

Parental Leave Policy – MGH Department of Medicine (DOM) Residency Program

Congratulations on your upcoming birth or adoption!

The DOM residency program is committed to providing a supportive environment for all parents, including personalized parental leave plans for each resident, helping to arrange coverage for prenatal appointments, supporting residents who encounter intra or postpartum complications, and promoting strategies for a successful return to work.

Here are the types of leaves for birth and adoption:

Parental Leave (“Bonding Leave”)

The DOM residency program follows MGB Parental Leave Guidelines. [MGB Parental Leave Policy](#)

All new parents are entitled to 8 weeks of parental leave during residency with full salary support for the birth or adoption of a child. This applies at any time during training – there is no minimum duration of employment required. These 8 weeks do not include your vacation time. Residents’ four weeks of vacation per year may be added to these 8 weeks.

Parental leave can be taken all together or in smaller portions of 2 weeks block rotations within the first year of birth or adoption. We recognize that the birth or adoption dates are difficult to predict and may occur in the middle of a two-week rotation. We will ensure you can begin your parental leave at any time. We will also work with you to individualize a complete parental leave plan based on your family’s needs.

The 8 weeks will be removed from your clinical schedule as follows: Four weeks will be taken from inpatient time and four weeks will be taken from ambulatory and elective time.

The 8 weeks of parental leave in and of itself will NOT require you to extend your training per the American Board of Internal Medicine leave policies. (Extension of training would only occur in the extremely rare case you are not meeting residency program competency regardless of parental leave).

You are permitted one 8-week leave during residency. Additional birth or adoptions will require you to extend training in order to meet American Board of Internal Medicine training requirements.

In accordance with Human Resources Leave Policies, you are not permitted to moonlight or do extra-shifts while on parental leave.

Birthing Leave

Women who give birth may take up to an additional 8 weeks (beyond the 8 week parental leave) with full salary support for recovery after the birth of a child with physician confirmation of the appropriate duration of leave. These 8 weeks must be taken immediately after the birth. See FAQs for more details.

If you choose to take the birthing leave time in addition to the 8 weeks of parental leave, you will be required to extend your residency training per the American Board of Internal Medicine leave policies.

Massachusetts Paid Family and Medical Leave Program (MAPFML)

MAPFML allows employees in Massachusetts to take 12 weeks of parental leave immediately after the birth or adoption of a child. The state defers to the employer's policy first, so in the DOM residency program, the first 8 weeks of parental leave would be under DOM parental leave policy. The state policy would then be in effect for 4 weeks after completion of the 8 week residency parental leave. The state policy pays \$850 per week. You would not receive your DOM residency salary for those four weeks. Health benefits would continue during these four weeks and your salary contributions would be collected after your return. These four weeks from the state can be taken at any time between the end of the MGB 8 week parental leave and before the one year date of birth or adoption. If you choose to take these four weeks after the 8 week parental leave, you will be required to extend your residency training per the American Board of Intern Medicine leave policies.

Modifications and Support

1. For all parents we will notify clinical teams as needed to ensure you can attend prenatal appointments. Ideally, internal coverage will be able to be arranged within the team, but when that is not possible, coverage will be provided from the back up list.
2. Women who develop a need for accommodations during pregnancy will use the same process for accommodations that is in place for all other residents. You will need to meet with Occupational Health and provide physician support for the accommodation.
3. For women giving birth, the four weeks prior to your due date we will offer to modify your residency schedule and place you on lighter rotations including possible home call.
4. Upon returning from the parental leave, we offer the option of a 4 week "softer landing" on ambulatory rotations and electives to help ease the transition.
5. You will not be required to make up any call, weekend coverage or clinical rotations that you miss while on parental leave.
6. To modify your schedule, the chief residents will work with you to arrange trades with peers to rearrange your schedule as needed. In addition, the back-up system will be utilized for coverage of inpatient rotations. You will not be asked to pay back time used from the backup system.
7. Lactation: Information about lactation rooms will be provided. Upon return, we will work with your clinical teams to ensure you have time for pumping.

Extension of Training

If you choose to extend your training, you will receive full residency salary support and benefits during the period of extension. We will work with you to arrange a schedule that meets your extension requirements. You will be assigned rotations based on program minimum rotation requirements and those you missed during your leave.

Extension of training will mean delaying the start of your fellowship or job. Please be aware extension means you will not be available to start a fellowship or job in July and you will need to communicate this to future employers/program directors.

What to do next?

Please meet with:

1. Gabby Mills to discuss your leave as this must be arranged through Human Resources.
2. Kathleen Finn to discuss your leave options and to weigh the pros and cons of extending training and what that would look like.
3. Chief Residents to discuss modifications to your schedule.

Given this can require complex planning the more lead time we have to plan around these items, the better. We are happy to work with you and congratulations.

Frequently Asked Questions (FAQs)

1. What is the maximum duration of parental leave with fully salary support?

All parents are allowed 8 weeks of parental leave with full salary support and benefits. Parents who give birth are allowed up to an additional 8 weeks birth leave pending physician confirmation for recovery from birth at full salary support and benefits.

2. What is a Birthing Leave? How does that differ from Parental Leave?

A parent who gives birth is eligible for up to eight weeks of salary (in addition to the 8 weeks of parental “bonding” leave) for the disability associated with birth, with physician confirmation of the appropriate duration of leave. To obtain a birthing leave, trainees should submit a leave request form with their due date to the MGH leave office at least 30 days in advance of the due date, if possible. Trainees will then notify the MGH leave office once they have delivered so that the birthing leave can be processed.

3. What other parental leave is available?

In addition to the MGB parental leave, parental leave is also available through the state under Massachusetts Paid Family and Medical Leave (MAPFML)

- MAPFML allows up to 12 weeks of leave to parents before a child’s first birthday, or within one year of adoption or foster placement subject to a salary cap of \$850/wk.
- Trainees cannot receive their MGB salary while taking the MAPFML.
- Trainees will receive their health and other benefits during this time. Their salary contributions for these benefits will be deducted on return from this leave.
- When the MGB-provided paid leave is utilized, MAPFML benefits, if applicable, will run concurrently but without MAPFML payment. Trainees cannot receive payment from the state while being paid by MGB.

Example: A trainee adopts a child on February 1 and utilizes MGB parental “bonding leave” for 8 weeks. This qualifies for continuation of full salary via MGB parental leave. The trainee can subsequently apply for 4 additional weeks of MAPFML leave with benefits up to \$850/wk. During these additional 4 weeks the Trainee cannot be paid by MGB, including vacation time.

- At the end of the 8 week MGB-provided paid leave trainees are eligible for the remaining time (4 weeks) under MAPFML up to the end of the year following the child’s arrival. This time can be

used directly following the MGB-provided leave or at a separate time so long as it is used by the end of the year following the child's arrival

Example: A trainee adopts a child on September 1, 2021 and utilizes 8 weeks of parental bonding leave at that time. The trainee is eligible for 4 additional weeks of "bonding leave" through MAPFML prior to September 1, 2022.

4. Do I need to take my MGB parental leave as one continuous leave?

The DOM residency program permits intermittent parental leave. You may arrange your 8 weeks of MGB parental leave in two week portions up to one year after the birth or adoption of your child.

5. Can I moonlight or do extra shifts while on parental leave?

No, you are not permitted to moonlight or do extra-shifts while on any parental leave, birthing leave or the MAPFML leave according to human resources and leave policies.

6. What if I have more than one child within a year?

The entitlements for MAPFML and MGB-provided leave apply once per 12 month period, regardless of the number of children coming into the family.

The MAPFML grants employees' unpaid job-protected leave, up to 8 weeks per child within the year, applying to multiple births/adoption/foster occurrence and/or sequential children coming into the family. Because having multiple children within a year is complicated, please talk with the residency program and human resources

Example: An Employee gives birth to triplets. Under MAPFML, that Employee is entitled 24 weeks of unpaid leave (8 weeks per child). That MAPFML job-protected leave time runs concurrently with any and all paid leave the Employee takes.

7. How is the need for make-up time decided?

Since each Graduate Trainee must meet certain education requirements, as defined by the Program, ACGME and ABIM, trainees may be required to make up missed time due to a leave prior to advancing to the next level of training and/or prior to completion of the residency program.

The ABIM allows 8 weeks for parental leave during 3 years of training without requiring the extension of training – as long as the resident is deemed competent by the Program Director and the Clinical Competency Committee. These 8 weeks are in addition to 4 weeks of vacation time per year each resident is given.

8. When should I let the residency program know?

Advance communication and planning regarding predictable make-up requirements is important. Trainees are encouraged to discuss the need for leave as soon as practicable.