

## **UC San Diego Department of Neurological Surgery Parental Leave Policy**

The Neurological Surgery Department at UC San Diego is highly supportive of parental leave for our residents, including paternity, maternity, and family leave. Our department policy is governed by UC San Diego Graduate Medical Education (GME) policy<sup>1,2</sup>, as well as the American Board of Neurological Surgery (ABNS) policy<sup>3</sup>, The American Board of Medical Specialties (ABMS) policy<sup>4</sup>, in conjunction with the Accreditation Council for Graduate Medical Education (ACGME) guidelines<sup>5</sup>. Residents are asked to provide program leadership with as much advanced notice as is feasible to allow for maximal flexibility in accommodation of scheduling needs.

Residents are encouraged to make use of these leave resources for parental leave as well as pregnancy-related disability, where applicable:

1. Up to 8 weeks of total parental leave may be taken after the birth or adoption of a child or children during residency without the need to extend training.
2. Parental leave must not interfere with the required 54 months of “core” neurosurgery rotations, per ABNS policy. As such, to accommodate leave, rotations may be adjusted in advance, in discussion with the individual resident.
3. If a resident prefers not to adjust their rotation structure, the department will allow for up to 2 weeks of parental leave during the core rotation, exclusive of vacation. Residents may combine these 2 weeks with an additional 1 week of planned vacation during the rotation.
4. A plan for the make up of call responsibilities during this time period will be determined in advance by the program director, in conjunction with the administrative chief resident and/or fellowship director(s), depending upon the requirements of the individual rotation, and will be structured to avoid undue call burden immediately surrounding the time of leave.
5. Additional accommodations will be made for pre- and/or post-partum pregnancy-related disability to allow for an increase in total parental leave time. This, or other extenuating circumstances surrounding parental leave, will be determined on a case-by-case basis after review by the chair, program director, and Clinical Competency Committee.
6. Pregnant and post-partum residents are fully supported by the department to take time (including during clinical service hours) for: necessary healthcare visits, physical and/or nutritional breaks, breastfeeding and/or pumping needs, as well as other peri-partum considerations.

Further resources can be found at the UC San Diego Office of Graduate Medical Education (<https://medschool.ucsd.edu/education/gme/Pages/default.aspx>)

**G. PARENTAL LEAVE**

- Parental Leave is a form of Family Care/Medical Leave to care for the House Staff individual’s newborn or a child placed with the House Staff individual for adoption or foster care. Such Leave must be initiated and concluded within one (1) year of the birth or placement of the child. The University shall grant a Parental Leave subject to the provisions of Family and Medical Leave Act (FMLA) and/or the California Family Rights Act (CFRA), as applicable. If requested and taken immediately following a Pregnancy Disability Leave, a House Staff individual eligible for FMLA/CFRA at the beginning of her Pregnancy Disability Leave shall be granted the unused portion of FMLA/CFRA leave for Parental Leave purposes, up to a maximum of twelve (12) workweeks. The amount available for use is determined by the amount which the House Staff individual has previously used under FMLA/CFRA in the leave year.
- Parental Leave alone shall not exceed twelve (12) workweeks within the calendar year. However, when Parental Leave is combined with a leave for pregnancy-related and/or Childbearing Disability only, the total Family Care/Parental Leave shall not exceed seven (7) months in the calendar year.
- Leave granted for bonding purposes shall be concluded within twelve (12) months following the child’s birth or placement for adoption or foster care.

**H. PAID PARENTAL BONDING LEAVE**

- A House Staff individual shall be provided a one-time grant of up to four (4) weeks of paid leave to bond or care for a newborn child/children or in the event of a placement of a child/children with a House Staff Individual through adoption or foster care.
- This one-time grant of up to four (4) weeks of paid Parental Bonding Leave will be at 100% of the wage/salary scale of the House Staff Individual at the time of the birth or placement.
- Any such request to use paid Parental Bonding Leave must be concluded within twelve (12) months from the date of the birth or placement of the child.
- When possible, a House Staff Individual shall request paid Parental Bonding Leave at least four (4) weeks in advance of the use of the time off.
- In the event the House Staff Individual seeks to use this paid Parental Bonding Leave and that individual is otherwise qualified for FMLA/CFRA, the paid Parental Bonding Leave shall run concurrently to the twelve (12) weeks of FMLA/CFRA leave provided under the law.

**F. PREGNANCY/CHILDBEARING DISABILITY LEAVE**

- A House Staff individual disabled due to pregnancy, childbirth or related medical conditions shall be granted a Medical Leave of absence of up to four (4) months, but not to exceed the period of verified disability.
- Pregnancy Disability Leave may consist of leave without pay and/or paid leave such as accrued Sick Leave and accrued and/or advanced Vacation Leave.
- If a House Staff individual on an approved Pregnancy Disability Leave is also eligible for Family and Medical Leave (noted below under Family and Medical Leave), up to twelve (12) workweeks of Pregnancy Disability Leave shall run concurrently with Family and Medical Leave under Federal law.
- Upon termination of a Pregnancy Disability Leave that runs concurrently with Federal Family and Medical Leave, an eligible House Staff individual is also entitled to up to twelve (12) workweeks of State Family and Medical Leave.
- A pregnant House Staff individual enrolled in the UC Residents Disability Plan should contact the UC Residents Disability Plan Coordinator to discuss eligibility for coverage and the procedure to follow to obtain the disability benefit.
- For House Staff disabled by pregnancy, childbearing or other related medical conditions, the University shall continue its contribution for the House Staff individual is health insurance benefit for the length of such disability, up to four (4) months.
- As an alternative to or in addition to Pregnancy Disability Leave, the University will temporarily modify the job duties of a pregnant House Staff individual or transfer the House Staff individual to a less strenuous or hazardous position, if requested by the House Staff individual and medically advisable according to the House Staff individual’s health care provider, provided that the temporary transfer or modification of duties can be reasonably accommodated by the University. Such a temporary modification of duties or transfer will not be counted toward a House Staff individual’s entitlement to up to four (4) months of Pregnancy Disability Leave. At the conclusion of the Pregnancy Disability Leave (or earlier upon the House Staff individual’s request if that request is consistent with the advice of the House Staff individual’s health care provider), the House Staff individual will be returned to their original position and/or duties.

**UCSD OGME Policy (Updated)<sup>2</sup>**

**UCSD Health Side letter**  
**PARENTAL AND CAREGIVER**  
**LEAVE**

Parental and Care Giver Leave Side Letter

Supersedes Article 14.H and will expire on 6/30/2024 in accordance with the terms of the current SDHSA/CIR Collective Bargaining Agreement

**A. PAID PARENTAL LEAVE**

1. Paid Parental Leave (PPL) is granted to a Resident to allow them to bond with a newborn child/children or child/children placed via adoption or foster care. PPL granted for this purpose must be concluded within twelve (12) months following the birth or placement of the child/children.
2. A maximum of eight (8) workweeks of PPL will be provided for each pregnancy, adoption, or foster placement event regardless of the number of children born, fostered, or adopted in the event.

3. A Resident is eligible for a maximum of eight (8) workweeks of PPL for each pregnancy, adoption or foster placement event during any twelve (12) month period, regardless of whether the twelve (12) month period is in separate calendar, academic or postgraduate years.
4. A Resident may not take PPL for both the foster placement and adoption of the same child or children.
5. Two Residents who are parents, or foster parents, to the same child/children may use their PPL at the same time.
6. PPL is available for use while a Resident is in the waiting period for disability pay.
7. If a Resident on an approved Pregnancy Disability Leave (PDL) also is eligible for FML under Article 14, Leaves of Absence, Section F, up to twelve (12) workweeks of PDL shall run concurrently with FML under federal law. Upon termination of a PDL that runs concurrently with FML, a Resident may also be entitled to up to twelve (12) work weeks of leave per the California Family Rights Act (CFRA) for any covered reason except pregnancy or related medical conditions. If the Resident has remaining FML leave available after the end of PDL, the FML leave will run concurrently with the CFRA leave. The Resident must use accumulated vacation time prior to taking parental bonding leave without pay.
8. When possible, a Resident shall request parental leave at least four (4) weeks in advance of the use of the time off. The University and the Union agree that the PPL described in this section meets the requirements of the ACGME to provide Residents with a leave of absence for parental leave.

#### **CAREGIVER LEAVE**

1. Pursuant to ACGME requirements, the University will provide a Resident with six (6) weeks of paid leave for their own serious health condition; the birth and/or care of a Resident's newborn, adopted, or foster child; or to care for the Resident's family member with a serious health condition. The paid leave described in this section will be provided one time during the residency or fellowship.
2. The Resident is required to exhaust their accumulated sick leave and vacation leave prior to receiving any additional paid leave benefits under this section, except for when (1) Caregiver and Medical Leave is taken concurrently with PDL, in which case, vacation leave is not required to be used prior to paid leave under this Section; or (2) bonding leave is taken concurrently with CFRA, in which case sick leave is not required to be used prior to paid leave under this Section.
  - a. If the Resident exhausts their accumulated sick leave and vacation leave, and has not reached the six (6) week maximum under this section, the University will provide additional paid leave to reach six (6) weeks of paid leave.
3. Pursuant to ACGME requirements, if the Resident exhausts their accumulated sick leave and vacation leave under this section, the University will provide one additional paid week of leave for use during the same postgraduate year.
4. Leave requests should be submitted pursuant to GME and UCSD guidelines and policies.
5. The University and the Union agree that the Caregiver and Medical Leave described in this section meets the requirements of the ACGME to provide Residents with a leave of absence for caregiver, parental, and medical leave.
6. The University and the Union agree that any PPL leave taken by a Resident under Section H, Article 14, will be counted towards the six weeks paid leave requirements of the ACGME to provide Residents with a leave of absence for caregiver, parental, and medical leave.

#### **ABMS Policy<sup>3</sup> (adapted from ABMS 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.

**ABNS Policy<sup>4</sup>** (adapted from Statement of Family and Medical Leave)

**Residency**

For residents who desire to take time away from training for legitimate family or medical reasons (e.g., the birth or adoption of a child; extended illness), the program director should follow the human resources policies of their institution and applicable law when determining whether to approve such leave requests, in whole or in part and whether any time away from training needs to be made up at the backend of the resident's training. It is the program director's responsibility to ensure that residents who receive less than 84 months of training successfully complete the program, receive the full range of neurosurgical training and can practice as safe neurosurgeons following their residency.

If any leave results in a resident receiving less than 84 total months of training in residency, the following applies:

1. Under no circumstances may a resident receive less than 54 months of core training (I.e., any reduction from the standard 84 months of training must come from the resident's 30 months of elective time).
2. In connection with the resident's future application for certification, the resident's program director must submit a letter to the ABNS indicating: (a) that the program director approved any leave that resulted in less than 84 months of training; and (b) that the program director determined that the resident at issue received full training and was able to successfully complete residency in less than 84 months.

**ACGME Policy<sup>5</sup>** (adapted from ACGME Institutional Requirements, July 1, 2022)

The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: (Core)

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; (Core)

Provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)