

Policy Name:	PGME Resident Leave of Absence Policy
Application/Scope:	All PGME Programs
Approved (Date):	PGME CQI Committee: February 14, 2025; PGME Executive Committee: March 15, 2025
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Revised (Date):	
Approved By:	College Executive Council: August 19, 2025

BACKGROUND

The CanERA Standards of Accreditation for Institutions with Residency Programs and the CanERA Standards of Accreditation for Residency Programs require that the postgraduate office provides residents with timely educational accommodation, leaves of absence, and withdrawal processes, as appropriate, and when deemed necessary (e.g., for patient safety).

The training requirements of Residency Programs define specific competencies attained by residents over specified periods of time. Competency-based medical education is organized in a hybrid model of organizing principles of attainment of defined competencies and time in training. PGME recognizes and supports that a resident may need to interrupt training for a variety of reasons.

DEFINITIONS

Academic/Faculty Advisor/Coach/Mentor – is a faculty member who establishes a longitudinal relationship with a resident for the purpose of monitoring and advising with regards to educational progress

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

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

Competence Continuum – is the series of integrated stages in competency-based medical education 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

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

CFPC – College of Family Physicians of Canada

CPSM – College of Physicians and Surgeons of Manitoba

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

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 Day - refers to a periodic absence from the training program due to medical reasons, this is a term used 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, for the same reasons listed above, 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

Period of Assessment – an assessment period, structured and arranged by the Program Director in consultation with the resident's Academic Advisor and RPC/Competence Committee/Resident Progress Subcommittee, to determine and to make recommendations regarding the resident's training/level and expected date of return

PGME – means Postgraduate Medical Education and refers to the Office of Postgraduate Medical Education, which operates within the Max Rady College of Medicine. It represents 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 trainee 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 sufficient improvement in performance is not identified at the end of the Probation Period. It is comprised of a formal program/plan of individualized educational support, assessment and monitoring designed to assist the trainee 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

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 trainee in correcting identified areas of performance deficiencies. The goal of Remediation is to maximize the chance that the trainee 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 an interval of time, usually consisting of a portion (two (2) weeks) of a block to multiple blocks to which trainees are assigned for training. Rotations may consist of consecutive blocks or may be fractionated over longer periods of time as in the case of longitudinal rotations. Learning experiences are organized to allow the trainee 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

Site (Stream) Lead – refers to that faculty member in Family Medicine most accountable for and knowledgeable of the progress of residents within their respective Educational Site (Stream)

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

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

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

1. POLICY STATEMENTS

- 1.1 The decision to grant a leave of absence (LOA) is at the discretion of the Residency Program Director in consultation with the Residency Program Committee (RPC) with final approval by the Associate Dean, PGME
- 1.2 The training status of the resident on LOA will be designated “inactive” for the duration of the LOA
- 1.3 PGME supports a resident leave of absence for many reasons including:
 - Illness/Medical reasons
 - Maternity/Parental
 - Personal
 - Bereavement
 - Educational
- 1.4 PGME generally does not support leave of absence for the sole purpose of generating supplemental income
- 1.5 Learning experiences not completed while on LOA will be completed upon return from LOA. Cumulative absence of 24 days or more will require deliberation by the program competence committee to consider the need to complete the missed learning experiences
- 1.6 Resident payment during LOA is determined by the PARIM Collective Agreement or other employment agencies, if applicable
- 1.7 An LOA for medical reasons is accompanied by the expectation that the resident must seek and receive appropriate care and support
 - 1.7.1 The resident must obtain a medical certificate in order to verify that they are receiving medical care. The medical certificate should establish the anticipated duration of the LOA
 - 1.7.2 The Program Director and/or the Associate Dean, PGME and/or the Associate Dean, PGME Student Affairs & Wellness may request an additional independent medical opinion and certificate verify the resident’s medical illness
 - 1.7.3 The resident must obtain a written medical certificate or declaration of readiness to return as a condition of returning from a medical LOA
 - 1.7.3.1 The Program Director and/or the Associate Dean, PGME and/or the Associate Dean, PGME Student Affairs & Wellness may request an additional independent medical opinion in order to ensure the resident’s medical fitness to return from the LOA

2. PROCEDURES

- 2.1 With respect to **initiating an LOA**, the following procedures apply:

- 2.1.1 All LOA must be documented in the Curriculum Management system. The trainee taking an LOA must, in addition, provide Residency Program Director with as much notice as is reasonably possible
 - 2.1.1.1 The trainee is responsible for completion of any documentation required for Shared Health, or other employment agencies, if applicable
 - 2.1.1.2 If the trainee is unable to submit a request due to incapacity, the program may initiate the request on their behalf
- 2.1.2 The Program Director or designate will review the request for approval of the LOA
 - 2.1.2.1 If the LOA is for medical illness, the Residency Program Director will request the relevant supporting documents
- 2.1.3 The Program Director or designate must document the approved LOA electronically in the curriculum management system for review and approval by the Associate Dean, PGME. The following details pertaining to the LOA must be included:
 - Reason(s) for the LOA
 - Starting date of the LOA
 - Anticipated date of return from the LOA
- 2.1.3.1 If the LOA is declined by the Residency Program Director, the trainee can discuss other options with the Residency Program Director and/or other individuals, as appropriate
- 2.1.4 Once approved by the Residency Program Director, the LOA will be elevated to the Associate Dean, PGME for review and approval
 - 2.1.4.1 If the LOA is declined by the Associate Dean, PGME, the trainee can discuss other options with the Residency Program Director and/or other individuals, as appropriate
- 2.1.5 Once the LOA is approved, the following procedures apply:
 - 2.1.5.1 The Program Director should notify other individuals, as appropriate, such as the Lead Administrative Resident
 - 2.1.5.2 The Program Director or designate will extend the end-of-training date by a period of time equal to the duration of the LOA. Duration of training will therefore be extended. If a waiver of training is later applied, that will be subject to the Duration of Training Policy.
 - 2.1.5.3 The Associate Dean, PGME or PGME designate will notify the following of the LOA:
 - Notification of the CPSM by formal documentation regarding licensure and registration, for any medical leave and for a non-medical LOA, if the leave in any way impacts the completion of training date
 - Notification of Shared Health regarding payment and medical malpractice coverage (CMPA), if applicable

- The Associate Dean, PGME Student Affairs & Wellness

2.2 During the LOA, the following procedures apply:

- 2.2.1 If indicated, the Program Director will communicate with the resident at least monthly during the first year of the LOA and quarterly subsequent to that
- 2.2.2 Any changes to the status of the LOA will require consultation with the RPC for approval
- 2.2.3 Any changes with respect to the status of the LOA will require notification of and approval by the Associate Dean, PGME electronically via the curriculum management system with appropriate follow-up action
- 2.2.4 The trainee may be required to meet with the Associate Dean, PGME Student Affairs & Wellness on a monthly basis for guidance and counselling
- 2.2.5 If the LOA extends beyond one (1) year, then the Residency Program Director, the Associate Dean, PGME and the Associate Dean, PGME Student Affairs & Wellness will meet to discuss appropriate action such as modification of the trainee's Individual Learning Plan, Period of Assessment, or Dismissal/Withdrawal from the Residency Program
 - 2.2.5.1 Any such action will be determined in consultation with the resident's Academic Advisor/Program Director and the Residency Program Committee/Competence Committee/Resident Progress Subcommittee

2.3 Returning from an LOA, the following procedures apply:

- 2.3.1 A resident returning from a LOA of a duration that is less than six PGME blocks will:
 - 2.3.1.1 Notify the program of their intended date of return, ideally prior to the commencement of the LOA but not less than two weeks prior to the date of return
 - 2.3.1.2 Residents returning after medical leave will provide a medical certificate from their physician indicating the resident is capable and fit to return to the program. The Program Director and/or the Associate Dean, PGME may request an additional independent medical examination to ensure that the resident is capable of resuming their Residency Program
 - 2.3.1.2.1 If accommodations are required, the resident must notify the Residency Program and the Associate Dean, PGME Student Affairs and Wellness in advance of the return from the LOA (see PGME Essential Skills and Abilities Policy)
 - 2.3.1.3 A resident returning from an LOA will meet with their Academic Advisor and Program Director to discuss whether a transition period and/or a Modified Learning Plan should be provided
- 2.3.2 A resident returning from a **prolonged LOA** will:
 - 2.3.2.1 Notify the program of their intended date of return with as much advanced notice as possible but not less than two weeks prior to the date of return

2.3.2.2 Residents returning after a prolonged medical leave will provide a medical certificate from their physician indicating the resident is capable and fit to return to the program. The Program Director and/or the Associate Dean, PGME may request an additional independent medical examination to ensure that the resident is capable of resuming their Residency Program

3.3.2.2.1 If accommodations are required, the resident must notify the Residency Program and the Associate Dean, PGME Student Affairs and Wellness in advance of the return from the LOA (see PGME Essential Skills and Abilities Policy)

2.3.2.3 Be provided with a transition period of no greater than four (4) weeks duration which will be used to allow the resident a gradual re-introduction to training. With respect to the transition period, the following apply:

2.3.2.3.1 The transition period will include a Modified Learning Plan that will be structured and arranged by the Program Director in consultation with the resident's Academic Advisor and the Residency Program Committee/Competence Committee/Resident Progress Subcommittee

2.3.2.3.2 The Modified Learning Plan will require that the resident obtain weekly assessment feedback with respect to any learning gaps relative to their earlier level of training. Other assessments may be included at the discretion of the resident's Program Director

2.3.2.3.3 The resident will require successful assessments on competencies attained prior to the LOA, as determined by the Residency Program

2.3.2.3.4 Additional learning resources may be required to assist the resident in achieving the pre-LOA level of training by the end of the transition period

2.3.2.3.5 The resident's Program Director, in consultation with the Residency Program Committee/Competence Committee/Resident Progress Subcommittee will review the resident's progress during the transition period to determine the appropriate level of training, whether any previously completed EPAs require reactivation and whether an extended Modified Learning Plan is required. Possible outcomes include the following:

- Return to the pre-LOA level of training with no restrictions or change in the expected completion of training
- Return to the pre-LOA level of training with a Modified Learning Plan but no change in expected completion of training
- Return to an earlier level of training with or without a Modified Learning Plan and commensurate adjustment of expected completion of training

3.3.2.3.5.1 In any of the above circumstances, reclassification of previously attained EPAs as "in progress" with specific criteria for how to demonstrate completion might be required

- 2.3.2.4 In the exceptional circumstance that it may be determined that a resident is not capable or fit to return to the Residency Program:
- 2.3.2.4.1 The resident's Program Director supported by the RPC/Competence Committee/Resident Progress Subcommittee will decide with respect to Dismissal of the resident from the Residency Program
 - 2.3.2.4.2 The Associate Dean, PGME will meet with the resident to discuss this decision
 - 2.3.2.4.3 The resident would have the option to appeal the decision for Dismissal from the Residency Program
- 2.3.2.5 The resident's Program Director, in consultation with the resident's Academic Advisor, RPC/Competence Committee/Resident Progress Subcommittee will submit a recommendation to the Associate Dean, PGME regarding the resident's expected date of return, level of training and any Modified learning Plan
- 2.3.3 The transition period will be considered in good standing
- 2.3.4 Residents may incur extensions of time in training in addition to any extensions to duration of training incurred by the LOA itself based on Modified Learning Plans or changes in level of training. This will be determined by the Program Director/RPC/Competence Committee as part of the plan for return and must be approved by the Associate Dean, PGME
- 2.3.5 The Program Director or delegate will meet with the returning resident to discuss the following:
- The stage of training/level to which the resident will be returning following the transition period
 - The Learning Plan and/or additional assessment required for the resident
 - Expected date of return from LOA
 - Revised completion date for the resident's current academic year and the time-based service aspects of promotion to the next salary level
- 2.3.6 The Program Director will follow the PGME Return from Leave of Absence Process outlined in Appendix I for notification of and approval by the Associate Dean, PGME as soon as is reasonably possible but no later than one week prior to the official date of return from the LOA
- 2.3.7 The Program Director should notify other individuals, as appropriate such as the Lead Administrative Resident and the Associate Dean, PGME Student Affairs & Wellness of the approved return from LOA
- 2.3.8 The Associate Dean, PGME or PGME designate will notify the following of the return from LOA:
- Notification of the CPSM by formal documentation regarding licensure and registration, if applicable

- Notification of Shared Health regarding payment and medical malpractice coverage (CMPA), if applicable

POLICY CONTACT: Associate Dean, PGME

REFERENCES

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<https://cou.ca/reports/leaves-from-ontario-postgraduate-residency-programs/>

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Dalhousie University

<https://medicine.dal.ca/departments/core-units/pgme/calendar/academic-guidelines-policies/waiver-of-training.html>

Memorial University of Newfoundland

<https://www.mun.ca/medicine/media/production/medicine/documents/policies-and-procedures/Leave%20Management%20Policy.pdf>

APPENDICES

Appendix 1 – [PGME Processes: Leave of Absence \(LOA\), Extension of LOA, Return from LOA and Waiver of Training](#)