

Resident Physician Absence from Training Process

Portfolio Medical Affairs in collaboration with the Office of PGME and the PARA	Date 26 September 2016
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PURPOSE

This document is intended to give Program Administrators and Resident Physicians an understanding of the processes and procedures involved in taking leaves from training. Recognizing the variety of leaves, this document sets out key principles that apply to, and provides a general overview of the process for facilitating leaves for Resident Physicians.

ROLES AND RESPONSIBILITIES

Resident Physicians are trainees registered with the Postgraduate Medical Education Office, members of the Professional Association of Resident Physicians of Alberta (PARA), and employees of Alberta Health Services (AHS). As such they are bound by:

1. University of Alberta policies and procedures, including matters related to accreditation and the fulfillment of their training curriculum;
 2. AHS policies and procedures; and
 3. The terms and conditions of the PARA Agreement.
- **Medical Affairs, AHS** (represented by the Edmonton Academic Medicine Office) has an obligation under the restricted grant provided by the Province to ensure Resident Physicians are appropriately compensated as per the PARA Agreement. This team is also responsible for facilitating all AHS Human Resources transactions and IT access.
 - The **Postgraduate Medical Education (PGME) Office University of Alberta** is a participant in the maintenance of the Resident Physician placements within AHS. The Associate Dean, PGME has the authority of the final review and approval of leave requests in the context of the academic requirements.
 - **Resident Physicians** are responsible for providing advanced written notice or request for leave to their Program Director and **must include necessary documentation** (e.g. medical notes) when required. Resident Physicians are not to exercise any clinical access granted for their residency (e.g. Netcare or e-Clinician) while on extended leaves.
Prior to returning from extended leave (greater than three consecutive months), Resident Physicians are to provide confirmation of medical clearance to their Program, the PGME, and Medical Affairs.
 - The **Residency Training Programs** shall facilitate the leave process, track all Resident Physician absences and allowances, and provide reporting required by the PGME. The **Residency Training Program** shall approve leave requests prior to submission to PGME and Medical Affairs for final approval.
 - AHS **Human Resources (HR)** own the transactions related to Resident Physician employment and have their own processes, policies, and procedures. Medical Affairs functions to coordinate these transactions in collaboration with the University partnership. HR interacts through Medical Affairs in all cases except payroll deposits and benefits; in these cases HR will only interact directly with the employee.

TYPES OF LEAVE

When describing the processes for managing absences from training it is important to distinguish between those types of leave that are planned and unplanned. The following descriptions are intended to help interpret the types

of leave and the processes for managing them. All absences greater than one week require notification to the training program, PGME and Medical Affairs.

Unplanned Absences

- **Sick Leave – Article 11**
 - Resident Physicians are eligible for 90 days of paid leave within each appointment year. This allowance is tracked by PGME and Medical Affairs and refills on the effective date of the Resident Physician's promotion.
 - Notification of sick leave of greater than 5 days and extensions of sick leave should be accompanied by a Medical Note.
 - In its duty to accommodate its employees and within its authority as the employer, Medical Affairs may ask for the Medical Note to describe the functional limitations to the Resident Physician carrying out their duties. Accommodation plans have implications for training and as such require a collaborative approach between Medical Affairs and PGME.
 - When returning from an extended sick leave, as defined above, the Resident Physician shall provide a Medical Note giving clearance to return to work.
- **Long Term Disability (LTD)**
 - If an illness is expected to exhaust the paid sick allowance, the Resident Physician should contact PARA to apply for the Long Term Disability benefit (ideally one month in advance).
 - Medical Affairs also requires notification to initiate the Benefits Costing process (giving the Resident Physician the option of purchasing extended medical benefits for 12 months through the unpaid leave period, that is, unpaid by AHS). PGME will also copy PARA when the notification of leave is distributed.

Application for LTD Benefits (ADIUM Insurance Services Inc.)

Resident Physicians are not automatically eligible for Long Term Disability and must apply through a claims process. Only ADIUM can determine eligibility, so all Resident Physicians are recommended to contact PARA to initiate and be guided through the claims process.

<http://para-ab.ca/life-and-disability-insurance/>

NOTE: the Resident must have accumulated 90 sick days, but there is no harm in beginning a claim even if it's never finalized; so claims should be initiated as soon as the Resident Physician believes they may need it. As well, the resident physician should be aware that the details of any claim are kept confidential – AHS, PGME, and PARA are only informed that a claim is being made.

- **Special Leave – Article 11**
 - Resident Physicians may be eligible for paid leave for special circumstances. Reasonable allowances for bereavement and compassionate leave should normally not exceed five days.
- **Administrative Leave**
 - In the event of a critical or workplace incident that requires the Resident Physician to be removed from service pending an investigation or if the Training Program needs time to plan resources for a remediation or probation process, the Resident Physician's clinical access may be suspended and the Resident Physician placed on a paid leave. This includes the enactment of the Practicum Intervention of the faculty.

Planned Absences

- **Vacation – Article 12**
 - Application for vacation must be made 8 weeks in advance and approval/denial shall be provided within 2 weeks of the request being made by the Program Director.

- Vacation banks are tracked by the Programs and all reasonable efforts to schedule and accommodate vacation requests should be made. Unused vacation is not automatically carried forward or paid out. Vacation carry forward or pay out must be formally requested and justified in accordance with Article 12.05.
- **Maternity** – Article 9.03
 - Maternity leave may be commenced 8 weeks prior to the expected delivery date and may be started earlier as sick leave with health-related reasons. Maternity leave shall commence no later than the date of delivery and the Resident Physician must notify Medical Affairs if this date changes.
 - Maternity leave is for a maximum of 17 weeks and the Resident Physician shall receive a top-up to 90% of her salary inclusive of any Employment Insurance benefits received.
 - After 17 weeks, the Resident Physician may continue under the unpaid Parental Leave provisions for a combined leave totaling 52 weeks, or if there are valid health-related reasons may draw from the Sick Leave provisions.
- **Parental** – Article 9.04
 - Parents and adoptive parents receive a maximum of 2 paid weeks of leave.
 - Additional unpaid parental leave may be taken up to a combined leave totaling 52 weeks.
 - Parental leave is to commence on or after the date of delivery or adoption must be completed by one year after the date of birth or adoption.
- **PARA Business** – Article 7
 - Resident Physicians designated to represent PARA shall be granted leave without loss of pay to carry out those duties. If representing PARA at meetings of any other organization or committee that PARA has representation upon, the absence shall be subject to pre-approval by the Program Director.
- **Educational** – Article 10
 - Leave without loss of pay may be granted for education events (e.g. conferences).
 - As well, up to 5 days may be granted to prepare and write Canadian (paid) or American (unpaid) qualifying exams. In programs where modification to accommodate preparation for the exams have been made, this leave will be modified. Applications must be made 4 weeks prior to the exam date and approval/denial is provided within 2 weeks.
 - Academic leave also includes out-of-province rotations and carries additional considerations regarding Workers Compensation Board (WCB) coverage.
- **Other Unpaid Leave**
 - While the Resident Physician Agreement is silent on unpaid leave, a Resident Physician may be eligible for unpaid leave for other circumstances not mentioned above, including, but not limited to: sabbatical to pursue graduate studies, personal leave, and military service.
 - Requests for unpaid leave will only be considered for circumstances that are unusual, unexpected and/or represent one-time events that are not covered by Articles 9, 10 and 11 of the Resident Physician Agreement.
 - A Resident Physician may also be placed on unpaid leave if the reasons for leave are unclear or undocumented (e.g. paperwork hasn't been submitted to extend a paid leave).

The Resident Physician must meet with the Associate Dean for all unpaid leave requests (greater than one week) prior to approval. The meeting must occur at least four weeks prior to the leave to allow for payroll adjustments.

TABLE: SUMMARY OF TYPES OF LEAVE AND APPROVAL REQUIRED

Category	Type	Duration	Paid	Approver
Unplanned	Sick	Up to 3 months	Yes	Per medical note

	Long Term Disability	Over 90 days	No	Per medical note
	Special – bereavement	5 days in usual circumstances	Yes	PD
	Special - compassionate	5 days in usual circumstances	Yes	PD, PGME, Medical Affairs
	Administrative	Varies	Yes	PGME, Medical Affairs
Planned	Vacation	20 days per year	Yes	PD
	Maternity	Up to 17 weeks	90% top-up	
	Parental	Up to 52 weeks (<i>including maternity</i>)	No	
	PARA Business	As required (<i>typically 1-2 days</i>)	Yes	PD
	Educational	variable	Maybe	PD, perhaps PGME
	Other Unpaid	1 day – 1 year (<i>renewable</i>)	No	PD, PGME, Medical Affairs

PROCESS

Many steps are required to properly coordinate schedules, clinical coverage, payroll, benefits, employment insurance, and long term disability (depending on the type of leave and it's duration), so all types of leave require notification (in advance whenever possible).

- Where the leave affects the functions of another program/service the Program Directors shall be collaborative.
 - An unpaid leave of more than 2 weeks' duration may result in extension of residency training at the discretion of the Program Director (PD) and Residency Program Committee (RPC) and accreditation standards.
 - Any leave of more than 1 years' duration may require that the resident be reassessed for training level prior to re-entry at the discretion of the PD and RPC in consultation with the PGME office.
 - Resident Physicians are benefits eligible (though are responsible for the payment of the extended health benefit premiums) for the first year of unpaid leave.
 - Any extended leave of greater than 2 years must be reviewed jointly by the PD, the RPC, the Associate Dean PGME to assess ongoing availability of training and/or termination of the residency position.
 - When the Resident Physician is taking unpaid leave or maternity/parental leave, upon notification, Medical Affairs will prepare the documentation required by AHS Human Resources in order to trigger the benefits costing and record of employment. If the Resident Physician does not receive this information from Human Resources within 1 week of commencing their leave, they are asked to contact Medical Affairs directly.
1. REQUEST/NOTIFICATION must be made by the Resident Physician in writing to the Program Director at least 4 weeks in advance for most types of leave (8 weeks in advance for Vacation or as early as possible in cases of illness or bereavement).
 2. ACKNOWLEDGEMENT/APPROVAL is provided to the Resident Physician by their Program Director as early as possible (within 2 weeks of receiving the vacation requests) with copy to the PGME and Medical Affairs. Short leaves (less than one week) may be recorded by the program while leaves greater than or equal to one week should be requested on the applicable Leave of Absence form with relevant supporting documentation.
 - a. Unplanned absences do not require approval if all required documentation has been provided, but do require acknowledgement by the Program Director.
 - Medical Affairs notifies the PGME office and PARA when a Resident Physician is close to the end of their paid sick allowance. The resident physician will then be notified by PGME office of the need to initiate a Long Term Disability claim if appropriate
 - b. Planned absence requests require written rationale and are subject to review and collaborative approval by the PD, and in some cases the Associate Dean – PGME, and Medical Affairs.
 - Medical Affairs shall provide written notification of final, approved leave requests.
 - The Program Director or PGME shall provide written notification of denied leave requests.
 - Leaves initiated by PGME or AHS shall be accompanied by written notification to the Resident Physician and PD.

3. EXTENSIONS (including changes to the circumstances of the leave) shall be submitted to the Training Program immediately and are subject to the full process described in steps 1 and 2.

4. RETURNING FROM LEAVE.
 - a. There is no formal return process for short term leave (less than 1 week).
 - b. During extended leave (equal or greater than 3 months), the Resident Physician shall provide their Training Program with up-to-date contact information and notice of changes to their circumstances immediately. At least, one month prior to returning from leave (or as soon as is reasonable) the Resident Physician shall discuss their return with their Training Program including schedules, assessment, and any accommodation provisions. Once the return date has been confirmed, the Training Program shall provide PGME and Medical Affairs with notification.
 - If the leave was due to illness, a medical note providing clearance to return to work must be submitted to PGME and Medical Affairs.
 - If returning from Maternity/Parental or Unpaid leave, Medical Affairs will prepare the documentation required by Human Resources.

NOTE: Resident Physicians employed by AHS should pay close attention to pay advices while on leave, and for a brief period after returning. On occasion, errors can occur with the payroll process. This can cause situations of overpayment or underpayment. Any errors in pay should be reported to Medical Affairs as soon as possible.

CONTACTS

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