

Advancing the Highest Standards of the Practice of Anesthesiology

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Revised Absence from Training Policy Effective July 1, 2019

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The ABA has established certain training requirements for a candidate to enter the ABA examination system. The following outlines permissible absences that will not result in delay in a candidate being eligible to enter the examination system:

- Without prior approval from the ABA, a candidate may be absent from training up to a total of 80 working days (16 weeks) during the twelve months of fundamental clinical skills through CA3 years of training.
- Attendance at scientific meetings, not to exceed five working days per year, and the day of the BASIC Examination shall be considered part of the training program and will not count toward the absence calculation.
- The ABA will consider requests for up to 40 additional days (eight weeks) away from training (over and above the 80 working days). Such additional leave of absence time must be approved by the ABA as follows:
 - Any request for such leave must be received by the ABA office within four weeks of the resident's resumption of the residency program.
 - The request shall be completed by the program director using the designated form located in the Record of Training Information Database (RTID) signed by the candidate.
 - The request must include: (1) the reason for the absence training request (serious medical illness, military family leave, parental or family leave covered under the Family and Medical Leave Act would be reasons acceptable to the ABA) and (2) documentation about how all clinical experiences and educational objectives will be met.

For absences in excess of those described above, the ABA will require lengthening the total training time to compensate for the additional absences from training. The additional training days required will be equal to the total number of working days missed beyond (1) the 80 working days allowed during the twelve months of fundamental clinical skills through CA3 years; and (2) the additional 40 working days, if approved by the ABA.

Residents who have their residency extended may take the summer ADVANCED Examination if they complete all requirements by Sept. 30 of the same year. They may take the winter ADVANCED Examination if they complete all requirements by March 30 of the same year.

A lengthy interruption in training may have a deleterious effect upon the resident's knowledge or clinical competence. Therefore, when there is an absence for a period more than six months, the ABA Credentialing Committee shall determine the number of months of training the resident must complete subsequent to resumption of the residency program to satisfy the training required for admission to the ABA examination system.

Note: Information about the Absence from Training Policy for two-year Anesthesiology Critical Care Medicine (ACCM) fellowships can be found at: <https://www.theaba.org/training-programs/anesthesiologyand-critical-care/eligibility-faqs/>

Absence from Training Policy FAQs

1. What are considered “working days?”

Any days an individual resident is scheduled to work.

2. What circumstances determine whether a resident is eligible for 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.

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

The ABA supports residents taking leave and does not offer specific criteria for denial. Instead, we rely on the programs' judgment to decline resident requests.

4. 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 only consider requests that have been 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.

5. Does a resident have to use 80 working days of leave before being considered for approval of the additional 40 days?

No. The additional 40 days of leave are to be used for conditions covered by FMLA; not vacation, routine appointments or other absences unrelated to a serious health condition. The 80 working days of leave may be apportioned in accordance with individual program policies.

6. Can the additional 40 days of leave be approved before they are taken?

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

7. 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 leave request is granted early on in training and then the individual is not meeting training standards near the end of training, the program has the discretion to extend training independent of the leave policy.

8. 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 a resident's ability to practice independently. If a resident is not prepared to work independently, which is sometimes the case with or without missing any training, their training reports should reflect this, and the program should mandate additional training.

9. 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?

Yes. Residents may use the additional 40 days sporadically rather than in a single block of time, pending approval from the training program. The request will only need to be made once for sporadic time away.

10. What if a resident requests the additional time off, but chooses to voluntarily extend training?

If a resident felt they 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 they would benefit from additional training.

11. Can the 40 days of additional leave be taken during the fundamental clinical skills months (previously known as the clinical base year) of a four-year program?

Yes. This policy applies to residents in the fundamental clinical skills months through CA-3.

12. What is the absence from training policy for ACCM two-year fellowship?

The ABA grants a maximum of four weeks of time away (such as vacation) per year, a total of eight weeks for a two-year program and up to six weeks of additional leave for purposes of parental, caregiver and medical leave. This policy allows up to 14 weeks away from training and does not require an extension in training.

13. How much time are fellows allowed to be away from training during a twelve-month fellowship?

Fellows in twelve-month training programs are permitted 20 working days of absence, plus 5 additional days for attendance of scientific meetings.

14. Are strike days counted toward the time-away allowance?

Yes, strike days are counted towards the Absence from Training days (80 working days).

15. How does the ABA handle leave allowed by unions?

The ABA does not provide guidance on leave permitted by unions. To be eligible to sit for an ABA certification exam, the resident cannot exceed the allowable absence from training days per ABA policy.

ABSENCE FROM TRAINING POLICY GUIDELINES

The Absence from Training Policy provides residents with additional time away from training for family and medical leave without extending training, where applicable. The following guidelines are designed to help program directors manage requests related to this policy.

Qualifying Circumstances for Extended Leave (up to 40 additional days/eight weeks)

This policy is designed to align with circumstances covered by the Family and Medical Leave Act (FMLA), which allows for reasonable unpaid leave for certain family and medical reasons. These reasons may include:

- The birth and care of a newborn, adopted or foster child
- The care of an immediate family member (child, spouse or parent) with a serious health condition
- The candidate's own serious health condition

Health Conditions Deemed "Serious"

A serious illness is defined as an illness, injury, ailment, impairment or physical/mental condition that involves an overnight hospital or hospice stay or ongoing medical treatment by a healthcare provider. Ongoing or continuous treatment by a medical provider generally includes:

- An incapacitated state lasting longer than three consecutive days and/or subsequent treatment that involves a regimen of continuing treatment beyond drinking fluids, bedrest, exercise or taking over the-counter medicines.
- Any period of incapacity due to pregnancy or prenatal care
- Any period of incapacity that is permanent or long-term
- Any period of incapacity for treatment of chronic conditions, such as asthma, diabetes, epilepsy, etc.
- Any absence or period of incapacity resulting from multiple treatments, such as chemotherapy, radiation, dialysis or physical therapy

These conditions should keep the resident or an immediate family member from performing his/her job, attending school or doing other routine activities that would allow the resident to perform at his/her normal capacity.

Conditions or Circumstances Not Covered by This Policy

Our Absence from Training Policy should not be applied to routine medical exams or checkups (e.g., physicals or dental exams), common colds, flu, earaches, stomach aches or other routine doctor visits or ailments. This leave may also not be used for jury duty, non-medical-related appointments, vacations or other routine life occurrences. Conditions not considered serious for purposes of this policy include:

- The common cold, flu, earaches and other ailments mentioned above, unless complications arise
- Routine medical exams
- Conditions requiring over-the-counter medication, bedrest, drinking fluids, exercise and similar activities that can be applied without a visit to a healthcare provider
- Cosmetic treatments unless they require inpatient hospital care or complications arise

Qualifying for Additional Time

- A letter of request from the residency program director must come within four weeks of the resident's resumption of training.
- Request letters must be in writing from the program director and countersigned by the resident and department chair.
- Requests must include the reason for the leave, which should align with the reasons outlined in the guidelines with documentation about how clinical experience and educational objectives will be met.
- Requests must be approved/supported by the program prior to submission to the ABA. Programs have the discretion to decline resident requests.
- If the resident does not qualify for the additional absence from training that was previously taken, his/her residency training may be extended to compensate for the additional absence, per the policy.

Information about the Absence from Training Policy for two-year Anesthesiology Critical Care Medicine (ACCM) fellowships can be found [here](#).