



Policy Name	PGME Policy on Duration and Time in Training
Application/ Scope	All Postgraduate Medical Education Residents
Approved (Date)	PGME Continuous Quality Improvement (CQI) Committee, July 4, 2025; PGME Executive Committee, July 15, 2025
Review Date	Five years from the approved date
Revised (Date)	
Approved By	College Executive Council: August 19, 2025

BACKGROUND

The training requirements of Residency Programs as designed by the RPCS and CFPC define both competencies to be attained by residents and a time frame for the program. Competence Based Medical Education emphasizes the completion of required, recommended and optional educational activities as defined by the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada and other governing bodies of the PGME programs at the University of Manitoba as well as the completion of the required list of Entrustable Professional Activities for a given program as the minimum standard for completion. Programs are required to supplement these assessment tools to address broader attributes that we wish to instill in our learners.

In the hybrid model of competency-based medical education, time-based rotations continue to be an organizing structure for residency training. In this context, time should be viewed as a resource to allow a learner to develop their potential. Allowing learners to shorten their training by finishing the minimum requirements faster rewards speed over quality and de-incentivizes the pursuit of excellence.

In CBME a resident should have some latitude to control the pace of their own learning. Some residents complete their training at a slower pace than others, some accelerated. Some may fall behind the expected trajectory at some point only to accelerate later. It is appropriate to adjust time in training accordingly. However, the University of Manitoba believes that the reward for faster progress should be the opportunity to pursue opportunities for growth. PGME does not support shortening the time spent in training to less than the prescribed time in training for completion of program requirements alone.

A resident may also need to interrupt training for a number of reasons. In that case, training is spread out over a longer period of time. It is the expectation that the total time in training will still be completed, requiring a deferral of the initial expected end of training date. Residents who have incurred deferral of their end of training may be eligible for Waiver according to the principles applied to all residents.

The PARIM Agreement also has stipulations with respect to the implementation of time away from duty hours within the context of the employee-employer relationship. This policy governs the educational implications of variations in pace of training outside the scope of the PARIM Agreement. For clarity, this policy contains a definition of Leave of Absence that applies to the education setting and is not necessarily the same as the definition within the employment context.

Note: This policy will be effective as of July 1, 2025 (pending approvals). The section on Waivers of Training will apply to residents who began their residency on or after July 1, 2023.

DEFINITIONS

Absent without leave- refers to a resident who is not participating in training, but has not been granted an appropriate leave

Academic year- is the College of Medicine's organizing timeframe, running from July 1 of a given year to June 30 of the next year

Block- is the organizing unit of the PGME academic calendar. There are 13 blocks in each year. The duration of blocks 2-12 is 28 days and the duration of Blocks 1 and 13 may vary from year to year

Business Days – for the purpose of this policy and related procedures, business days refer to PGME Administration Team office hours, which include Monday through Friday and exclude weekend days, statutory holidays and acknowledged University of Manitoba closure days

CanERA – means Canadian Excellence in Residency Accreditation and refers to the system of residency education accreditation developed by CanRAC

Competence – the array of abilities across multiple domains of competence or aspects of physician performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context and stage of training or practice. Competence is multi-dimensional and dynamic; it changes with time, experience and settings

Competence Committee – is the committee responsible for assessing the progress of learners in achieving the specialty-specific requirements of a program

Competence Continuum – is the series of integrated stages in a Competency by Design curriculum, including: 1. Transition to Discipline; 2. Foundation of Discipline; 3. Core of Discipline; 4. Transition to Practice

Competency – is an observable ability of a health care professional that develops through stages of expertise from novice to master

Competency-Based Medical Education – is an outcomes-based approach to the design, implementation, assessment and evaluation of a medical education program using an organizing framework of competencies

Competency by Design (CBD) - is the specific system of CBME created and used by the RCPSC for their postgraduate training programs

Competent – possessing the required abilities in all domains of competence in a certain context at a defined stage of medical education or practice

Completion Rotation- A completion rotation is a rotation completed by a learner at the discretion of the competence committee of the learner's program following an incomplete rotation.

CFPC – College of Family Physicians of Canada

CPSM – College of Physicians and Surgeons of Manitoba

Dismissal – is the termination of the learner's enrollment in the training program due to academic, professionalism and/or other reasons

Duration of Training (DT) - the total time from the start of training to the end of training, inclusive of leaves, extensions and any other causes of variation

Entrustable Professional Activity (EPA) – is a “unit of professional practice” that comprises measurable tasks and abilities (milestones). Once sufficient competence is achieved, this activity is “entrusted to the unsupervised execution by the resident”. There are residency-specific EPAs that are linked to a specific stage of the competence continuum. As the resident progresses through the stages, the residency-specific EPAs become progressively more complex, reflecting the resident’s achievement of more complex skills

Illness Days - refers to a periodic absence from the training program due to medical reasons, this is described in the PARIM collective agreement to determine eligibility for income protection, and does not apply to academic considerations for time away

Leave of Absence (LOA) – is any approved, planned or unplanned absence from training of a single stretch of 14 days or more for any of a variety of reasons, including but not limited to, medical illness, bereavement, maternity, paternity, partner leave and educational leave. Absences from the training program for reasons of vacation, religious observances, statutory holidays, examination days are not considered leaves of absence. Cumulative absences of 24 days or more over the course of an academic year will also constitute a Leave of Absence (Note: a typical block of training is 28 days, less two weekends off in a block equal 24 days)

Modified Learning Plan – is a formal educational intervention that is put in place to address specific performance gaps, with specific learning resources, timelines and outcomes tailored to the needs of the resident. Modified Learning Plans are always included in Remediation or Probation but they may be utilized outside of the context of Remediation/probation as well, in an attempt to provide correction prior to a formal need for Remediation/Probation. The flexibility to adapt the pace and resources used for learning to a learner’s particular needs and context is inherent to CBME. When used outside of remediation/probation, this is considered to be part of normal variation

PARIM – Professional Association of Residents and Interns of Manitoba

PARIM Agreement- the collective bargaining agreement between Shared Health and PARIM

PGME – means Postgraduate Medical Education and refers to the Office of Postgraduate Medical Education, which operates within the Max Rady College of Medicine. It governs postgraduate medical education at the University of Manitoba through residency, fellowship, Areas of Focused Competence, post-doctoral and other training programs. The programs which PGME oversees are those accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC), the Canadian Psychological Association (CPA), the Canadian Academy of Clinical Biochemistry (CACB), the Canadian College of Microbiology (CCM) and the Canadian College of Medical Geneticists (CCMG). Applicable to all of its training programs, PGME develops and administers policies and governs through the PGME committees. The PGME Office is overseen by the Associate Dean, PGME, Max Rady College of Medicine

Probation –is an interval/period of training during which the learner is expected to correct areas of serious clinical or academic challenges or concerns about professional conduct that are felt to jeopardize successful completion of the Residency Program. Probation implies the possibility of Dismissal from the Residency Program if objectives are not met. It comprises of a formal program/plan of individualized educational support, assessment and monitoring designed to assist the learner in correcting identified serious performance deficiencies

Probation Plan – is a formal document approved by the PGME Committee for Education Support and Remediation (PGME-CESaR) and the Associate Dean, PGME detailing the terms, possible outcomes and specific conditions of the Probation Period

Prolonged Leave of Absence – is a leave of absence six (6) consecutive blocks or greater in

duration.

Program - is the course of study leading to certification in one of the Specialties (RCPSC or CFPC) or non-medical specialty programs governed by PGME. It includes all elements required to deliver that education. The term program is also used to refer to the Program Administration, which is collectively the PD, RPC, CC, PA and Department Head

Program Director (PD) - is the individual responsible for the management of a specific PGME Program who has direct reporting to both the respective Department Head and Associate Dean, PGME

RCPSC – Royal College of Physicians and Surgeons of Canada

Remediation – is an interval of training consisting of a formal program of individualized educational support, assessment and monitoring which is designed to assist a learner in correcting identified areas of performance deficiencies. The goal of Remediation is to maximize the chance that the learner will successfully complete the Residency Program

Remediation Plan – is a formal document outlining the details pertaining to the competencies on which the resident will focus, the resources required and the Remediation Supervisor/Preceptor during the Remediation. This plan constitutes the formal central pillar of the Remediation Agreement

Resident Progress Committee – is the subcommittee of the Residency Program Committee responsible for coordinating resident assessment in Family Medicine. The Resident Assessment and Evaluation Lead is Chair of this committee

Rotation – is a discreet educational experience. The time frame may be portion (two (2) weeks) of a block to multiple blocks to which learners are assigned for training. Rotations may consist of consecutive blocks or may be fractionated over longer periods of time as longitudinal rotations. Learning experiences are organized to allow the learner to acquire competencies and to demonstrate entrustment within a hybrid model of competency-based, timed rotations

RPC – Residency Program Committee is the committee and subcommittees, as applicable, chaired by the Program Director that supports the Program Director in the administration and coordination of the Residency Program.

Shared Health – is the organization that delivers specific province-wide health services and supports centralized administrative and business functions for Manitoba health organizations

Time in Training (TT)- The total number of blocks actually spent in training, inclusive of vacation, Religious Observances, statutory holidays, weekends, examination days and illness days (less than 24 cumulative days), but exclusive of LOA's

Time in Training - Prescribed -the total number of blocks of training approved by PGME as the expected time in training for all learners for completion of a given program. This is informed by the requirements of the RPCS and CFPC for their respective programs

Transition Period – is the time period of adjustment and acclimatization for a learner returning to the Residency Program after a leave of absence

Triple C Curriculum - is a competency-based curriculum for Family Medicine residency training based on the CanMEDS-FM framework and the Evaluation Objectives in Family Medicine. The three components of Triple C include: 1. Comprehensive educational patient care; 2. Continuity of education and patient care; 3. Centred in Family Medicine

Vacation – is the entitled time, as defined by the PARIM Collective Agreement, away from resident training during the academic year

Waiver of Training (WOT)– is a granted reduction of Time in Training to less than the Time in Training prescribed for the program in which the resident is registered

1. PURPOSE

- 1.1 Provide guidance on determination of duration of training and end of training including waivers of training

2. POLICY STATEMENTS – DURATION OF TRAINING (DT)

- 2.1 Each program has a Time in Training prescribed. The Time in Training prescribed for each program is part of the program outline
- 2.2 In Competency Based Medical Education, as designed by both the RCPSC and the CFPC, time is treated as an opportunity for learning and growth. Completion of a program is neither based solely upon completion of EPAs, nor solely on completion of time-based elements
- 2.3 The actual duration of training may be modified by a number of factors over the course of residency as described in this policy, such that the anticipated end of training date may change at various times throughout residency. As the resident progresses through training, the TT, DT and anticipated end-of-training may change as appropriate to the resident's trajectory at that time, notwithstanding prior changes]
- 2.4 All changes to the TT, DT, and the End-of-training date are subject to the approval of the Associate Dean, PGME (or designate) and must be submitted via the curriculum management system, with a justification from the Competence Committee
- 2.5 Modified Learning Plans may modify the anticipated end-of-training date subject to the following principles:
 - 2.5.1 Each time an MLP is instituted, the program must estimate the impact of that trajectory on the TT, DT, and anticipated end-of-training date
- 2.6 Remediation may or may not add to Time in Training, depending on the Remediation agreement and the outcome of the remediation
- 2.7 Probation adds to Time in Training and Duration of Training, except in exceptional circumstances
- 2.8 Incomplete rotations may require the resident to complete a completion rotation as per the Assessment Policy. When that occurs, the completion rotation typically extends time in training
- 2.9 Leaves of Absence are not counted toward Time in Training. A Leave of Absence therefore modifies the Duration of Training and anticipated end-of-training
- 2.10 Credit for prior training is applied to the resident's Time in Training. Duration of training and anticipated end-of-training will be modified accordingly
- 2.11 Part-time training allows a resident to complete the prescribed TT over a longer period of time will result in a proportional increase in the duration of training and a commensurate adjustment of the anticipated end-of-training date.

- 2.12A Waiver of Training (WOT) is a reduction in the Time in Training for an individual resident below the TT prescribed for their program. This should be an uncommon event which will only be granted in exceptional circumstances
- 2.13 Reductions of TT down to but not below the Prescribed TT as covered in the following sections are not considered to be Waivers of Training as the Prescribed TT is completed

3. PROCEDURES – DURATION OF TRAINING

- 3.1 Each individual resident starts their program with an anticipated Duration of Training (DT) and TT that are equal to the Time in Training-prescribed for that program. The anticipated end date of a program is therefore set at that number of blocks after the start date for that resident
- 3.2 Modified Learning Plans impact TT and DT and end-of-training when they require extracurricular experiences formally allowing a slower pace
- 3.3 When planning an MLP, the program must estimate whether and how much additional time will be required for training
- 3.4 The PD will determine the appropriate anticipated End-of-Training date, and notify PGME
- 3.4.1 After the end of the MLP, and at each subsequent Competence Committee assessment, the performance of the resident will be assessed
- If the resident were to progress as expected, then the anticipated TT and the end of training date would continue to reflect the extension
 - If the resident were to demonstrate accelerated progress after the MLP, then the Competence Committee may recommend shortening the anticipated TT down to as low as the TT prescribed but not lower without application for a WOT
- 3.5 When a modified learning plan is instituted due to accelerated performance, that plan may include additional learning resources to assist the resident in continuing their professional development to a higher level, but cannot shorten the TT to less than the Prescribed TT without application for Waiver of Training
- 3.6 All changes to the TT and the End-of-training date are subject to the approval of the Associate Dean, PGME (or designate) and must be submitted via the curriculum management system, with a justification from the Competence Committee
- 3.7 Remediation/Probation impacts Time in Training, Duration of training and anticipated end-of-training as follows:
- 3.7.1 Remediation/probation impact TT and DT as per the Assessment policy
- 3.7.2 The Time in Training is extended by the amount indicated in the Remediation/Probation Agreement
- 3.7.3 After the end of a successful Remediation/Probation, the trajectory of the resident will be assessed at subsequent Competence Committee meeting(s).

- If the resident were to progress as expected, then the TT and the end of training date would continue to reflect the extension incurred by the remediation/probation. If the resident were to demonstrate accelerated progress after the Remediation/Probation, then the Competence Committee may recommend shortening the anticipated TT down to as low as the TT prescribed but not lower without application for a WOT, effectively rescinding the extension incurred by the remediation/probation.

3.8 Incomplete rotations/training experiences may require the resident to complete a completion rotation/experience as per the Assessment Policy. The following procedures apply for completion rotation/experience

3.8.1 The completion rotation/experience requires a Modified Learning Plan

3.8.2 The PD will determine whether the completion rotation/experience will be a new rotation/experience or occur within elective time, and indicate that in the MLP

3.8.3 A new rotation/experience will add to time in training by an amount equal to the length of the completion rotation/experience

3.8.3.1 The PD will adjust the anticipated end-of-training date accordingly

3.8.4 If the completion rotation/experience is completed as an elective then the TT will not change

3.8.5 After the end of the completion rotation/experience, at each subsequent Competence Committee assessment, the performance of the resident will be Assessed

3.8.5.1 If the resident were to progress as expected, then the anticipated TT end of training date would continue to reflect the extension

3.8.5.2 If the resident were to demonstrate accelerated progress after the MLP, then the Competence Committee may recommend shortening the TT down to as low as the TT prescribed but not lower without application for a WOT

3.9 Leaves of Absence impact Duration of Training and anticipated end-of-training subject the following procedures

3.9.1 When a leave of absence is initiated, the Duration of Training is extended by an amount equal to the length of the LOA

3.9.2 The PD will determine the anticipated end-of-training date accordingly and notify PGME

3.9.3 Time-in-Training is not affected by LOA

3.9.4 If a transitional period and MLP is planned upon return, that period is credited toward the TT and does not further modify DT or anticipated end-of-training

3.9.5 If a further Modified Learning Plan, part-time training or other intervention result from the transition period, then it is treated as distinct from the LOA and the impact on TT, DT and anticipated End-of-Training are governed by the applicable section of this policy

3.10 Credit for prior training impacts Time in Training subject to the ARET Policy

3.11 Part-time training alters the DT and end-of-training subject to the following procedure

- 3.11.1 Duration of Training and end-of-training are adjusted based on completion of training requirements so that the resident has completed all requirements, including the TT-prescribed by the end of training
- 3.11.2 Multiple adjustments to the DT and end-of-training may be required throughout training if the part-time plan changes
- 3.12 The MAXIMUM Time in Training and Duration of Training are determined by applicable RCPSC and CFPC policies. Waiver of Training (WOT) may be allowed subject to the following procedures
 - 3.12.1 The process to obtain a waiver of training begins with the resident applying for a WOT
 - 3.12.2 A WOT applies only to the resident's current program
 - 3.12.3 If a resident transfers programs, the TT- prescribed for the final program will be used and the actual TT for that resident will be inclusive of credit for prior training
 - 3.12.4 The decision to grant a WOT may only be made in the final year of training
 - 3.12.5 Successful completion of a certification exam is not a consideration in the decision whether to grant a Wot
 - 3.12.6 All waivers of training must comply with the policies of the RCPSC, CFPC or equivalent for non-medical programs. If a condition in this policy violates the policy of the relevant agency, then the policy of that agency will prevail
 - 3.12.7 The following conditions must all be met for a WOT to be considered
 - 3.12.7.1 The resident has previously taken an approved LOA
 - 3.12.7.2 The resident has completed all mandatory components of training
 - 3.12.7.3 The resident has had no probations, suspensions or other disciplinary actions during their training
 - 3.12.7.4 The resident has had no MLP for reasons of not progressing as expected in the last year
 - 3.12.7.5 The resident is going on to further training in a formal Fellowship program or Subspecialty Residency program.
 - 3.12.8 The competence committee must support the application for WOT based on the resident's performance and the PD must submit a request in writing to the Associate Dean for WOT that describes the CC reasoning behind that assessment
 - 3.12.9 All waivers of training must be approved by the Associate Dean PGME (or designate)
 - 3.12.10 A decision to deny requested WOT is not subject to appeal
 - 3.12.11 The maximum allowable WOT is based on the WOT policies of the RCPSC and CFPC, and depend on the length of the program

POLICY CONTACT: Associate Dean, PGME

REFERENCES

Professional Association of Residents and Interns of Manitoba (PARIM) and Shared Health
Collective Agreement, July 1, 2021 to June 30, 2024

<https://www.parim.org/residency/contract/>

Royal College of Physicians and Surgeons, General Standards of Accreditation for Residency
Programs,

<https://www.canrac.ca/canrac/general-standards-e>

