

OBSERVATION: BRIEF RESEARCH REPORT

Misinterpretation of the American Board of Internal Medicine Leave Policies for Resident Physicians Around Parental Leave

Background: Recent publications have noted inconsistent and variable parental leave policies in graduate medical education (1, 2). Graduate medical education leave policies are time-based and require extension of training if trainees are absent beyond the allowed leave. The American Board of Internal Medicine (ABIM) has 2 policies for time away from training: the Leave of Absence and Vacation policy, which allows residents up to 1 month of leave per year with accumulation of unused time, and the Deficits in Required Training Time policy, which permits 1 additional month for leave if the trainee is assessed by their clinical competency committee as being competent at the end of training. These policies permit

residents to take time off for any reason, including vacation, illness, family leave, and parental leave (2). Both policies previously used the term “one month” to give program directors (PDs) flexibility in applying them. Although ABIM intended this to mean 5 weeks, this was not explicitly codified (Table 1). When managing parental leave, PDs must balance resident needs with adherence to these ABIM policies, based on their understanding of them, and must minimize extensions of training, which are a major concern to many residents requesting leave (3). Two recent publications misinterpreted ABIM leave policies (2, 4), and similar misunderstanding by PDs may result in unnecessary extensions of training.

Objective: To conduct a national survey of internal medicine (IM) PDs to assess their understanding of ABIM leave policies and their application to common scenarios, including parental leave.

Methods and Findings: The Association of Program Directors in Internal Medicine (APDIM) administers a yearly nation-

Table 1. ABIM Policies on Time Away From Training

Policy	Language	Intended Interpretation
Leave of Absence and Vacation policy	<p>“Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training unless the Deficits in Required Training Time policy is used and approved. 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 recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.</p> <p>“ABIM views educational leave, which would include attendance at training-related seminars, courses, interviews for subsequent training positions, etc., as bona fide educational experiences or duties essential for the continuity of education from internal medicine to a subspecialty and, therefore, need not be counted as part of the one-month allocation for leave time in the academic year for purposes of tracking training time for ABIM.”</p>	<p>The ABIM defines 1 month as 5 weeks (35 days).[*] Vacation should be taken, and programs should not force trainees to forgo vacation, but the amount of time off for vacation each year is up to the program director and the institution. The ABIM intends this time to be cumulative over the duration of training so that when it is not used entirely for vacation, it may be applied to a leave of absence for any other reason.</p>
Deficits in Required Training Time policy	<p>“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 one month, 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.</p> <p>“The Deficits in Required Training Time policy is not intended to be used to shorten training before the end of the academic year.”</p>	<p>The ABIM defines 1 month as 5 weeks (35 days). This policy need only be applied once residents reach the maximum time away allowed by the Leave of Absence and Vacation policy and can be applied only at the end of the usual academic year for the final year of training. The final sentence of the policy was placed below several examples on the ABIM Web site and was often missed by people reading the policy on the Web site.</p>

ABIM = American Board of Internal Medicine.

^{*} On the basis of the survey results, the ABIM updated its Web site in October 2019 to explicitly define “one month” as 5 weeks. This table shows what was on the ABIM Web site at the time of the Association of Program Directors in Internal Medicine 2019 Spring Survey.

Table 2. Application of ABIM Policies on Time Away From Training to Parental Leave and Other Scenarios, Assuming the Resident Is Competent and the Goal Is Not to Extend Training*

Scenario	Correct Answer (Proportion of Respondents Who Answered Correctly)	Explanation
A resident takes maternity leave, including 4 weeks of vacation, and 8 weeks of additional time off in a single year without decreasing 4 weeks of vacation time in her other 2 years. Are you required to extend training for this resident?	No (6.5%)	The Leave of Absence and Vacation policy allows 1 month (defined as 5 weeks [35 days]) away per year, for a total of 105 days over 3 years of training. The Deficits in Required Training Time policy allows residents to have an additional 1 month (5 weeks [35 days]) away before requiring training to be extended as long as the clinical competency committee assesses the resident to be competent. This allows a resident to be away for a total of 140 days before being required to extend training. In this scenario, the resident has taken 84 days [4 weeks (28 days) × 3 years] of vacation time and an additional 8 weeks (56 days) of maternity leave, for a total of 140 days. This falls within the time allowed by the ABIM if the Deficits in Required Training Time policy is applied along with the Leave of Absence and Vacation policy. Because the clinical competency committee assesses the resident to be competent, she would not be required to extend her training.
Do you need to apply the ABIM Deficits in Required Training Time Policy to a PGY-3 resident who has taken their scheduled 4 weeks of vacation time during all 3 years and now interrupts their training for an additional 2 weeks due to a medical illness?	No (32.6%)	The resident has taken 4 weeks (28 days) of vacation per academic year, for a total of 84 days over the 3 years. The amount of vacation time is determined by his or her program as long as it complies with the Leave of Absence and Vacation policy. The policy permits up to 1 month (defined as 5 weeks [35 days]) per academic year, so residents can technically be absent up to 105 days over their 3-year residency, although their program may choose not to provide all of this time for vacation. In addition, per the Leave of Absence and Vacation policy, the allowable 1 month per year may accumulate if it is not taken in its entirety each year. Therefore, in this scenario, the additional 14 days of illness would put this resident at a total of 98 days of absence. The Deficits in Required Training Time policy is applied only when residents exceed 105 days away from their program; therefore, it need not be applied in this scenario.
A PGY-3 resident interrupts training for 10 weeks for illness. These 10 weeks (70 days) do not include 4 weeks of vacation time taken during all 3 training years. You have applied both the ABIM Leave of Absence and Vacation Policy and the ABIM Deficits in Required Training Time policy but will need to extend their training. How many weeks will training need to be extended?	2 weeks (14 days) (9.7%)	The Leave of Absence and Vacation policy allows 1 month away per year (35 days × 3 years = 105 days), and the Deficits in Required Training Time policy allows 1 month (35 days) away if the resident is competent, so the resident may be absent for up to 140 days over 3 years before being required to extend training. The 4 weeks of vacation taken per year (28 days × 3 years = 84 days) and the 10 weeks (70 days) needed for health reasons total 154 days away, which is 14 days above the 140 days allowed by the ABIM. The resident will need to extend his or her training by 14 days.

ABIM = American Board of Internal Medicine; PGY = postgraduate year.

* The survey instructions were as follows: "For the following case scenarios, assume that your Clinical Competency Committee assess [sic] the resident to be competent in all 6 competencies. For the purpose of these questions, assume you are not trying to extend their training." Frequently asked questions about ABIM policies on time away from training can be found at www.im.org/abimtimeaway.

wide survey to IM PDs to query contemporary issues. With ABIM collaboration, the APDIM 2019 Spring Survey asked IM PDs about their understanding of the Leave of Absence and Vacation policy and the Deficits in Required Training Time policy. We also asked PDs to apply these policies to 6 case-based scenarios of residents requesting leave, including parental and medical leave. Survey methods were previously reported (5). The survey was open from 4 March to 24 April

2019, and we invited all 389 APDIM member programs to participate. The study was deemed by Pearl IRB to be exempt from institutional review board approval.

The response rate was 71.7% (279 of 389). Programs that responded were larger than those that did not (median, 57 vs. 45 residents; $P = 0.009$). Fifty-one percent of PDs who responded agreed or strongly agreed that they understood the Leave of Absence and Vacation policy of "one month," but

only 4.3% correctly defined it as 5 weeks. Although 65.2% of PDs were aware of the Deficits in Required Training Time policy, only 3.6% of these PDs correctly identified 5 weeks as the time allowed. The proportion who responded correctly to the scenarios posed (3 of which are presented in **Table 2**) ranged from 1.5% to 52%. For the resident requesting 8 weeks of maternity leave in scenario 1, only 6.5% of PDs correctly chose not to extend training; 82.7% of all respondents reported that they would extend training to follow ABIM policy. To avoid extending training because of maternity leave, 58% created home electives, 33.8% required the resident to come in for clinic, and 10.8% chose not to apply ABIM policy.

Discussion: Although about half of PDs reported understanding the ABIM leave policies, the vast majority did not correctly interpret the ABIM's definition of 1 month or correctly apply the policies to hypothetical scenarios, including maternity leave. This suggests that the problem surrounding parental leave is not only the lack of policies among medical schools and specialty boards but also misinterpretation of the current policies (1, 2). The ABIM's lack of an explicit definition of 1 month created ambiguity and confusion. With 82.7% of PDs believing they must extend training to follow ABIM policies, many residents may have had their training extended unnecessarily. Some PDs who misinterpreted the policies were creative in managing parental leave. However, given ABIM's intended definition of 1 month and the ability to accumulate leave over the entirety of training, most 8-week parental leaves would not require training extensions or creative solutions.

New formal parental leave policies may benefit residents (4). However, our findings indicated that ABIM policies that would allow for parental leave were unclear and were misunderstood by most IM PDs. Given the effect on programs and trainees, ABIM is committed to collaborating with APDIM and IM PDs to rectify this and has recently updated its Web site to clarify the policies (www.abim.org/certification/policies/general/special-training-policies).

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