

Policy Name:	PGME Resident Leave of Absence/Waiver of Training
Application/Scope:	All Postgraduate Medical Education Residents
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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. With the advent of competency-based medical education, there is less emphasis on time spent by residents on rotations as opposed to their attainment of competencies. However, in the hybrid model of competency-based medical education, time-based rotations continue to be an organizing structure for residency training. In essence, competence may be achieved before a resident satisfactorily completes their contract to provide service-related commitments.

It is recognized that a resident may need to interrupt training for a number of reasons, including medical illness. Depending on the circumstance, a leave of absence might not impact the total duration of training if the necessary competencies have been achieved.

A waiver of training should be considered an uncommon request. It may be requested for an exceptional resident following an approved leave of absence. Furthermore, it is not a mechanism by which a resident may be excused from rotations in order to avoid service-related commitments of residency training.

DEFINITIONS

Academic/Faculty Advisor/Primary Preceptor/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 – Canadian Excellence in Residency Accreditation is the consortium of the RCPSC, CFPC and College des medecines du Quebec

Competence – is the array of abilities across multiple domains or aspects of physician performance

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 at a particular 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 is comprised of measurable tasks and abilities (milestones). Once sufficient competence is achieved, this task 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 milestones

Illness Days – means a periodic (less than fourteen (14) consecutive calendar days) planned or unplanned time away from training due to medical illness

Leave of Absence (LOA) – is an approved planned or unplanned interruption of training (greater than fourteen (14) consecutive calendar days) for any of a variety of reasons, including medical illness, bereavement, maternity, paternity, partner leave and educational leave. Vacation, Religious Observances, statutory holidays, examination days and unplanned sick days are **not** considered leaves of absence

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. It is inherent in education, that learners have the flexibility to adapt the pace and resources used for learning to their particular needs and context and this would be considered normal variation. A Modified Learning Plan does not necessarily indicate a Remediation. However, Modified Learning Plans are always included in Remediation or Probation and they may be utilized outside of the context of Remediation as well, in an attempt to provide correction prior to a formal need for Remediation/Probation

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 Education Advisory Committee and the Associate Dean, PGME detailing the terms, possible outcomes and specific conditions of the Probation Period

Protracted Leave of Absence – is a leave of absence greater than six (6) consecutive months duration. It is also referred to as a **Prolonged LOA**

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 trainee will focus, the resources required and the Remediation Supervisor during

the Remediation

Resident Progress Subcommittee – is the 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

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 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 protracted leave of absence

Vacation – is the entitled time (four (4) weeks) away from resident training during the academic year (July 1-June 30)

Waiver of Training – is the granted reduction of time in residency training following an approved leave of absence

Working Days – for the purpose of this policy and related procedures, working 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

1. PURPOSE

- 1.1 Provide guidance on a range of issues relating to approved leaves of absence during residency training
- 1.2 Provide guidance on the granting of waiver of training following return from leaves of absence, including protracted leaves of absence

2. POLICY STATEMENTS – LOA

- 2.1 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
- 2.2 The training status of the resident on LOA will be designated “*inactive*” for the duration of the LOA

- 2.3 Resident payment during LOA is determined by the PARIM Collective Agreement or other employment agencies, if applicable
- 2.4 A paid LOA will not be granted if the purpose of the leave is to generate supplemental income
- 2.5 An LOA for medical reasons is accompanied by the expectation that the resident must seek and receive appropriate care and support
 - 2.5.1 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
 - 2.5.2 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
 - 2.5.2.1 If the duration of the LOA is uncertain, monthly documentation by the trainee's health care provider is required and must be submitted to the Associate Dean, PGME and/or Associate Dean, PGME Student Affairs & Wellness
 - 2.5.3 The resident must obtain a written medical certificate or declaration of readiness to return as a condition of returning from a medical LOA
 - 2.5.3.1 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
- 2.6 Except in extraordinary circumstances, a resident on Remediation shall not be permitted to take a Leave of Absence (LOA)
 - 2.6.1 In the event that the Residency Program Director determines that a Leave of Absence (LOA) is necessary for a trainee during the Remediation, then the Remediation Program is considered in abeyance
 - 2.6.1.1 The Remediation Plan/Modified Learning Plan will be redesigned upon the trainee's return from the LOA
- 2.7 Except in extraordinary circumstances, a resident on Probation shall not be permitted to take a leave of absence (LOA)
 - 2.7.1 In the event that the Residency Program Director determines that a Leave of Absence (LOA) is necessary for a trainee during the Probation, then the Probation Program is considered in abeyance
 - 2.7.1.1 The Probation Plan will be redesigned upon the trainee's return from the LOA
- 2.8 Pending the disposition of an appeal, the RPC shall determine if a resident may continue with regularly scheduled rotations or whether alternative arrangements such as an LOA are necessary

- 2.9 The trainee returning from a protracted/prolonged LOA will require a Modified Learning Plan and may return to a previous stage along the competence continuum or previous level of training as determined by the RPC/Competence Committee/Resident Progress Subcommittee
- 2.10 With respect to the trainee whose status is “*inactive*” as a result of an extended LOA, if the Residency Program Committee/Competence Committee/Resident Progress Subcommittee has determined that their successful return to or completion of the Residency Program is unlikely, they may be considered for Dismissal from the Residency Program

3. PROCEDURES – LOA

- 3.1 With respect to initiating an LOA, the following procedures apply:
- 3.1.1 The trainee requesting an LOA will submit a request via the curriculum management system to the Residency Program Director as outlined in the *PGME Request for Leave of Absence Process in Appendix I*
- 3.1.1.1 The trainee is responsible for completion of any documentation required for Shared Health, or other employment agencies, if applicable
- 3.1.2 The Program Director or designate will review the request for approval of the LOA
- 3.1.2.1 If the LOA is for medical illness, the Residency Program Director will request the relevant supporting documents
- 3.1.3 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
- 3.1.3.1 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
- 3.1.4 Once approved by the Residency Program Director, the LOA will be elevated to the Associate Dean, PGME for review and approval
- 3.1.4.1 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
- 3.1.5 Once the LOA is approved, the following procedures apply:
- 3.1.5.1 The Program Director should notify other individuals, as appropriate such as

the Chief Administrative Resident and the Associate Dean, PGME Student Affairs & Wellness of the approved LOA

3.1.5.2 The Program Director or designate will extend the date of completion of training (end date) by a period of time equal to the duration of the LOA for trainees in time-based Residency Program cohorts

3.1.5.3 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

3.2 During the LOA, the following procedures apply:

3.2.1 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

3.2.2 Any changes to the status of the LOA will require consultation with the RPC for approval

3.2.3 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

3.2.4 The trainee may be required to meet with the Associate Dean, PGME Student Affairs & Wellness on a monthly basis for guidance and counselling

3.2.5 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

3.2.5.1 Any such action will be determined in consultation with the resident's Academic Advisor and the Residency Program Committee/Competence Committee/Resident Progress Subcommittee

3.3 With respect to return from an LOA, the following procedures apply:

3.3.1 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

3.3.1.1 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)

- 3.3.2 For residents returning from an LOA, a transition period should be considered regardless of the reason for the LOA
- 3.3.3 A resident returning from an LOA of less than six (6) months duration will meet with their Academic Advisor and Program Director to discuss whether a transition period and/or a Modified Learning Plan should be provided
- 3.3.4 A resident returning from a protracted/prolonged LOA will be provided with a transition period of no greater than four (4) weeks duration and will be used to allow the resident a gradual re-introduction to training. With respect to the transition period, the following apply:
- 3.3.4.1 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
- 3.3.4.2 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
- 3.3.4.3 The resident will require successful assessments on competencies attained prior to the LOA, as determined by the Residency Program
- 3.3.4.4 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
- 3.3.4.5 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
- 3.3.4.5.1 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

- 3.3.4.6 In exceptional circumstances, it may be determined that a resident is not capable or fit to return to the Residency Program.
- 3.3.4.6.1 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
 - 3.3.4.6.2 The Associate Dean, PGME will meet with the resident to discuss this decision
 - 3.3.4.6.3 The resident would have the option to appeal the decision for Dismissal from the Residency Program
- 3.3.4.7 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
- 3.3.5 The transition period will be considered in good standing and will be paid. However, residents may incur extensions of training in addition to any 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
- 3.3.6 The Program Director 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
- 3.3.7 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 at least five (5) working days prior to the official date of return from the LOA
- 3.3.8 The Program Director should notify other individuals, as appropriate such as the Chief Administrative Resident and the Associate Dean, PGME Student Affairs & Wellness of the approved return from LOA
- 3.3.9 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

(See Appendix 1: PGME Processes: Leave of Absence (LOA), Extension of LOA, Return from LOA and Waiver of Training.)

4. POLICY STATEMENTS – WAIVER OF TRAINING

4.1 Only the Associate Dean, PGME may approve a waiver of training

4.2 With respect to waiver of training, the following apply:

4.2.1 A decision to grant a waiver of training may occur only following an approved LOA

4.2.2 The decision to grant a waiver of training may occur only in the resident's final year of training

4.2.2.1 This decision must not be granted after the trainee has taken the certifying examinations

4.2.3 All waivers of training must comply with the policies of the CFPC, RCPSC or equivalent for non-medical programs

4.2.4 A waiver of training will be considered if the resident has met the following conditions:

- The resident has successfully completed all mandatory components of training
- The resident's performance has consistently exceeded expectations on assessment of competencies

4.3 The RCPSC maximum allowable times for waiver of training are as follows:

- One (1)-year program – no waiver allowed
- Two (2)-year program – six (6) weeks waiver allowed
- Three (3)-year program – six (6) weeks waiver allowed
- Four (4)-year program – three (3) months waiver allowed
- Five (5)-year program – three (3) months waiver allowed
- Six (6)-year program – three (3) months waiver allowed

4.3.1 For disciplines where the training occurs in phases e.g., specialty training followed by subspecialty training), waivers of training are treated separately for each of the two (2) phases of training, as follows:

4.3.1.1 A waiver of training must be recommended by the specialty Program Director and approved by the Associate Dean, PGME on the specialty

assessment. A decision to grant a waiver of training is made for a maximum duration of six (6) weeks

- 4.3.1.2 In the subspecialty years, a decision to grant a waiver of training is recommended in final year of training by the Subspecialty Program Director and approved by the Associate Dean, PGME. A maximum six (6)-week waiver of training may be taken only in the final year of training
- 4.3.1.3 If the resident undertakes specialty training at one university and transfers to a different university for subspecialty training, then it is the responsibility of the Associate Dean, PGME at the corresponding institution to approve the waiver of training
- 4.3.2 In Family Medicine, eligibility for the certification examination and for being granted Certification in the College of Family Physicians (CCFP), the maximum length of a waiver of training for residents is four (4) weeks
- 4.3.3 Family Medicine residents enrolled in Enhanced Skills Programs of one (1) year or less must complete the entire duration of training to be eligible for CFPC examinations leading to Certification of Special Competence and/or attestations of completion of training

5. PROCEDURES – WAIVER OF TRAINING

5.1. A resident may request a waiver of training, as follows:

- 5.1.1 Residents must submit the Application for Waiver of Training Request with all required information prior to the trainee taking certification exams (See Appendix 2: Application for Waiver of Training)
- 5.1.2 The request for waiver of training will be reviewed by the Residency Program Director and the RPC in order to make recommendations to the Associate Dean, PGME, including the following:
 - Approval of the resident's original request for waiver of training
 - A detailed description of the circumstances pertaining to the request and justification for support of the request for waiver of training
 - Verification that the resident has successfully completed all of the competencies for certification
- 5.1.3 The Associate Dean will provide a written decision regarding waiver of training to the resident, the Residency Program Director and the Credential Committee of the CFPC/RCPSC

POLICY CONTACT: Associate Dean, PGME

REFERENCES

CanERA, General Standards of Accreditation for Institutions with Residency Programs
<http://www.canera.ca/canrac/canrac/documents/general-standards-accreditation-for-institutions-with-residency-programs-e.pdf>

CanERA, General Standards of Accreditation for Residency Programs
<http://www.canera.ca/canrac/canrac/documents/general-standards-accreditation-for-residency-programs-e.pdf>

Royal College Policies and Procedures for Certification and Fellowship, January 2016
4.3.2 Waiver of Training after a Leave of Absence from Residency
http://www.royalcollege.ca/portal/page/portal/rc/common/documents/credentials/policy_procedures_e.pdf

PARIM Collective Agreement 2018 – 2021
<https://www.parim.org/residency/contract/>

Schulich Western School of Medicine and Dentistry, Waiver of Training – Residents form
https://www.schulich.uwo.ca/medicine/postgraduate/future_learners/docs/Forms/WaiverofTraining.pdf

Schulich Western School of Medicine and Dentistry, Waiver of Training policy
https://www.schulich.uwo.ca/medicine/postgraduate/future_learners/docs/2012Leave-of-Absence-and-Training-Waivers.pdf

McMaster School of Medicine, Waiver of Training Policy
<https://pgme.mcmaster.ca/train/policies/>

University of Toronto Faculty of Medicine - Residency Leaves and of Absence and Training Waivers Guidelines, February 2015
<https://pg.postmd.utoronto.ca/wp-content/uploads/2017/02/Guidelines-for-Residency-Leaves-of-Absence-Training-Waivers-Feb2015.pdf>

University of Manitoba PGME Resident Assessment, Promotion, Remediation, Probation, Suspension, Dismissal Policy
https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user_Assessments_Atendance_and_Evaluation

APPENDICES

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

Appendix 2: [Application for Waiver of Training](#)