



PARA

**Professional Association of
Resident Physicians of Alberta**

RESIDENT PHYSICIAN AGREEMENT

HELPFUL TIPS AND SUGGESTIONS

September 2022

THANK YOU FOR YOUR COMMITMENT TO RESIDENCY TRAINING!

You are an essential part of the team that ensures residency training is successful for resident physicians. As Program Administrators, you assist in fostering a positive work environment and in making certain that appropriate service coverage occurs to ensure patient care and safety is a priority. PARA and all resident physicians appreciate the work you do.

Recognizing the challenges that exist in balancing service provision with resident physician training and well-being, PARA offers this guide to help in navigating the Resident Physician Agreement. It is hoped that these practical tips might assist you in carrying out your duties.

CALL SCHEDULING

- Call schedules need to be supplied to resident physicians at least one week prior to the effective date of the call schedule.
 - **Tip:** Timely release of call schedules allow resident physicians to plan their lives. Changes made post-distribution should be approved by any affected resident physicians.
- All articles of the Resident Physician Agreement are in effect unless an alternative call schedule (Letter of Understanding) has been approved for a program. The Letter of Understanding is resident physician initiated and approved by PARA, the program, the PGME, and AHS Medical Affairs.
- Each resident physician is entitled to 2 complete weekends off (including Friday night) each Block and they are not required to work more than 2 consecutive weekends.
 - **Tip:** Resident physicians who are required to round on a weekend should still only work two weekends per Block.
 - **Tip:** If rounding is being scheduled on non-call weekends and this scheduling will result in resident physicians working more than two weekends per block, then an alternative call schedule LOU needs to be approved.
- Call maximums are based on total days ON service (vacation and other time away are deducted from total days on service before calculating maximum call).
 - **Tip:** If a resident physician takes a week of vacation (5 weekdays + 2 weekend days) on a 28-day rotation, the total number of days on service is reduced to 21 days.
 - **Tip:** Post call days are not considered days off service.
 - **Tip:** Academic days are not considered days off service for purposes of calculating call availability.

➤ **Tip:** Winter Break is not considered days off service for purposes of calculating call availability.

- In-house call frequency is 1 in 4 with no more than 4 in-house call shifts in a ten-day period.

Number of Days on Service	Maximum Number of In-house Calls
19-22	5
23-26	6
27-30	7
31-34	8
35-38	9

- Home call frequency is 1 in 3 with a maximum of 3 consecutive home call shifts.

Number of Days on Service	Maximum Number of Home Calls
15-17	5
18-20	6
21-23	7
24-26	8
27-29	9
30-32	10
33-35	11

- On some services, resident physicians do combined call (a blend of in-house and home call). Here are some examples for calculating call maximums:

- For 28-day blocks (see the Agreement)
- For 29–32-day blocks – primarily Home Call

Maximum Number of Home Call	Maximum Number of In-house Calls
10	0
9	1
8	2
7	3
6	3
5	4
4	5

- For 29–32-day blocks – primarily In-house Call

Maximum Number of In-house Calls	Maximum Number of Home Calls
8	0
7	1
6	3
5	4
4	5

- For fewer than 28 days of service, the formula to calculate call maximums is as follows:

$(\text{Number of home call shifts} \times 3) + (\text{Number of in-house shifts} \times 4) = \text{maximum of } 30 - (\text{days off service}/28) \times 30$

- **Tip:** If the resident physician is off service for 7 days, then the maximum is reduced to 22.5.

SWITCHED CALL

- If a resident physician is scheduled for home call, it will become a switched call if the following conditions are met:
 - The resident physician works more than 4 hours in the hospital, and
 - More than 1 hour is between midnight and 0600
- As of April 1, 2019, the conditions that cause a home call to become a switched call are as follows:
 - The resident physician works more than 4 hours in the hospital of which at least 1 hour is between midnight and 0600, or
 - The resident physician works at least 6 hours in the hospital
- To be eligible for a post-call day, the resident physician needs to work after midnight. The resident physician needs to request the post-call day as it is not guaranteed (i.e. it does not become an in-house call shift)
 - **Tip:** On the timesheets a switched call is recorded as “S” not as “I”. Otherwise, there is the potential to create excess call questions from AHS Medical Affairs.
 - **Tip:** Consider creating call schedules in such a way to allow for post-call days to be taken without disruption in patient care/service provision.

VACATION

- Vacation requests must be submitted at least 8 weeks before the anticipated start date of the vacation.
 - **Tip:** You should inform resident physicians that earlier is better regarding submitting requests.
 - **Tip:** Resident physicians should be made aware of the appropriate person/program to make the request.
 - The approval needs to come from the program where the resident physician is providing service when the vacation will occur.
 - Vacation requests made during off-service rotations – it is not the home program that approves the request.
- Confirmation of approval or denial of request shall be made in writing within 2 weeks of the request being made. Every reasonable effort should be made to accommodate the vacation request.
 - **Tip:** Once vacation is approved, it should not be revoked.
- There cannot be any blanket policies restricting the amount of vacation time a resident physician can take on any one rotation – each request should be individually assessed by the appropriate program director.
 - **Tip:** Policies that state that resident physicians must be ‘present’ for 75% of the rotation are blanket policies. These policies cannot be used to deny all vacation requests as the Resident Physician Agreement clearly indicates that each request needs to be approved/denied by the Program Director.
- Resident physicians cannot be post-call on first day of vacation. This means they cannot be scheduled to work past midnight on the day before vacation.
 - **Tip:** When possible, it is best to not schedule a resident physician for call the day before vacation as it will require someone taking over part of the shift.
- Vacation is typically granted in weekly segments (5 weekdays + 2 weekend days) up to a maximum of four weeks. However, there is discretion to allow for vacation periods of less than one full week to be approved.
 - **Tip:** Named holidays are not vacation days. So the individual will have either one vacation day or a day in lieu still available for each named holiday.
 - **Tip:** When dealing with Block 7, not all 20 days of vacation will be used. The actual number of vacation days used will vary based on the timing of the Winter Break (but generally 4 or 5 vacation days will not be used).

NAMED HOLIDAYS

- Resident physicians are granted a day in lieu if they commence work on any named holiday (or the day the named holiday is deemed to occur on).
 - **Tip:** It is best for this day in lieu to be worked into the schedule of the same rotation, especially if it is an off-service rotation.
- Christmas Day, Boxing Day, and New Year's Day are no longer considered named holidays, so no day in lieu is given. However, this does not mean that all resident physicians are required to work these days.
 - **Tip:** If resident physicians are not required to provide service (due to the slowdown in the facility), there is no requirement to schedule them to work any of these three days.

BLOCK 7 BREAK (WINTER BREAK)

- Resident physicians are entitled to 6 consecutive days off. While no specific periods are mentioned in the Agreement, this does not mean that resident physicians have the right to independently choose the 6 day period. The program is able to determine the dates of the break.
 - **Tip:** The program might want to provide two (or more) periods for individuals to choose their break.
 - **Tip:** Some programs could ask resident physicians to provide two or more choices for the break period – then make decision based on service coverage requirements.
- The Resident Physician Agreement does not specifically mandate the work schedule for the remainder of the block (ie. the time outside the Winter Break taken by each individual), so programs are free to schedule as they see fit. However, the scheduling must be in compliance with the Agreement.
 - **Tip:** If scheduling Resident Physicians on the weekend (even day time hours) this is considered call. Remember that 'standard duty hours' refer to work performed from Monday through Friday during day time hours.
 - **Tip:** Any scheduling of Resident Physicians to work outside of standard duty hours needs to be included in the call maximum calculation (including the number of weekends worked for the block).
- For Resident Physicians requesting an alternative religious holiday (a different 6 days off instead of taking the Winter Break), the resident physician needs to make the request to the Program Director (usually two choices) with the Program Director granting one of the choices.
 - **Tip:** Resident Physicians utilizing the alternative religious holiday need to be available throughout the December 20 – January 5 Winter Break period. However, their work schedule is governing by all the guidelines set out in the Agreement – such as call maximums, weekend limitations, etc.

LEAVE OF ABSENCES (PAID)

- The new Agreement speaks specifically about the various types of leaves that are available to Resident Physicians. What follows are further explanations based on situations PARA has encountered over the past few months.

Maternity/Parental Leave

- Paid parental leave of two (2) weeks should be granted as described in the Resident Physician Agreement. This time does not need to be taken all at the same time (ie. two one week periods is acceptable under the Agreement).

Educational Leave

- Short term leaves for educational events like conferences:
 - Requests need to be submitted at least twenty-eight days in advance
 - No limit on the amount of time to be given in an academic year (each leave must be for less than 14 days)
- **Tip:** Programs might want to consider creating guidelines on the total amount of short-term educational leave that is acceptable recognizing that each request should be dealt with separately by the Program Director.

Exam Leave

- Exam Leave requests must be submitted at least twenty-eight (28) days in advance with the confirmation of approval provided within fourteen (14) days of the request.
- Each resident physician is entitled to up to 5 consecutive days as exam leave. Exam leave is provided as follows:
 - No travel required
 - Day prior to exam
 - Day(s) of exam
 - Travel required
 - Day prior to outbound travel
 - Day of outbound travel
 - Day(s) of exam
 - Day of inbound/return travel
- **Tip:** The program has the discretion to provide additional time (eg. if more travel time is required) off not specified in the Agreement.
- If the exam occurs on a weekend day(s), this weekend should be recognized as one of the weekends of 'work' for the rotation as the exam is part of the educational requirements of the training.

- For Royal College exams, the up to five (5) consecutive days applies to each component of the exam.

Study Leave

- Study Leave requests must be submitted at least twenty-eight (28) days in advance of the block in which study leave is being requested with the confirmation of approval provided within fourteen (14) days of the request.
- Each resident physician is entitled to up to 5 non-consecutive days off during the 8 weeks preceding the Exam Leave. This Study Leave is for each exam or exam component to be written.
 - **Tip:** The program director has the discretion to provide this time on consecutive days.

Sick Leave

- Resident physicians who are off work due to illness are not required to make up missed call shifts (as call maximums are reduced by sick leave).
 - **Tip:** The Program Director should address any concerns regarding the educational objectives of the rotation directly with the resident physician.

On behalf of all Resident Physicians in Alberta, thank you for all the work you do to ensure that the residency training in Alberta allows resident physicians to excel.

Should you have any questions in the area of Agreement compliance, please do not hesitate to contact PARA at para@para-ab.ca or give us a call at 780-432-1749 (Edmonton), 403-236-4841 (Calgary), or 1-877-375-7272 (Toll free).