

PARENTAL LEAVE GUIDE

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PURPOSE

The Department of Medicine's Equity Working Group has identified the transition to and back from parental leaves as a challenging administrative time for physicians and academic faculty. To support Department members during these transitions, we have created a guide to the process and paperwork involved in parental leaves.

This guidance document is a starting point to begin addressing the challenges faced by physician parents. The Equity Working group will continue to identify and address structural and cultural barriers to equity in medicine.

SCOPE

This guide is meant for Department faculty who are taking and/or returning from parental leaves. This information is not applicable to postgraduate trainees. The processes for other types of leaves is available elsewhere.

In this guide, we have included information for those with clinical, research, administrative, and leadership positions including fee-for-service, AMHSP, and academic (GFT) faculty members. This information is specific to the University of Calgary, Alberta Health Services, the College of Physicians and Surgeons of Alberta, and the Alberta Medical Association, and is not expected to cover private medical practices, other academic institutions, or external roles. In addition, this guide does not include information for Department members who are trying-to-conceive or dealing with infertility.

Please contact Daniella Hibberd (Daniella.Hibberd@ucalgary.ca) for updates, suggestion, and other feedback on this guide.



TERMINOLOGY & INCLUSION

In this guide, parenthood is a broad term for anyone who is a caregiver to a child, independent of biologic or physiologic considerations such as genetics or pregnancy. We aim to be inclusive of all types of parents and caregivers, across the spectrum of sex and gender diversity of parents and family members, and acknowledge the variety of families and family structures. Unfortunately, the resources or forms that we refer to outside of this guide may not be as inclusive of this known diversity.

Please let Daniella Hibberd (Daniella.Hibberd@ucalgary.ca) know if you notice any exclusions that we should correct in this guide or have suggestions for advocacy to external organizations with exclusionary or inaccurate information.

CONTENT

WELLBEING & SUPPORT	4
HARASSMENT & DISCRIMINATION	5
WORKING WHILE PREGNANT	6
PLANNING FOR A PARENTAL LEAVE	7
ALL DEPARTMENT MEMBERS	7
COMPENSATION	8
CLINICAL RESPONSIBILITIES	10
RESEARCH CONSIDERATIONS	11
LEADERSHIP & ADMINISTRATIVE ROLES	12
RETURNING TO WORK AFTER A PARENTAL LEAVE	13



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WELLBEING & SUPPORT



Pregnancy and parenthood are important life transitions. These transitions can compound existing work and personal stress, and can contribute to burnout and/or mental illness for physicians or their families.

The Department of Medicine, the University of Calgary, and the Alberta Medical Association have existing supports for members who need support:

- The Department's **Peer Support Team**;
- The University's **Employee & Family Assistance Plan**; *and*
- The Alberta Medical Association's **Physician and Family Support Program**.

In addition, **WellDoc Alberta** has a curated list of up-to-date supports.



HARASSMENT & DISCRIMINATION

The Canadian Human Rights Commission **prohibits** harassment and/or discrimination related to pregnancy.

This includes full-time, part-time, temporary, probationary, and contract workers.

Pregnancy-related discrimination includes any action, decision, or policy that affects someone negatively because of a person's pregnant status.

Discrimination may be subtle or overt. **Examples** of pregnancy-related discrimination provided in the Ontario Human Rights Commission include:

- Repeated demeaning comments about a pregnant person's body or appearance, symptoms, or capacity to work because of pregnancy;
- Unwanted touching of a pregnant abdomen;
- Commenting that breastfeeding or pumping breastmilk is disgusting or inconvenient;
- Negative comments about the impact of an upcoming parental leave on the workplace;
- Negative comments about the number or duration of parental leaves; *or*
- Negative comments about the ability of a pregnant person or parent to perform work.

Department members can report and/or receive advice if they believe that they have experienced harassment and/or discrimination related to pregnancy, sex or gender, or parental status from the following places:

- If the incident involved a University of Calgary faculty, staff, or student, contact the **Protected Disclosure and Research Integrity Office** (main campus).
- If the incident involved a Cumming School of Medicine faculty, staff, or student, contact the Associate Dean of the **Precision Equity and Social Justice Office** (CSM).
- If the incident involved an Alberta Health services leader or staff (including allied health), contact the Department of Medicine **Department Head** or **Calgary Zone leadership** directly.



WORKING WHILE PREGNANT

Although it's **low-quality evidence**, research suggests healthcare workers may have a greater risk of spontaneous abortion compared to other working women. Long work hours and working at night also may be associated with pregnancy loss or preterm birth.

In **Alberta**, pregnant residents are not required to perform call in excess of 12 hours or between 2400 and 0600 hours starting at 24 weeks gestation.

The risks to pregnant physicians and their babies likely vary based on workplace, pregnancy, physician, and baby-specific factors.

For these reasons, specific guidance on adapting the work and the workplace for pregnant Department members is challenging. There is a tension between the Department's obligations to provide clinical care and the desire to accommodate the needs, concerns, and privacy of pregnant members.

These needs and concerns may be based on previous experiences or medical conditions that the member does not wish to share. Alternately, they may be based on financial concerns that are similarly private.

Adaptations to work or the workplace for pregnant department members should be considered with compassion, even if they are not possible given resource constraints. Pregnant physicians should also not be forced to give up clinical duties if they chose to continue working.

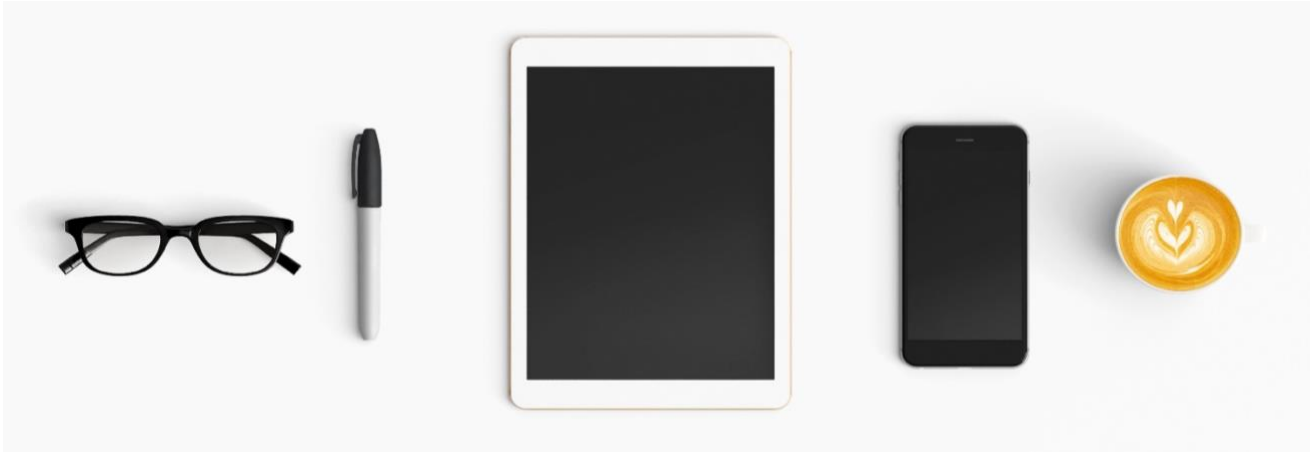
If you feel that you require adaptations to work or the workplace based on pregnancy, please contact your Section Head or scheduler. If you feel that your requests for adaptations are not being addressed, you can contact the Department Head or one of the resources listed on the Harassment & Discrimination section.



“Life events frequently trigger the need for changes to physicians’ work responsibilities and career paths.

The Department of Medicine supports a collegial, supportive, and innovating work environment that equitably and transparently promotes career development and accommodates diversity, to the extent that collective obligations are met.”

The Department of Medicine’s Career Adaptation Guidelines



PLANNING FOR A PARENTAL LEAVE

ALL DEPARTMENT MEMBERS

NOTIFICATION

All Department members need to complete the AHS **Absence from Clinical Practice** form and submit it to the Department of Medicine prior to the start of a parental leave.

Department members with academic (GFT) appointments who are planning to take a parental leave (including maternity, parental, and adoption leaves) are required to complete an **Application for Parental Leave form** and submit it to University of Calgary Human Resources.

PROFESSIONAL FEES

The Royal College of Physicians and Surgeons of Canada offers fee reductions for physicians who are taking a leave. This option is available when you are renewing your fellowship.

The College of Physicians and Surgeons of Alberta (CPSA) offers **reduced registration fees** for physicians with active practice permits who are not engaged in clinical work for at least 6 consecutive months in the year. Please notify the Department if you plan to change your CPSA registration to non-clinical status, as Medical Affairs needs to make appropriate changes to your AHS clinical privileges for the duration of your leave. Be aware this will impact your ability to access AHS online platforms during your leave.

Maintaining liability insurance through the Canadian Medical Protective Association (CMPA) throughout a parental leave is suggested as this protects you if you have a complaint while on leave or if you provide advice to or about patients during your leave. This includes if you are reviewing patient labs or results during your parental leave. If you interrupt your CMPA coverage during a leave, you will not have access to medico-legal assistance during the interruption, even if the issue occurred before your interruption. If you would like to interrupt your CMPA coverage, you must contact the CMPA directly. More information is available **here**.



PARKING

If you pay for monthly parking through Alberta Health Services, you can pause monthly direct debit during a parental leave using this **form**. If you anticipate needing reduced parking access during a parental leave or return to work after parental leave, physicians are eligible for a **discounted hourly rate** (\$1.50/hour).



COMPENSATION

FEE-FOR-SERVICE MEMBERS

Fee-for-service members who have an active registration (CPSA), liability coverage (CMPA), and who are not receiving the AMA parental leave stipend are able to bill fee-for-service at any time.

Fee-for-service members may be eligible for 17 weeks of AMA parental leave benefits. The Alberta Medical Association offers \$1,074 per week for 17 consecutive weeks to AMA members taking a parental leave. Members must apply within 18 weeks of delivery or adoption placement. Eligibility and process information is available **here**.

AMHSP MEMBERS

AMHSP members on parental leave will not receive their AMHSP income, even if they complete clinical, research, education, or administrative work during their leave. Time on parental leave will count towards advancement in p-levels.

AMHSP members may be eligible for 17 weeks of AMA parental leave benefits. The Alberta Medical Association offers \$1,074 per week for 17 consecutive weeks to AMA members taking a parental leave. Members must apply within 18 weeks of delivery or adoption placement. Eligibility and process information is available **here**.

AMHSP members may be able to work between 0.4 and 1.0 FTE upon return from a parental leave upon discussion with their section leadership, schedulers, and/or Department Head. An AMHSP member working less than 1.0 FTE must distribute their existing ISA time proportions for all CARE pillars. For example, an AMHSP member working 0.5 FTE must apply the same clinical, administrative, research, and education time proportions as their 1.0 FTE – you cannot return from a parental leave to 0.5 FTE research without corresponding clinical or education time. Note



that AMHSP clinical commitments need to be met within the contract year (April 1st to March 31st) but they do not need to be equally distributed across the contract year.

ACADEMIC (GFT) FACULTY MEMBERS

Academic (GFT) faculty are eligible for 18 weeks of paid leave (based on your University of Calgary salary only, see below).

Academic (GFT) members belong to the University of Calgary benefits plan. Major clinical AMHSP members receive additional cash payments *in lieu* of these benefits. You will not receive your AMHSP top up payments while you are on parental leave, so your total compensation on parental leave will be less than your typical total compensation because only the University of Calgary salary is considered.

Information on leave is found in Article 18 of the **TUCFA Collective Agreement**.

Based on the TUCFA Collective Agreement (dated July 1, 2022, to July 24, 2024):

- Biologic parents may take parental leave without pay for up to 35 weeks.
- Pregnant staff may take up to 18 weeks of maternity leave, paid at 100% of their University of Calgary salary, which may start from 13 weeks prior to the estimated due date and cannot start later than the date of birth.
- An academic staff member who is the partner of a female on maternity leave is entitled to up to 10 work days of leave at 100% salary around the time the child is born.
- An academic staff member who adopts a child younger than 6 years old may take parental leave for up to 18 consecutive weeks, paid at 100% of their University of Calgary salary.
- An academic staff member who adopts a child may take 35 weeks of parental leave without salary.
- Academic staff taking a parental leave should notify their Department Head in writing with as much notice as is reasonably possible. This notice should include the date that the leave will begin and the date that you intend to return to work. The return date can be changed, but requires at least 4 weeks' notice to amend.



CLINICAL COVERAGE



Physicians must ensure all requirements are met for coverage of their responsibilities, including clinical and administrative, during a leave. Physicians must identify a most responsible practitioner (who has appropriate clinical privileges) for all admitted patients and those in your outpatient practice. The identity of the covering practitioner should be documented in the patient's health record. Please discuss options for clinical coverage with your section leadership as soon as is reasonably possible when planning a parental leave, so they can work with you and the Department to find needed clinical coverage.

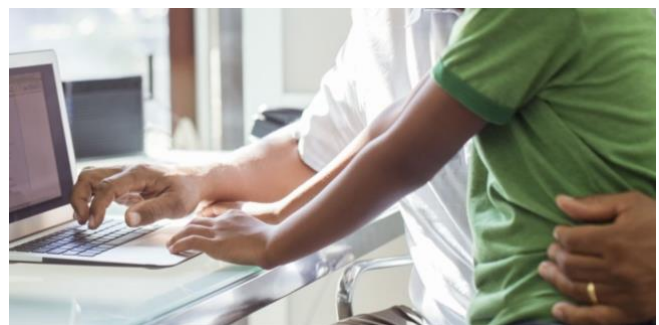
The Department of Medicine's **Career Adaptation Guidelines** state that there is a shared responsibility between sections and physicians planning a parental leave for arranging clinical coverage during the parental leave. This can include the hiring of locum tenens physicians through the Department of Medicine.

Your section head will ensure that any AHS inpatient clinical and on-call services are re-assigned to other section members. Your section head can also support you in finding coverage for your AHS ambulatory patients. In general, Department of Medicine members have prepared their ambulatory practices for parental leave by:

- Determining a date to stop accepting new referrals before starting a leave (typically 3 months, depending on the nature of your outpatient practice);
- Reviewing which patients in your practice will require follow-up during your parental leave and which can be seen after your return;
- Create and document follow-up plans with patients and the covering physician;
- Schedule outpatient clinical work that can be cancelled or arrange back-up coverage during the last few weeks before the planned start of your parental leave;
- Schedule outpatient clinical work that can be cancelled or arrange back-up coverage during the first few weeks or months after the planned return from your parental leave.

CONNECT CARE

Connect Care access is **deactivated** if you do not login for 180 consecutive days (about 6 months). Typically, you would receive a reminder about the need to login to preserve your access at 150 consecutive days without logging in. Logging into Connect Care at least once every 180 days will avoid unintended deactivation of your Connect Care access.





Before starting a parental leave, we suggest that you review the **off-boarding tasks** to clear your in-basket, re-assign triaging responsibilities, and re-assign your in-basket to another provider. These tasks also include:

- Scale back on using secure chat for patient concerns;
- Encourage MOA to use Notes in the patient chart rather than staff messages, so that documentation is available for covering physicians;
- Use the “Attach” function in your Connect Care In-Basket to forward results to covering physician or your MOA (who may then forward the message appropriately);
- Turn off push notifications on the Connect Care (EPIC/Haiku) application on your phone;
- Set an “Out of Contact” message on your Connect Care in-basket.

TEACHING & EDUCATION CONSIDERATIONS

Before your leave, review your calendar and ensure any upcoming teaching commitments have been appropriately redirected to others or declined. Speak to the course chair or equivalent person as soon as is reasonably possible so they have time to arrange for alternative teachers during your leave.



RESEARCH CONSIDERATIONS

GRADUATE STUDENT SUPERVISION

If you are the Supervisor of any University of Calgary graduate students, you must complete and submit the Proposed Arrangements for **Graduate Student Supervision During Leave** form prior to the start of your parental leave.

ONGOING PROJECTS

Prior to your parental leave, consider designating the following to a research colleague(s) during your leave as appropriate:

- Principal Investigator status for active CHREB studies on IRISS
- Access to research project funds on eFIN
- Reporting Manager status for University of Calgary employees



LEADERSHIP & ADMINISTRATIVE RESPONSIBILITIES

Leadership and administrative responsibilities should be clearly delegated during a parental leave. Depending on the nature of the role, a transition period prior to parental leave and upon return from parental leave may be needed.

A written memorandum of understanding, shared with your leadership and those assuming your roles during your leave, outlining transition periods, transfer of stipends, and return-of-responsibility upon return to work may be helpful. Typically, as long as the term of the position is not complete, you can expect to return to your previous leadership role upon return-to-work.

Because this process may vary between settings, please discuss interim transfers of leadership and administrative roles while on leave with the responsible organization and leadership as soon as is reasonably possible when planning your leave.

In some cases, if you wish, you may be able to continue doing your administrative leadership role during all or part of your leave - if the role has a stipend associated with it, you are encouraged to discuss with your reporting leader the options around continuing to receive this stipend. Eligibility to keep a leadership stipend may also depend on the other benefits you are receiving. You are encouraged to explore your options in advance of taking your leave.



RETURNING TO WORK AFTER PARENTAL LEAVE

OPTIONS FOR REDUCED FTE

Reductions in clinical work must be discussed with your section head prior to your return to work. The Department's **Career Adaptation Guidelines** suggest that graduated return-to-work responsibilities be laid out in a written memorandum of understanding, signed by your Section Head, prior to starting parental leave. This may include front-loading non-clinical work during the first months after a parental leave or returning at reduced FTE.

FIRST DAY BACK

Prior to returning to work, check to ensure that your access to Connect Care and other clinical applications are active. This is especially important if you have not logged into Connect Care at least once in the previous 180 days (~6 months), as your access can be de-activated. If you need to reactive your access to Connect Care, follow the steps in the **Connect Care manual**.

BREAST- OR CHESTFEEDING AT WORK

Physicians experience **many barriers** to continuing breastfeeding or pumping breastmilk after returning to work. Many of these barriers are structural, including inadequate time and space to pump breastmilk in clinical spaces. In Canada, the right to breastfeed at work is protected and employers must make reasonable accommodates for breastfeeding.

If you work at an Alberta Health Services facility, you can request a space to express breastmilk at work using this **form**. The Foothills Medical Centre has created a Pumping Room on the main floor of the main building, room 142. To access this room, please e-mail Carol.Urban@ahs.ca.

Breastmilk is **not a biohazard** and can be stored in “**any refrigerator that is appropriate for food storage.**” There is no AHS policy against storing breastmilk in clearly labelled containers in workplace refrigerators. No one should discard labelled breastmilk in a workplace refrigerator.

