



DEPARTMENT OF FAMILY MEDICINE
RESIDENCY PROGRAM ATTENDANCE AND LEAVE POLICY

Classification Residency Training	Table of Contents	
Approval Authority FMRPC	Purpose	1
Implementation Authority Calgary Program Director	Scope	2
Effective Date 2016-10-20	Definitions	3
Latest Revision 2019-03-18	Policy Statement	4
	Program Integrity	5
	Minimum Attendance	6
	Assessment of Rotations	7
	Consequences of Incomplete Rotations or Experiences	8
	Leaves	9
	Special Program Events	10,11,12
	Attendance at Meetings	13
	Special Situations	14
	Responsibilities	15
Appendices	16	
Related Policies	17	
	History	18

Purpose

1. The purpose of this policy is to outline the requirements of attendance and taking leave from the Family Medicine Residency Training Program in the Cumming School of Medicine at the University of Calgary.

NB-This policy provides additional information, as necessary, to explain how the provisions of the current PARA Resident Physicians Agreement are met within the Calgary Family Medicine Residency Program. The PARA agreement MUST be read at the same time as this policy for clarification and confirmation of detail as not every section of the agreement is recreated in this policy.

Scope

2. All Family Medicine Residents in the 2-year Family Medicine Residency Training Program in the Cumming School of Medicine, at the University of Calgary.

In this document, the word “must” is used to denote something that is required, and the word “should” is used to denote something which is highly recommended.

Definitions

3.
 - 3.1. “ACE” means Ambulatory Clinical Experience
 - 3.2. “AHS” means Alberta Health Services

- 3.3. "Assessment" refers to performance feedback that is both formative and summative and is a systematic mechanism for the collection and interpretation of performance feedback data given to or provided about a Resident to inform progress and overall performance. "Evaluation" may be used interchangeably with "Assessment".
- 3.4. "Associate Dean" means the Associate Dean of Postgraduate Medical Education in the Cumming School of Medicine (CSM) at the University of Calgary. The Associate Dean is the senior faculty member responsible for the overall conduct and supervision of postgraduate medical education within the School.
- 3.5. "Block" means a 4-week period of training.
- 3.6. "Calgary Program" is the CSM, Family Medicine Residency Program based in the city of Calgary
- 3.7. "Continuity Preceptor" is the Preceptor responsible for providing regular longitudinal weekly PGY1 Family Medicine clinical experiences in the Rural Program.
- 3.8. "CCFP" means Certification of the College of Family Physicians of Canada
- 3.9. "CPSA" means College of Physicians and Surgeons of Alberta
- 3.10. "Division Director" is the Program leader in the Calgary Program responsible for coordinating and supporting the delivery of the Program in the home clinics in each of 3 Divisions in Calgary (NW, NE and S). The Division Director reports to the Program Director.
- 3.11. "Elective" means a non-mandatory learning experience chosen by the Resident based on his/her identified learning needs.
- 3.12. "FM Block" is a 4-week period in PGY1 or PGY2 in the Calgary Program where the Resident is in their home FM clinic 2 days a week. During these blocks the Resident spends time in scheduled ACEs for the other 2.5 days per week based on specific domains of care; Care of the Adult, Care of the Child and Adolescent, Behavioural Medicine & Mental Health, Adult Emergency Medicine and Pediatric Emergency Medicine.
- 3.13. "FM Urban" is a 4-week block in the Calgary Program when the Resident is based in their home FM clinic 2 days a week and in another FM clinic for the other 2.5 days per week.
- 3.14. "Immersion Rotation" is a rotation where residents spend 4 -5 days per week in an immersive setting.
- 3.15. "Leave" means a period of time spent away from residency training, while still engaged as a Resident in the Program, and employee with Alberta Health Services
- 3.16. "LMCC" means Licentiate of the Medical Council of Canada
- 3.17. "PGEC" means the Postgraduate Executive Committee within the Department of Family Medicine in the Cumming School of Medicine
- 3.18. "PGME" means Postgraduate Medical Education
- 3.19. "Preceptor" means a physician directly responsible for a period or segment of the Resident's professional training, teaching, and/or instruction
- 3.20. "Primary Preceptor" is the physician in the Calgary Program identified as the Family Medicine Resident's main Preceptor in their home clinic over their 2 years of training and who is responsible for monitoring the performance of the Resident over this time.
- 3.21. "Program Director" means the person responsible for the overall conduct of the Calgary Family Medicine Residency Training Program or the Rural Family

Medicine Residency Training Program and is the person responsible to the Associate Dean.

- 3.22. "Rural Program" is the CSM Family Medicine Residency Program based in Lethbridge and Medicine Hat.
- 3.23. "SAMP" means Short Answer Management Problem examination, part of the CCFP examination.
- 3.24. "Site Director" is the Program Leader in the Rural Program responsible for the oversight and delivery of the Residency Program in Medicine Hat or Lethbridge and associated rural FM clinics
- 3.25. "SOO" means Simulated Office Orals examination, part of the CCFP examination.
- 3.26. "USFPIT Exam" means an examination completed each year in the Program through the American Board of Family Medicine.

Policy Statement

- 4. Overall Attendance Requirements:
 - 4.1. Residents must have full (100%) attendance throughout the Program, for all scheduled clinical and non-clinical educational experiences, except where they have been granted Leave.
 - 4.2. The Program must approve Leave in advance.
 - 4.3. Calgary Residents who are away from regular Program activities or experiences without Leave will be addressed in accordance with the Calgary Program's Policy on Consequences for Absence and Lateness.
 - 4.4. Rural Residents who are away from regular Program activities or experiences without an approved Leave of Absence will be addressed as a professionalism concern.

Program Integrity

- 5.
 - 5.1. Time away from the Program, for any reason, must not compromise the educational integrity of the rotation or experience, nor of the Program as a whole, by duration, timing, or structure.
 - 5.2. Where the educational integrity of a rotation or experience is considered, by the Program or Preceptors, to have been negatively impacted, the rotation or experience may be considered to be incomplete, and the Resident may be required to repeat the rotation or experience.

Minimum Attendance

- 6.
 - 6.1. Residents must attend a minimum of 75% of mandatory Program rotations and experiences to receive credit for completion and 50% of any elective rotation.
 - 6.1.1. 75% (or 50% for electives) is calculated on time available after allowing for mandatory educational events e.g. Academics, Conferences, Courses and call-back clinics and any recognized statutory holidays.
 - 6.1.2. In the Rural Program, for shift-based rotations (e.g. Emergency Medicine), 75% (or 50% for electives) is based on a calculation of the number of shifts that must be completed in a mandatory rotation and 50% to the number in an elective rotation.
 - 6.1.3. For the Calgary Program, Hybrid Rotations (FM-Urgent Care, FM-Adult Emergency Medicine, FM-Pediatric Emergency Medicine) Residents must attend 75% of EACH of the components of the rotation (i.e. shifts and FM clinic).
 - 6.2. The mandatory, 2-block Rural and 2-block FM-Mental Health Behavioral Medicine rotations in the Calgary Program and the 2 block and 6 block Rural FM

rotations in the Rural Program are considered single rotations for the purposes of calculating Leave.

- 6.3. For other single-block Rotations and experiences, time away is calculated on a block-by-block basis, even when more than one block is scheduled in a rotation or experience.
 - 6.3.1. Residents may not request more than 2 weeks of Leave during any 4 week Elective block
 - 6.3.2. Residents may not request more than 1 week of Leave during any FM-Adult Rotation in the Calgary Program.
 - 6.3.3. Residents may not request more than 1 week of Leave during any FM-Urban rotation in the Calgary Program.
- 6.4. For two-week mandatory Rotations (e.g. Low Risk Obstetrics R2 and MSK in the Calgary Program and Palliative Care and Anesthesia in the Rural Program), time away is calculated over the two-week period, and requires a minimum of 75% attendance allowing for 6.1.1.
 - 6.4.1. Residents may not request more than 2.5 days of Leave during a two-week rotation.
 - 6.4.2. Time away during 2-week rotations is strongly discouraged, in accordance with 5.1 above (educational integrity of the rotation).
 - 6.4.3. In the Rural Program, where leave is requested during a mandatory 2-week rotation, while still meeting the 75% requirement, where the number of remaining available days is low, consideration should be given to the educational integrity of the rotation.
 - 6.4.4. In the Rural Program, 75% and 50% requirements are calculated based on individual scheduled experiences even where the experiences may occur “back-to-back”. (e.g. a 4-week elective followed by a 2-week elective).
- 6.5. Where Residents have not attended 75% of a Rotation (50% of an Elective) or experience, in exceptional circumstances, the Division Director or Site Director may make a recommendation to the Program Director to consider the rotation or experience complete.
 - 6.5.1. In doing so, consideration will be given to:
 - 6.5.1.1 The quantity, and where appropriate, the quality of time missing
 - 6.5.1.2 Preceptor assessment of Resident performance on the rotation
 - 6.5.1.3 Preceptor certainty around the assessment of the Resident’s performance on the rotation
 - 6.5.1.4 The circumstances that impacted the Resident’s attendance
- 6.6. As each experience and rotation is unique, prior performance will not usually form a basis for the decision to consider the rotation or experience complete

Assessment of Rotations Not Meeting Minimum Attendance

- 7. 7.1. Where a rotation is considered incomplete, the Resident Progress Subcommittee may still review identified Resident performance concerns.

Consequences of Incomplete Rotations or Experiences

- 8. 8.1. Where a Rotation is considered incomplete, the Resident is required to repeat the entire Rotation.
- 8.2. Repeat Rotations may not be scheduled during elective time and require formal extension of training.

- 8.3. Where a non-Rotation based Experience is considered incomplete, the Program Director will require a Resident to make up all missing time. These Experiences will be scheduled based upon availability, and this may require a formal extension of training.
- 8.4. Where Residents have completed all other mandatory elements of the Program, but still have outstanding rotations or experiences, which cannot be immediately scheduled, Residents will be placed on a Special Leave of Absence by the Program.
- 8.5. This Leave of Absence may be paid or unpaid, depending upon the circumstances, and in discussion with PGME and AHS.

Leaves

- 9. 9.1. Residents may request various forms of Leave from the Program which include:
 - Educational Leave
 - Exam Leave
 - Vacation
 - Flex days
 - Winter Break
 - Leaves of Absence, including:
 - Sick and Special Leave
 - Maternity or Parental Leave
 - Special or Compassionate Leave
- 9.2. Educational Leave; Short-term i.e. applies to periods of Leave of 14 days or less. (For Long term Educational Leave-see PARA agreement). Educational Leave includes time afforded to Residents to attend non-program scheduled conferences or complete non-mandatory courses
 - 9.2.1. Residents may request up to a maximum of 3 days Educational Leave in PGY1, and up to 5 Educational Leave days in PGY2 for the purposes of attending a non-program scheduled conference or completing a non-mandatory course.
 - 9.2.1.2 Residents completing the concurrent MSc Program in the Calgary Program, or the concurrent Public Health and Preventative Medicine Residency Program in the Calgary Program, are afforded five (5) days during each subsequent PGY level while completing their Family Medicine training.
 - 9.2.2. Educational Leave days must be requested by Residents no less than 8-weeks in advance of the start date of the Block in which the leave is requested.
 - 9.2.3. Except where explicitly accounted for in Program Procedure, Educational Leave days are not automatically approved or assigned.
 - 9.2.4. Residents applying to Enhanced Skills Programs, who require time away from the Program to travel to and attend interviews may use available Educational Leave days, providing the attendance requirements are maintained within any block, or for any experience.
 - 9.2.5. Residents must be in academic good standing (i.e. not on a formal remediation plan, nor on Probation) to be granted leave to attend a Conference or complete a non-mandatory course.
 - 9.2.6. Conferences and non-mandatory courses must be accredited through the CFPC (i.e. Mainpro+) to be eligible for Leave.
 - 9.2.7. Where conferences or non-mandatory courses are accredited through an alternate body, the Program Director must approve the Leave, and

the activity's relevance to Family Medicine must be immediately apparent.

- 9.2.8. Non-accredited conferences and courses are not eligible for Educational Leave.
- 9.2.9. Where a Resident has failed to complete a mandatory course when provided as a routinely scheduled event in the Program, the Resident may request Educational Leave to complete the mandatory Program course, as designated in Calgary and Rural Program completion requirements
 - 9.2.9.1. Leave taken on the day(s) or portions thereof that the Resident is participating in a mandatory course does not accrue against other forms of Leave (i.e. it does not consume other forms of Leave, only Educational Leave)
 - 9.2.9.2. Travel days to or from the course, where outside a Resident's home base, must be taken as Educational Leave Days.
 - 9.2.9.3. Where the Resident has failed to complete the course when provided as a routinely scheduled event in the Program, Educational Leave Days taken to complete the course count towards any 50% or 75% required attendance on any rotation.

9.3. Exam Leave

- 9.3.1. Residents are afforded up to 5 consecutive days Exam Leave for travel to, from and the sitting of each component of certifying examinations (CCFP and LMCC) as detailed in the current PARA agreement. As this agreement may change in language and interpretation from time to time, the Program will communicate with Residents and those individuals who may be impacted by any modifications while this Policy is updated to reflect the most current interpretation.
- 9.3.2. As Residents are usually not made aware of which of the weekend days during the three (3) day examination period they will be sitting the SOO component of the CCFP exam (Saturday or Sunday), the Program recognizes all 3 of these days (Friday to Sunday) to be integral to the sitting of the examination. Residents will NOT be scheduled for other duties at any time during this period.
- 9.3.3. Subject to patient care considerations and at the request of the Resident, a Resident shall work only Standard Duty Hours (i.e. no more than twelve (12) hours per day, no on-call duty) in the period seventy-two (72) hours prior to any Exam Leave.
- 9.3.4. Residents who need to travel to sit any certifying examination are entitled to one (1) day each for outbound and inbound travel, two (2) day(s) spent sitting the examination (LMCC or CCFP) as well as one (1) day immediately prior to the outbound travel day
- 9.3.5. Where no travel is required, Residents are entitled to the day prior to the examination and two (2) days as required to sit the actual examination.
- 9.3.6. A Resident may be granted unpaid leave up to ten (10) days in total over the course of their residency program for the purpose of taking all the components of the United States Medical Licensing Examination (USMLE).

- 9.3.7. Leave from the Program to travel to or from, and sit these examinations, is counted as time away from the rotation for the purposes of attendance requirements.
- 9.4. Study Leave
 - 9.4.1. Subject to patient care considerations and at the request of the Resident Physician, a Resident Physician will be granted up to five (5) non-consecutive days off during the eight (8) weeks preceding any Exam Leave (9.3.1 above).
 - 9.4.1.1. These non-consecutive days off will be standard or shift-based duty hours days.
 - 9.4.1.2. At the discretion of the Program Director, some of these days may be taken consecutively subject to other Attendance and Leave requests being met.
 - 9.4.2. Applications for study leave shall be made in writing to the Program Director a minimum of twenty-eight (28) days in advance of the block in which the Study Leave is being requested to ensure appropriate service coverage. Confirmation of the leave shall be made by the Program Director within fourteen (14) days of the initial request.
 - 9.4.3. Study Leave is counted towards any calculation of required minimum attendance on mandatory and elective rotations.
- 9.5. Scholarship Leave Days
 - 9.5.1. Residents may apply for up to 5 Scholarship Leave days in each of PGY1 and PGY2.
 - 9.5.2. Scholarship Leave days are not transferable with other forms of Leave within the Program.
 - 9.5.3. Scholarship Leave Days may not usually be carried over from PGY1 to PGY2. Doing so requires the explicit approval of the Program, through the Scholarship Director.
 - 9.5.4. Scholarship Leave Days must be taken prior to the deadline for submission of the Resident's Scholarly project in PGY2.
 - 9.5.5. Scholarship Leave Days are not guaranteed, and must be requested in advance by the Resident, at least 8 weeks ahead of the start of the block in which the Scholarship Leave Days are to be taken.
 - 9.5.6. Applications for Scholarship Leave Days must include a brief summary of the proposed activities to be undertaken during this time. This may be modified if significant changes are anticipated prior to the start of the Scholarship Leave Days being taken.
- 9.6. Vacation
 - 9.6.1. Vacation may be taken in weekly segments (Monday – Friday)
 - 9.6.1.1. Applications for Vacation in anything less than a full-week segment are discouraged and will be considered only under special circumstances at the discretion of the Program Director.
 - 9.6.2. Residents shall not be scheduled for on-call duties or shifts on one (1) of the weekends immediately prior to or following the five (5) consecutive weekdays of Vacation.
 - 9.6.3. Vacation requests are not guaranteed and in keeping with the PARA agreement must be made a minimum of 8 weeks prior to the start date of vacation.
 - 9.6.4. Where Residents are on an Immersion Rotation, approval of Vacation is at the discretion of the Rotation. This includes FM-Rural Rotations.

- 9.6.5. Where Calgary Residents are on a Family Medicine ACE or hybrid rotation, approval of vacation is at the discretion of the Program.
- 9.6.6. Special consideration will be given on a case-by-case basis to Vacation requests where there are concerns about Resident performance.
- 9.6.7. Where blocks are shorter than 28 days, Residents are still eligible to apply for up to five (5) days of vacation.
- 9.7. Flex Days
 - 9.7.1. In recognition of Resident Physicians who are scheduled and take call the day before a Named Holiday resulting in working a portion of the Named Holiday, all Resident Physicians shall be entitled to four (4) flex days during each Appointment Year without loss of pay. These flex days are not part of the vacation entitlement.
 - 9.7.2. Flex Days are not guaranteed and must be requested in advance.
 - 9.7.2.1. For Calgary Program - ACE based rotations, Flex Days must be requested a minimum of 2 weeks prior to the start of the block in which they are to be taken.
 - 9.7.2.2. For Calgary Program - Hybrid, and Immersion rotations, Flex days must be requested a minimum of 8 weeks prior to the start of the block in which they are to be taken.
 - 9.7.2.3. For Rural Program-Flex Days must be requested a minimum of 2 weeks prior to the start of the block in which they are taken.
 - 9.7.3. Flex Days are not intended for last minute, “on the day” decisions about taking leave or for dealing with last minute emergencies that might arise.
- 9.8. Winter Break & Alternate Religious Holiday
 - 9.8.1. Winter Break, a 6 consecutive day allowance taken in Block 7 between December 20th and January 5th, as afforded through the PARA Collective Agreement, must be scheduled in advance in line with program procedures.
 - 9.8.2. Winter Break is not considered as vacation when determining e.g. call frequency during a rotation.
 - 9.8.3. Residents who wish to allocate their Winter Break allowance to an Alternate Religious Holiday Break must do so in keeping with AHS and PARA timeframes and guidelines (e.g. Resident provides 2 options for scheduling), usually prior to August 1st.
 - 9.8.3.1. Residents who will complete their training off-cycle, prior to the Winter Break period, may not request Alternate Religious Holiday Break for that academic year.
 - 9.8.4. Residents must indicate their preferred time-frame for the Winter Break a minimum of 8-weeks in advance of the start of the block in which Winter Break is to be taken (usually Block 7) using the processes outlined by the Program.
 - 9.8.5. While the Program will make every effort to schedule Winter Break in accordance with Resident preferences, Winter Break may be assigned based on service requirements and clinic closures.
 - 9.8.5.1. Application and approval processes for Winter Break on immersion Family Medicine and non-Family Medicine rotations are at the direction and discretion of the hosting rotation.
 - 9.8.6. Winter Break days that fall on a weekday are counted as time away from the Rotation, even when those days are Statutory Holidays.

- 9.9. Named holidays
 - 9.9.1. Except where explicitly described otherwise, observance of Named Holidays does not count as time away from the Rotation.
 - 9.9.2. Residents working on a Named Holiday are afforded a Day-in-Lieu to be taken during the same block as the Statutory Holiday. This time away should be scheduled in advance of the start of the block. In the event that the day in lieu cannot be scheduled during the same rotation, it shall be added to the Resident Physician's vacation allotment.
 - 9.9.2.1. There will be no additional time off in lieu of Christmas Day, Boxing Day, and New Year's Day for Residents who work between December 20 and January 5 provided they have received their six (6) consecutive days off.
 - 9.9.3. For Residents receiving the alternate six (6) consecutive days off, there shall be no additional time off in lieu of Christmas Day, Boxing Day, and New Year's Day for work between December 20 and January 5.
 - 9.9.4. Observance of Days-in-Lieu does not count as time away from the Rotation
- 9.10. Special Considerations – Block 7
 - 9.10.1. Where a Resident is not scheduled for clinical duties due to clinic closures, and where the Resident is available to work, this will not be counted as time away from the Rotation.
 - 9.10.2. The Calgary Program does not usually schedule two-week Rotations (MSK, R2 Low Risk Obstetrics) during Block 7 where Residents are taking Winter Break.
 - 9.10.3. The Rural Program does not usually schedule 2-week rotations during block 7 where Residents are taking Winter Break.
- 9.11. Special Considerations – CCFP Examination Blocks
 - 9.11.1. The Calgary Program does not usually schedule two-week Rotations (MSK, R2 Low Risk Obstetrics) during blocks where Residents are scheduled to sit the CCFP examination (usually Block 5 or 11)
 - 9.11.2. The Rural Program does not usually schedule 2-week rotations during blocks where Residents are scheduled to sit the CCFP exam.
- 9.12. Maternity Leave
 - 9.12.1. Maternity Leave is granted in keeping with the PARA Collective Agreement.
 - 9.12.2. Residents may request to commence their Maternity Leave up to 8 weeks in advance of the predicted date of birth.
 - 9.12.3. A Resident who is pregnant shall be granted a maximum of seventeen (17) weeks of maternity leave. Such leave may commence up to eight (8) weeks prior to the predicted date of birth and shall commence no later than the date of delivery.
 - 9.12.4. Benefits during this period are provided through the PARA Collective Agreement.
 - 9.12.5. Residents requesting Maternity Leave will not be scheduled for clinical rotations if their anticipated delivery date would occur at a time that would jeopardize the attendance requirements outlined in this document.

- 9.12.6. Residents who are on a Maternity Leave of less than one year's duration may contact the Program to extend this Leave, a minimum of 8 weeks prior to the start of the block in which they were due to return.
- 9.13. Parental Leave
 - 9.13.1. Parental Leave is granted in keeping with the PARA Collective Agreement.
 - 9.13.2. In the event of the birth or adoption of a child, where a Resident has not been granted Maternity Leave, a Resident shall be granted a maximum of two (2) weeks leave of absence with full pay and benefits to be taken within the first fifty-two (52) weeks following the birth or adoption of a child.
 - 9.13.3. In addition, a Resident shall receive at her/his request additional leave without pay or benefits as follows:
 - 9.13.3.1. Maternity Leave granted – total leave of up to seventy-eight (78) weeks inclusive of any leave taken as Maternity Leave(9.10.3)
 - 9.13.3.2. No Maternity Leave granted – total leave of up to sixty-two (62) weeks inclusive of any leave taken under 9.11.2 above.
- 9.14. Sick Leave/Medical Leave of Absence
 - 9.14.1. When a Resident falls ill, they are expected to inform the relevant individuals impacted by their absence as soon as possible.
 - 9.14.2. Residents are not required to provide a medical note for absence due to illness or other medical reasons less than 5 days duration.
 - 9.14.3. Sick Leave over one (1) week in duration must be supported by a note from a physician, or where appropriate, registered psychologist, to be provided as soon as possible after the leave commences.
 - 9.14.3.1. This note must indicate the anticipated duration of the leave.
 - 9.14.3.2. The anticipated duration of the leave may be extended through the provision of a supplementary note.
 - 9.14.4. Where there is pattern of absence attributed to illness, the Program may require additional reassurances to be provided to ensure that a Resident is fit to continue in the Program.
 - 9.14.4.1. In doing so, appropriate consideration will be given to protect Residents' privacy regarding any underlying medical condition(s).
- 9.15. Compassionate Leave
 - 9.15.1. In accordance with PGME practice, Compassionate Leave may be granted to Residents for compassionate reasons.
 - 9.15.2. Residents are eligible for up to five (5) days of paid Compassionate Leave.
 - 9.15.3. In extenuating circumstances, paid compassionate leave may be extended by up to a maximum of five (5) additional days subject to approval of the Associate Dean. Such extension shall not be unreasonably requested or denied.
 - 9.15.3.1. If further time off is required, such additional leave shall be subject to the approval of the Associate Dean and shall be unpaid.
- 9.16. Bereavement Leave
 - 9.16.1. Upon request, a Resident Physician shall be granted leave of absence in the event of the death of a relative of the Resident Physician. For the

first five (5) days of such leave of absence, the Resident Physician shall suffer no loss of pay or health benefits.

9.16.2. In extenuating circumstances, paid bereavement leave may be extended by up to a maximum of five (5) additional days subject to approval of the Associate Dean. Such extension shall not be unreasonably requested or denied.

9.16.2.1. If further time off is required, such additional leave shall be subject to the approval of the Associate Dean and shall be unpaid.

9.17. Special Leave

9.17.1. Residents are granted up to a maximum of five (5) days in each Appointment Year of Special Leave, without loss of pay and health benefits.

9.17.2. Special Leave includes reasonable circumstances where the Resident Physician is unable to report to service due to an unanticipated circumstance which requires the Resident's personal attention and which may include illness in the Resident's immediate family.

9.17.3. A Resident may be required to submit satisfactory proof demonstrating the need for Special Leave.

9.17.4. A Resident will communicate their need for Special leave to their Program Director as soon as possible.

9.18. Attendance at Program Activities while on Leave

9.18.1. Residents on any form of Leave are not expected to participate in any Program activities.

9.18.2. Residents on Medical or Compassionate Leaves of Absence are excluded from participation in all Program activities so as to support them being prepared to return to the Program.

9.18.3. Residents on other forms of Leave, including vacation and Maternity or Parental Leave, may request permission to optionally participate in non-clinical Program activities. Examples include non-clinical activities such as:

Academics sessions
Practice SOOs
Practice SAMPs
USFPIT Examination

9.19. Return from Extended Leave

9.19.1. Residents who are on a Leave who wish to return to Residency earlier than their initially requested duration may request to do so by contacting the Program a minimum of 12 weeks prior to the start of the block in which they wish to return.

9.19.2. As a condition of returning to work following a Leave for health reasons, Residents are usually required to provide a declaration of readiness to return to the Program from a physician, or when appropriate, registered psychologist.

9.19.3. Calgary Residents who return from an extended leave of absence are usually scheduled to into Family Medicine – ACE or Hybrid based rotations.

9.19.4. Where appropriate, the Program will work with individuals returning from extended Leaves to coordinate a period of un-assessed, and

possibly graduated return to work to facilitate appropriate reintegration into the Program.

- Special Program Events**
- 10. 10.1. Special Program Events are; Scholarship Day and Resident Conferences
 - 10.1.1. Calgary and Rural Residents are expected to attend all Special Program Events unless on a Leave of Absence, or on an elective rotation outside the Province of Alberta.
 - 11. 11.1. Academics
 - 11.1.1. Residents are expected to attend all scheduled academics sessions unless on a Leave of Absence, or on a rotation outside the Province of Alberta, subject to additional clarifications below.
 - 11.1.2. Calgary Residents on mandatory and elective rural rotations are not expected to attend academics.
 - 11.1.3. Rural Residents are expected to attend all academics, including when on mandatory rural rotations away from their home-base but not when on elective rotations away from their home base.
 - 12. 12.1. Continuity Call-Back Clinics
 - 12.1.1. Calgary Residents are expected to attend all scheduled continuity call-back clinics unless on a leave of absence or on a rural mandatory rotation, rural elective FM rotation or other rotation outside Calgary.
 - 12.1.2. Rural Residents are expected to attend all scheduled continuity call-back clinics unless on a leave of absence, on a rural mandatory or elective FM rotation or on a Pediatric Emergency Rotation in Calgary.
- Attendance at Meetings**
- 13. 13.1. The Program will make every effort to facilitate Resident participation in Residency Program related meetings, to facilitate Resident engagement and representation. Participation is encouraged at the Program, Cumming School of Medicine, University, Provincial, and National level with organizations and bodies relevant to Residency Training and the practice of Family Medicine.
 - 13.1.1. Residents requesting Leave to attend such meetings require prior approval.
 - 13.1.2. Approval must be sought as soon as possible after the Resident is aware of the meeting date and time.
 - 13.1.3. While the Program will make every effort to accommodate such requests, requests to attend meetings that are made less than 8 weeks prior to the start of the block in which the Meeting occurs may be denied.
 - 13.1.4. Requests must be made to the relevant affected individuals or groups.
 - 13.1.4.1. Meetings that occur during Academics time require notification of the Division/Site Coordinator, with approval granted by the Division Director or Site Director
 - 13.1.4.2. For Calgary Residents, meetings that occur during Home Family Medicine Clinic time require the approval of the Primary Preceptor
 - 13.1.4.3. For Rural Residents, meetings that occur during Continuity Call Back Clinics or on Family Medicine Rotations require the approval of the Continuity or Lead Preceptor

- 13.1.4.4. Meetings that occur during ACEs, for Calgary Residents, require notification of the Division Coordinator and Resident Scheduler, with approval granted by the Division Director.
- 13.1.5. Leave to attend approved meetings *within* the Residency Program and PGME does not accrue against other forms of Leave and **does not** count against overall attendance on a Rotation or experience.
- 13.1.6. Leave to attend approved meetings *outside* of the Residency Program and PGME does not accrue against other forms of Leave, however this time **does** count against overall attendance on a Rotation or experience.
- 13.1.7. Time spent attending ad-hoc meetings with Program Leadership does not accrue against other forms of Leave, nor does it count against overall attendance.

Special Situations

- 14. 14.1. Any responsibility of the Program Director found in this policy may be delegated to an appropriate faculty member.

Responsibilities

- 15. 15.1. Approval Authority: Family Medicine Postgraduate Executive Committee (PGEC)
- 15.2. Implementation Authority: Family Medicine Calgary & Rural Residency Directors
 - 15.2.1. Ensure that Program leaders, Faculty, Residents and PG FM associated staff are aware of and understand this policy and related procedures.
 - 15.2.2. Monitors compliance with this policy.
 - 15.2.3. Regularly review this policy and related procedures to ensure consistency in practice. Policy reviews/revisions recommended to occur within a 5-year cycle.
 - 15.2.4. Sponsor the revision of this policy and related procedures when necessary.
 - 15.2.5. Ensure Program-specific processes and policies related to the Attendance and Leave of Residents are in appropriate compliance with this policy

Appendices

- 16. 16.1. None

Related Policies

- 17. 17.1. Calgary Residency Program **Policy on Consequences for Absence and Lateness** <https://www.ucalgary.ca/familymedicine/system/files/2015-04-23-consequences-for-absence-and-lateness.pdf>
- 17.2. Calgary Residency Program **Triple-C Curriculum Requirements** <https://www.ucalgary.ca/familymedicine/system/files/2015-06-19-triple-c-curriculum-requirements.docx>
- 17.3. **PARA Agreement** <https://para-ab.ca/wp-content/uploads/2018/12/PARA-Final-Agreement-2018-2020-2.pdf>

History

- 18. 18.1. Effective: 2016-10-20
 Approved: FMRPC 2016-08-18
 Approved: PGEC 2016-10-20
 Revised/Approved: FMRPC 2018-07-19
 Revised/Approved: PGEC 2018-07-26
 Revised/Approved: PGEC 2019-04-25