



American Board of Medical Specialties Policy on Parental, Caregiver and Medical Leave During Training

Effective July 1, 2021

ABMS Member Boards establish requirements for candidates to become eligible for Initial Certification, including standards for training. Member Board policies that accommodate reasonable leaves of absence from residency and fellowship training for personal or familial needs, including the birth and care of a newborn, adopted, or foster child (“parental leave”); care of an immediate family member (child, spouse or parent) with a serious health condition (“caregiver leave”); or the trainee’s own serious health condition (“medical leave”) can support trainee well-being while maintaining Member Boards’ responsibility to establish high standards for training and the shared responsibility of Member Boards and training programs for assessing a candidate’s suitability for Initial Certification.

This policy applies only to Member Boards with training programs of 2 or more years duration.

This policy applies only to Member Board eligibility requirements for Initial Certification and does not supersede institution or program policies and applicable laws.

POLICY:

- 1) Member Boards must have a written and accessible policy that clearly states the training requirements for candidates to become eligible for Initial Certification. This policy should clearly state how much time in training is required for candidates to become eligible for Initial Certification.
- 2) Member Board eligibility requirements must incorporate time away from training for purposes of parental, caregiver, and medical leave in addition to allowed time away for vacation.
- 3) Member Board eligibility requirements must allow for a minimum of 6 weeks of time away from training for purposes of parental, caregiver and medical leave at least once during training, without exhausting all other allowed time away from training and without extending training. Member Boards must allow all new parents, including birthing and non-birthing parents, adoptive/foster parents, and surrogates to take parental leave.
- 4) Member Boards can accomplish the above-stated goals by adding to existing allowances for time away from training for vacation, allowing accrual or averaging of time over the course of a training program, or other mechanisms.
- 5) Member Board policies must clearly state when time away from training for purposes of parental, caregiver and medical leave will require an extension of training in order to become eligible for Initial Certification.
- 6) Member Boards may establish guidelines for candidates requesting accommodation for parental, caregiver or medical leave. Examples include: requiring the candidate’s program director and clinical competency

committee to document how the candidate's clinical experiences and educational objectives will be met, or to attest that competency has been achieved without an extension of training.

- 7) Member Boards may limit the maximum amount of time away from training a candidate may take in any single year or level of training.
- 8) Member Boards must make reasonable testing accommodations for candidates who extend training, for example, by allowing candidates to take the relevant examination so long as the candidate completes all training requirements by a clearly specified date.

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.