

University of Toronto

Temerty Faculty of Medicine, Postgraduate Medical Education

Guidelines for Residency Leaves of Absence

1) PREAMBLE

Residents are both learners in postgraduate training programs and employees of university affiliated Ontario Teaching Hospitals (OTH) whose terms and conditions of employment are governed by a [Collective Agreement](#) between the OTH and the Professional Association of Residents of Ontario (PARO).

From time to time a resident may need to be absent from training. In these circumstances residents must seek a leave of absence (“LOA”) as set out in this guideline.

This document provides guidance to Program Directors and residents on the granting of leaves, describes supports available to residents taking a leave, and identifies where there may be impact on progression of training, salaries and benefits, and certification exam eligibility within Canada.

2) OFFICE OF LEARNER AFFAIRS

A leave of absence can be a stressful time for residents. Program Directors should encourage residents to contact the [Office of Learner Affairs](#) (OLA) for support for any LOA longer than 5 consecutive business days. OLA will assist the resident in navigating an LOA and will hold any medical documentation in confidence.

3) GUIDING DOCUMENTS

The following documents provide parameters for leaves and are referenced throughout this guideline:

- PARO [Your Contract](#)
- PARO [Understanding Long-Term Disability](#)
- College of Physicians and Surgeons of Ontario (CPSO) [Practice Guide](#)
- Royal College of Physicians and Surgeons of Canada (RCPSC) [Competence by Design Technical Guide 6: Leaves](#)
- RCPSC [Competence by Design, CBD Policies](#), Waivers of Training
- PGME Waivers of Training for CBD (insert link)
- College of Family Physicians of Canada (CFPC) [Requirements for Residency Eligibility](#)
- Council of Ontario Faculties of Medicine (COFM) [Leaves from Ontario Postgraduate Residency Programs](#)
- PGME Guidelines for Accommodations for Postgraduate Trainees with a Disability (insert link)

4) DEFINITION

A leave of absence is defined as an approved interruption of training.

Leaves may be taken for a variety of reasons, but are generally categorized into “leaves with pay” and “leaves without pay.”

Leaves described in this document apply to full-time registered trainees. Terms of an LOA for a part-time trainee will be adjusted accordingly, as determined by the Program Director and/or OLA.

5) EXPECTATIONS

5.1 Conduct

Residents on leave are expected to maintain a standard of conduct in keeping with the standards of the residency program, the university and the medical profession at large.

5.2 Completion of Training

It is expected that the required training missed or rotations missed while on leave will be made up with equivalent time in the residency program upon the resident’s return. Normally, residents will return to the program at the same level as when the leave was taken. Normally, all residents will be required to complete all mandatory and elective components of the program. Exemptions from this requirement fall within the jurisdiction of the RCPSC and the CPFC, and may be granted by the RCPSC and CPFC upon recommendation by the Postgraduate Dean.

6) PAID LEAVE CATEGORIES

6.1 Vacation

A resident is entitled to 4 weeks paid vacation during each year. See the Collective Agreement for all [Vacation](#) requirements.

Hospitals may not restrict the amount of vacation a resident can take in a rotation, but do have the right to delay a vacation request, where necessary having regard to professional and patient care responsibilities.

Vacation time must be taken within the academic session and cannot be rolled over or “stockpiled” to the next year, or counted towards waived training time, except as permitted in the Collective Agreement. In addition, vacation time cannot be carried over when the resident enters a subspecialty program.

6.2 Professional Leave

In addition to vacation entitlement, a resident shall be granted up to a maximum of 7 working days each year for educational purposes. See the Collective Agreement for [Professional Leave](#) requirements.

6.3 Pregnancy and Parental Leave

A resident shall receive up to 17 consecutive weeks of pregnancy leave at their discretion. See the Collective Agreement for all [Pregnancy and Parental Leave](#) requirements. A resident's vacation entitlement accrues while on pregnancy and parental leave as described in the Collective Agreement.

6.4 Emergency, Family, Bereavement Leave

A resident may request a leave due to a death in the immediate family or a person with whom the resident had a close relationship. A leave may also be requested due to family illness, injury, medical emergency, or other urgent family matters to which the resident must attend. Five consecutive paid working days may be granted by the Program Director; any leave in excess of five working days will be unpaid. The maximum time that may be taken as leave is dependent on the reason for the leave, but in all cases will be consistent with Ontario employment standards.

Additional resources: Federal Labour Standards re: [Personal Leaves \(paid and unpaid\)](#) and Employment Standards Act, 2000, [Family Medical Leave](#) re: entitlement to unpaid leave of absence.

7) UNPAID LEAVE CATEGORIES

7.1 Educational Leave

A resident may request an unpaid educational leave on the basis that the time away from the residency program is relevant to the resident's current program. Educational leaves are permitted for up to 1 year.

An educational leave, and any extension to an educational leave, must have the support of the Program Director and must be submitted in writing. Educational leave requests will be reviewed and approved by the Residency Program Committee (RPC). A recommendation for approval of the educational leave will then be made by the Program Director to the Postgraduate Dean or designate.

7.2 Personal/Compassionate Leave

A resident may request an unpaid LOA due to a personal situation or career uncertainty. These leaves will be considered on an individual basis by the Program Director in consultation with the Postgraduate Dean or designate. The maximum leave in this category is normally 6 months.

8) SICK AND MEDICAL LEAVE

Residents must inform their program office and their rotation supervisor or supervising staff when taking sick days.

Residents sick or absent for longer than 3 consecutive days must contact their Program Director to discuss their situation and, at the Program Director's discretion, may be required to follow the procedures for medical leaves set out in this guideline. Any sick leave longer than 5 consecutive business days will be deemed a medical leave and must follow the procedures for medical leaves set out in this guideline.

8.1 Salary and Benefits Continuance

Residents unable to perform the duties of residency due to illness/injury are entitled to paid medical leave until the earlier of:

- The end of the contract year in most cases, (the contract year runs from July 1 to June 30 of the following year), or
- 6 months.

See the Collective Agreement for all [Salary and Benefit Continuance](#) requirements.

8.2 Long-Term Disability

Once salary continuation has ended, the Collective Agreement provides access to a long-term disability plan that pays 70% of a resident's basic salary, subject to certain reductions, up to age 65 so long as the resident remains totally disabled. See PARO's [Understanding Long-Term Disability](#).

8.3 Professional Responsibility

Residents are registrants of the College of Physicians and Surgeons of Ontario (CPSO) and have a professional responsibility to only care for patients when they are well enough to do so. The CPSO [Practice Guide](#) indicates that physicians have a responsibility to:

- Be aware of their own health, which includes being able to recognize when they are not well enough to provide competent care;
- Obtain help, if necessary, from colleagues, their own physician, or other supports, in order to ensure their own wellness; and
- Adjust their practice, as necessary, to ensure that patients can and do receive appropriate care.

9) PROCEDURES

9.1 Notice re: Sick Days, Vacation Days and Professional Days

Residents must inform their program office and their rotation supervisor or supervising staff when taking sick days, vacation days and professional leave days.

Notice of sick days should be provided as early as possible to permit alternative clinical arrangements to be made. Requests for vacation must be submitted in writing at least 4 weeks in advance of the commencement of vacation. Professional leave can be taken at any time,

provided that professional and patient responsibilities are met to the satisfaction of the training program.

9.2 Notice re: Other Paid and Unpaid Leaves

Requests for an LOA under the other paid and unpaid leave categories (Pregnancy and Parental Leave; Emergency, Family, Bereavement Leave; Educational Leave; and Personal/Compassionate Leave) must be submitted in writing to the Program Director and/or OLA. Program Directors and/or OLA may grant LOAs under these categories and if granted, any salary or other benefits will be determined by the terms of the Collective Agreement.

The Program Director, OLA or PGME Office may require additional information from the resident related to the request for an LOA. Residents must comply with these requests in a timely manner. A failure to respond to a request for information may result in the LOA being delayed or not being granted.

Once the LOA is granted, the Program Director or program office must notify the PGME Office.

9.3 Notice re: Medical Leave

Residents sick or absent for longer than 3 consecutive days must contact their Program Director to discuss impact on progression of training, salaries and benefits, and certification exam eligibility within Canada. Any sick leave longer than 5 consecutive days is considered a medical leave.

The resident must notify the Program Director and/or OLA in writing of the request for a medical leave as soon as possible. The request must be accompanied by appropriate medical documentation in support of the request for leave, including an estimate of the length of leave required, if known. Once the leave is approved the resident must notify the resident's rotation supervisor. Once the LOA is granted, the Program Director or program office and/or OLA must notify the PGME Office.

See additional details in RCPSC [Competence by Design Technical Guide 6: Leaves](#).

9.4 Reporting

Any sick/medical leave that exceeds 5 consecutive business days and any pattern of repeated leaves, must be reported by the Program Director to the Postgraduate Medical Education (PGME) Office.

PGME will notify the College of Physicians and Surgeons of Ontario (CPSO) of all interruptions in training greater than 5 consecutive business days.

Residents have a professional obligation to report leaves to the CPSO when applying for, or renewing, licenses. Failure to disclose leaves from the training program may result in delays in license renewal as a result of investigation and/or disciplinary action.

9.5 Office of Learner Affairs

Program Directors should encourage residents to contact the [Office of Learner Affairs](#) (OLA) for support, confidential storage of medical documentation, and navigation services for any LOA longer than 5 consecutive business days.

A resident who requires accommodation to resume training must notify the Program Director and/or OLA at the earliest opportunity. The resident will be referred to the OLA for assessment of the accommodation request. The request for accommodation will be managed in accordance with the PGME Guidelines for Accommodations for Postgraduate Trainees with a Disability (insert link).

9.6 Medical Certificate

The Program Director, OLA or the Postgraduate Dean or designate may request an independent medical opinion to ensure the resident's capability to resume residency training, as noted in the Council of Ontario Faculties of Medicine's (COFM) [Leaves from Ontario Postgraduate Residency Programs](#).

9.7 Return to Training After Prolonged Leave

In cases where a resident has been on a prolonged leave, the following steps may be required:

- The Competency Committee (CC) must undertake a comprehensive assessment of the resident's training to date and current skill level,
- The CC and RPC must determine the appropriate stage of training in which to place the resident upon their return, and
- The Program Director must develop a tailored learning plan.

See additional details in RCPSC [Competence by Design Technical Guide 6: Leaves](#).

In some cases, residents returning to training after a prolonged leave may need to return to an earlier level of training and/or require a modified educational program.

For specialty residents, no assurance can be given that all training taken prior to the interruption will still be acceptable, even though previously recognized by the RCPSC.

See [RCPSC Policies for Certification](#):

- Policies and Procedures for Certification and Fellowship, for time-based training programs and international medical graduates (section 4.2.1, Residency Training Requirements).
- Policies for Certification in a Competence by Design Model of Residency Training, for competency-based training programs (section 3.1.1, Residency Training Requirements).

9.8 Return to Training Assessment Period

In order to determine the appropriate training level and program structure for the resident's return to training, a resident may be assigned a return to training assessment period, which is structured and organized by the Program Director in consultation with the RPC and educational programming resources. This period will accompany an assessment program outlining teaching and learning strategies and specific metrics of assessment. This period may be between 4-12 weeks, however the Program Director may recommend that this period of assessment exceed 12 weeks depending on, for example, the nature of the issues identified, how long a trainee has been out of training, and/or other relevant factors.

The Program Director, in consultation with the CC and RPC, will review the results of the assessment program and submit a recommendation to the Postgraduate Dean or designate regarding the resident's re-entry to training. If approved, the Program Director will discuss with the resident the modified program structure, training level, the evaluation process, and expected outcomes.

9.9 Salary Classification

Residents normally advance to the next pay level following successful promotion to the next stage of training, as determined by the RPC and/or CC.

Factors to be considered in promotion to the next stage of training will include evaluation as measured by EPAs, ITERs and all other assessment tools such as in-training exams, case logs, completion of academic projects, etc.

9.10 No Re-Entry

The Postgraduate Dean or designate will communicate with the resident when a Residency Program Committee decides against a resident's re-entry to the training program. The case may be referred to the Temerty Faculty of Medicine's Board of Examiners-PG or the Board of Medical Assessors. Any appeals would follow the normal Temerty Medicine and University Appeals process.

10) TRAINING WAIVER

Both the RCPSC and CFPC state that residents must complete all program training requirements, including duration and competence. However, the university can set policies regarding granting leaves of absence and the criteria by which waivers of training time (if any) may be granted.

See:

- PGME training waivers guidelines (insert link).
- CFPC [Requirements for Residency Eligibility](#) – Leaves of absence and waivers.
- RCPSC [Competence by Design, CBD Policies](#), Waivers of Training.

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