



National Capital Consortium Pediatric Residency Program Leave and Call Policy

March 2021



All military service members are entitled to 30 days of leave per year. However, the leave for residents is limited by the requirements imposed by their training status, local GME training policy, and by the guidelines established by the American Board of Pediatrics (ABP). Therefore, our program does NOT permit 30 days of planned vacation per year. Instead, the requirements put forth by ABP and our GME Institutional policies are consolidated.

The ABP “Absences from Training Policy” states:

The duration of general pediatrics residency and fellowship training is 36 months. Satisfactory completion of 33 months of clinical training is required. One month of absence is allowed each year for time away from training which includes, vacation, sick, or family leave. Training must be extended to make up any absences greater than three months during the three years of residency/fellowship. However, the program director has the discretion to submit a petition to the ABP requesting a waiver of up to two months of elective training only in the following circumstance if the trainee:

- Had a medical or family leave;
- Is deemed competent by the Clinical Competency Committee;
- Has met all training requirements except elective training; and
- Has met the scholarly activity requirement, if the trainee is a fellow.

The NCC GME has adopted the AMEDD Policy for all of its programs. The AMEDD GME training policy regarding LEAVE is more stringent than ABP guidelines. Under this policy, a GME training year will consist of at least 48 weeks each academic year per AR 351-3 (Professional Education and Training Programs of the AMEDD). AR 351-3, Paragraph 6-21 is as follows:

6–21. Absence from training: Absence for more than four weeks (physically present for training for less than 48 weeks) of training in one training year may result in an extension of training. All absences must be reviewed by the PD for the reason and or impact on the individual educational experience as well as the program. Trainees must be informed of the effects on their educational program and potential of extension of training or ADSO impact. The institutional GMEC is the local approval authority for such absences. If approved by the GMEC, a request for extension of training outlining the nature of such absences will be submitted to HQDA, OTSG, for final approval of adjusted completion date. The request must state a scheduled completion date of GME and assigned statement from the individual indicating their acknowledgment of such extension.

Under this policy at the NCC, trainees must understand that any absence from training that exceeds four weeks in an academic year, may result in an extension of training for the period that exceeds the four weeks. When consolidating the ABP and AMEDD GME and NCC training policies, the NCC Pediatrics Residency Program has established the



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following:

Regular Leave

Based on the aforementioned requirements and DOD policy, the amount of leave permitted differs between interns (PGY1) and residents (PGY2 and PGY3) as follows:

1. Interns are permitted **two weeks of leave (14 days).**
2. Residents are permitted **three weeks of leave (21 days).**

The rest of the regular leave policies apply to both interns and residents.

No other regular leave is authorized. Residents are strongly encouraged to take their leave as 1 week periods, if at all possible, to maximize educational opportunities on rotations and allow for more predictable back-up coverage. If you are absent from a normal duty day, it is expected that you submit military leave.

Residents are given an opportunity, prior to the start of the academic year, to provide input on their rotation schedule in order to avoid conflicts with already scheduled events (e.g. wedding, family reunion, etc.). Leave for the year should ideally be planned at the beginning of the academic year. However, this is not always possible. Thus, as the Chief Resident is making the call schedule, he/she will ask if there are leave requests throughout the year. Please read your email so you can respond in a timely fashion.

Leave cannot be scheduled during inpatient rotations. In addition, PGY-2s can take leave during either their clinic or adolescent block, but not both. Rare exceptions to this are considered on a case-by-case basis by the Program Director. Plan your leave early and have it approved IN ADVANCE by the chief resident and the program director. Leave should not be started unless the resident has a signed copy of his leave form in hand.

Some times of the year are more desirable than other for taking leave, but there are a certain number of residents needed to cover inpatient services, so only a fixed number of residents can take leave at any one given time. Leave requests are granted on a first-come-first-serve basis.

Residents should submit leave requests according to their service-specific requirements outlined below. Residents MUST submit C O N U S leave forms at least 2 weeks prior to the anticipated leave. **Leave forms submitted less than two weeks prior to the absence are difficult to get approved and will only be submitted with a Letter of Lateness.** If your leave will take you overseas (OCONUS – out of the continental USA), plan to submit the paperwork **more than 60 days** in advance.



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In order for leave to be accepted, you must do the following prior to requesting leave:

- 1. Ensure that there is no continuity clinic schedule or booked patients in the system for you during your leave. Contact the Chief Resident and the clinic manager who does scheduling at WRNMMC-Bethesda.***
- 2. Ensure that all AHLTA notes and tele-cons are complete.***
- 3. Ensure that all military training is up-to-date (particularly important for the Army and Navy) – Companies will send out monthly emails regarding training requirements for that month.***

Leave then must be submitted in three ways:

- 1. Using the amion on-call schedule request feature.***
- 2. Obtaining pre-approval from the Chief Resident and Rotation Supervisor. This is then routed to the Program Director or the Associate Program Director. You may email the Chief Resident with rotation supervisor and PD/APD copied.***
- 3. Submit the appropriate documentation per your military service as on the next 3 pages.***



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NAVY

First complete the bolded/italicized program steps above on page 3.

Navy residents use the Navy e-leave system through the NSIPS website **E-Leave Link:** <https://nsips.nmci.navy.mil/>. This link is also available on the nccpeds.com website under the Military -> Navy Page menu item. *This must be done at least 14 days in advance.* The request is electronically routed through contingency and the department training officer before it can be approved by the PD or Navy APD.

Your leave profile must be updated in NSIPS following any change of command. Your reviewers will always be #1 watchbill coordinator (chief resident), #2 Pediatric LPO, #3 Service chief (Program director), #4 Div 4 LPO, approver will be the DIV Officer for Div 4.

You will need to attach your IMR (Individual Medical Readiness) certificate from BUPERS Online showing that you're 'ready' and a screenshot of your training history from Navy Knowledge Online (NKO) showing that you are up to date. Take a screenshot or [print an adobe document using these instructions](#).

Note: OCONUS leave requests require additional clearance forms and international travel requirements, which depends on the location of travel. Please consult your local leave office for further guidance and anticipate submitting forms at least 60 days in advance.



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ARMY

First complete the bolded/italicized program steps above on page 3.

Alpha & Student Company Checklist:

1. Cover Letter

- * A cover letter is required by Alpha company, not HHC.
- * This form will be provided to you at the beginning of the year by the Chief Resident.

2. LES

- * Print out most recent LES from MyPay via your MyPay account.

3. Itinerary

- * If flying: Print out from your airline or travel agency website.

4. IMR

- * Log onto AKO.
- * On the home page click on “medical readiness.”
- * When the dashboard opens, your medical readiness should be in green.
- * Scroll to IMR Record on that page and click on it.
- * Print off your IMR.
- * If you are not green on all items, this may delay your ability to go on leave.

5. DA 31: Official Leave Form

- * The Chief Resident is your supervisor and will sign off on your DA31 after you have completed it.
- * Please ask the Chief Resident if you are unsure on how to complete the form.

6. Vehicle (POV) inspection if driving:

- * This form will be given to you at the beginning of the year by the Chief Resident along with other leave forms required by your Company.
- * Can be done by one of your peers or the Chief Resident. *It does not have to be done by a mechanic.*

**** Once you have this ENTIRE packet completed, send it to the Chief Resident, who will sign your DA31 and send the packet to the PD, NCOIC for Peds, and your Company.**

Note: OCONUS leave requests require additional clearance forms and international travel requirements, which depends on the location of travel. Please consult your local leave office for further guidance and anticipate submitting forms at least 60 days in advance.



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AIR FORCE

First complete the bolded/italicized program steps above on page 3.

TO access leave web:

-During in-processing you probably turned in a request for leave web access to the CSS office at Malcolm Grow. If not, they will need this to get you an account.

-Go to **my.af.mil** from a CAC login computer to access Leave web.

-A link for leave web is along the left hand side of the home page.

-If you do not have a password, contact the leave web administrator at Andrews, phone number is 240-857-8225 to get this set up.

-When applying for leave, simply submit a request online up to 30 days prior to leave date and they approve them fairly quickly.

-Your supervisors name and info is as follows:

- AO Rank: Lt Col
- AO Name: Natalie A Giscombe
- AO Phone: (240) 857-8280
- AO EMail: Selea.hayes@afncr.af.mil

- You will need to enter this in so she can approve the leave. (Ph#: 240-857-8703)

Upon return from leave, go back to same website and submit return from leave status. If you forget this step, you will get an email from Laurie Creel telling you to do so ASAP so you are not considered AWOL (Away Without Official Leave).

AF Chain of Command as of July 2020:

Andrews: Col Mark Rieker (mark.g.rieker.mil@mail.mil)

MSgt John Graham (john.w.graham80.mil@mail.mil)

Squadron Commander at Walter Reed: Help with emergency leave, ETP, and admin tasks

Maj Synde Tobias (synde.m.tobias.mil@mail.mil)

MSgt Anna Wasson (anna.m.wasson.mil@mail.mil)

Note: Air Force leave policy may be subject to change based on local commander's guidelines.

OCONUS leave requests require additional clearance forms and international travel requirements, which depends on the location of travel. Please consult your local leave office for further guidance and anticipate submitting forms at least 60 days in advance.



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Special Circumstances

All service members earn 30 days of paid leave per year. However due to ABP and GME policies for trainees as described on page 1, the leave time away from training allotted by the Pediatrics Residency is limited to 2 weeks during intern year and 3 weeks during PGY2 and PGY3 years. Thus, you will accrue additional leave during your residency training which can be used after graduation and/or during operational assignments (GMO).

Norma They are as follows:

1. When resident is NOT scheduled for duty on a normal duty day (Monday through Friday), but is travelling outside of the designated radius
 - a. This may occur on Emergency Department or PGY3 Nursery rotations, during which you have to fulfill a certain number of assigned shifts and thus may have some weekdays scheduled off. This exception applies as long as you meet the shift requirements of the rotation.
 - b. This applies to personnel whose services have liberty travel restrictions
2. When a resident is travelling outside of the designated radius during the 4 day Holiday Coverage period (see 'Holiday Coverage' below).
3. Attending Conferences or Meetings:
 - a. If a resident attends a meeting or seminar with military orders, on leave, or on permissive TDY status, this is NOT counted as part of the allotted 2-3 weeks of time away from the program since it is enhancing the resident's educational experience.
 - b. Attendance at meetings must be communicated to all parties as described for leave requests in order to appropriately make the call schedule.

No additional time away from training will be granted for fellowship interviews.

Personal Emergencies

All of us have personal emergencies that arise from time to time. It is imperative that you notify your attending and supervisory resident about your emergency as soon as possible so that you can be provided the support you need, your patients can be covered, and you will be legally protected. You **MUST MAKE PERSONAL CONTACT** with your immediate supervisor, the Chief Resident, and the Program Director.

Depending on the time away from the program needed, residents may require a leave of absence and an extension in their training. If the resident is in good-standing mid-way through their PGY3 year, then applying for a waiver through the ABP may be considered by the Clinical Competency Committee and the Program Director. Cases will be considered on individual case-by-case basis.



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Pass/Liberty

Services have different policies regarding the availability of passes/liberty, which allow service members to leave the local area for short periods of time, like weekends or holiday weekends, without using regular leave. In order not to place the resident in jeopardy with their military service, each resident must comply with their service's instructions and regulations for leaving the local area.

Army/Navy: Individuals traveling greater than 250 miles from the local area **MUST** be on pass with a signed pass form in possession. If traveling within 250 miles in the local area, then a pass is not required.

- a. Army trainees submit a DA 31 form to the Chief Resident with "Other: Pass" indicated in Block 7. The Chief Resident will submit the pass DA 31 form to the Company for approval by the same process as indicated for leave.
- b. Navy trainees must notify their "Director For" via chain of command utilizing a special request chit. The maximum travel distance authorized in regular or special liberty is 800 miles total distance.

Regular pass is only granted in circumstances when a person is traveling outside of the 250-mile radius on a NON-DUTY day (Friday after duty day through Sunday).

Special liberty or pass is granted very rarely and only for special circumstances. It is not meant to take the place of leave. If you are granted pass or liberty by the Program Director or Department Head, you must also inform your rotation supervisor. You must also have a liberty chit or pass form in your possession while you are gone.

Air Force: There are no mileage restrictions and no documentation or form that needs to be completed in order to leave the local area during non-duty days (weekends). The individual must contact the Chief Resident and send an email outlining their travel itinerary.

Holiday Coverage

Holiday coverage is a 4-day time period around 25 December and 1 January when interns and residents are required to work during one of the two holiday call periods. The 4 days when interns and residents are not working are **NOT** counted against their regular leave unless they are outside of the 250-mile radius and not on an approved pass.

Residents on away rotations at FBCH, CNMC, INOVA Fairfax, and MGMC during the holiday time period will return to WRNMMC to work one of the two holiday call



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coverage periods. PGY3s on their away Nursery rotation at Fort Bragg or Fort Campbell will not return for holiday coverage at WRNMMC, but will be expected to work on one of the two holiday periods.

Call

Working hours during residency are long, particularly during inpatient rotations. The rotation and call schedules for this year have been developed with several goals in mind:

- Residents and interns will not work more than 80 hours per week averaged over a 4-week period
- You must have an average of one 24-hour period without hospital responsibilities per 7 days over a 4-week period.
- Interns and residents will not work more than 24+4 hours per shift and there should be 10 hours, but must be 8 hours of rest between shifts.
- Interns and residents must not work more than 6 night-shifts in a row

To provide maximal continuity of care, the following policies will be in effect:

- Residents will have signed out their patients to the designated relief or cross coverage resident before leaving the hospital.
- Residents on electives or outpatient rotations who have been on call for an inpatient rotation the previous night may complete inpatient sign-out, attend educational activities, or see their continuity patient the morning after call. The resident is required to leave the hospital by noon on their post-call day.

Personal Illness

It is a requirement that routine medical care for active duty personnel be provided by military physicians in a military treatment facility. However, you are allowed to go to ANY emergency room or urgent care to be seen for an urgent or emergent matter. Tricare will cover this visit.

If you feel you are febrile or too ill to work, you should:

- a) Notify your supervisory resident and attending as soon as possible AND
- b) Make arrangements to go to military sick call so you can be examined and given any treatment you may need to help you recover.
- c) Once you have received the care you need, you should inform the Chief Resident of your duty status.



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Maternity/Parental Leave Policy

To aid trainees who become pregnant, adopt a child, or wish to take paternity leave during GME programs, the Consortium provides the following policies based on existing maternity leave instructions, ACGME requirements, and recommendations by the American Medical Association.

1. Policies

- a. The Consortium and its members will support the pregnant trainee and GME training program.
- b. Leave taken prior to delivery, unless medically ordered will count against regular leave time allowed by the program.
- c. For female trainees, **6 weeks of maternity convalescent leave** is granted, plus up to an **additional 6 weeks of primary parental leave for a maximum total of 12 weeks away from the program.**
 - Residents must take 6 weeks maternity convalescent leave consecutively and immediately following a child's birth, or release from hospitalization (whichever is later).
 - Residents may take 6 weeks primary caregiver leave consecutively within one year of the child's birth
- d. For male trainees, residents may use **21 days of non-chargeable secondary parental leave**, even if in excess of the PGY-level approved program leave. It must be taken consecutively and within one year following a child's birth, release from hospitalization, or adoption.
- e. The American Board of Pediatrics has determined that residents must complete 33 months of a 36-month pediatric residency in order to sit for the board certifying examination. Leave and/or convalescent leave in excess of 90 days over the course of the three-year residency will necessitate an extension of the residency-training program, or a request for a waiver submitted by the Program Director. Approval of the waiver rests on the American Board of Pediatrics alone. A waiver can only be submitted if:
 - The trainee desires the ABP waiver, has no rotations with an overall performance below expectations, has passed the USMLE or COMLEX Step 3 without previous failure, and has consistently scored higher than 90% board predicted pass rate on the Pediatrics In-Training Exams.
 - The Clinical Competency Committee deems the resident in good standing and on track to be able to practice independently upon



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graduation at the mid-academic year meeting.

- All of the following endorse the request
 1. The Chief of GME for the resident's service
 2. The Designated Institutional Official (DIO) of the NCC
 3. The Specialty Leader/Consultant for the resident's service

- f. Interns must complete 48 weeks of training during the PL-1 year to receive credit for internship. Interns are allowed 2 weeks of regular leave. Trainees utilizing their 2 weeks plus any convalescent leave would have their internship extended if they did not meet the minimum requirements of their service for training.

- g. No convalescent leave can be granted for an adopting parent. Adoption is not a medical condition that requires convalescence. Up to 6 weeks of primary or 3 weeks of secondary caregiver leave may be taken for adoption.

- h. Academic and call schedules for the pregnant resident will be modified in accordance with the recommendations of the resident's OB/GYN physician. These decisions will be medically based and administratively implemented by the respective Service Chiefs and the Program Director.

- i. Modifications in the pregnant resident's academic and call schedules (such as "frontloading" of the call schedule early in the pregnancy) should reflect the abilities of the resident and her stamina with consideration given to her overall health to insure the best outcome for the pregnancy.

2. Responsibilities

- a. The Trainee will:
 - Have an obstetric physician confirm a suspected pregnancy as early as possible, issue a pregnancy profile, and initiate prenatal care as early in the pregnancy as possible.
 - Notify the Program Director about the pregnancy as soon as the pregnancy is confirmed and receive counseling about the training requirements.
 - Immediately notify the Program Director of any complications that may affect duty performance.
 - Follow the conditions of the medical pregnancy profile.
 - Follow the Program Director's guidance as it relates to training, schedules, and time requirements to fulfill all specialty board requirements.



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- Continue to perform military duties until delivery time unless excused from formal duties by the obstetric physician, in which case she may be hospitalized, placed on sick leave, given limited duty, or assigned to quarters.
 - Take up to a maximum of 12 weeks of maternity leave following delivery unless otherwise requested by her obstetric physician.
- b. The Department of OB/GYN will:
- Confirm the pregnancy by test, ultrasound, or pelvic exam by provider.
 - Provide a pregnancy profile and notify the trainee's Program Director indicating any and all limitations placed on trainee.
 - Ensure the pregnant trainees receive prenatal, perinatal, and postpartum care.
 - Advise the Program Director of any needed changes in the trainee's profile or approved duties.
 - Recommend convalescent leave as per service-specific instructions.
- c. The Program Director will:
- Adjust the trainee's duty roster on the pregnancy profile.
 - Notify other housestaff of all rotation changes as soon as possible to minimize disruptive changes on the other GME trainees.
 - Counsel that trainee regarding the requirements and make appropriate decisions and adjustments because of the trainee's absences.
 - Ensure that pregnancy does not provide the basis for adverse action against a trainee.
 - Closely monitor the pregnant trainee's work week, call schedule, and continuous hours worked without rest and ensure that this schedule is consistent with that recommended by the trainee's obstetrician.
 - Determine if the trainee can adequately meet specific requirements for Board Certification.
 - Notify the Chief of the specific Departments/Services of any changes or conditions that affect the trainee's performance in the program.
 - Notify the appropriate GME office of any adjustments in length of training required by the trainee.
 - Approve 12 weeks of maternity leave following delivery.
 - Initiate a request for extension of training if a resident cannot comply with service-specific or RRC guidelines due to requirements for convalescent leave.
 - Petition the American Board of Pediatrics for a waiver if a resident meets all of the criteria for approval and this is recommended to the Program Director by the Clinical Competency Committee on a case-by-case basis.