PROCEDURE GME 31

Subject: RESIDENTS ON RESEARCH/ACADEMIC LEAVE	**Effective Date:** January 1, 2016
Applies to: HOUSTON METHODIST HOSPITAL SYSTEM GME PROGRAMS	**Date Revised:** May 2023
Originating Area: GRADUATE MEDICAL EDUCATION COMMITTEE	**Target Review Date:** May 2026

I. GENERAL STATEMENT

Residents in certain programs may be allowed to take extended time off from their clinical activities to participate in research activities, administrative/leadership activities, or other activities that will help them in their medical career. For example, general surgery Residents may take 1-2 years off from their program to participate in a research program at HMH or at another institution.

It is critical, in these instances, that the GME Office monitor these activities to ensure that proper documentation is filed with the Texas Medical Board (TMB) for those Residents who are on a Physician-in-Training (PIT) Permit. Residents who participate in such activities will be required to obtain a full Texas Medical License in order to return to their Program. This Procedure does not apply to Family Medical Leave, or other Leaves of Absence described in Procedure GME07.

II. GENERAL REQUIREMENTS

Research, Administrative or Other Non-Clinical Years: If a Resident has received Program approval and intends to take time off from all clinical duties to enter a research track, administrative/leadership track or to pursue another activity to support his/her career (e.g., MBA), the Program must notify the GME Office at least 90 days in advance of the Resident leaving the clinical duties of the Program. If the extended leave is for an activity that takes place at a non-Houston Methodist location and the Resident will not be on the Houston Methodist payroll, the Resident must be terminated from Houston Methodist and the TMB will be notified to terminate the PIT Permit.

Notification to the GME Office: Notification of leave must be sent to the GME Office. Programs may submit their own internal form as documentation, or in the absence of such form, submit the form attached to this policy (*Form for Resident Taking Extended Leave from Program to Participate in Non-Clinical Activities*). The following information is required:
1. The purpose of the leave.
2. The duration of the leave and the dates of the proposed leave.
3. Whether the Resident will require an extension of training and the proposed graduation date of the Resident.
   a. Note: In cases where the leave results in an extension of training, and further results in the Program exceeding the approved Resident complement when the Resident returns, the Program must seek a

temporary complement increase from the ACGME, with prior GMEC approval.

4. If the Resident is on a PIT Permit, a completed Program Director's Report for submission to the Texas Medical Board.

5. Relevant correspondence, if necessary, from the Specialty Board or the respective ACGME Residency Review Committee, indicating approval of such activity.

Notification to Resident of impact of Leave on Training: Prior to taking such leave, the Program must, in writing, provide the Resident with accurate information regarding the impact of such leave on the criteria for satisfactory completion of the Program and the Resident's eligibility to participate in examinations by the relevant certifying board(s).

Requirements for Returning to the Program: When a Resident participates in this extended leave, the GME Office will formally notify the Texas Medical Board to terminate the PIT Permit. To return to the Program, the returning Resident must apply for and obtain a full Texas Medical License prior to resuming clinical activities within the program. Programs must notify Residents of this requirement in writing prior to such leave.

Failure by a Resident to secure a full Texas Medical License in a timely fashion may delay re-entry into the program for up to a year and consequently the graduation date.

Programs must notify the GME Office by March 1 of the year that a Resident intends to return to the Program, so that the Agreement of Appointment may be updated.

If the Resident participates in a program where they are not employed by Methodist, they will be required to complete the Human Resources onboarding procedures prior to rejoining the program.

III. COMMITTEE REVIEWING OR APPROVING PROCEDURE:
1. Graduate Medical Education Committee [10 December 2015] [10 OCTOBER 2019] [10 MAY 2023]

Attachment: FORM FOR RESIDENT TAKING EXTENDED LEAVE FROM PROGRAM TO PARTICIPATE IN NON-CLINICAL ACTIVITIES

AUTHORITATIVE REFERENCES:
Accreditation Council for Graduate Medical Education Institutional Requirements for (IV.G,)
Houston Methodist Graduate Medical Education Procedure GME07.

**FORM FOR RESIDENT TAKING EXTENDED LEAVE FROM PROGRAM
TO PARTICIPATE IN NON-CLINICAL ACTIVITIES**

Please complete this form and provided any requested supporting documents.

Name:_____ PGY:_____ Email:_____

Program:_____

TO BE COMPLETED BY FELLOW:

Type of Leave: Research: _____ Academic Track: _____ Other (describe)_____

Describe the purpose and rationale for the leave: _____

_____

_____

_____

_____

If the Resident will be participating in research, please indicate where the research will be conducted: _____Houston Methodist   _____other facility (name)

Duration of the proposed leave: _____ year(s) _____(month(s)

Dates of the proposed leave: (month/day/year to month/day year:_____

Will the Resident require an extension of training to complete residency training? __Y __N

If yes, how long: _____year(s) _____month(s)

Proposed graduation date: _____

Please attach a completed Program Director's Report for submission to the Texas Medical Board (for Residents currently on a Physician-In-Training Permit)

Please attach any relevant correspondence from the Specialty Board or the respective ACGME Residency Review Committee, indicating approval of such activity.

_____   _____
Resident/Fellow signature   Date

TO BE COMPLETED BY PROGRAM DIRECTOR:
I approve this leave and certify that the resident requesting this elective leave is in good standing in the program. I have reviewed and approved the attached educational rationale.

Approved: _____   Date:_____
           (Program Director)