



**Resident Vacation Operating
Standard**

**POSTGRADUATE MEDICAL EDUCATION
Operating Standard on Resident Vacation**

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1. Preamble:

It is recognized that Residents, as in accordance with the University of Calgary, Alberta Health Services (AHS), and Professional Association of Resident Physicians of Alberta (PARA), are entitled to take four weeks of paid vacation during each year of residency. Currently, there remains significant discrepancies in how each “Home Residency Program” governs and adjudicates when and how each resident request for vacation time is granted. Similarly, these same discrepancies in governance and adjudication permeate throughout ‘off-service’ rotations. The lack of a global PGME policy has resulted in confusion and inequities for residents seeking reasonable vacation requests. Clinical rotations have also suffered from the lack of guidance on how to navigate the balance between service, education, and resident wellness.

2. Purpose:

The purpose of this Operating Standard is to outline the general operating principles governing both Residents in Programs in the Cumming School of Medicine at the University of Calgary requesting vacation as well as the clinical services administrating these requests.

3. Scope:

This Operating Standard applies to all Residents in all RCPSC and CFPC accredited residency training programs at the University of Calgary, Cumming School of Medicine.

4. Definitions:

“CFPC” means the College of Family Physicians of Canada, the body responsible for Program accreditation, examination, and Resident certification for CFPC disciplines.

“Clinical Service” means any clinical rotation that a Resident is assigned under the umbrella of the PGME. The term refers to all the rules and responsibilities of each Resident to both care for the specific patient population (service), but, also, the rotation leadership’s responsibility to ensure the medical education and wellness of each Resident.

“CPSA” means the College of Physicians and Surgeons of Alberta.

“CSM” means the University of Calgary, Cumming School of Medicine.

“Home Residency Program” refers to the specific Residency Program in which each specific Resident is enrolled and administered thereof within PGME at the University of Calgary, Cumming School of Medicine.

“‘Off-Service’ Clinical Service” refers to any clinical rotation within a Resident’s Residency Program that is not the “home” clinical service.

“Program” means a RCPSC or CFPC accredited residency training program in the CSM.

“Program Director” means the individual appointed to a program who is responsible to the department head, associate dean, and postgraduate medical education for the overall conduct of the residency program in accordance with the Canadian Residency Accreditation Consortium Standards of Accreditation.

“RCPSC” means the Royal College of Physicians and Surgeons of Canada, the body responsible for Program accreditation, examination, and Resident certification for RCPSC disciplines.

“Resident” means a postgraduate trainee registered in a Program that is administered by the CSM and leads to RCPSC or CFPC certification.

“PARA” means the Professional Association of Resident Physicians of Alberta.

In this Operating Standard, the word “**must**” is used to denote something that is required, and the word “**should**” is used to denote something highly recommended.

5. PGME’s 75% Attendance Rule for a Completed Rotation:

In a previous policy, the PGME has mandated that a Resident must attend a minimum of 75% of the clinical days for each rotation (i.e., fifteen (numerator) of twenty (denominator) weekdays in

a four-week rotation) for successful completion of the rotation. Vacation requests must take this rule into account. However, the denominator of this equation requires adjustment for: 1) specific mandatory education activities required by either the PGME or the Home Residency Program and 2) mandatory employment regulations required by AHS and PARA.

For residents in RCPSC programs:

- 5.1 Academic Activities which **DO NOT** count in the Attendance denominator:
 - 1. Academic Teaching Days (ex. AHD) of the Home Residency Program
 - 2. Home Residency Program retreats
 - 3. Residency-specific mandated life-support courses (i.e., ACLS, ATLS, PALS)

- 5.2 Academic Activities which **DO** count in the Attendance denominator:
 - 1. Conference leave

- 5.3 Employment Activities which **DO NOT** count in the Attendance denominator:
 - 1. Weekend days
 - 2. Statutory Holidays
 - 3. Lieu days
 - 4. Post-call days
 - 5. Exam leave for certification exams

- 5.4 Academic Activities which **DO** count in the Attendance denominator:
 - 1. **Vacation days**
 - 2. Flex days
 - 3. Study leave

For residents in CFPC programs:

- 5.5 Academic Activities which **DO NOT** count in the Attendance denominator:
 - 4. Academic Teaching Days (ex. AHD) of the Home Residency Program
 - 5. Longitudinal Clinics or 'Professional Services'
 - 6. Home Residency Program retreats
 - 7. Residency-specific mandated life-support courses (i.e., ACLS, ATLS, PALS)

- 5.6 Academic Activities which **DO** count in the Attendance denominator:
 - 2. Conference leave

- 5.7 Employment Activities which **DO NOT** count in the Attendance denominator:
 - 6. Weekend days
 - 7. Statutory Holidays
 - 8. Lieu days
 - 9. Post-call days

- 5.8 Academic Activities which **DO** count in the Attendance denominator:
 - 4. **Vacation days**
 - 5. Flex days

6. Exam and study leave for certification exams

6. Guiding Principles for Resident Vacation Policy:

These are the general principles which will ensure maximal balance between Resident service/patient care on each rotation balanced along with Resident education and wellness.

- 6.1 Given the importance of resident wellness, every reasonable effort should be made to attempt to accommodate each formal resident vacation request for any rotation.
- 6.2 Patient care and professionalism is paramount. Every effort should be made to balance professional responsibility, patient safety, and resident wellness.
- 6.3 Residents should try to take one week of vacation every quarter if reasonable to best support resident wellness.
 - 6.3.1 Vacation planning for each Resident should be standing component of semi-annual reviews under Wellness.
 - 6.3.2 As per AHS, unused vacation time cannot be rolled into the next academic year.
 - 6.3.3 Residents are strongly encouraged to take all vacation days for wellness. Unused vacation pay-outs are strongly discouraged and unlikely to be paid out by AHS.
- 6.4 The Resident vacation request must ensure compliance with the 75% attendance rule.
- 6.5 Each Home Residency Program must provide a list of mandatory academic activities (see section 5.1) to the PGME through the Office of Resident Affairs and Physician Wellness.
- 6.6 Each vacation request must be submitted with **no sooner than four months and no later than two months** notice than the beginning of the rotation block.
- 6.7 Vacation requests must be approved or denied **within 14 days** of receipt.
- 6.8 Vacation requests from all services **MUST** be considered equally on a non-prejudicial basis.
- 6.9 If a punctual, reasonable Resident vacation request is denied secondary to rotation human resources for that specific week, the rotation **MUST** provide an alternative week within that block.
- 6.10 Home Residency Programs cannot have policies that forbid vacations on their “home clinical service”.
- 6.11 Residents are discouraged from taking vacation on two-week rotations. However, if necessary, vacation days are limited to one or two days as per the 75% attendance rule.

7. Administering Resident Vacation Requests:

- 7.1 Every clinical service has a designated rotation site-specific administrator.
 - 7.1.1 This will be site and rotation specific. The designated rotation administrator can be an admin, Chief Resident, or a specific Faculty member.
 - 7.1.2 Each designated rotation administrator for each rotation must be listed on the PGME website under the Office of Resident Affairs and Physician Wellness.
- 7.2 Vacation requests must be submitted in writing via e-mail (as a timestamp) or via a site-specific form to the appropriate designated rotation administrator, no shorter than two months prior than the beginning of the block.

7.3 If a vacation request is denied, a Faculty member (**not an admin**) must contact the Resident to communicate the denial, and after cordial discord provide the rationale. The Faculty Member or PA will attempt to offer alternative weeks within that specific block.

8. Vacation Request Denial Criteria:

All Resident vacation request denials **MUST** have a specific reason for denial stated. Each denial from a clinical service must be submitted to both the Resident and the Home Residency Program. These denials and the reasons thereof must be monitored, tracked, and stored by the Resident's Home Residency Program Director and Program Administrator for possible audit by the Office of Resident Affairs and Physician Wellness.

8.1 Absolute reasons for denial of a Resident vacation request include:

8.1.1 The Resident's absence will not allow them to meet the 75% attendance rule and thus risks the successful completion of the block

8.1.2 The vacation request was submitted too late.

8.2. Relative reasons for denial of a Resident vacation request include:

8.2.1 Patient care and safety will be affected. This rationale should only occur in **UNUSUAL** circumstances. Human resources **SHOULD NOT** be a repeated reason for denial unless under extreme emergency circumstances (ex. Covid 2020).

8.2.2 Residents should avoid requesting vacations during Accreditation weeks- both Internal and External Reviews.

8.2.3 Because of the mandated PARA Resident December Holiday break, additional vacation on Block 7 cannot be guaranteed and is discouraged.

8.2.4 Vacation requests during remediation or probation will only be considered under exceptional circumstances and with the approval of the Program Director and Associate Dean and do not count towards the duration of the plan. Please refer to the PGME policy on Remediation, Probation, and Dismissal.

9. Appeal Process for a Denied Vacation Request:

Both the Resident and the clinical service Faculty should try to resolve any disputes with professional and cordial discourse. This should also include resident-to-resident discussion in the case of multiple different Resident vacation requests for the same week on the same rotation/clinical service.

9.1 If cordial discourse does not reach a satisfactory conclusion for the Resident whose vacation request was denied, the Resident has two levels of appeal in order below:

1) Appeal to the Home Residency Program Director or PGY-1 Program Administrator. The Home Program Director must contact the designated Faculty for the clinical service rotation to attempt resolution.

2) If this appeal does not result in a satisfactory conclusion for the appellant Resident, the resident can formally appeal to the Director of the Office of Resident Affairs and Physician

Wellness within PGME at the University of Calgary. This should be resident-driven and supported by the Home Program Director.

10. Related Information:

Residents must be given a copy of, or access to, this document, as well, any program-specific documents relating to resident expectations, assessment, and safety when they enter a PGME Program at the University of Calgary.

11. History:

Revised: November 23, 2022

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