

UNIVERSITY OF OTTAWA, FACULTY OF MEDICINE POLICY AND PROCEDURE FOR RESIDENCY LEAVES OF ABSENCE

PREAMBLE:

Residency programs define specific time requirements for training. It is recognized that a resident may require one or more interruptions of training for personal and professional reasons. Such interruptions are referred to as leaves of absence. This policy outlines the Postgraduate Medical Education (PGME) processes and procedures to review and grant leave of absence requests, including salary level implications, and impact on certification exam eligibility.

SCOPE:

- This policy applies to all Ministry of Health (MOH) funded residents registered with the PGME Office.
- AFC trainees, Clinical and Research Fellows should contact the department overseeing their training with respect to contractual leaves policies and procedures.
- The PGME office will abide by any stipulations regarding leaves of absence provided for in the PARO-OTH Collective Agreement as well as in sponsorship contracts (e.g. Gulf sponsored residents from Saudi Arabia, Kuwait, Oman, United Arab Emirates, Bahrain, or Qatar); it is recognized that the PARO-OTH Collective Agreement also provides for employee benefits to sponsored residents.

RELATED DOCUMENTS:

A number of important documents govern leaves and their impact on certification exam eligibility. **This policy and procedure is not intended to supersede these documents but will serve to assist in their interpretation and application.**

1. **PARO-OTH Collective Agreement.** The PARO-OTH agreement outlines the employment relationship between residents and the Ontario teaching hospitals. This agreement establishes entitlements relating to pregnancy and parental leaves, sick leave, vacation, and professional leave. This agreement can be obtained at this [link](#).
2. **Council of Ontario Faculties of Medicine (COFM) Leaves from Ontario Postgraduate Residency Programs** (May 2015). The COFM leave guidelines provides direction on a number of issues including conditions to be met upon taking leave from and returning to the program and granting of unpaid leaves. These guidelines can be obtained at this [link](#).
3. **Royal College of Physicians and Surgeons of Canada (RCPSC) Policies for Certification in a Competence by Design Model of Residency Training** (Oct 2022) The policy sets out examination eligibility requirements (Section II) and residency training requirements (Section III). This policy can be obtained at this [link](#).
4. **The College of Family Physicians of Canada (CFPC)** sets out requirements for completion of postgraduate medical education in Family Medicine. Information can be obtained at this [link](#).

DEFINITION:

A leave of absence is defined as an approved interruption of training for any reason. Leaves may be taken for a variety of reasons but are generally categorized into leaves with pay and leaves without pay.

GENERAL PRINCIPLES and RESPONSIBILITIES

Residents:

1. The resident's professional responsibility is to ensure that the Program Director (PD) and Program Administrator (PA) are notified regarding their request prior to the start of the proposed leave. It is recognized that this will not always be possible in urgent circumstances and, in such cases, will not affect the approval for the resident's leave. In urgent circumstances, the resident must notify the faculty supervisor and/or Chief Resident to ensure that an alternative can be found for the provision of clinical care.
2. In addition to informing their program of a medical leave, residents may be requested to send medical notes for any medical illness longer than three (3) days directly to the Wellness Office (wellness@uottawa.ca), who are the health information custodians for medical information. Wellness will then notify the PGME office.
3. Residents on approved leave will remain registered with the PGME Office, notwithstanding their inactivity and are expected to maintain a standard of conduct in keeping with the standards of the residency program, the University, and the medical profession at large.
4. Residents on approved leave must sign and date a Letter of Appointment for the purpose of licensure with CPSO, pay the registration fee, and complete other registration requirements annually to remain registered with the PGME Office. Refer to the [PGME Website](#) for more information.
5. Residents must be aware of their professional obligations to report leaves to the CPSO when applying for or renewing licenses. Failure to disclose leaves from the training program may result in delays in license renewal as a result of investigation and/or disciplinary action.
6. If there is a WSIB claim, please refer to this [link](#) for incident reporting.
7. At the end of a leave of absence, residents must return to their home residency program.
8. Time lost during a leave must be made up (or the equivalent time in the residency program) upon the resident's return to the Program. Residents will normally be required to complete all mandatory/elective components of the Program. In special cases, a waiver of training may be requested at the discretion of the PD and the Residency Program Committee (RPC). See policy on [Waiver of Training](#).
9. During a leave of absence, residents will be classified in the same postgrad year (PGY) level they are at the start of their leave.
10. Salary and benefits continuation is determined by the type of leave and in accordance with the PARO-OTH Collective Agreement.
11. Residents must notify their home PD and administrator of their return date. For leaves over six (6) months, the resident must notify the program at least four weeks in advance of the return date or of the proposed leave.

Program:

1. All submissions for leaves from residents will require the program to review and approve beforehand, with appropriate documentation provided to PGME.
2. Unless required by the PD or for purposes of the Record of Employment, leaves of seven (7) days or less are not required to be submitted to the PGME Office.
3. If there is a WSIB claim, please refer to this [link](#) for incident reporting.
4. Programs must provide PGME with plans should residents return to training with requirements for accommodations or part-time work plan.
5. In all cases, the PD, in discussion with the RPC and returning resident, should determine:
 - the required make up time;
 - the Competence by Design (CBD) stage of training and training level to which the resident will return following the leave; and
 - the necessary educational experiences required for the resident to complete the residency requirements and goals and objectives of the training program.
6. For Family Medicine, residents must complete twenty-four (24) months of training in accordance to CFPC guidelines. For any interruption of training, it is expected that the resident will make up time on rotations missed with equivalent time upon return to the program. Should a waiver of training be granted, the CFPA Board of Examinations and Certification must be notified prior to the submission of completion of training – the maximum length of a waiver of training is four (4) weeks.
7. Family medicine residents registered in enhanced skills programs for one (1) year or less must complete the entire duration of training to be eligible for CFPC examinations leading to Certificates of Added Competence and/or attestations of completion of training.

Postgraduate Office:

1. The PGME Office will notify the College of Physicians and Surgeons of Ontario (CPSO) and PARO (long-term leaves) of all interruptions in training greater than one (1) week, as reported by the Program Director. The PGME Office will abide by governance as established in
 - a. [Employment Standards Act, 2000. Section XIV- unpaid leaves of absence](#)
 - b. Council of Ontario Faculties of Medicine (COFM) document, Leaves from Ontario Postgraduate Residency Programs, May 2015
 - c. RCPSC Policy for Certification in a Competence by Design Model of Residency Training (Section III)
 - d. PARO-OTH Collective Agreement

TYPES OF LEAVE

Paid Leave

1. **Pregnancy and Parental Leave:** Entitlement to pregnancy and parental leave is addressed in Section 15 of the PARO-OTH Agreement.
2. **Medical/Sick Leave:** Residents are entitled to up to six (6) months of paid leave for illness or injury. If the resident requires a prolonged medical leave greater than six (6) months, they may be eligible to receive pay and benefits through Long Term Disability. Further details on Long Term Disability and other entitlements regarding illness or injury are addressed in Section 14 of the PARO-OTH Agreement. Upon return to training, it is the resident's responsibility to inform the Program and PGME if they require accommodation(s), a gradual return to work plan, or a change to part-time status. All required documentation must be submitted to the Faculty Wellness Program prior to the resident's return to work start date.
Medical Note: if a resident is sick for an extended period of time (more than seven (7) days), they will be required to provide a doctor's note. Doctor's notes must be sent to the Faculty Wellness Program (wellness@uottawa.ca), who will relay the information to the PGME office.
3. **Professional Leave:** Residents shall be granted educational leave up to a maximum of seven (7) working days per year; shall be consecutive if requested by the resident, and shall not be deducted from regular vacation entitlement. Residents shall be granted additional paid leave to take Canadian or American certification examinations. For further details, refer to Section 12 of the PARO-OTH Agreement .
4. **Vacation:** Residents are entitled to four (4) weeks of paid vacation per year. Vacation entitlement accrues while on maternity/parental leave. Vacation time must be taken within the academic session and cannot be rolled over or "stockpiled" to the next year, or counted towards waived training time. In addition, vacation time should not be carried over when the resident enters a sub-specialty program. Hospitals may not restrict the amount of vacation a resident can take in a rotation but do have the right to delay a vacation request with regard to professional and patient care responsibilities. For further details, refer to Section 11 of the PARO-OTH Agreement.
5. **Emergency, Family, Bereavement Leave:** A resident may request a leave due to a death in the immediate family or a person with whom the resident had a close relationship. A leave may also be requested due to family illness, injury, medical emergency, or other urgent family matters to which the resident must attend. A maximum of five (5) consecutive working days may be granted by the PD.

Unpaid leave

1. **Educational Leave:** A resident may request an unpaid educational leave on the basis that the time away from the residency program is relevant to his/her current program. The request must be supported by the PD, and approved by the Postgraduate Dean or designate. The maximum educational leave period is usually one (1) year. The Program must ensure there are no anticipated negative effects on return to training at the appropriate level and timely completion of the training program prior to the approval of an education leave. The PD must provide the PGME office with notification, including the duration of the educational leave and the expected return date. Leaves beyond one (1) year will be assessed by the RPC, PD and the Postgraduate Dean or designate.

2. **Personal/Compassionate Leave:** A resident may request an unpaid leave of absence due to a personal situation, career uncertainty or for other reasons. These leaves will be considered on an individual basis, discussed and reviewed for approval by the PD in consultation with the RPC and the Postgraduate Dean or designate. The maximum leave period in this category is six (6) months.

SALARY CLASSIFICATION:

- Residents will normally advance to the next pay level upon their successful completion of twelve (12) months (13 blocks) of training.
- During a leave of absence, residents will be classified in the same postgraduate year (PGY) level they are at the start of their leave.
- Salary and benefits continuation is determined by the type of leave and in accordance with the PARO-OTH Collective Agreement.

RETURN TO TRAINING:

- Residents returning after a medical leave will provide a written medical certificate from their treating physician to the Wellness office (wellness@uottawa.ca) indicating the resident's capability and fitness to return to the program. The PD or the Postgraduate Dean or designate may request an additional independent medical opinion to ensure the resident's capability to resume their residency program.
- Normally residents will return to the program at the same level as when the leave was taken.
- Residents returning to training after a prolonged absence may require a modified learning plan or reassessment/reclassification.
- In order to decide on the appropriate training level and program structure, residents may be assigned a 4-12 week period of reassessment, structured and organized by the PD in consultation with the RPC and educational programming resources. PGME Director of Academic Support and other PGME resources may be utilized to assist the program.
- The RPC, will review the results of the assessment and the PD will submit a recommendation to the Postgraduate Dean or designate regarding the resident's re-entry to training.
- If approved, the PD will discuss with the resident the modified program structure, training level, the evaluation process, and expected outcomes.
- An accommodation plan must be submitted and approved by the Faculty Wellness Program and the Program. There may be changes to pay for part-time accommodation plans.
- If a RPC recommends against a resident's re-entry to the training program, the policy outlining the conditions for dismissal apply. The PD must inform the Postgraduate Dean or designate and the recommendation will be reviewed by the PGME Evaluation Subcommittee. The decision will be communicated with the resident by the PGME Office. Any appeals would follow the normal Faculty and University Appeals process.

PROCESS:

1. Resident requests the leave and submits it to their PD and PA for approval.
2. All leaves must be approved by the Resident's Program Director.
3. In addition to informing the program of a medical leave, residents must send medical notes directly to the Wellness Office (wellness@uottawa.ca), who will then notify the PGME office.
4. If there is a WSIB claim, please refer to this [link](#) for incident reporting.
5. The Program submits a [Status Change Form](#) to inform the PGME Office of the leave.
6. All leaves greater than seven (7) consecutive days must be reported to the PGME Office. There may be special circumstances when the Program will report a leave for less than 7 days (i.e. a pattern of missed days by a resident within a specific time frame resulting in a resident's ability to successfully complete training objectives), or resulting in unprofessional behaviour.
7. When Bereavement Leave is required, the resident will contact the PD and PA as soon as possible to specify the number of days needed and to request approval.
8. The Postgraduate Dean or designate must be informed of and approve all unpaid leaves. A letter of support from the PD must be sent to PGME's Registration Coordinator (pgmereg@uottawa.ca), who will proceed with obtaining the Postgraduate Dean's approval.
9. All leaves reported to the PGME Office will be reported to the College of Physicians and Surgeons of Ontario (CPSO) and PARO (LTD).
10. For medical leaves that extend into a new academic year, the resident or their delegate will provide a report to their PD on the status of their leave. Privacy is respected, and confidential medical information will not be required. The PD will inform/update PGME regarding the status of the resident to create a Letter of Appointment (LOA) for the resident.
11. While on medical leave, salary and benefits will be maintained and continued until the end of the medical leave, for up to six (6) months, or the end of the resident's appointment year, whichever occurs first. The appointment year is determined by the resident's training start date. During a medical leave, the resident's salary and benefits continuance will be applied as defined by section 14.1 of the PARO-OTH Collective Agreement.

RETURNING TO TRAINING AFTER A LEAVE:

1. PGME must be informed if there is a change in the return date from the original leave request. The program must let PGME know through the [Status Change Form](#). This will ensure that pay and benefits will resume on the correct date.
2. All residents are required to complete all mandatory and elective components of the program. PDs may consider a [waiver of training](#) if training requirements have been met and the resident has achieved the mandatory competencies of the Program.
3. Residents may require an accommodated or modified/gradual return to work plan or request part-time training following a medical leave. Programs are required to provide

PGME with this information via the [Status Change Form](#) prior to the resident's return to training (allowing up to a grace period of seven (7) days after the resident's return). All parties must understand any ramifications for extension of training and/or changes to pay for part-time training and accommodation plans.

4. Residents must send medical or accommodations notes directly to the Wellness Office (wellness@uottawa.ca), who will then notify the PGME office.
5. For leaves under one (1) year in length, it is expected that residents will return to the same program and training level they were in prior to the leave.
6. After a prolonged leave (greater than twelve (12) months), Programs shall determine the level of training and required educational experiences and competencies necessary to complete the training program.

Committee

Faculty Council

Executive Committee of Senate

Date

June 13, 2023

pending