

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: June 21, 2021
 ATTENTION: Members, Medical Board of California
 SUBJECT: Postgraduate Training Requirement Summary
 STAFF CONTACT: Marina O'Connor, Chief of Licensing

REQUESTED ACTION:

After review and consideration, authorize staff to accept attestations from an applicant's program director(s) indicating that an applicant for a physician's and surgeon's license has been granted credit for at least 36 months of approved postgraduate training with at least 24 continuous months in the same program, as meeting the postgraduate training requirements to qualify for licensure, regardless of time taken for leave or vacation without extending time for training.

BACKGROUND:

Senate Bill (SB) 798

Prior to January 1, 2020, applicants for licensure who graduated from a Liaison Committee on Medical Education (LCME) approved domestic medical school (U.S. and Canada) were required to complete one year of either Accreditation Council for Graduate Medical Education (ACGME) (U.S.) or Royal College of Physicians and Surgeons of Canada (RCPSC) (Canada) accredited postgraduate training. Applicants for licensure who graduated from a Board-approved international medical school were required to complete two years of ACGME or RCPSC accredited postgraduate training.

Graduates of international medical schools were required to meet the same undergraduate clinical requirements as graduates of domestic medical schools. However, due to the lack of any international accreditation organization like the LCME, and lack of an LCME-like organization in many countries, the Board had to evaluate the medical schools of these applicants. If the applicant went to an unrecognized medical school, they were not eligible for licensure unless and until the medical school went through the process of being recognized by the Board, or met the requirements of the alternative pathway for licensure under Business and Professions Code (BPC) section 2135.5.

SB 798 (Statutes of 2017) amended the Medical Practice Act to require all applicants, regardless of where they went to medical school, to satisfactorily complete a minimum of 36 months of ACGME/RCPSC or College of Family Physicians of Canada (CFPC) postgraduate training, including 24 continuous months in the same program, prior to the issuance of a full and unrestricted physician's and surgeon's license.

The Board determined that one or two years of postgraduate training was insufficient for granting a physician's and surgeon's license, which would allow an individual to leave

their postgraduate training program and begin practicing independently. The Board selected three years as the appropriate timeframe for training and evaluation, especially since it was going to stop reviewing and approving medical schools, thereby giving more individuals an opportunity to qualify for training and licensure in California.

Per the Federation of State Medical Boards, postgraduate training requirements vary from one to three years, with one state requiring completion of a residency program to qualify for licensure. Additionally, most states require international medical school graduates to complete three years of postgraduate training to qualify for licensure.

The Board determined that three years of postgraduate training was appropriate with at least 24 continuous months in the same program, so that any deficiencies identified could be evaluated and addressed.

The new licensure requirements effective January 1, 2020, ensure that all applicants meet the same training criteria, regardless of whether they went to a U.S. or international medical school.

BPC section 2065(e) states, “A medical school graduate from a medical school approved by the board shall have successfully completed a minimum of 36 months of approved postgraduate training, which includes successful progression through 24 months in the same program, to be eligible for a California physician’s and surgeon’s certificate.”

Leave Policies

In June 2020, the American Board of Medical Specialties adopted a new policy to require all member boards to create new policies by July 2021 that provide a minimum of six weeks of protected leave for family or medical events. As a result, the American Board of Family Medicine updated its family leave policy to allow up to twelve weeks away from the program in a given academic year without requiring an extension of training, as long as the program director and clinical competency committee agree that the resident is ready for advancement, and ultimately for autonomous practice. A resident may only take up to 20 weeks of leave over the three years of residency without requiring an extension of training.

POLICY ISSUE

Residents that take leave from their residency programs may not meet the 36-month training requirement under BPC section 2065(e) if they do not extend their training. Current law does not specify how to calculate 36 months of training and whether or not leave taken by the resident should be considered in determining completion of 36 months of training.

Board staff has addressed some of these applications through the Application Review and Special Programs Committee (Committee) on a case-by-case basis, and the Committee has recommended licensure for those individuals who have received credit from their program directors for 36 months of training, despite the applicants’ taking

leave without extending their training. Since the program director verified successful completion of training over a period that totaled 36 months, the Committee recommended accepting this attestation as meeting the requirements of BPC section 2065(e).

POLICY RECOMMENDATION

Staff recommends accepting applicants' program director's attestation that the applicant has received credit for 36 months of postgraduate training (with at least 24 months in the same program) as meeting the requirements for a physician's and surgeon's license under BPC section 2065(e), regardless of time spent on leave or vacation.

ABFM Family Leave Policy and Time Away from Training Guidelines for Board-Eligibility

May 2020

This policy replaces the former policies on Vacation, Illness, and Other Short Term Absences and the Long Term Absence Policies from ABFM. The effective date for this policy is July 1, 2020 and the policy applies to all residents and fellows in the program, regardless of their training year. For the purposes of determining extension of training decisions, this policy is retroactive to include any resident who is enrolled in the program at the time the policy takes effect but does not retroactively change the resident's time of promotion from one PGY year to the next.

Background and Purpose

Restrictive residency training program policies and culture regarding parental Family Leave are common and have not changed significantly over time. Data shows that women residents who have children during residency continue to face barriers to receiving adequate time away to care for themselves and/or their newborns. They often still face negative cultural biases related to the impact on their education, clinical work, and sharing of workload among colleagues. While Family Leave was historically considered only for birth parents, it has in recent years begun to be considered for non-birth parents. However, those who are adopting or fostering children are still often not allowed similar time away from training. GME programs nationwide will see an increase in the number of residents requesting parental Family Leave, especially with women now comprising more than 50% of medical school graduates, and with ongoing shifts toward diversity of parenting roles and family structures.

Allowable time away from training is affected by multiple issues, some of which may not be coordinated or consistent with each other. These include human resource (HR) policies of different institutions in which residencies reside, varying definitions of Family Leave types, ACGME training requirements, and medical specialty boards' requirements for board eligibility. Numerous articles have been published on this topic in recent years, largely focused on the degree of variation of approaches by all of these contributors to Family Leave of absence decisions that result in inequality across and within residency programs. A study published in *Family Medicine* in October 2019 demonstrated wide variation among parental Family Leave policies and practices across family medicine residency programs and showing that family medicine residents, on average, utilize less Family Leave time than is offered by programs by one-half to 1.5 weeks.ⁱ Residents have often cited medical board policy as having a major influence on their choice to limit their time away from training so as not to extend their time in residency.

Current ABFM policy does not distinguish parental or family leave from other types of leave (vacation, sick, holiday, PTO, etc.). Family Medicine residents are limited to one month of leave per academic year, for any reason. This is among the least amount of time among policies cited across specialty boards.ⁱⁱ This fact is frequently called out by family medicine trainees as being "least family friendly."

Reconsideration of our existing approach is necessary to support resident well-being and to optimize early childhood development for the children of resident trainees. Equally important is the need to support parents who take on early childcare responsibilities. Finally, residents should be supported through other impactful events, such as significant personal illness, or care of a critically ill or dying member of the resident's immediate family.

NOTE:

ABFM policy is only intended to address maximum time away from training that is allowable for a resident to be board-eligible at the end of their training and Program Director sign off. It does not supplant local human resource policies. It is also distinct and separate from, and should not be confused with, family leave as permitted by the Family and Medical Family Leave Act (FMLA), or specific leave policies as defined by your

sponsoring institution human resource department. Employers and programs will continue to be the ones to determine local leave allocations using their own policies. Local policies may be different than the leave amount indicated for board eligibility. All program policies should be clearly written and communicated to prospective and current residents, separate from ABFM policy.

Additionally, this policy is not intended to prescribe decisions regarding time of resident graduation and attestation that the resident is ready for autonomous practice. It only provides guidance about the maximum time away from training allowable for a resident before the program would have to extend their training. At any point, a Program Director and the CCC can make a decision to extend a resident's training based on their assessment that the resident is not ready for attestation of meeting ACGME requirements and enter autonomous practice.

Definitional Issues

For the purpose of this policy:

1. Academic/training years will be referred to as PGY1, PGY-2, PGY-3, and, when relevant, PGY-4.
2. Family Leave of Absence from the residency program will be referred to as **Family Leave**.
3. Time off allotted by programs for vacation, sick leave, holiday, PTO will be referred to as **Other Leave**.

Principles Utilized in Consideration of a New Policy

In considering a change in ABFM Policy, the following principles were adopted by the ABFM Board of Directors to guide its decisions:

1. ABFM will support residents as they add to their families and as they attend to major personal and family health events.
2. ABFM believes that residency experiences in continuity patient care and core family medicine rotations should be priorities. If at all possible, time that residents take for Family Leave should be assigned to elective and/or selected specialty rotations.
3. Family Leave should be allowed to cross over from one PGY year to the next.
4. Other Leave time may be used toward allocation of time away for Family Leave but should not be exhausted for such. The ABFM encourages a minimum of one week of Other Leave per year to be separated from Family Leave time away. This is essential to support resident well-being.
5. Decisions about advancement from one year to the next in residency will continue to be determined by the Program Director and the Sponsoring institution.
6. ABFM will not materially delay certification for residents who require extension of training. We are committed to maintaining two examination cycles per year in order to not delay achievement of certification for those who are off cycle for any reason.

Residency Training Requirements for Board Certification Eligibility

Candidates for certification are required to complete 36 months of graduate medical education in an ACGME accredited Family Medicine residency program. In some situations, the training may be extended for additional time to meet the minimum requirements. All residents must have core clinical training that includes the breadth and depth of Family Medicine. These include, but are not limited to:

1. Residents are required to spend their PGY-2 and PGY-3 training in the same residency program's teaching practice, in order to provide sustained continuity of care to their patients.

2. Each year of residency must include a minimum of 40 weeks of continuity clinic experience (exceptions may apply if the residency program has received a waiver of this requirement in connection with pilot projects assessing intentional variation in training requirements)
3. Residents are required to complete a minimum of 1650 in-person patient encounters in the continuity practice site to be eligible for ABFM certification.

At the end of training, the Program Director is expected to sign, on behalf of the program, that the resident has met all requirements for board eligibility and is ready for autonomous practice.

New Policy Parameters

Family Leave provided under this new policy is intended to be provided in the same circumstances specified in the federal Family and Medical Family Leave Act (FMLA), including:

- The birth and care of a newborn, adopted, or foster child, including both birth- and non-birth parents of a newborn.
- The care of a family member* with a serious health condition, including end of life care
- A resident's own serious health condition requiring prolonged evaluation and treatment

*Decisions about what constitutes family member and what constitutes serious health condition is best left to the Program Director and their institutional policies. ABFM intends to leave those decisions at the local level where they are best able to be individually made.

This policy does **not** apply to other types of personal leave and/or interruptions from a residency (e.g., prolonged vacation/travel, unaccredited research experience, unaccredited clinical experience, military or government assignment outside the scope of the specialty, etc.). This policy likewise does not apply to periods of time for which a resident does not qualify for credit by reason of resident's failure to meet academic, clinical, or professional performance standards.

ABFM does not require approval of a resident's Family Leave if it is taken as outlined, and as long as the resident is on schedule to meet other training requirements. ***However, ABFM still requests that residencies report in RTM any Family Leave or other LOA, even when extension of training is not required, to allow for data tracking that supports ongoing evaluation of this policy change.***

Time Allowed for Family Leave of Absence

Family Leave Within a Training Year: ABFM will allow up to (12) weeks away from the program in a given academic year without requiring an extension of training, as long as the Program Director and CCC agree that the resident is ready for advancement, and ultimately for autonomous practice. This includes up to (8) weeks total attributable to Family Leave, with any remaining time up to (4) weeks for Other Leave as allowed by the program.

There is no longer a requirement to show 12 months in each PGY-year for the resident to be board-eligible; however, by virtue of the allowable time, a resident must have at least 40 weeks of formal training in the year in which they take Family Leave. This policy also supplants the previous 30 day limit per year for resident time away from the program.

Total Time Away Across Training: A resident may take up to a maximum of 20 weeks of leave over the three years of residency without requiring an extension of training. Generally speaking, 9-12 weeks (3-4 weeks per year) of this leave will be from institutional allowances for time off for all residents; programs will continue to follow their own institutional or programmatic leave policies for this.

If a resident's leave exceeds either 12 weeks away from the program in a given year, and/or a maximum of 20 weeks total, (e.g. second pregnancy, extended or recurrent personal or family leave) extension of the resident's training will be necessary to cover the duration of time that the individual was away from the program in excess of 20 weeks.

Residency Directors must make appropriate curricular adjustments and notify ABFM of requested extensions through the RTM system, for approval by ABFM. Reports must include an explanation for the absence from training, the number of total days missed, and a plan for resuming training as basis for calculating a new graduation date. Residents must still achieve 1650 continuity visits by the end of residency.

Additional Considerations:

- ABFM will allow Family Leave to cross over two academic years. In this circumstance, the Program Director and sponsoring institution will be the ones to decide when the resident is advanced from one PGY-year to the next.
- Other Leave time may be utilized as part of approved Family Leave, or in addition to approved Family Leave. ABFM encourages programs to preserve a minimum of one week of Other Leave in any year in which a resident takes Family Leave. Consideration should be given to the importance of preserving some time away for resident well-being outside of a period of Family Leave.
- Residents are expected to take allotted time away from the program for Other Leave according to local institutional policies. Foregoing this time by banking it in order to shorten the required 36 months of residency or to retroactively “make up” for time lost due to sickness or other absence is not permitted.
- Time missed for educational conferences does not count toward the time away from training under the Family Leave time allowed in this policy.

Certification Timeline in Instances of Extension of Residency Training

When a resident’s training completion dates change, ABFM will provide opportunities to take their initial certification exam within the year, as described below:

1. If they are anticipated to complete training between July 1st and October 31st, they may apply for and take the Certification Examination in April of their PGY-3 year, with permission from the program director through the RTM system.
2. If they are anticipated to complete their residency between November 1st and December 31st, they will be eligible to take the Certification Examination in November of their graduating year. Residents completing training between January 1 and April 30 of the following year may also apply for the November exam with permission from the program director through the RTM system.

ⁱ Wendling A, Paladine H, Hustedde C, Kovar-Gough I, Tarn D, Phillips J. Parental leave policies and practices of US family medicine residency programs. *Fam Med.* 2019;51(9):742-9.

ⁱⁱ Varda BK, Glover M. Specialty board leave policies for resident physicians requesting parental leave. *JAMA.* Dec 11, 2018. Vol 320 (22); 2374-2377.