

Partners HealthCare System
Institutional Policy: Backup and Coverage Policy for
Residency and Fellowship Programs

Goal: Ensure that all GME programs define and disseminate a clear process for providing clinical coverage for trainees who cannot be available for their assigned patient care responsibilities. This policy relates to the following ACGME standards, but applies to both ACGME-accredited and non-ACGME GME program:

VI.C.2. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work. (Core)

VI.C.1.d.(1) Assuring that trainees understand program standards around accessing coverage when appropriate is important for well-being. Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours (Core)

Programs must:

1. Provide trainees with a written policy or process addressing clinical coverage in the following circumstances:
 - a. Unplanned, urgent absences due to circumstances such as illness, family emergencies, attending funerals. Note: Programs should in applicable situations reference the GME Trainee Vacation/Leave policy.
 - b. Planned absences, including approved leave of absences, non-urgent medical, mental health, and dental care appointments.
2. Specify under what circumstances the program – rather than the trainee – is responsible for arranging back-up coverage.
 - a. At a minimum, identifying coverage for urgent absences and for family or medical leave must be the responsibility of the program and not the trainee that needs to be absent.
3. Ensure that trainees are provided with clinical coverage for health care appointments that are needed on an intermittent and/or recurring basis.
 - a. Though it may be reasonable for a trainee to identify the logical person to “sign out to” for a brief absence, a program representative must be designated as responsible for identifying clinical coverage if the trainee cannot or doesn’t wish to approach their colleagues for coverage.
4. Indicate who a trainee should contact to arrange clinical coverage (e.g. the Program Director, Chief Resident, etc.) for planned absences and for urgent absences, with contact information.

5. Clarify a) under what circumstances trainees are responsible for arranging their own clinical coverage (e.g. job interviews; family occasions) and b) how a trainee – if unable to find clinical coverage – can seek coverage through the Program Director (or delegate) for something of extreme personal significance.
6. Clarify any “make-up” or “pay-back” requirements.
 - a. Indicate specific activities or experiences must be routinely made up if missed during an absence, incorporating any applicable ACGME, program, and/or board certification requirements. (For example, if an annual minimum number of clinic sessions is required, this should be outlined.) Note: Program Directors can always indicate the need for additional make-up based on individual educational/competency circumstances.
 - b. Indicate if there is an expectation of “payback” when backup coverage systems are utilized. (For example, if overnight on-call or other assignments are shared equally among trainees, make-up expectations should be explicit, with the opportunity for exceptions to be made by the program director.)
 - c. Board requirements related to absences and make-up requirements must be specified.

Program directors are expected to create an environment where trainees are encouraged to utilize the policy (when appropriate) without fear of negative consequences or perceptions.

When trainees must be absent because of health issues or for health care appointments, Program Directors should not query the trainee regarding the health issue, but can ask the trainee to seek confirmation of the need for clinical coverage through Occupational Health*.

Trainees are expected to utilize program backup clinical coverage systems only in appropriate situations, as defined by program and institutional policies.

*(i.e.: residents can request that Occupational Health provide the Program Director with confirmation of the medical need/appropriateness related to an absence requiring coverage, while maintaining confidentiality of the medical information)

Note: Policies approved by the Partners Education Committee apply to GME trainees in programs sponsored by the Brigham and Women’s Hospital, Brigham and Women’s Faulkner Hospital, Massachusetts General Hospital, McLean Hospital, Newton Wellesley Hospital, North Shore Medical Center, Spaulding Rehabilitation Hospital and Massachusetts Eye and Ear.

Approved by the Partners Education Committee, 12/2018

