

# Resident Time Away from the Program

Wisconsin Northern & Central GME Consortium (WiNC)

Initial GMEC Approval:	09-25-2019
Last GMEC Review Date:	02.16.2023

## Scope

This policy pertains to all WiNC-sponsored residency and fellowship programs.

## Purpose

This policy provides guidelines for resident/fellow time away from the program for paid time off (PTO) and other leaves of absence. The guidelines are consistent with applicable state and federal laws, ACGME program requirements, and provide residents/fellows with accurate information regarding criteria for satisfactory completion of their program and their eligibility to participate in relevant certifying board examinations. As of the printing of this policy, these guidelines are consistent with all relevant ABMS and AOA certifying boards for programs currently sponsored by WiNC. Additionally, compliance is ensured with federal and state statutes regarding military leave and state guidelines regarding jury duty. The Human Resources Department and/or legal counsel from the resident's respective employer will be consulted as needed to ensure compliance. These guidelines apply equally to both MD and DO residents.

## Guidelines

### SUMMARY TABLE - WINC Resident/Fellow Time Away - Effective July 1, 2023

Approved 2-16-2023 GMEC

Time Away	Definition	Annual/Training Year (July-June)	Cumulative of All Training Years
<b>WiNC Permitted Time Away (Paid with Benefits)</b>			
WiNC Paid Time Off (PTO)	Paid time away from program for vacation, illness, bereavement, personal business, etc.	Not to exceed 4 weeks	Not to exceed 12 weeks for Family Medicine and 16 weeks for Psychiatry.
Qualifying Leave	Eight (8) weeks paid with benefits leave for qualifying reasons (see guidelines); must keep 1 week in reserve (per ACGME).	Up to 8 weeks	One (1) eight (8) week paid with benefits qualifying leave is permitted during your program training.  Maximum consecutive time away is 11 weeks (e.g., 4 PTO followed by 7, leaving 1 reserve week).
Potential cumulative time away from program	Absences that exceed these totals need to be made up (see bullets below).	Up to 12 weeks will be allowed off in a given academic year, with max of 11 consecutive weeks	Time away paid with benefits. Total reflects 4 weeks of PTO annually + up to 1 eight week leave.  <u>For Family Medicine:</u> Up to 20 weeks (4 +4+4+8) total over the 3 years. <u>For Psychiatry:</u> Up to 24 weeks (4+4+4+4+8) over 4 years.
Time off may be shortened in lieu of extending training, if required.			

**IMPORTANT NOTICE:**

- When scheduling time away, residents/fellows are advised to make note of residency/fellowship training requirements from their respective Boarding Bodies, as time away that exceeds the maximum allowed will extend residency/fellowship training time.
- At any point, a Program Director and the CCC can make a decision to extend a resident’s training or based on their assessment that the resident is not ready for attestation of meeting Accreditation Board requirements and enter autonomous practice.
- At risk residents/fellows are advised to consider limiting time away where possible. Residents/fellows may shorten leave time in lieu of having an extension of training.

**Wisconsin FMLA**

Wisconsin FMLA 12-01-22	Runs concurrent with WiNC Qualifying Leave (for first Wisconsin FMLA only). Must be employed by WiNC for at least 52 consecutive weeks. PGY1/Fellow not eligible.	2 Weeks for serious health condition. 6 Weeks for qualifying condition.  Can be used annually (based on a calendar year).	Wisconsin FMLA is by nature unpaid but WiNC qualifying leave will run concurrently. If qualifying cumulative leave is exhausted the resident/fellow may still qualify for Wisconsin FMLA and they would have the option of substituting PTO and/or STD. Employer’s portion of benefits continue w/Wisconsin FMLA.
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**WiNC’s Time Away from the Program Policy:**

**Purpose**

This policy provides guidelines for resident/fellow time away from the program for paid time off (PTO) and other leaves of absence. The guidelines are consistent with applicable state and federal laws, ACGME program requirements, and provide residents/fellows with accurate information regarding criteria for satisfactory completion of their program and their eligibility to participate in relevant certifying board examinations. As of the printing of this policy, these guidelines are consistent with all relevant ABMS and AOA certifying boards for programs currently sponsored by WiNC. Additionally, compliance is ensured with federal and state statutes regarding military leave and state guidelines regarding jury duty. The Human Resources Department and/or legal counsel from the resident’s respective employer will be consulted as needed to ensure compliance. These guidelines apply equally to both MD and DO residents.

**For all Residents/Fellows:**

**1. PTO: Paid Time Off, Illness, and Other Short-Term Absences:**

- Residents/Fellows may be absent from the program for paid time off (PTO) which includes such things as: vacation, illness, bereavement, personal business such as job interviews, non-residency approved research or clinical experiences, military or government assignment outside the scope of specialty, etc., not to exceed four weeks in each academic year. No two PTO periods may be concurrent (e.g., last month of the PGY 2 year and first month of the PGY 3 year in sequence)
- Allotted days for PTO/short term absences may not accumulate from one academic year (July-June) to another. They must be taken in the academic year of service for which PTO is granted.
- A resident/fellow does not have the option of reducing the total time required for residency/fellowship by relinquishing time away days.
- Advance notice is required. Granting of time away is subject to local Program policies, which include defining the length of time of a week for accounting purposes, and scheduling and approval processes.
- Residents/fellows may be scheduled to work holidays due to staffing needs in the Program hospitals or clinics. Please check with your Education/Program Coordinator for details about local program policies regarding holiday scheduling.

- f. Time away from the residency/fellowship for educational purposes such as workshops or CME activities is not counted in the general limitation on absences but should not exceed one week per academic year (if eligible) and program approval is required. These days are for use in the post graduate training year granted and again, are not transferable to the subsequent training year. Local Program policies dictate scheduling and approval processes.
- g. In addition to the elective time for CME available to the resident, the Program may require certification in life support courses, such as ACLS, NRP, PALS or ALSO or certification courses. Please check with your local program for policies regarding time away and scheduling.

**2. Medical Leave: Wisconsin Family Medical Leave Act (FMLA):** As an employer, WiNC will be covered under the Wisconsin Family Medical Leave Act (FMLA) **effective December 1, 2022**. This leave will run concurrently with the ABFM Family Leave of Absence.

- a. Eligibility – Employees who have been employed by WiNC for at least 52 consecutive weeks and have worked at least 1,000 hours during the preceding 52-week period prior to requesting leave are eligible under the Wisconsin Family and Medical Leave. WiNC will grant an unpaid leave (PTO and/or Short Term Disability can be substituted) to all eligible residents for one or more of the following reasons:
  - i. The resident/fellow’s own serious health condition;
  - ii. The serious health condition of a spouse, child or parent;
  - iii. The birth or adoption of a child. Serious health condition means:
    - o A disabling physical or mental illness, injury, impairment, or condition involving inpatient care in a hospital, nursing home, hospice, or
    - o Outpatient care that requires continuing treatment or supervision by a health care provider.
- b. Duration of Leave – During the calendar year, eligible residents/fellows will normally be allowed up to six (6) weeks of leave for the birth or placement of a child if the leave begins within 16 weeks of the child’s birth or placement and up to two (2) weeks of medical leave for an employee with a serious health condition or for any employee to care for the employee’s child, spouse, or parent with a serious health condition.

Partial or intermittent leave or leave on a reduced schedule basis (e.g. working fewer days in a weeks is available when medically necessary; however, if the leave is for planned medical treatment it is expected that the resident will schedule the treatment to create minimum disruption for the program.

- c. WiNC allows an additional eight (8) weeks for the aforementioned reasons beyond the four (4) weeks per academic year already allowed for short term absences and PTO. Up to twelve (12) weeks will be allowed off in a given academic year and twenty (20) weeks total over the three years of Family Practice training, and twenty-four (24) weeks over four years of Psychiatry training, as the maximum time away from a training program and still have the resident remain board eligible without extension of training. Residents may only use up to 11 weeks consecutively, as ACGME requires that one week be reserved. Wisconsin FMLA runs concurrent with ABFM Leave.

**3. Long-Term Leave of Absence:**

- a. Occasionally, residents/fellows may need to be away from the Program for prolonged periods of time. Absences that exceed the four (4) weeks per academic year and/or the additional eight (8) weeks of Family Leave of Absence must be made up before the resident advances to the next level of training and the time will be added to the projected date of completion of the resident’s training.
- b. ACGME Leave Requirement: that one week of paid time off is reserved for use outside of the first six weeks of leave. The reserved one week of paid time off (outside the first six weeks of approved medical, parental, and caregiver leaves of absence) is to be available within the academic year(s) in which the leave is taken.
- c. A leave of absence that extends the length of residency/fellowship has the potential for multiple modifications to the resident/fellow’s training, including changes to the resident/fellow’s curriculum and possible pay and benefits adjustments. These extended leaves of absence will be arranged in collaboration with the Program Director and WiNC Human Resources. In addition, any leave that

extends a resident/fellow's contract and end date for graduation must be approved in consultation with the WiNC DIO.

- d. Long-term leaves may be full leaves, a complete interruption in training and continuity care, for which the resident/fellow is away on a full-time basis and for a designated period of time.
- e. Partial or part-time leaves means the resident/fellow is in training part-time on a reduced schedule for a designated period of time, such as 0.5 FTE for 4 months.
- f. It is important to note that extensions to residency/fellowship training will need to be explained when applying for licensure, hospital privileges, Board certification examinations and future employment positions. Verification of training will be requested from the residency/fellowship program. All time away from training in excess of the allocated time for PTO and other short-term leaves, including Family Leave, will be recorded in national reporting systems as applicable (e.g. in the Resident Training Management (RTMS) for Family Medicine. )
- g. Extended WiNC Residents/Fellows: Residents/Fellows that are off-cycle less than 30 days will receive the current salary of the program year and their elected insurance benefits until they advance or graduate. Additional PTO is not available to residents/fellows that are off-cycle less than 30 days. Residents/Fellows that are off-cycle 30 days or more, will receive the new academic year salary for the program year and their elected insurance benefits until they advance or graduate. PTO may be available within guidelines at the discretion of the program for residents/fellows that are off-cycle 30 days or more.

## Common Examples for Guiding Time Away Planning

**Please feel free to call WiNC HR at (608)643-1061 to discuss any questions related to medical leave of absences or short term disability insurance.**

Short Term Disability (STD) insurance is provided to all residents/fellows. There is a fourteen day elimination period with a maximum benefit of eleven weeks. Maternity benefits can last up to six weeks after childbirth for a vaginal delivery and up to eight weeks for a C-section. Benefits are paid weekly at sixty percent of total weekly earnings up to one thousand dollars. To apply for this benefit, the resident/fellow and their physician must complete paperwork. Approvals and denials are made by the insurance carrier. Long Term Disability Insurance (LTD) is also provided to all residents/fellows. If you are on STD and your conditions continue the LTD will begin after 90 days.

### 1. **Maternity/Paternity Leave**

*Maternity and Paternity Leave are handled in the same manner, except paternity leave is not eligible for short term disability benefits.*

- a. Scenario 1: Dr. Smith has requested to be out twelve weeks for her maternity leave (vaginal delivery). This is her first medical leave of absence and she is a PGY2. This would be considered FMLA time and she would also be eligible for paid ABFM leave.
  - i. *Option 1: If ABFM leave is elected:*  
First two weeks (Short Term Disability (STD) elimination period) – Employer pays 100% of your pre-disability earnings.  
Next six weeks – STD pays 60% of your pre-disability income and Employer pays 40%  
For the remaining four weeks, Dr. Smith could use available PTO (reserving one or more weeks for future use).
  - ii. *Option 2: If ABFM leave is not elected:*  
First two weeks (STD elimination period) – use available PTO  
Next six weeks – STD pays 60% of your pre-disability income  
For the remaining four weeks, Dr. Smith could use available PTO (reserving one week for future use).
- b. Scenario 2: Dr. Smith has requested to be out for twelve weeks for her maternity leave (C-Section). This is her second medical leave of absence (She has exhausted her eight weeks of ABFM leave.) and she is a PGY3. This would be considered FMLA time but she would not be eligible for paid ABFM leave because she already used it.
  - i. *Options:*  
First two weeks (STD elimination period) – use available PTO  
Next eight weeks – STD pays 60% of your pre-disability income  
For the remaining two weeks, Dr. Smith could use up available PTO (reserving one week for

future use).

- c. Scenario 3: Dr. Harris has requested to be out for six weeks for paternity leave. This is his first medical leave of absence and he is a PGY1. He would not be eligible for FMLA time (since he hasn't worked for 52 consecutive weeks) but he would be eligible for ABFM leave.
  - i. *Option 1: If ABFM leave is elected:*  
Six weeks - Employer pays 100%
  - ii. *Option 2: If ABFM leave is not elected:*  
Use available PTO (reserving one week for future use)

**2. Brief Illness**

Dr. Jones tests positive for COVID and will miss five days of work. Since the elimination period for the short term disability policy is fourteen days, he will not qualify for that benefit and will need to use PTO to cover time off.

**3. Reoccurring and/or Serious Illness**

Dr. Williams has cancer and has requested to be off work for four weeks. This is his third medical leave of absence (the second one this calendar year) and he is a PGY3. He is not eligible for FMLA (since he has already used his six weeks of FMLA this calendar year) and he has used six of his eight weeks for ABFM leave. Due to his reoccurring illness, the elimination period has been met with the short term disability policy.

- a. *Option 1: If ABFM leave is elected:*  
First two weeks – STD pays 60% of your pre-disability income and Employer Pays 40% (this will exhaust ABFM)  
Next two weeks – STD pays 60% of your pre-disability income (could use available PTO [reserving one week for future use] to supplement to get to full salary)
- b. *Option 2: If ABFM leave is not elected:*  
Four weeks – STD pays 60% of your pre-disability income and could use available PTO (reserving one week for future use) to supplement to get to full salary

**Specialty Specific and Board Eligibility Considerations**

**1. Emergency Medicine Fellowship**

- a. Training Requirements for Board Certification Eligibility
  - i. Fellowship graduates have the ability to become board-certified in emergency medicine by American Board of Physician Specialties (ABPS). This fellowship training allows a family physician to sit for the ABPS Board Certification in Emergency Medicine (BCEM). Fellows who complete the fellowship are strongly encouraged to take the board exam.
  - ii. Decisions about completion and the determination that a resident is ready for graduation and autonomous practice is determined by the local Program Director with recommendation from the Clinical Competency Committee (CCC).
- b. Part-Time Fellowship Training
  - i. Is not permitted.

**2. Family Medicine Residency**

- a. Training Requirements for Board Certification:
  - i. Family Medicine Candidates for board certification are required to satisfactorily complete 36 months of graduate medical education in an ACGME accredited Family Medicine program. Time away from training will be allowed, as this policy will further clarify, but will not exceed maximums established by the ABFM for absences from the residency.
  - ii. Residents may complete all or part of their PGY1 year in another program and receive advanced placement in a WiNC sponsored program only after receiving prior ABFM approval for credit.
  - iii. Residents are required to complete their PGY2 and PGY3 training years in the same program, unless because of hardship or closure of program the accrediting board would allow for transfer and credit that exceeds the first 12 months (PGY1 year) of training.
  - iv. Part-time residency training is possible for Family Medicine, but requires detailed description of how a part-time schedule would complete ACGME program requirements and would need prior ABFM approval.

- v. For academic year 2023-2024, ACGME will give programs flexibility while transitioning to the new FM RRC requirements.
  - vi. Decisions about advancement from one year to the next, and the determination that a resident is ready for graduation and autonomous practice is determined by the local Program Director with recommendation from the Clinical Competency Committee.
- b. ABFM Family Leave of Absence. This is not the same as Federal and/or Wisconsin Family and Medical Leave Act (FMLA). Family Leave will be provided for the following:
- i. The birth and care of a newborn, adopted, or foster child, including both birth and non-birth parents of the newborn.
  - ii. The care of a family member with a serious health condition, including end of life care.
  - iii. A resident's own serious health condition requiring prolonged evaluation and treatment.
- c. The allowable period for Family Leave does not apply to periods of prolonged PTO or other reasons other than those specifically outlined above. Decisions regarding what constitutes family members or a serious health condition will be determined by the local Program and its Director.
- d. ABFM Family Leave of Absence will run concurrently with Wisconsin FMLA leave for residents that are eligible for both types of leave.
- e. ACGME Leave Requirement: that one week of paid time off is reserved for use outside of the first six weeks of leave. The reserved one week of paid time off (outside the first six weeks of approved medical, parental, and caregiver leaves of absence) is to be available within the appointment year(s) in which the leave is taken.
- f. All WiNC sponsored residents may request time allowance from their program for Family Leave, but decisions to grant time off are made at the program level and are based on various parameters, including satisfactory progression in training, completion of all required rotations, not currently on probation or a performance improvement plan, and does not cause undue adverse effects on other residents. In addition, any leave that extends a resident's contract and end date for graduation must be approved in consultation with the WiNC DIO. This consultation is also to consider any request for waiver of the continuity of care requirement for the ABFM in cases of substantial hardship that might be occurring with the resident.
- g. This policy is retroactive to include any resident who is enrolled in a WiNC program as of July 1, 2020.
- h. Part-time Training in Family Medicine
- i. In order for a family medicine resident to qualify for Board Certification Examination, a reduced or part-time curriculum must have PRIOR written approval of the Board and must meet the conditions listed below.
- j. The Residency Program Director must submit a description of the curriculum outlining how the part-time schedule complies with the ACGME Program Requirements and the specific conditions described below. Any subsequent changes must be approved by ABFM in advance.
- i. A satisfactory reason for the resident's part-time status must be communicated.
  - ii. The resident's educational needs must be assured.
  - iii. The continuity of care experience required for Family Medicine residents must occur in a Family Medicine Practice site approved by the Residency Review Committee and must occur in the same Family Medicine Practice site in the PGY-2 and PGY-3 years of training. During the PGY-2 and PGY-3 years, the resident will be required to complete comprehensive continuity of care for patients in the Family Medicine Practice site on a full-time equivalent basis. Clinical rotations/experiences and continuity clinic time will be integrated during the part-time schedule. Block clinic time without concurrent clinical rotations/experiences does not reduce the continuity of care requirement or the length of training time but can serve to assure compliance with the continuity of care requirement. The same minimum number of continuity patient visits will be required as is required of full-time residents.
  - iv. Fairness to other residents in the program has been considered and addressed.
  - v. The total curriculum equates to the sum of clinical experiences and responsibilities of that of a resident with a normal full-time schedule.
  - vi. Documentation regarding how continuity of care responsibilities will be assured throughout the term of the part-time training experience.

### 3. Psychiatry Residency

- a. Training Requirements for Board Certification:
  - i. Psychiatry Medicine Candidates for Board Certification are required to satisfactorily complete a PGY1 and three full years of post-graduate, specialized residency training in a psychiatry program accredited by the ACGME, for a total of 48 months of post graduate education.
  - ii. To ensure continuity of training, the Board requires that two of the three years of residency training, excluding the PGY-1, be spent in a single program.
  - iii. The 36 months of full-time specialized residency training must be completed in no more than two blocks.
  - iv. Residents may enter subspecialty training in child and adolescent psychiatry prior to completing general psychiatry training requirements; however, the resident may not sit for the general psychiatry examination until the resident has successfully completed an ACGME-accredited PGY-1, the two full years of postgraduate, specialized residency training in a psychiatry program accredited by the ACGME, and one year of residency training in a child and adolescent psychiatry program accredited by ACGME.
  - v. Decisions about advancement from one year to the next, and the determination that a resident is ready for graduation and autonomous practice is determined by the local Program Director with recommendation from the Clinical Competency Committee.
- b. Part-time training in Psychiatry
  - i. Is not permitted.

## **Resident/Fellow Leave of Absence Procedure**

### **How to Apply for a Leave of Absence**

1. **Notification request:** For leaves that can be planned in advance, residents/fellows are required to inform the Program Director, Education/Program Coordinator, and any other persons who are involved in scheduling and educational planning in the residency/fellowship program as soon as possible, and at least 2 weeks in advance.

Residents/Fellows who need a leave of absence on an emergent basis must contact the Program Director or Education/Program Coordinator immediately. The resident's health and well-being is the primary concern. After that, the details of call and coverage will be worked out.

**Please note:** Requirements for time away apply to emergent leave as well as to leave planned in advance and may extend the resident's training in the program. Depending on the circumstances, leave may be denied or delayed in the event adequate notice and/or substantiation or certification of the leave is not provided.

2. **Approval process:** Local Program Directors are responsible for approving or denying a request for leave. With an approved leave, the local Program Director will determine whether the time away will be paid or unpaid. The Education/Program Coordinator will consult with WiNC Human Resources to review the resident/fellow's eligibility for the Wisconsin FMLA. If the resident/fellow is eligible, WiNC will provide the Wisconsin FMLA Notices and Certification of Healthcare Provider to the resident/fellow within five (5) business days which must be filled out by the resident/fellow's or the family member's healthcare provider and returned within 15 days. Under some circumstances WiNC may request re-certification of the continued need for leave. If the leave is to care for resident/fellow's newborn child, there is no need to submit a medical certification form.
3. **Documentation:** Documentation is required for any leave of absence from the program. The Program Director or designee(s) is responsible for completing:
  - a. The Graduate Medical Education *Leave of Absence (LOA)/Interruption of Training Form* and ensuring that the Education/Program Coordinator submits the form to WiNC Human Resources.
  - b. Reporting the leave of absence to the ABFM.

## Benefits during a Leave of Absence

1. **Insurance Benefit Continuation during a Leave:** Leaves of absence (LOA) may or may not affect resident benefits, including medical coverage. Benefits are provided for absences approved under AGCME, ABFM, and/or Wisconsin FMLA. To ensure accurate and up-to-date information about continuation of insurance, residents planning a full or partial leave, and additionally while on a full or partial leave, are strongly advised to consult WiNC's HR at (608)643-1061.
  - a. If PTO days have been exhausted during a LOA and/or the resident/fellow is receiving pay from Short-Term Disability, the Resident/Fellow will need to set up a payment schedule with Human Resources to cover the employee portion of benefits costs for the duration of the leave.
  - b. If a resident/fellow is unable to return to work at the end of a LOA, the resident will have an opportunity to continue health, dental, and/or vision insurance through COBRA.

**Returning to Work – Fitness for Duty** – A fitness-for duty report from a health care provider may be required prior to being restored to employment if the leave was taken due to the resident/fellow's own serious health condition. Return to work may be delayed until the certification is provided.

**Reinstatement upon Return from Leave** – Upon return from Wisconsin FMLA leave, a resident/fellow will be returned to their same position with the same benefits, pay, and other terms and conditions of employment, so long as the resident/fellow's leave did not extend beyond the approved leave period.

If the resident/fellow is unable to perform an essential function of the position upon return from leave, the resident/fellow has no right to restoration to another position. However, WiNC may attempt to reasonably accommodate the resident consistent with applicable laws.

## Responsibilities

The WiNC Graduate Medical Education Committee is responsible for:

1. Ensuring that programs provide residents with information regarding time away from the residency/fellowship and how it impacts their training.
2. Providing oversight for programs to meet American Board of Specialties requirements.

Local Program Directors are responsible for:

1. Providing residents/fellows with information regarding time away from the residency/fellowship and how it impacts their training.
2. Ensuring that residents/fellows meet specialty requirements affected by time away from the program.
3. Contacting the appropriate American Board of Specialties about extended absences and providing them with information regarding those absences as needed.

**References: American Board of Family Medicine:** [www.theabfm.org](http://www.theabfm.org)

## For GMEC ACGME Reference

### ACGME Institutional Requirements (2022)

#### IV.H. Vacation and Leaves of Absence

IV.H.1. The Sponsoring Institution must have a policy for vacation and other leaves of absence, consistent with applicable laws. This policy must: <sup>(Core)</sup>

IV.H.1.a) provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; <sup>(Core)</sup>

IV.H.1.b) provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; <sup>(Core)</sup>



- IV.H.1.c) provide residents/fellows with a minimum of one week paid time off reserved use for use outside the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)
- IV.H.1.d) ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence; (Core)
- IV. H.1.e) describe the process for submitting and approving requests for leaves of absence; (Core)
- IV.H.1.f) be available for review by residents/fellows at all times; and, (Core)
- IV.H.1.g) ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s). (Core)