

Policy for Managing Provider Time Away

PURPOSE:

The University of Chicago Physicians Group (UCPG) is committed to providing convenient access to care for patients seeking our clinical services. This policy establishes the expectations of Providers requesting time away from clinical service obligations, and to establish an expectation for minimum clinical coverage. A clinical Department or service may choose to adopt more restrictive policies in order to meet the needs of an individual group practice. Faculty members as well as Clinical Associates are expected to work cooperatively, under the direction of their leaders, to ensure that the needs of essential patient care services are fulfilled and that group and individual professional obligations are met.

DEFINITIONS:

1.) **Time Away** - Any workday that a Provider is not present at his/her normal place of clinical activity. Time Away may be taken for vacation, illness, other service obligations, or scholarly activities.

2.) **Vacation** - Time Away from clinical obligations where Providers are encouraged to suspend work obligations. The total amount of allocated vacation time is governed by the physician's or practitioner's employment agreement or applicable policy.

3.) **Other Time Away** – Time away from work that does not count towards the six weeks of Provider time away (4 weeks of vacation plus up to 2 weeks for scholarly activities).

- a. Short-Term Disability –Refer to *Faculty and OAA Leave Policies*.
- b. Long-term Disability - Refer to *Faculty and OAA Leave Policies*.
- c. Sick Leave for Others – Refer to *Faculty and OAA Leave Policies*.
- d. Jury Duty – Providers called for jury duty will be excused from work.
- e. Reasonable Accommodation – additional time away may be an approved accommodation for a documented disability (providers should work with their section/department, the Dean's Office and the Office of the Provost to make such requests).
- f. Bereavement Leave –
- g. Military Leave -

Holiday - The University has official paid holidays for benefits-eligible employees, however, adjustment of schedules during these periods may be necessary to meet essential clinical needs

Policy for Managing Provider Time Away

4.) Provider – BSD and SOM track faculty with privileges on the medical staff, Dentists, Optometrists, and non-physician providers employed by the Biological Sciences Division (BSD) of the University who perform independent professional services for the diagnosis and management of patients. Examples include Physicians, Surgeons, Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, Certified Registered Nurse Anesthetists; Residents and Fellows with independently assigned clinic templates.

POLICY:

Providers must provide notification of time away from clinical responsibilities at least 60 days in advance of the absence. Providers' amount of time away is governed by the appropriate employment agreement and/or policy. In general, Providers are eligible for six weeks of time away, allocated as four weeks of paid vacation (20 weekdays) and up to an additional two weeks (10 weekdays) of time away for scholarly activities. Therefore, Providers are expected to be present for 46 weeks of ambulatory clinical service each year. For the ambulatory setting, the total number of clinics required per year is equal to the number of sessions per week multiplied by 46 weeks (e.g. 3 sessions/ week * 46 weeks = 138 sessions/year).

If scholarly time away exceeds 10 days, written request and approval must be received by the Department Chair or designee. Approval does not guarantee reimbursement of the scholarly activity if an individual physician's discretionary account has insufficient funds.

Time away must be communicated and approved by the Section Chief, Chair, or designated physician leader. Approval for time away for scholarly activity is contingent upon clinical coverage needs, fulfillment or expected fulfillment of individual productivity expectations and availability of funds. While it is recognized that such time away is important for a variety of reasons, ensuring adequate coverage of services and minimal disruption is expected. Section chiefs are responsible for implementing coverage plans to minimize disruption of services.

AUDIENCE:

All clinical Providers delivering professional services within the University of Chicago Medicine Network.

PROCEDURES:

1. Attendance
 - a. Providers must be available to participate in clinical activity for the equivalent of 46 weeks annually. **Absences exceeding the six-week time away allotment will be made-up.**
 - b. Half-day absences (i.e. closing morning or afternoon clinics) are subject to the time away policy. **Absences that exceed the six-week time away allotment are subject to the make-up policy below.**

Policy for Managing Provider Time Away

2. Cancellations. With 60 days or greater notice, clinics and OR schedules can be cancelled if the physician or practitioner has not exceeded his/her time away allotment. Requests to cancel clinics with less than 60 days' notice are generally not approved unless there is a personal or family illness, emergency, or other compelling reason for such absence. All requests to cancel clinics or OR schedules with less than 60 days' notice must be approved by the Department Chair, Section, Chief, or designated physician leader.
3. Make-up Time
 - a. Providers are expected to make up all missed clinics and OR days once they have exceeded their six weeks of allotted time away.
 - b. Patient volume for make-up clinics is expected to be comparable to the cancelled clinic. Every effort should be made to schedule makeup OR sessions.
 - c. If the request for clinic cancellation is made less than 30 calendar days and is granted, providers are expected to make up any clinic session(s), or portion of a clinic session. An exception may be granted by the Chair or Chief if the request is related to an emergency, sickness or business for the university or health system.
 - d. Make-up clinical sessions should be scheduled within 30 calendar days of the cancelled clinic. In order to receive credit for a make-up session, the volume of scheduled patients must meet a threshold of 75%.
4. Documenting Time Away. Providers will submit written requests for time away to the appropriate physician supervisor using the Department's approved request for time away process. Upon approval, the Section Administrator or designee, will enter the absence into the time away system.
5. Minimum clinical coverage requirement. To ensure adequate clinical coverage for patients seeking care, each clinical area must define a minimum coverage standard. It is generally expected that at least 50% of physician and practitioner capacity is maintained at all times. Exceptions to this standard may exist for areas that have a limited number of Providers.
6. Compliance with the time away policy is expected and individuals out of compliance are:
 - a. Ineligible for Professional Development Allowance reimbursement; and/or
 - b. Ineligible for Additional Compensation Benefits (i.e. Clinical/Scholarly At-Risk and Incentive payments).

Policy for Managing Provider Time Away

In addition, non-compliance may be considered in connection with reappointment and/or promotion decisions.

CROSS-REFERENCES:

1.) University vacation, holidays, and time off information: <https://humanresources.uchicago.edu/benefits/timeoff/index.shtml>

2.) University leave policies

<https://intranet.uchicago.edu/benefits-and-career/benefits/leaves-and-time-off>

Revised February 2024