



VACATION, LEAVE AND SICK TIME POLICY (Revised 08-12-2021)

VACATION TIME

Residents receive a total of 15 working days of vacation each year. Every effort will be made to accommodate residents' vacation requests. However, there may occasionally be irresolvable conflicts that result in denial of specific leave requests. The following policies will apply:

1. Requests will ONLY be considered prior to July 1st of the new academic year. If no request is filed by 17:00 on June 30th, vacation days will be assigned after consideration of available requests. Attempts will be made to distribute leave among the services equitably so that no single service will be allocated disproportionate absences.
2. Vacation schedules will be distributed in July of the Academic year by the program director (PD) to each service. Any requested changes thereafter should be made in writing and in QGenda to the APD (Dr. Goetz) at least 1 month prior to the date. It will be the responsibility of the person requesting the change to make all arrangements for coverage prior to granting the alterations in schedule (see sections below).
3. No vacations will be granted during the first (July) and last (June) months of the Academic year or during the first or last week of a clinical rotation. The latter policy is put in place to minimize the number of hand-offs during the transition of teams.
4. Residents on the same service are not allowed to take simultaneous vacation.
5. Residents will not be granted vacation/leave more than once (up to a total of 5 working days) from any given rotation during an academic year.
6. Employment or Fellowship Interviews may be scheduled on shorter notice but will be at the expense of other vacation time. Coverage for short-notice (after July 1 of the academic year) absences is the responsibility of the resident requesting the leave (see section 9 below).
7. Priority of vacation requests: PGY-5 > PGY-4 > PGY-3 > PGY-2.
8. Vacation requests for PGY-1 will be handled by Urology. For 2021 – 2022 PGY-1 residents, vacations must be taken as follows: 10 working days from Gen Surg, 5 working days from Urology.
9. **Patient care must take a priority, so the following guidelines are adopted:**
 - a. A chief level call person (PGY-5, PGY-4) must always be available to cover UH, SRMC, Pediatrics and VA services.
 - b. No more than 3 residents can be absent from all urology services at any given time.

c. A service cannot be shorted to the extent that >1 resident is absent at any one time without special permission.

d. No more than one assigned resident (PGY-2 through PGY-5) may be absent from a service at a given time.

e. It is the responsibility of any resident requesting leave (or any absence) on or after July first of the academic year to assure that there is adequate coverage of clinical responsibilities during their absence:

- The rotation service chief resident and site director must be advised of the planned absence as far ahead of time as possible to assure that patient care is not compromised.
- Leave must be approved before any changes in surgical or clinical schedules are made
- If no substitute resident is covering, clinics for which the vacationing resident has sole responsibility should be rescheduled considering the institutional policy.
- If clinics are shared, the resident taking leave must work with clinic staff to cut back scheduled patients to reflect the absence.
- Surgical and Clinical schedules must be checked, and coverage arranged if the attending staff, fellows, or other residents cannot fill in.
- Call schedules must be adjusted by the administrative chief resident to reflect the absence. The adjustments must be approved by the program director and forwarded to the departmental staff as soon as possible prior to the absence.
- **All requests must be in writing (email, letter) and sent to program leadership (PD, APD and PC). Verbal notifications are not adequate.**

e. Every effort should be made to avoid vacations/leave during scheduled visiting professor lectures or residency interviews. Check with PC for annual dates.

f. Leave/Vacation time will be 15 working days per year as documented in the annual resident contract. There is no provision for carry-over from year to year. There is no reimbursement available for unused vacation time. Please see the contract agreement with the sponsoring institution (UH) for further details on vacation, FMLA and sick leave.

g. All changes to vacation and leave schedules must be reported to the program coordinator as early as possible prior to the leave date in order to comply with UHS policies. Failure to do so may result in denial of leave. Verbal agreements for leave changes will not be honored without formal documentation (e-mail, written memo, etc.) on file with the program coordinator.

h. If attending a meeting for which the dates are known, the resident must make this known well in advance and must see that the surgery & clinic coverage schedules are adjusted. Every effort will be made to accommodate the meeting in preference to vacation requests if a presentation is being made. (also see section on funding for meetings).

EDUCATIONAL LEAVE

Leave for Presentations at Meetings/Conferences:

When residents have abstracts accepted for poster or podium presentations at regional or national meetings, the resident **may** be granted additional leave time for the presentation which will include the day of the presentation and up to 2 days for travel to & from the meeting. For multiple presentations on multiple days at the same meeting, each presentation day, and a maximum of 2 travel days leave **may** be granted. Funding (see section on Educational Expenses) for the travel, lodging, registration, etc. should first be sought from any applicable grant monies available before departmental funds can be tapped. The latter must be approved by the Department Chair **before** making any arrangements. All off campus activities must comply with UTHSCSA rules and regulations.

Leave for Educational Meetings/Conferences:

On occasion, residents request to attend educational meetings at which they do not present or have an administrative duty. These meetings may be funded by the resident's educational stipends up to the remaining balances for the year, but the time off must come from the vacation time which is governed by the "Policy on Vacation" described above. If a resident elects to attend such an educational meeting, the resident must adjust the other vacation time already requested to reflect the absence. A negative vacation/leave balance will not be allowed.

OUT-PROCESSING AND TRANSITION TIME FOR GRADUATION

PGY-5 chief resident transition and progression of PGY-4 to PGY-5 begins on June 20 each year. During this time, the current PGY-5 residents must be on site and available to aid in the transition of their services to the new team leadership. During this time the PGY-5 residents may still be called upon for clinical & educational duties as needed. This is not additional vacation/leave time. Graduation celebrations and award ceremonies may occur at various times in June, but the final out-processing will occur on June 25 (or the closest working day if this is on a weekend). The graduating PGY-5 residents will have no further clinical activities after June 25 and may transition to their post-graduate positions.

Caveat: Completion of the Urology Program does not guarantee acceptance to sit for examination by the ABU if the requirements for training time, case numbers, etc. are not met. It is the responsibility of all residents to be familiar with and assure that all training requirements of the ABU (www.ABU.org), including the requirement for at least 46 weeks of training annually, are met in order to sit for part 1 of the board examinations. Additional 'make-up' time and cases may not be available without advanced planning. Funding for any required additional time will **not** be available.

MEDICAL AND FAMILY LEAVE (UHS)

Maternity and Paternity Leave

Requests for maternity/paternity leave must be submitted to Professional Staff Services as soon as possible after the House Staff begins maternity/paternity leave (preferably within one week) by submitting the University Health System House Staff leave form. Requests must be accompanied by a memo from the program director including the beginning date of leave, the expected return date, and the type of leave that will be utilized (i.e., vacation, sick, LOA). The memo must include the number of days allowed for each type of leave. Once the House Staff has utilized all available vacation and sick days, he/she will become LOA without pay and will be removed from payroll. House Staff who are married and are in the same department are eligible to take leave up to 12 weeks total between each of them.

Family Medical Leave Act (FMLA)

The Family and Medical Leave Act (FMLA) provides up to twelve weeks of unpaid job protected leave to eligible House Staff for certain family and medical reasons. To be eligible for FMLA, a House Staff must have been employed for at least one year and have worked at least 1,250 hours during the previous twelve months. The FMLA provides leave to care for a newborn child or a child placed in the House Staff's home for adoption or foster care; to care for a House Staff's parent, spouse, son, or daughter with a personal serious health condition; or for a serious personal health condition which prevents the House Staff from performing his or her job. House Staff will be eligible for family leave provisions as outlined in the University Health System's family leave policy (University Health System Policy 4.0202, Leave Policy).

Texas Medical Board - Reporting Requirements

Permit holders and Postgraduate Training Program Directors have requirements for reporting on certain situations, actions of the permit holder and actions taken by the program within 30 days of their occurrence or of becoming aware of their occurrence. Failure to report may result in disciplinary action as an administrative violation against the permit holder and/or the program director.

Permit holders must report:

- The opening of an investigation or disciplinary action taken against you by any licensing entity other than the Texas Medical Board.
- An arrest, fine (over \$250 excluding traffic violations), charge or conviction of a crime, indictment, imprisonment, placement on probation, or receipt of deferred adjudication; and diagnosis or treatment of a physical, mental, or emotional condition, which has impaired or could impair your ability to practice medicine.

Postgraduate Training Program Directors must report:

- If a physician did not begin the training program as scheduled.
- If a physician has been or will be absent from the program for more than 21 consecutive days (excluding vacation, family leave not related to the participant's medical condition, or military leave) and the reason(s) why.

- If a physician has been arrested after beginning training in the program.
- If a physician poses a continuing threat to the public welfare as defined under Tex. Occ. Code §151.002(a)(2), as amended.
- If the program has taken final action that adversely affects the physician's status or privileges in a program for a period longer than 30 days.
- If the program has suspended the physician from the program; and
- If the program has requested termination or terminated the physician from the program, requested or accepted withdrawal of the physician from the program, or requested or accepted resignation of the permit holder from the program and the action is final.

Permit holders or program directors with questions about reporting requirements can contact Customer Services at (512) 305-7030, by fax at (888) 550-7516, or by e-mail at pit.applications@tmb.state.tx.us.

AMERICAN BOARD OF UROLOGY (ABU)

General Requirements and Leave Policy

Postgraduate training requirements: The American Board of Urology mandates a minimum of 5 clinical years of postgraduate medical training. Training must include: A PGY1 (URO 1) year in an ACGME or RCPS(C) approved surgical or urology program including the following rotations:

- 3 months of general surgery
- 3 months of additional surgical training. Recommended rotations include surgical critical care, trauma, colorectal surgery, transplantation, plastic/reconstructive surgery. Alternate rotations may be accepted on a case-by-case basis based on educational value.
- Minimum 3 months of urology
- 3 months of other rotations, not including dedicated scholarly activity. This time may include additional urology, other surgical rotations, or appropriate nonsurgical rotations such as interventional radiology, nephrology, and anesthesiology.
- 4 years in an ACGME or RCPS(C) approved urology program, including at least 12 months as a chief resident in urology with the appropriate clinical responsibility and under supervision during the last two years of training. The resident must have a minimum total of 48 months dedicated to urology training. Up to 3 months of urology in the PGY1 year may be counted toward the 48 months.
- For the above requirements, a month is defined as a calendar month. Up to 3 months of scholarly activity is allowed, excluding the PGY1 and chief years.
- For residents who completed 3 months of urology in the PGY1 year, up to 6 months of dedicated scholarly activity is allowed, excluding the PGY1 and chief year.
- A resident who has completed a PGY-1 year in an ACGME-approved general surgery program that included 3 months of general surgery and 3 months of additional surgical training as described above prior to entering urology residency training has fulfilled the "general surgery" requirements. A minimum of 48 months of clinical urology training must be completed in the urology residency.

- All rotations must have been approved by the candidate's program director.
- Research rotations cannot interfere with the mandated 12 months of general surgery or the 48 months of clinical urology.
- Residents must comply with the guidelines in place at the time he/she enrolled in the program.
- All rotations listed above that are not part of the core urology training must have been approved by the candidate's program director. As part of the core urology training, the candidate must have completed at least 12 months as a chief resident in urology with the appropriate clinical responsibility and under supervision during the last two years of training in an ACGME- approved program.

Leaves of Absence

As per the American Board of Urology:

Leaves of absence and vacation may be granted to residents at the discretion of the Program Director consistent with local institutional policy and applicable laws. Each program may provide vacation leave and family leave (any leave required to care for a family member) for the resident in accordance with institutional policy. The ABU requires 46 weeks of full-time clinical activity in each of the five years of residency. However, the 46 weeks may be averaged over the first 3 years of residency, for a total of 138 weeks required in the first 3 years, and over the last 2 years, a total of 92 weeks is required.

Vacation or various other leave may not be accumulated to reduce the total training requirement. Should circumstances occur which keep a resident from working the required 138 weeks the first 3 years and 92 weeks the last 2 years, the Program Director must submit a request to the ABU for a variance of the current policy or a plan outlining how the training deficit will be rectified. In certain cases, an extension of the residency training may be required.

This policy is not retroactive and does not apply to leave taken prior to the 2021-2022 academic year.

Ninety-two (92) weeks of training is required for two-year fellowships, without the need to request a variance or submit a plan for making up a training deficit.

Leave for educational/scientific conferences are at the discretion of the Program Director

APPENDIX:

This additional guidance is intended for consideration of ABMS Member Boards and should not be interpreted as requirements:

Member Boards that are exempt from this policy are encouraged to consider accommodations for parental, caregiver and medical leave consistent with the spirit of this policy.

Irrespective of time away from training, training is expected to be extended when the clinical competency committee has determined that competency has not been achieved.

In the interest of trainee well-being, Member Boards are encouraged to establish eligibility requirements that allow for at least 6 weeks away from training for purposes of parental, caregiver and medical leave at least once during training while preserving at least 2 weeks of vacation time. Member Boards with requirements that allow for more than 6 weeks of time away from training for any purpose including parental, caregiver and medical leave are in compliance with the above policy.

Member Boards are encouraged to have examination policies that foster flexible scheduling and exam delivery to reduce disruption or delays in career progression for physicians taking parental, caregiver and medical leave.

Member Boards should encourage subspecialty fellowships to foster start dates after the end of July to accommodate physicians who extend training.

Member Boards are encouraged to work with testing centers and other related organizations to facilitate reasonable accommodations for pregnant, peripartum and breastfeeding candidates to accommodate lactation or breast-feeding during certification examinations, such as lactation rooms, more flexible breaks and longer testing periods.

ABMS and Member Boards should collect data on the use of parental leave policies after implementation to study their effect, including data on the impact of parental, caregiver, and medical leave on certifying exam pass rates.

ABMS supports the GME community in investigating and moving towards competency-based training and integrating competency-based criteria such as milestones achievement, targeted (focused) assessments, learning analytics, etc. prior to the implementation of comprehensive competency-based programs.

Other Leave

Other leave includes leave for licensure exam, board exam, jury duty, military reserve duty, etc. The House Staff leave form must be submitted to Professional Staff Services thirty (30) days prior to leave. Leave forms must be approved by the program director. A jury duty summons must be attached to the request for jury duty leave. Military reserve leave requests must include a copy of the military orders. Leave forms must specify the type of other leave being taken.

The Department of Urology adheres to the guidelines for medical and family leave described in the UHS House Staff Manual. For additional leave policies please reference manual at <http://uthscsa.edu/gme/documents/HS%20MANUAL%202012-2013.pdf>

UHS HOUSE STAFF LEAVE REQUEST FORM IN APPENDIX.

SICK TIME POLICY (UHS)

Up to ten (10) sick days with pay is allowed. Sick leave pay shall be granted only in cases of actual illness or maternity leave. Time taken off must be cleared with the program director. Professional Staff Services must be notified via the House Staff leave form

when a House Staff is on sick leave. House Staff may not use sick leave during their last ten (10) workdays of an academic year or rotation unless a physician statement is provided.

Information on use of short- and long-term disability to cover sick leave/temporary disability (maternity leave inclusive) should be referred to the Benefits Program sections. Issues related to compensating for leave of absence time (to fulfill specialty board requirements) will be resolved by the House Staff and the program director. Unused days of sick leave **may** sometimes be carried over into the following academic year upon the written request by the program director. The carry over request must be submitted to Professional Staff Services by the day prior to beginning date of the House Staff's new contract year.

SICK TIME COVERAGE PROTOCOL

Sick time notification must first be sent to program leadership including the Program Director and Assistant Program Director as soon as possible.

Short-staffing situations:

Scenario 1

All 3 coverage residents (PGY-3, PGY-4, PGY-5) are covering services or are on leave and a junior resident on-call becomes unable to fulfill obligations (Sick, over duty hours, etc.).

Priority: coverage of call > coverage of daytime activities

The senior resident on call for the day will assume control of the junior resident's pager. The other senior residents will be polled to determine who is least busy and available to back up the call team. That senior resident will make him/herself available as needed. This process will be repeated each morning until the incapacitated junior returns to duty.

Scenario 2

All 3 coverage residents (PGY-3, PGY-4, PGY-5) are covering services or are on leave and a senior resident on-call becomes unable to fulfill obligations (Sick, over duty hours, etc.).

Priority: coverage of call > coverage of daytime activities

The other senior residents will be polled to determine who is least busy and available to assume the control of the call team. The replacement senior resident will assume daytime and on call duty for the day. If deemed necessary, the service from which the substitute chief resident was taken will be required to handle their daily duties with reduced staff – faculty and junior residents only.

This process will be repeated each morning until the incapacitated senior returns to duty.

Scenario 3

Any PGY-4, PGY-5 (not PGY-3) coverage resident is free, and any on-call resident becomes incapacitated.

Priority: coverage of call > coverage of daytime activities

The PGY-4 and PGY-5 free, coverage residents will decide which of them can cover the

service and call for the missing resident. The coverage resident will then assume control of the call pager for the remainder of call period.
This process will be repeated each morning until the incapacitated senior returns to duty.

Scenario 4

Only a coverage PGY-3 resident is available, and a senior level on-call resident becomes incapacitated.

Priority: coverage of call > coverage of daytime activities

The other senior residents will be polled to determine who is least busy and available to assume the control of the call team. The replacement senior resident will assume daytime and on call duty for the day. If deemed necessary, the service from which the substitute chief resident was taken will be required to handle their daily duties with reduced staff assisted by the available PGY-3 coverage resident – faculty and junior residents only. This process will be repeated each morning until the incapacitated senior returns to duty.

Scenario 5

Any coverage resident is available and the PGY-1 on the service is unable to fulfill daytime activities. At the discretion of the service senior or chief resident, any free coverage resident may be called upon to help with these duties.

Program Leadership Responsibilities (APD, PD, PC) will follow the following protocol:

- Review residents' current assignments and availability
- This will take into consideration call schedules before and after coverage to ensure meeting duty hour limits
- Coverage plan will be confirmed and updated in Qgenda. This will notify the affected institutions of the change