



Absence from Training Policy FAQs

1. What criteria should be used to determine which residents should get additional leave?

Programs should only approve additional leave time in cases of serious illness or the birth, adoption or fostering of a child, as described in the policy guidelines. The additional leave must be approved by both the program and the ABA.

2. What rationale should be used to deny the additional leave?

The ABA believes this policy serves the best interests of our residents, and in the long-term our patients and profession. However, programs have the discretion to decline resident requests. Please refer to the [guidelines](#) for additional assistance.

3. How should two residents requesting additional leave at the same time be handled? How does a program manage any perceived inequity?

Programs should use their discretion when reviewing leave requests. The ABA will not consider requests that are not previously approved by training programs. Programs can refer to the policy [guidelines](#) to confirm that the requests align with the qualifying conditions. Programs have the discretion to decline leave requests.

4. Does a resident have to use 60 working days of leave before being considered for approval for the additional 40 days?

No. The additional 40 days of leave is to be used for conditions covered by FMLA; not vacation, routine appointments or other absences unrelated to a serious health condition. The other 60 working days of leave may be apportioned according to individual program policies.

5. Can the additional 40 days of leave be approved before it is taken?

No. Requests for the additional leave must be made upon a resident's return to training (after the leave has been taken).

6. Can the request for approval of leave taken in the CA-1 or CA-2 years wait until the CA-3 year?

No. Requests for approval for the additional leave must be made within four weeks of resumption of training, regardless of when the leave is taken. If a resident's leave request is granted early on in training and then he or she is not meeting training standards near the end of training, the program has the discretion to extend training independent of the leave policy.

7. How do programs ensure that residents with eight weeks less training than their peers are prepared to practice independently?

We rely on the program directors to attest to residents' ability to practice independently. If a resident is not prepared to work independently, which is sometimes the case with or without missing any training, we would expect their training reports to reflect this and that the program would mandate additional training.

8. If a resident is managing a chronic illness or has a family member managing one, can he or she use the 40 additional days sporadically rather than in a single block of time?

Yes. Residents may use the additional 40 days over time rather than all at once, pending approval from the training program.

9. What if a resident requests the additional time off, but chooses to voluntarily extend his/her training?

If a resident felt he or she could benefit from making up the missed training, we would not discourage that. However, it would not be required. It is up to the program to determine if the resident has the clinical experience and expertise necessary to practice independently at the end of the training program and whether he/she could benefit from additional training.

10. Can the 40 days of additional leave be taken in the CB year of a four-year program?

No. This policy applies only to residents in their CA 1-3 years.

11. What happens if a program chooses not to comply with this policy?

The policy is meant to serve the best interest of residents and the patients they serve. Training programs may use their discretion when implementing this policy. There is no requirement that a program must implement this policy.