program administrator verify correct information appears on MedHub (For HO, this includes proper start and end dates on calendar)

¹HO must confirm return to work date with the program administration at least 2 weeks in advance.

²If there are any changes to the LOA end date, then one must begin process from the start.

³Upon completion of LOA, the program administrator and program director will notify appropriate board, per specialty-specific requirements.

Part II. FAQ: Summary of Resident's Rights and Responsibilities

How long can I take for paid family leave?

Birthing Parent

- HOA contract grants up to 6 or 8 weeks of Maternity Leave (6 weeks for vaginal delivery, 8 weeks for c-section) (Article XIV, Section G, 113), PLUS 6 weeks of Parental Leave (Article XIV, Section H, 114)
 - Maternity Leave + Parental Leave for Vaginal Birth: up to 12 weeks
 - Maternity Leave + Parental Leave for C-Section: up to 14 weeks
- Medical clearance is required if returning to the training program sooner than 6 weeks postpartum (this excludes the use of vacation time).
- Non-Birthing Parent (including adoption, foster, partner of birthing parent)
 - HOA contract grants up to 6 weeks of Parental Leave anytime within 1 year of birth.
 - Requests must be submitted to PD at least 3 months in advance of anticipated start date. In cases of
 emergency or unanticipated events, the leave will be processed as soon as is practicable, allowing
 for continuation of critical operations.
 - Resident may request non-consecutive LOA; Program Director retains sole discretion in determining
 if this can be accommodated.

When does my maternity or parental leave start? How do I determine anticipated start date?

- For maternity or parental leave pertaining to the birth of a child
 - Maternity leave will be scheduled to start on the due date, date of planned induction, or date of scheduled c-section; this date will be adjusted as needed based on the actual timing of the child's birth.
 - If a pregnant resident requires time off work prior to the birth of their child, this will be formally addressed as Serious Illness Leave of Absence (Article XIV, Section A of HOA Contract).
 - Parental leave may begin at any time within one year of the child's birth, foster placement, or adoption. Once the start date has been requested (as above, 3 months in advance or as soon as is practicable), the resident may not change the start date unless this change is prospectively approved by Program Director (Article XV, Section H of HOA Contract).

Will I need to extend my training? If so, by how much?

- Many specialty boards determine board eligibility based on the number of weeks of clinical training completed during residency. Therefore, depending on the length of family leave, you may be required to extend your training by the number of weeks that will ensure you meet the board's requirements.
- Please see the accompanying excerpts (Part III) from specialty board requirements to assist in calculating your extension of leave.
- o If family leave occurs in the years preceding academic development time (ADT), then clinical training time can be extended into ADT in order to avoid extension of training after completion of the PGY5 clinical year.
 - Should a resident have a LOA prior to the start of ADT and an extension of training due this LOA is not desired they can delay the start ADT until the PGY2 year is completed and shorten their ADT and return to the training program early. For example, if the resident takes a 6 week leave of absence as a PGY2 they will need to extend training by 6 weeks at the end of the PGY2. In order to complete the PGY2 year, the resident's PGY2 year would be extended until 08/11. On 08/12 the resident would begin ADT. The ADT years would typically be 08/12/20XX-08/11/20XXX, however the resident could return to the training program on 07/01/20XX (6-weeks earlier than the scheduled end of ADT) in order to eliminate the extension of training.
- If family leave occurs in the training years following ADT, then extension of training will delay graduation,
 except in circumstances when the HO uses vacation time to make up for family leave time as outlined in Part

III below.

 What are my options if I am experiencing medical complications of pregnancy and require significant alterations to my work responsibilities?

If you are unable to safely fulfill work responsibilities due to a medical condition, then you should reach out to your Program Director as soon as possible to discuss the possibility of significant alterations in work responsibilities, or a medical leave of absence (Article XIV, Section B of HOA Contract). A Work Connections case would have to be inititiated in this circumstance. Work Connections will help the resident and PD to navigate these processes in a way that respects the resident's private health information.

- Can I use vacation time in conjunction with family leave?
 - Vacation weeks can be used in conjunction with maternity or parental leave (please see memorandum attached in Part III)

Part III. Excerpts from Relevant Resources:

HOA Contract:

Articles XIV and XV of the House Officer Association Contract detail Paid Leave and Unpaid Leave, respectively. While Section G (Maternity Leave) and Section H (Parental Leave) of Article XIV pertain most directly to the goals of these guidelines, family leave can be unpredictable and may require other forms of leave.

Full text of HOA Contract is available at: http://hoaumich.org/contract/2021/

Maternity Leave (Article XIV, Section G):

- House officers who deliver a baby are eligible for 6 or 8 weeks of paid leave depending on mode of delivery
 - 6 weeks paid time off for vaginal delivery
 - o 8 weeks paid time off for C-section
 - These 2 additional weeks are technically covered by Serious Illness Leave (Article XIV, Section B)
- Maternity Leave must be taken as a consecutive period of leave immediately following delivery
- If House Officer desires fewer than 6 weeks of leave, then a doctor's note is required for return to work

Parental Leave (Article XIV, Section H):

- Parents can take 6 weeks paid time off to bond with a newborn, newly adopted child, or newly fostered child.
 - New mothers who take maternity leave are eligible for parental leave in addition (6-8 weeks maternity leave + 6 weeks parental leave = 12-14 weeks of total leave)
- Parental leave can be taken anytime within one year of birth, adoption, or fostering.
- Requests for time off to the Program Director must be made at least 3 months in advance of the expected start date in accordance with the HOA contract.
 - In cases of emergency of unanticipated events, LOA will be processed as soon as practicable, while maintaining critical operational needs of the program.
- Requests for parental leave in a non-continuous fashion are subject to approval by Program Director.

Serious Illness Leave (Article XIV, Section B):

- House officers may take up to 6 months of paid leave in any 3-year period of employment if they meet a qualifying condition, which includes:
 - A single incident of serious disability, illness, or injury
 - Intermittent absence for on-going treatment for a serious illness (eg, chemotherapy, dialysis, etc)
 - Severe complications from pregnancy
 - Medically necessary recovery from childbirth exceeding maternity leave
- FMLA runs concurrently with Serious Illness Leave
- If the leave lasts 30 days or longer, then the HO must have a conversation with the Program Director that covers the following:
 - Return to work plan
 - o PD seeks approval from GME Office

American Board of Surgery

For General Surgery and Integrated Vascular Surgery:

The American Board of Surgery requires 48 weeks of full-time clinical activity per year of residency.

- This requirement can be averaged over the first 3 years and over the last 2 years of clinical activity, such that PGY1-3 includes 144 weeks of clinical activity, and PGY4-5 includes 96 weeks of clinical activity.
 - You may take an additional 2 weeks off during the first 3 years AND the last 2 years, changing the above time requirements to 142 weeks and 96 weeks
 - This breaks down to 4 weeks off every year, plus two additional 2-week blocks off that can be applied to PGY1-3 and PGY4-5.
- ABS Family Leave Policy: "as allowed by their programs," residents can take documented leave to care for new child (birth, adoption, fostering), or to take care of a seriously ill family member (spouse, child, parent), or to recover from their own serious illness.

• ABS requires notification if training will be completed after June 30 of chief year. All training needs to be completed by the end of August in order to sit for the qualifying exam that year, unless you receive prior approval for extended training (beyond August) by the ABS.

American Board of Thoracic Surgery

For integrated cardiothoracic surgery (I6) training programs, the American Board of Thoracic Surgery allows for two 6-week periods of parental leave in addition to any allotted vacation time without impacting the length of training.

- The first 6-week period can be taken during PGY1-3 and the second during PGY4-6.
- If a leave occurs during the last 12 months of training, then the trainee must demonstrate that 12 of the last 18 months of training were at a senior-level responsibility.
- Anything beyond these 6-week periods require board pre-approval and will extend training by a period equal to the duration beyond 6 weeks. (For example, if 10 weeks of leave is taken outside of vacation time, then training will be extended by 4 weeks.)

American Board of Plastic Surgery

Integrated plastic surgery residency programs have competency-based requirements. Therefore, the ABPS does not offer a detailed leave policy. Plastic surgery trainees should communicate closely with their Program Director regarding training extension needs, if any.

GME Office: Memorandum re: Vacation and Family Leave

Per emailed memorandum on December 4, 2020:

"Questions often arise regarding the use of vacation time in conjunction with a leave of absence (LOA). If a leave of absence will extend your training program you have the *option* of using available vacation days, instead of leave of absence time, in order to reduce the potential number of days of a training extension. Some things to know:

- The LOA must be within the current academic year.
- The vacation days being used must be within the current academic year and available.
- Prior to the start of the LOA, inform your Program Director and Program Administrator, on the number of vacation days you will be using.
- Unused vacation days cannot be applied to LOA once it has been processed."

Michigan Medicine-HOA Labor Management Committee

Per emailed memorandum on February 2, 2021, residents may reduce their extension of training by forgoing vacation days from the approaching academic year. In order to forgo vacation days, the resident must complete and submit a form entitled, *Request to Voluntarily Forgo Vacation Days to Reduce and Extension of Training Due to a LOA* by September 1 of the new academic year.

This form is available on MedHub under "Resident-Initiated Evaluation(s)." Please reach out to Labor Relations at Mich-Med-Labor-Relations@med.umich.edu for additional information or assistance.

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