

# PARA

Professional Association of  
Resident Physicians of Alberta



## **RESIDENT PHYSICIAN AGREEMENT**

**HELPFUL TIPS AND SUGGESTIONS**

# 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 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 28 day period (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. If absolutely necessary a third weekend might occur but resident physicians need time away from the hospital to promote well-being and patient safety.
- 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.

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

<u>Number of Days on Service</u>	<u>Maximum Number of In-house Calls</u>
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.

<u>Number of Days on Service</u>	<u>Maximum Number of Home Calls</u>
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

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

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

<u>Maximum Number of In-house Calls</u>	<u>Maximum Number of Home Calls</u>
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
- If a home call shift becomes a switched call then the resident physician is entitled to a post call day. However, the resident physician must 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.

## 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.
- 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 complete 75% of the rotation are blanket policies and thus are not allowable under the Resident Physician Agreement.
- 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 granted in weekly segments (5 weekdays + 2 weekend days) up to a maximum of four weeks.
  - **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 named holidays (i.e. if they fall on weekdays) and the 5 day break.

## NAMED HOLIDAYS

- Resident physicians are granted a day in lieu if they commence work on any named holiday (including Christmas Day, Boxing Day, and New Year's Day).
  - **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.

## BLOCK 7 BREAK

- Resident physicians are entitled to a 5 consecutive day break. Either December 23-27 or December 29-January 2. These break days do not change each year.
- There is nowhere in the Resident Physician Agreement that mandates the work schedule for the remainder of the block, 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 named holidays (Christmas Day, Boxing Day, or New Year's Day) a day in lieu needs to be granted.

- **Tip:** If scheduling Resident Physicians to work 'regular hours' (i.e. daytime hours) occurs on a weekend day it is considered call – it needs to be included in the call maximum calculation (and is eligible for a home call stipend).

## LEAVE OF ABSENCES (PAID)

- Please refer to the Resident Physician Absence from Training Process document (available from the Postgraduate Medical Education Office). What follows are further explanations based on situations PARA has encountered over the past few years.

## Educational Leave

- Conference Leave requests should be made as early as possible (there is no defined time frame in the Resident Physician Agreement).
- Exam Leave requests must be submitted at least 4 weeks in advance with the confirmation of approval provided within 2 weeks of the request.
  - **Tip:** The 5 days of paid leave is a minimum. The program might decide to provide individuals additional time.
  - **Tip:** The paid time includes study time, travel time (if needed), and exam time.
- It is PARA's understanding that the 5 'working days' refer to regular duty hour days (i.e. weekdays). If the exam is on a weekend day(s) this would not be included in the 5 days unless it was recognized as one of the weekends of work for the rotation.
- It is PARA's understanding that the two parts of the Royal College exam be treated as two separate exams for leave purposes. Given the travel required (at least two days for Ottawa) and the number of exam days (four total) the ten days would allow for some study time.

## 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.

## Special Leave

- The Resident Physician Agreement does not contain specific provisions on what is included as 'special leave' to allow for some flexibility.
- Two types of leave that would be included as special leave are bereavement and compassionate leaves. While these types of leave should normally not exceed 5 days, there

is flexibility granted to the program to extend this leave based on individual circumstances.

- **Tip:** The program and resident physician should discuss the circumstances surrounding the need for this type of leave to determine the appropriate length of leave.
- **Tip:** Once the paid portion of this leave is used there is always the option of the leave continuing as unpaid.

## LEAVE OF ABSENCES (UNPAID)

- Please refer to the Resident Physician Absence from Training Process document for further details on unpaid leaves.

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](mailto: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).