

**POSTGRADUATE MEDICAL EDUCATION
Resident Vacation Operating Standard**

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Approval Authority PGME Committee	
Implementation Authority Associate Dean, PGME	
Effective Date January 27, 2023	
Latest Revision May 26, 2025	

Preamble

- 1** 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.

Purpose

- 2** 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 administering these requests.

Scope

- 3** 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.

Definitions

4 In this policy:

- a) “CFPC” means College of Family Physicians of Canada, the body responsible for Program accreditation, examination and Resident certification for Family Medicine disciplines.
- b) “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.
- c) “CPSA” means the College of Physicians and Surgeons of Alberta.
- d) “CSM” means the University of Calgary, Cumming School of Medicine.
- e) “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.
- f) “Off-Service’ Clinical Service” refers to any clinical rotation within a Resident’s Residency Program that is not the “home” clinical service.
- g) “Program” means a RCPSC or CFPC accredited residency training program in the CSM.
- h) “Program Director” means the person responsible for the overall conduct of a PGME Program in a discipline and is responsible to the Associate Dean.
- i) “RCPSC” means the Royal College of Physicians and Surgeons of Canada, the body responsible for Program accreditation, examination and Resident certification for RCPSC disciplines.
- j) “Resident” means a physician registered in a PGME training Program that is administered by the Cumming School of Medicine at the University of Calgary and leads to RCPSC or CFPC certification.
- k) “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

Residents should attend a minimum of 75% of the **available 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 into account. However, the denominator (available clinical days) 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.

Activities Included/Excluded in Denominator

5.1 Activities which **DO NOT** count in the Attendance denominator and are therefore not counted as available clinical days:

1. Mandatory Academic Teaching Days (AHD) or half days of the Home Residency Program
2. Mandatory Home Residency Program retreats
3. Residency-specific mandated life-support courses (i.e., ACLS, ATLS, PALS)
4. Weekend days (except on shift-based rotations)
5. Named Holidays (including lieu days and Winter Break* as defined by the Resident Physician Agreement)
6. Post-call days
7. Exam leave for certification exams (except in CFPC Programs)
8. PARA business as defined by the Resident Physician Agreement article 8.02
9. Longitudinal Clinics or "Professional Services" (in CFPC Programs)
10. Days required to perform significant leadership roles (Lead Resident, National representative of an organization, U of C Committee, AHS Committee. These activities must be approved by the Program Director). The Program Director may determine that these days do count in the attendance denominator.

* Leaves over and above the Winter Break may be approved by the program at their discretion. The same rules would apply if Residents selected alternate holiday days. Only under exceptional circumstances will additional vacation time be considered.

5.2 Activities which **DO** count in the Attendance denominator:

1. Conference leave
2. Vacation days
3. Personal Days
4. Study Leave

5. Interview days or portions of days (resident is being interviewed)

Guiding Principles

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.

- 5.3 For Given the importance of resident wellness, every reasonable effort should be made to attempt to accommodate each formal resident vacation request for any rotation.
- 5.4 Patient care and professionalism is paramount. Every effort should be made to balance professional responsibility, patient safety, and resident wellness.
- 5.5 Residents should try to take one week of vacation every quarter if reasonable to best support resident wellness.
 - 5.5.1 Vacation planning for each Resident should be a standing component of periodic reviews under Wellness.
 - 5.5.2 As per AHS, unused vacation time cannot be rolled into the next academic year
 - 5.5.3 Residents are strongly encouraged to take all vacation days for wellness.
 - 5.5.4 Unused vacation pay-outs are strongly discouraged and unlikely to be paid out by AHS.
- 5.6 The Resident vacation requests must ensure compliance with the 75% attendance rule.
- 5.7 Each vacation request must be submitted **no later than two months** before the beginning of the rotation block.
- 5.8 Vacation requests must be approved or denied **within fourteen days** of receipt.
- 5.9 Vacation requests from all services **MUST** be considered equally on a non-prejudicial basis.
- 5.10 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.
- 5.11 Home Residency Programs cannot have policies that forbid vacations on their “home clinical service”.
- 5.12 Residents are discouraged from taking vacation on two-week rotations. However, if necessary, vacation days are limited by the 75% rule.
- 5.13 Vacation requests in Block 7 should be approved or denied no later than November 1st.

Administering Resident Vacation Requests

- 5.14 Every clinical service has a designated rotation contact. The designated rotation administrator can be an administrator, Lead Resident or a specific faculty member.
- 5.15 Vacation request must be submitted in writing via email (as a timestamp) or via a site-specific form to the appropriate designated rotation administrator, no later than two months prior to the beginning of the block.
- 5.16 If a vacation request is denied, a faculty member or Lead Resident (not an administrator) must contact the Resident to communicate the denial, and provide the rationale. The Scheduler **MUST** offer alternative week(s) within that specific block.

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.

- 5.17 Absolute reasons for denial of a Resident vacation request include:
 - 5.17.1 The Resident's absence will not allow them to meet the 75% attendance rule and thus risks the successful completion of the block
 - 5.17.2 The vacation request was submitted too late
- 5.18 Relative reasons for denial of a Resident vacation request include:
 - 5.18.1 Patient care and safety will be affected. This rationale should only occur in UNUSUAL circumstances. Human resources SHOULD NOT be repeated reason for denial unless under extreme emergency circumstances (e.g. Covid Pandemic 2020)
 - 5.18.2 Residents should avoid requesting vacations during Accreditation weeks – both Internal and External Reviews.
 - 5.18.3 The Resident Physician Agreement allows for a six day Winter Break. Therefore, additional vacation request in Block 7 cannot be guaranteed and are discouraged. Block 7 vacation requests may be considered for residents who are using the 6 days for an alternate religious holiday in another block (Refer to denominator above).
 - 5.18.4 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.

Appeal Process for a Denied Vacation Request:

Both the Resident and 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.

Rotation must have a transparent policy on how vacation requests are managed. The following would be acceptable parameters to consider versus non-acceptable parameters to consider:

5.19 Unacceptable parameters for denial include:

5.19.1 Picking one program over another

5.20 Acceptable parameters for denial include:

5.20.1 One off-educational experiences such as cadaver lab, surgical bootcamp, etc.

5.21 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 Resident Program Director, who 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.

Responsibilities

6 Approval Authority

The PGME Committee ensures appropriate rigor and due diligence in the development and/or revision of this operating standard.

6.1 The Associate Dean has the following responsibilities:

- 6.1.1 To ensure that University and PGME associated staff are aware of and understand this policy and related procedures.
- 6.1.2 To monitor compliance with this document.
- 6.1.3 To regularly review and related procedures to ensure consistency in practice. Policy reviews/revisions are recommended to occur within a 5-year cycle.
- 6.1.4 To sponsor the revision of this policy and related procedures when necessary.
- 6.1.5 To ensure Program-specific policies related to the assessment of Residents are in appropriate compliance with this policy.

Related Information

- 7 All Residents must be given a copy of, or access to, this policy as well as any Program-specific policies related to Assessment when they enter a Postgraduate Medical Education Program at the University of Calgary and when placed on a Remediation or Probation.

It is the responsibility of the Resident to familiarize themselves with all PGME and Program-specific policies related to PGME training.

History

- 8 Approved: December 16, 2022
Effective: January 27, 2023
Administrative Edits: February 2025