

WAIVER OF TRAINING AFTER A LEAVE OF ABSENCE POLICY

PREAMBLE

The Postgraduate Medical Education Office allows for the possibility of granting a waiver of training after an approved leave of absence for Residents. Waivers of Training may be applied to residents in both time-based programs and in competency-based training. While the exit from training is based on demonstrated achievement in competency-based training programs, time may still be considered in recognition of the formal agreements the University of Ottawa, PGME holds with the provincial ministry of health and regulatory bodies.

Both the RCPSC and CFPC state that residents must complete all program training requirements.

- To meet the CFPC certification exam eligibility requirements, Family Medicine residents must make up any leaves of absence to ensure the full duration of twenty-four (24) months training is completed. Waivers of training of four (4) weeks may be considered and granted at the discretion of the Program Director only by exception and under unusual circumstances. The CFPC must be notified of the waiver prior to submission of the completion of training notice to the College.
- Where a resident in a RCPSC program will have achieved the required level of competence by the end of the final year of training, a waiver of four to twelve (4-12) weeks may be requested by the Program, to be approved by the Vice-Dean, PGME or designate.

PURPOSE AND BACKGROUND

To provide guidance to program directors and residents on exploring, applying for and granting waivers of training time.

The Vice-Dean, PGME, or designate may grant a waiver of training further to the recommendation of the resident's program director following the resident's approved leave of absence in accordance with the policies of the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC), provided that the resident meets the criteria for an exceptional resident set out below. A waiver of training cannot be granted in any other circumstances.

SECTION 1: REQUIRED PROCESS TO REQUEST A WAIVER OF TRAINING

1.1 Residents who wish to explore whether they may be eligible to have training waived must discuss this with their program director. There may be program-specific guidelines in place, in addition to RCPSC/CFPC requirements and PGME requirements. Residents are entitled to know in advance how their performance will be evaluated to determine whether they qualify for a waiver of training. Residents are not automatically entitled to a waiver of training.

1.2 A resident can be granted a waiver of training after a leave of absence if they have met all training requirements of the RCPSC/CFPC and all of the program's educational requirements, and the Program Director is satisfied that the resident will have achieved the required level of competence by the end date of the training. Every program must make information on the educational requirements available to residents.

1.3 When considering a waiver of training the Program Director must take into account:

- any unsatisfactory, borderline or incomplete rotation evaluations
- inconsistent attendance at academic activities
- changes to training that resulted in an overall dilution of the educational experience
- any concerns about the academic, professional, behavioural and ethical performance of the resident
- performance in objective evaluations (e.g., OSCE, mini CEX, multiple choice examinations, oral examinations, short answer questions and evaluating examinations)
- assurance that all training objectives outlined by the respective college will be met by the end of the training
- Work based assessment such as EPAs.

1.4 The Program Director may recommend a waiver of training up to the maximum allowable times permitted by the RCPSC and CFPC, as noted below:

- It is the responsibility of the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC) to set maximum allowable times for waivers of training that maintain eligibility for certification.
- Maximum allowable times for waivers are as follows:
 - Family Medicine - four weeks
 - One-year programs - no waiver allowed
 - Less than one year for remediation or enhanced skills - no waiver allowed
 - Two-year programs (excluding Family Medicine) - six weeks
 - Three-year programs - six weeks
 - Four-year programs – twelve (12) weeks.
 - Five-year programs – twelve (12) weeks.
 - Six-year programs – twelve (12) weeks.

- For residents taking subspecialty training in the final year of a specialty program (e.g., Internal Medicine and Pediatrics), up to twelve (12) weeks is allowable in PGY4 only if the program directors in both the specialty and subspecialty programs agree that a waiver can be recommended.

1.5 In the beginning of the final year of training a resident may make a request in writing to the Program Director.

- In time-based training, a decision to grant a waiver of training cannot be granted after the resident has taken the certification examinations.
- In CBD programs, as exam eligibility will be determined by the program during the third stage of training, Core of Discipline, requests for waivers can be submitted after the certification exam. In programs where the oral examination is in the last six (6) months of the final year of training, new waiver requests cannot be submitted after the completion of the oral examination.

1.6 If the program approves the request for the waiver, the Program Director must then submit a letter of support to the Postgraduate Dean. The Program Director's letter must include the following information:

- resident's name, program, level, dates of the program time leave being waived and the recommended revised end date.
- confirmation that the resident has successfully completed all training requirements of the program, including in-training examinations, quality assurance projects, case logs, etc.

1.7 The Vice-Dean, PGME, or designate reviews the request, and if approved, the PGME Registration Coordination will update the Confirmation of Completion of Training (CCT) and forwards it to the Royal College or the College of Family Physicians.

If approved, the program must submit a [Status Change Form](#) advising the resident's new end date.

SECTION 2: APPEALS

A decision not to grant a waiver of training cannot be appealed.

SECTION 3: LINKS TO RELEVANT POLICIES

[CFPC policy](#)

[RCPSC policy](#)

SECTION 4: DEFINITION OF AN EXCEPTIONAL RESIDENT

MINIMUM CRITERIA FOR THE PURPOSES OF A WAIVER OF TRAINING

NOTE: Each program can add its own criteria to define “exceptional” within the context of their specific program.

Decision responsibility

- Program Director, based on the Residency Program Committee recommendation.
- Vice-Dean, PGME or designate approves decision.

Criteria

- Must be subsequent to the first on-service year (with the exception of family medicine):
 - objective assessments (e.g., OSCE, mini CEX, multiple choice exams, oral examinations, short answer questions)
 - must pass all exams.
 - must be above “meets expectations” at least 75% of the time.
 - ITERs or ITARs – “meets expectations” or above at least 75% of the time on all evaluations.
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- No concerns re: the resident’s academic, professional, behavioral and ethical performance;
- Have successfully completed all stages of training per the requirements of the accrediting body [for CBD programs]
- No red or yellow zone behaviours on the PULSE 360° Survey System.
- Consistent attendance at academic activities.
- Includes tangible contribution to department, including in at least one of the following areas:
 - administration (e.g., chief resident, RPC rep, PARO rep);
 - research (e.g., published papers or presented posters during residency);
 - education (e.g. resident teaching awards, consistent excellent teaching evaluations).
- None of the following (each below is an exclusion criterion)
 - extra educational activities as defined in the evaluation policy of PGME (formal or informal).
 - remediation (formal or informal).
 - probation.
 - suspension.
 - interruption in residency training exceeding twelve (12) months.
 - failed rotations.
- “Early consultant level competency”

- is prepared to challenge the certification exam at the same time as their cohort of residents, despite the decrease in training time.
- at the time the waiver is granted, would be capable of transitioning into independent practice or advanced clinical training.

Committee

PGEC

Faculty Council

Faculty Council

Executive Committee of the Senate

Approval Date

January 28, 2015

June 16, 2015

June 13, 2023

Pending