**Brigham and Women’s Hospital**

**General Surgery Residency Program**

**2019 – 2020 Maternity and Paternity Leave Policy**

The following provisions apply to general surgery residents / graduate trainees sponsored by the Brigham and Women’s Hospital Surgery Residency Program and accredited by the Accreditation Council for Graduate Medical Education (ACGME). Further, they apply to residents in this program assigned to any other institution or clinical site as part of their surgical residency program.

Since each resident must meet certain education requirements as defined by the program, ACGME and/or by the American Board of Surgery, the graduate trainee may be required to make up missed time upon returning from any leave prior to advancing to the next level of training and/or prior to completion of the training program. In such cases restoration of the resident’s previous position beyond the term of the original appointment and provision of salary during the “make up” period are at the discretion of the Program Director; the Hospital is not required to extend the period of training to accommodate this.

Whenever the need for leave is foreseeable, the graduate trainee will make a reasonable effort to schedule the leave so as not to unduly burden the program, and give notice no fewer than 30 days before the leave is to begin. If the nature of the leave requires that the leave begin in fewer than 30 days, the graduate trainee will give notice as soon as it is practical. Graduate trainees should give the program director notice as far in advance as possible regarding planned parental leave or family medical leave; six months (confidential) notice is requested for planned leave after the birth of a child, in order to facilitate appropriate scheduling.

**FAMILY AND MEDICAL LEAVE**

* A resident may request up to twelve (12) weeks of leave for Parental duty, which is taken in the event of childbirth or placement of a child for adoption or foster care within one year of birth or placement.
* Upon return from an approved, twelve-week family or medical leave of absence, the resident will be restored to the position left.
* If enrolled at the time of commencement of an approved family leave, the Graduate Trainee’s health and other insurance coverage during the period of leave shall remain intact at the same levels and cost to the individual as if the trainee were not on leave.
* Parental leave must be taken within one year of the birth or adoption, unless an individual plan for part-time or intermittent leave has been approved by the Program Director.
* If an intermittent or partial leave (i.e., a reduced work schedule) is requested, the Program Director and chief residents may alter the Graduate Trainee’s work schedule in order to accommodate the leave as deemed possible and appropriate within the context of the educational program and the clinical service
* It is understood that it is the responsibility of the Program Director or his/her delegate – not of the graduate trainee taking a leave to make arrangements for the coverage of the graduate trainee’s clinical responsibilities.
* Graduate Trainees who are the parent of a new child by birth, adoption, or placement in foster care are eligible for salary continuance for a period of up to eight weeks following birth, adoption, or placement in foster care. Accrued sick time cannot be used to extend salary continuance for parental leave. However, if a trainee requires a personal medical leave related to pregnancy or childbirth, and this leave is handled accounting to the personal medical leave parameters set forth above, the medical leave is separate and in addition to paid parental leave.

 **AMERICAN BOARD OF SURGERY REQUIREMENTS**

The American Board of Surgery requires 48 weeks of full-time clinical activity in each of the five years of residency, regardless of the amount of operative experience obtained. The remaining four weeks of the year are considered non-clinical time that may be used for any purpose.

The 48 weeks may be averaged over the first 3 years of residency, for a total of 144 weeks required in the first 3 years, and over the last 2 years, for a total of 96 weeks required in the last 2 years. Thus non-clinical time may be reduced in one year to allow for additional non-clinical time in another year.

*Extending Chief Year*

The ABS will permit, with advance approval, applicants to extend their final year of training through the end of August and still take that year's Qualifying Exam (QE). Upon completion of training, a letter of attestation will be required from the program director stating that the individual has met ABS requirements. The attestation letter must be received before QE results will be made available and selection of a Certifying Exam site permitted. In addition, prior approval from the RC-Surgery will be needed for the increase in complement.

*Completing 5 Years in 6*

The ABS also permits, with advance approval, the five clinical years of residency to be completed over a six-year period ("6-Year Option"). See farther below for more details.

*Other Arrangements*

The ABS will also consider other arrangements beyond what is noted above on a case-by-case basis. These will also require advance approval.

All requests for approval must be made by the program director (not the resident) and must be sent by mail or fax on official letterhead to the ABS office (no emails).

*6-Year Option*

If permitted by the residency program, the five clinical years of residency training may be completed over six academic years. All training must be completed at a single program with advance approval from the ABS. In this option, an average of 48 weeks of full-time training is required in each clinical year as explained above. The first 12 months of clinical training would be counted as PGY-1, the second 12 months as PGY-2, and so forth. No block of clinical training may be shorter than one month (four weeks).

Under this option, a resident may take up to 12 months off during the six-year training period. The resident would first work with his or her program to determine an appropriate leave period or schedule. The program would then request approval for this plan from the ABS; requests must be sent by mail or fax on official letterhead to the ABS office (no emails).

Use of the six-year option is solely at the program's discretion, and contingent on advance approval from the ABS. The option may be used for any purpose approved by the residency program, including but not limited to, family issues, visa issues, medical problems, maternity leave, external commitments, volunteerism, pursuit of outside interests, educational opportunities, etc.

The Partners Graduate Trainee Vacation, Sick Time, and Leave Policy must also be applied. <https://www.partners.org/Assets/Documents/Graduate-Medical-Education/Policies/GME-Trainee-Vacation-and-Leave-Policy.pdf>

**PAST RESIDENT OPTIONS / PLANS AS EXAMPLE**

* 1. I just used my 4 weeks of my vacation all together and 2 weeks for maternity leave.
	2. I knew I needed to complete 94 weeks of clinical duty in my remaining two years leaving 10 weeks of vacation (including the 2 weeks maternity leave that the ABS grants), so I took 7 weeks block post-partum and negotiated to have my remaining 3 weeks vacation as a chief instead of 6 weeks maternity and 4 weeks vacation as a chief.
	3. I had my first child while on research. Since employed by Brigham (instead of Partners—I was told each had different policies), I was entitled to 12 weeks of leave under FMLA (4 weeks paid, 4 weeks short-term-disability, 4 weeks vacation). I managed to negotiate being paid at the full rate by my lab/PI instead of 60% for the short-term-disability portion. Had to complete documentation to get approval for FMLA (Sarah Broughton herd can help provide this) and also a return to work form (portion needs to be completed by your OB). I was back as a resident when I had my 2nd child. My maternity leave consisted of all 4 weeks of my vacation in addition to the 2 weeks allotted by ABS. Needless to say, 6 weeks only of maternity leave was pretty tough. Also, since I had my child soon after the academic year started, it meant no vacation for the rest of the year which was physically and mentally exhausting
	4. The way that our residency is set up, it is easier to get 8 weeks of maternity leave in the first three years of residency. Our residency gives three weeks of vacation our first year, three weeks of vacation our second year, and four weeks of vacation our third year. The American Board of Surgery (ABS) allows 12 weeks of non-clinical activity during the first three years. Our residency gives us 10 of those 12 weeks as vacation. So, you already have an extra 2 weeks during the three years of residency that can be applied to maternity leave. For example, if you take maternity leave during your third year, you can use your four weeks of vacation and those extra 2 weeks to give you 6 weeks of maternity leave. AND, you can have the program apply to the ABS for another 2 weeks, specifically for maternity leave (allowing you 14 weeks of non-clinical activity during the first three years). That would give you 8 weeks of maternity leave. Finally, you can shift vacation from the time you are pregnant (for example, your second year) to your maternity leave. I took three weeks of vacation my first year, two weeks of vacation my second year, 8 weeks for maternity leave, and 1 week of vacation my third year (total 14 weeks of non-clinical activity).
	5. 6 weeks during PGY4, including 4 weeks vacation time plus 2 weeks medical leave. Kept my chief vacation weeks to use for PGY5. Glad I did as I needed the break!
	6. I was out on research for my babies so I got standard maternity leave which was 12 weeks for singleton and 16 weeks for twins.