



Classification Residency Training	Table of Contents Purpose 1
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Purpose

1 The purpose of this policy is to

Outline Program expectations and requirements for Residents who are completing their residency training Off-Cycle.

Where necessary, this Policy also provides specific guidance around Urban Traditional Family Medicine Residency Training Program residents who are completing the Program after 30 June, 2013.

Scope

2 This policy applies to

All Residents the 2-year Family Medicine Program; Urban and Rural; Traditional and Triple-C.

This policy does **NOT** apply to Enhanced Skills Residents (R3).

Definitions

3 In this policy

a) "Off Cycle Resident" is a Resident who is:

1. Entering the program at a time other than July 1 (the start of Block 1) of their first year of training; or

2. Completing training at a time other than June 30 (the conclusion of Block 13) two years after commencing their first year of training

Policy Statement 4 4.1 Entry into the Program

Successful applicants to the Program who are unable to commence the Program as of July 1 (start of Block 1) of the year in which they match to the Program through CaRMS are considered to be Off-Cycle, excepting those Residents who defer their start date by a full year, and begin “on-cycle” the following year.

Residents who commence their training after July 1 must work with the Program, PGME, and AHS to determine an appropriate start date. Residents are encouraged to explore these options well in advance.

a. Foundations Block

All Residents entering the Program as of July 2012 must successfully complete the Foundations Block. Residents are expected to commence training on 1 July. Should, due to extenuating circumstances (e.g. extension of clerkship, delay in Program receiving necessary paperwork) a successful applicant be unable to commence training at a time that allows them to successfully complete this mandatory rotation in accordance with the Attendance and Absence Policy’s 75% attendance rule, then the Resident will be required to delay the start of their Residency until Block 2, and complete the Foundations Block the following year.

In an attempt to offer both orientation to the Program and foster connectedness to their cohort, Residents unable to commence training at a time that allows completion of Block 1 in keeping with the Attendance and Absence Policy will be offered the opportunity to audit the non-clinical aspects of the Foundations Block on a voluntary, unpaid basis. Residents who audit 75% of the non-clinical experiences of Foundations Block, but do not complete the full requirements of the rotation, will not repeat the rotation the following year. Instead, they will complete an additional elective block.

Residents who voluntarily audit less than 75% of the non-clinical experiences of the Foundations Block will be required to repeat the rotation the following year.

No clinical experiences can take place unless a Resident is formally engaged by PGME and AHS.

b. Core Site and Rotation Track Assignments for Incoming Off-Cycle Residents

Due to the complexities of core-site assignments, Residents will not participate in the incoming resident core site and track match if:

- Their anticipated start date is later than the first 3 blocks of the academic year (those who commence training in Block 4 or later); or
- A significant disruption in training during the first 6 blocks of the academic year is anticipated

For these Residents, the Program will consider Resident input regarding core site and track preferences. These individuals will however, have their site and track assigned individually by the Program.

4.2 Participation in Academics

All Residents who are Off-Cycle are expected to continue to attend regular academic sessions and Program mandatory events on an ongoing basis throughout their training.

Residents are not excused from academics by virtue of having attended academic sessions and mandatory events for two (2) calendar years.

Residents will attend the academic session appropriate to their year of training.

a. Traditional Urban Program Residents – Academics

Traditional Urban Program Residents will attend monthly Program-wide academics once per block. This is generally the third Thursday of each block, where all residents in a given year will convene to participate in Problem Based Small Group learning modules and attend lectures.

Traditional Urban Program Residents will additionally attend weekly, Division-based academics when on an Urban Family Medicine block, or when on Elective.

b. Residents - EBM/Journal Club

Within the Traditional Urban Program, as of July 2013, EBM activities (Journal Club etc.) are part of weekly Division-based academics, and are not part of the monthly Program-wide academics. As such, Off Cycle Traditional Program Residents will not have predictable access to EBM and Journal Club activities.

The Research Director will organize supplementary activities for those Off-Cycle Residents who require additional EBM/Journal Club activities to successfully complete the Graduation Requirements of the Program.

c. Scholarly Project

Unless excused in keeping with the Attendance and Absence Policy, all Residents are expected to present their project at Research Day in the final year of their training.

Those Residents who are unable to present at Research Day must present their research at an alternate venue, to the satisfaction of the Research Director. Scheduling of this presentation must be organized promptly upon recognition that presentation at Research Day is not possible, and should be organized well in advance of the date of Program completion.

Residents who are Off-Cycle have begun work on a project with members of their cohort may apply to the Research Director to present with their group.

Residents who are Off-Cycle and are on Maternity Leave may apply to the Research Director to present their research with their cohort during their Maternity Leave.

Research days must be taken ahead of Research Day in a Resident's final year of training, in accordance with the Attendance and Absence Policy.

4.3 Continuity Callback Clinic

All Off-Cycle Residents will continue to attend mandatory Continuity Callback Clinics in their home clinics. Where possible, the scheduling of these clinics will support educational continuity with their primary preceptor.

4.4 Faculty Adviser

For those Traditional Urban Program Residents continuing in the Program after 30 June, 2013, an Associate Program Director will be assigned to undertake the role of Faculty Adviser. This individual may be different from their previous Faculty Adviser.

Off-Cycle Rural Traditional Program Residents will continue to have their site co-Director act as their Faculty Adviser.

All Triple-C Residents will transition in July 2013 to having their Primary Preceptor act as their Faculty Adviser.

Should a Resident wish to have an alternate individual act as their Faculty Adviser, the Program will assign one to them.

4.5 Scheduling of Rotations for Off-Cycle Residents

The Program will coordinate Off-Cycle Resident scheduling.

Because of limited capacity in many rotations, the Program may modify rotation schedules, or offer alternative experiences for Off-Cycle Residents.

Off-Cycle Residents' rotation schedules may require some second year experiences to be scheduled before a Resident has completed

all first year rotations. However, some rotations must be successfully completed before undertaking others. ([See Table 1](#))

4.6 Promotion and Completion

Residents will continue to abide by the existing Promotion and Completion Requirements Policy, except where stated otherwise in this Policy. Where opportunities to complete these requirements no longer exist, alternative experiences will be offered by the Program.

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Responsibilities	6	<i>Approval Authority</i> <ul style="list-style-type: none">• ensure appropriate rigour and due diligence in the development or revision of this policy. <i>Implementation Authority</i> <ul style="list-style-type: none">• ensure that University staff are aware of and understand the implications of this policy and related procedures;• monitor compliance with the policy and related procedures;• regularly review the policy and related procedures to ensure consistency in practice; and• sponsor the revision of this policy and related procedures when necessary.
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Table 1 – Scheduling Rotations for Off-Cycle Residents

Schedule of Rotations for Off-Cycle Residents

Rotation (In order to start this rotation...)	Pre-requisites (The resident must have successfully completed...)
Critical Care (ICU, CCU)	Internal Medicine
Low Risk Maternity Shifts in CCC Urban FM	Immersion LRM rotation is preferred, where possible, to be completed previously, but not mandatory