

Title ABSENCES FROM RESIDENCY TRAINING	
Portfolio Physician Services – Medical Education Office	Version 10 May 2019

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PURPOSE

This document is intended to provide an understanding of the principles and best practices for navigating absences from residency training; recognizing each circumstance may be unique. For the purposes of this document, Appointment Year means the time each Resident Physician spends at each postgraduate level. Resident Physicians are students of the University, members of the Professional Association of Resident Physicians of Alberta (PARA), and workers receiving a salary from Alberta Health Services (AHS).

KEY PRINCIPLES

- Resident Physicians are only eligible for absences defined by the *Resident Physician Agreement*.
- Per the *PGME Resident Assessment Policy*, the Residency Program Committee shall determine the minimum time required to complete a Rotation, but it cannot be less than 75% of the length of the Rotation. As this is an academic standard, any questions about attendance should be directed to the Associate Dean.
- Per the *AHS Leave of Absence Policy* commencing or overstaying a leave of absence without approval or working for financial gain while on a leave of absence (including on-call and extender shifts) without written approval may result in disciplinary action up to and including dismissal (working for gain is also prohibited by the *Resident Physician Agreement*).
- Resident Physicians should not access any clinical information systems while absent from residency training.
- Non-Discretionary absences are protected by Human Rights legislation and the *Employment Standards Code*, while Discretionary absences may be subject to factors including, but not limited to performance and impact.
- Except in the event of an injury or illness, Resident Physicians shall plan and request absences in advance. If the Resident Physician and Program Director are unable to reach mutual agreement for the Resident Physician’s vacation allowance, the Program Director shall schedule the vacation period and provide the Resident Physician 8 weeks’ notice per the *Resident Physician Agreement*; this should not be done in a way that affects the Resident Physician’s progression within their program.
- Programs must be collaborative to provide opportunities for vacation during off-service rotations.
- Pay Levels are based on years of service and not years of accredited training. Periods of continuous absence greater than 30 days do not count towards completion of the year of service.
- Article 23 of the *Resident Physician Agreement* details the provisions for scheduling Resident Physician duty hours including guaranteed days off that do not contribute towards the absences from residency training.
- Any leave that requires the Associate Dean’s approval, could impact payroll or the Resident Physician’s completion date, or involves out-of-province work (e.g. humanitarian work in a low-resource country) must be reported formally through PGME and Medical Affairs.
- Resident Physicians are not eligible to work Extender shifts while on medical or maternity leave. Approval by the program and Medical Affairs is required to extend during other types of absences.

REFERENCES

- University of Calgary residency training policies
<https://cumming.ucalgary.ca/pgme/current-trainees/residency-training-policies>
- Alberta Health Services policies
<https://www.albertahealthservices.ca/about/Page210.aspx>
- The Resident Physician Agreement
<https://para-ab.ca/residentphysicianagreement/>
- Employment Standards Code (Alberta)
<http://www.qp.alberta.ca/documents/Acts/E09.pdf>

TYPES OF ABSENCES**Non-Discretionary**

Absences from residency training that are protected by the *Employment Standards Code* may not be unreasonably denied and the Resident Physician's residency seat will be retained for them upon return from leave. These include:

Article	Type	General Provisions
11	Maternity	<p>A Resident Physician who is pregnant shall be granted a maximum of 78 weeks of leave inclusive of 17 weeks occurring as "Maternity" leave (i.e. following the Maternity period, the remainder up to 78 weeks continues as unpaid leave per the Parental leave provisions).</p> <ul style="list-style-type: none"> • Eligibility for Maternity leave pay and benefits commences 8 weeks following the first day the Resident Physician commences duties. • Resident Physicians may combine Sick Leave (with valid health reasons) and/or Unpaid General Leave before and immediately following Maternity leave; or when leave is required prior to eligibility for Maternity leave pay and benefits. • Maternity leave may commence up to 8 weeks prior to the predicted date of birth and no later than the date of delivery <u>or</u> on the date pregnancy ends if the result is other than a live birth (within 16 weeks of the estimated due date). • Eligible Resident Physicians shall receive up to 17 weeks of sufficient pay inclusive of the Employment Insurance 1 week waiting period to match 90% of salary (SUB Top Up) when combined with Employment Insurance benefits. • If the Resident Physician is not required to return to training in order to complete their residency training program, Maternity pay and benefits conclude at the end of the Appointment Year.
11	Parental	Up to 78 weeks (<i>including any time taken as maternity</i>) in the event of the birth or adoption of a child. Where the Resident Physician has not been granted maternity leave, 2 weeks of the leave shall receive full pay.
14	Special Leave	Up to 5 days paid leave within each Appointment Year for reasonable, unanticipated circumstances (e.g. illness of an immediate family member).
15	Compassionate	Up to 5 days of paid leave for compassionate reasons. In extenuating circumstances the Associate Dean may approve up to 5 additional paid days.
16	Bereavement	Up to 5 days of paid leave for the death of a relative. In extenuating circumstances the Associate Dean may approve up to 5 additional paid days.
17	Sick Leave – Short Term	Up to 90 days paid leave within each Appointment Year for illness or non-occupational injury.

17	Sick Leave – Long Term	After exhausting 90 days paid sick leave, leave becomes unpaid and the Resident Physician should contact PARA to initiate their application for the Long Term Disability benefit (Adium). Resident Physicians may be asked to provide medical clearance and identify any functional limitations to return to training.
18	Unpaid General Leave	Legislated provisions came into effect in the <i>Employment Standards Code</i> on 01-Jan-2018 that guarantee the following unpaid leaves (the Program Director may request written documentation to demonstrate the need, but may not deny a request)... <ul style="list-style-type: none"> • Compassionate/Terminal Care Leave up to 27 weeks to care for a qualified relative with a serious medical condition with a significant risk of death within 26 weeks from the commencement of the leave. • Critical Illness of a Child Leave – A parent of a critically ill or injured child shall be entitled to up to 36 weeks to care for their critically ill child. • Disappearance of a Child Leave – A parent of a child who has disappeared where it is probable that the child disappeared as a result of a crime, shall be entitled to a leave of absence for a period of up to 52 weeks. • Death of a Child Leave - A parent of a child who has died where it is probable that the child died as a result of a crime, shall be entitled to a leave of absence for a period of up to 104 weeks. • Domestic Violence Leave – A Resident Physician who has been subjected to domestic violence may require time off from work to address the situation and shall be entitled to leave of absence for a period of up to 10 days in a calendar year. • Citizenship Ceremony Leave of ½ day to attend a citizenship ceremony to receive a certificate of citizenship, as provided for under the Citizenship Act (Canada).

Discretionary

Requests for discretionary absences all require approval by the Program Director and may not be unreasonably denied, but may be subject to criteria to determine appropriateness including: performance of the Resident Physician, impact on service and ability to find coverage, concurrent requests within the program, duration, and value of the absence to the individual, the University, and AHS. These include:

Article	Type	General Provisions
18	Unpaid General Leave	Resident Physicians may have reasons to request an unpaid general leave subject to the approval by the Program Director and Associate Dean. There is no maximum duration defined by the Agreement, though there may be risks/limits from an accreditation or licensing perspective. Resident Physicians should use vacation prior to commencing an Unpaid General Leave.
8	PARA Business	Time-off with pay shall be granted to represent PARA at specific meetings (duration varies; refer to Article 8.02 for specific allowances). Resident Physicians must continue to meet the expectations of their residency and the time off shall not seriously interfere with their training requirements.
12	Educational – short term	Up to 14 days with pay for educational events and conferences relevant to the residency at the approval of the Program Director. May include attendance at meetings not specified under PARA Business (e.g. Accreditation Surveys and RCPSC Committees).
12	Educational – long term	Unpaid leave for educational activities not contributing to the residency or for periods longer than 14 days at the approval of the Program Director.
21	Named Holidays	8 paid days off per year: Family Day, Good Friday, Victoria Day, Canada Day, Heritage Day, Labour Day, Thanksgiving Day, and Remembrance Day (excludes

		Christmas Day, Boxing Day, and New Year's Day). Resident Physicians who work the Named Holiday receive another day in lieu during the same rotation.
13	Exam Leave – Canadian qualifying and licensing exams	<p>Must request approval by the Program Director 28 days in advance. Up to 5 consecutive, paid days for each component of the MCC, RCPSC, or CFPC exams.</p> <ul style="list-style-type: none"> Travel Required: 1 day prior to travel, 1 outbound day, 1 or 2 days for the exam, and 1 return day. No Travel Required: 1 day before and 1 or 2 days for the exam. <p>If the exam components are separated by a day then it may be necessary to grant more than 2 days for the exam period. If the exam components are separated by several weeks, then each component shall be eligible for Exam and Study Leave.</p>
13	Exam Leave – USMLE	Must request approval by the Program Director 28 days in advance. Up to 10 consecutive, unpaid days over the course of the program.
13	Study Leave	Must request approval by the Program Director 28 days in advance. Up to 5 non-consecutive days (covering standard or shift-based duty hour days) in the 8 weeks preceding the Exam Leave at the discretion of the Program Director. The Program Director may approve some of the days to be taken consecutively.
20	Vacation	<p>20 paid days per Appointment Year (time spent at each PGY Level):</p> <ul style="list-style-type: none"> Vacation will be prorated for part-time Resident Physicians. Resident Physicians who complete their Appointment Year in less than 1 year will receive an entitlement of: $(\# \text{ of days}/365) \times 20 = \text{vacation (rounded the half day)}$ AHS may recover moneys from Resident Physicians who take the annual allotment of vacation and do not complete the Appointment Year. <p>The Resident Physician and the Program Director must mutually agree to a time for the Resident Physician to use their vacation (typically in weekly segments). Applications for vacation shall be made in writing to the Program Director 8 weeks in advance and approval or denial confirmed within 14 days of the request.</p> <p>If agreement on vacation is not reached, the Program Director may schedule the vacation period and provide 8 weeks' notice. In these cases, the Program Director should ensure that the timing of vacation should:</p> <ul style="list-style-type: none"> Not occur during an out-of-city elective block or in a research block, unless the elective or research period occurs over multiple blocks; and consider the impact on completion of the rotation (i.e. not be scheduled in the same rotation multiple times). <p>There are no provisions for vacation carry-over, but vacation shall be paid out if the Resident Physician has been unable to take vacation due to service commitments. Payout requests referred to the Associate Dean per the process described towards the end of this document.</p> <p>In general, if vacation has already been approved, then that time should continue to be scheduled as vacation; it may be moved, but not cancelled.</p>
21.03	Winter Break	6 consecutive days off with pay in either the period spanning Christmas and Boxing Day, the period spanning New Year's Day, or some other period to recognize an alternate religious holiday. The Program will determine the specific dates depending on clinical service needs.
22	Flex Days	4 days with pay within each Appointment Year.
	Administrative Leave	In response to a concern that requires the Resident Physician to be removed from service pending an investigation or if the Resident Physician is able to work, but the Program needs time to plan the schedule around preceptors and resources (e.g. planning a remediation or probation period) the Resident Physician's clinical access may be suspended and the Resident Physician placed on a paid Administrative Leave with the approval of AHS and the Associate Dean.

PROCESS

The Residency Training Program is responsible for Resident Physician schedules including tracking when, why, and how much each Resident Physician is absent from residency training.

Initiating an Absence

1. **REQUEST/NOTIFICATION** of the absence must be made by the Resident Physician in writing to their Program Director as far in advance as possible. Vacation requests require 8 weeks' notice; Exam and Study Leave require 4 weeks' notice.
2. **ACKNOWLEDGEMENT/APPROVAL** is provided to the Resident by their Program Director as early as possible. Vacation requests must be approved/denied within 14 days.
3. **NOTICE OF ABSENCE** to the Associate Dean and AHS is required in certain circumstances:
 - Associate Dean Approval is required for Compassionate Leave, Bereavement Leave, and Unpaid General Leave. The Associate Dean will also resolve conflicts.
 - AHS Medical Affairs must be notified anytime a Resident Physician commences an unpaid leave or an extended leave (typically 1 week or more). AHS Medical Affairs will suspend access to clinical systems for absences exceeding 30 days.
 - The Residency Training Program must track all illness related absences. If it appears the Resident may exhaust their paid sick allowance (90 days per Appointment Year) they should contact PARA to initiate a Long Term Disability claim.

NOTE: Vacation and short term absences that do not impact the progression of the Resident Physician (e.g. Exam Leave and short term illnesses) are approved and tracked by the program and typically do not require notice to PGME or Medical Affairs. As a rule of thumb, any leave that requires the Associate Dean's approval, could impact payroll or the completion date, or involves out-of-province work (e.g. humanitarian work in a low-resource country) must be reported through PGME and Medical Affairs.

4. **SUPPORT AND BENEFITS – for unpaid absences greater than 30 days**
 - **Employment Insurance (EI)**
Resident Physicians may apply for Employment Insurance as regulated by the *Employment Insurance Act* (<https://laws-lois.justice.gc.ca/eng/acts/E-5.6/index.html>). AHS Medical Affairs will trigger the Record of Employment (ROE) to be distributed by Human Resources.
 - **Long-Term Disability (LTD)**
Resident Physicians are not automatically eligible for LTD and must apply through a claims process with Adium Insurance Inc. by contacting PARA.
<https://www.albertadoctors.org/services/insurance/for-residents/para-disability>
NOTE: Resident Physicians must have accumulated 90 sick days over a 6 month period to be eligible. There is no harm in beginning a claim even if it's never finalized; so claims should be initiated as soon as the Resident believes they may need it. As well, the details of any claim are kept confidential – AHS, PGME, and PARA are only informed that a claim is being made.
 - **Benefit Costing (Extended Medical/Dental) – excluding unpaid sick leave**
Resident Physicians on unpaid absences (excluding unpaid sick leave) are eligible to pre-purchase extended medical and dental benefits under the group benefits plan with Alberta Blue Cross up to 2 years. AHS Medical Affairs will trigger this Benefit Costing process with Human Resources. Resident Physicians are responsible for the costs and coverage cannot extend past 2 years.
 - **Premium Waiver (Extended Medical/Dental) – during unpaid sick leave**
Resident Physicians on unpaid sick leave are eligible for a Health and Dental Benefits premium waiver if they have applied for LTD. Resident Physicians must identify they have applied for LTD in the comments of the LOA Request Form to initiate the process. AHS Medical Affairs will submit the request to Human Resources.

- If the LTD application has been denied, please notify CAL.MedicalEducationOffice@ahs.ca and the Premium Waiver will be ended.
- **SUB Top Up – Maternity Leave**
Eligible Resident Physicians commencing Maternity leave will receive a SUB Top Up to match 90% of salary when combined with Employment Insurance benefits. This is typically paid as a lump sum for the 17 weeks of Maternity leave.
 - If a Resident Physician is placed on LTD prior to Maternity leave, the compulsory period of the Maternity leave would be covered under a Premium Waiver and the optional period would be 100% employee paid through Benefit Costing. The Resident Physician would still be eligible for the SUB Top Up during the Maternity period.
 - If a Resident Physician is placed on Unpaid Sick prior to Maternity Leave, they are not eligible for Benefit Costing package, but would still be eligible for the SUB Top Up.

Additional support and resources for Resident Physician are available through...

- Professional Associate of Resident Physicians of Alberta
<https://para-ab.ca/during-residency/>
- University of Calgary, Postgraduate Medical Education Office
<https://cumming.ucalgary.ca/pgme/resident-wellbeing>
- Employee & Family Assistance Program (EFAP)
<https://insite.albertahealthservices.ca/hr/Page964.aspx>
- Physician & Family Support Program
<https://www.albertadoctors.org/services/pfsp>

5. DURING THE ABSENCE

It's important to maintain regular dialogue between the Resident Physician and the Residency Training Program. Any time an absence needs to be extended or there is a change to the nature or circumstances for the absence, notice shall be submitted to the Residency Training Program immediately and are subject to the process described above.

- Resident Physicians receiving a salary from AHS, should review their pay stubs regularly to ensure they are receiving the correct pay.
- Resident Physicians are not permitted to work or access clinical information during absences from residency training.
- Resident Physicians who require access to clinical information for research purposes, should contact Research.Administration@ahs.ca.

Returning from an Extended Absence

1. RETURN DATE

It's important for a formal return date to be determined in advance by the Resident and the Residency Training Program (in order to organize schedules and training resources).

- If returning from an absence due to illness...
 - A declaration of readiness to return from a health professional may be required.
 - The Resident Physician should be asked by the Program to identify any workplace accommodations based upon restricted grounds (as per Human Rights legislation) by completing the Employee Request for Accommodation form <http://insite.albertahealthservices.ca/frm-19566.pdf>.
 - The Resident Physician should also be advised to report any ongoing conditions requiring monitoring to the CPSA Physician Health Monitoring Program (<http://www.cpsa.ca/physician-health-monitoring-program-phmp/>).

- If returning from an absence greater than 1 year, an assessment and reintegration plan approved by the Residency Program Committee and Associate Dean may be required.

The return date, revised promotion/graduate date, and any formal reintegration and accommodation plans must be distributed to the PGME and AHS Medical Affairs.

2. WAIVER OF TRAINING – *for Resident Physicians returning to their final year of training*

Under exceptional circumstances a waiver of training may be considered by the Associate Dean. The Program Director and Resident Physician must not assume that a waiver will be approved, and should plan the final year of training and graduation date accordingly. Interruption of training does not always affect a Resident Physician's ability to sit certification examinations with their cohort (refer to the college deadlines). A waiver of training will be considered so long as:

- The request is compliant with the *Waiver of Training after a Leave of Absence from Residency* policies of the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC);
- The Resident Physician is in the final year of training and has not yet taken the certification examinations;
- The waiver requested does not exceed the maximum allowable;
- The Resident Physician will have completed all mandatory components of training; and
- The Resident Physician's performance meets the requirements defined by the University of Calgary PGME Committee including satisfactory and better performance (according to recent ITERs and other assessments) in all competencies; and the Associate Dean is assured by the Resident Physician's training committee of their confidence that the Resident Physician will meet all requirements by end of training if the waiver is granted.

3. REACTIVATING STATUS IN AHS

Once the return date has been confirmed through the PGME, AHS Medical Affairs will update the Resident Physician's status within AHS and distribute a Recognition Memo.

- AHS Medical Affairs will update the Resident Physician's next pay level promotion date based on years of service; continuous absence greater than 30 days does not contribute to service.
- SCM, Impax, eCritical, and Card Access should be reactivated automatically with the Recognition Memo, but if escalation is required the Resident Physician may contact the IT Access Office (310-3111 option 1) and Card Access Office (Card.Access@ahs.ca) directly.
- Parking is not administered by AHS Medical Affairs; the Resident Physician will need to contact the Parking Office directly. Similarly, some clinical applications unique to programs/services may need to be restored by the Residency Training Program (e.g. Aria).
- If experiencing difficulties with AHS network access, Alberta Netcare Portal, or remote access please email CAL.MedicalEducationOffice@ahs.ca.

Vacation Payout

Vacation is critical for Resident Physician Wellness and every effort should be made to use vacation within the Appointment Year in which it is earned; vacation cannot be carried forward to a new Appointment Year.

- Resident Physicians should submit vacation requests as soon as possible prior to or at the start of each Appointment Year to be accommodated within the master schedule for the Program.
- The Program should identify vacation requests that cannot be accommodated and vacation allocations that have not been fully accounted for and the Program Director should schedule alternative dates to ensure all vacation allocations have been used without adversely affecting the Resident Physician's progression or graduation date.
- As issues arise, efforts should be made to reschedule vacation (vacation should never be cancelled).

If vacation has been requested and been denied due to service needs then the Resident Physician may email a request to their Program Director for payout. The request should identify:

- Resident Physician and Program

- Start and End Date of Appointment Year
- Vacation allocation used
- Vacation allocation not used (inc. vacation carried forward from 2018/19 under the previous Agreement)
- Rationale for vacation not being used with a clear indication of service needs.

The Program Director shall review the request for payout and if in support, will forward the request to the Associate Dean and attest that the details of the request are accurate and satisfy the conditions of the Agreement for payout. The Associate Dean may discuss the request with the Program Director and if supportive will forward the request to Medical Affairs to facilitate payment.

CONTACTS

Professional Association of Resident Physicians of Alberta (PARA)

para@para-ab.ca

Edmonton: (780) 432-1749

Calgary: (403) 236-4841

Toll Free: 1-877-375-PARA (7272)

Postgraduate Medical Education Office, University of Calgary

pgmeregistration@ucalgary.ca

403-220-7368

Medical Education Office, Alberta Health Services

CAL.MedicalEducationOffice@albertahealthservices.ca

403-943-1245

Human Resources Contact Centre, Alberta Health Services

hrcontactcentre@albertahealthservices.ca

1-877-511-4455