

# Postgraduate Medical Education Policy

## Part-time Residency Training Guidelines

Approved PGEC: March 2022  
Next Scheduled Review: March 2024



### Preamble

While in most instances, residency training will be full-time, it may be necessary or desirable to allow part-time training to accommodate family or personal responsibilities, illness, or disability. It is further understood that residents and programs need to take responsibility for completion of training in a reasonable length of time, in accordance with the Royal College of Physicians and Surgeons of Canada (Royal College) and the College of Family Physicians of Canada (CFPC), as applicable.

These guidelines outline the principles and procedures for part-time training for personal or family responsibilities. Part-time training required for accommodation following medical leaves, illness, or disability, as required by the Ontario Human Rights commission is not covered under these guidelines.

### Scope

These guidelines apply to postgraduate learners registered as residents at McMaster University. Externally sponsored residents must adhere to any rules, policies, contract obligations, and guidelines relevant to part-time residency outlined by their sponsoring agency.

### Guidelines

1. Requests for part-time residency training should be considered and facilitated by programs and developed on an individual case by case basis. The decision to develop a part-time residency program for a resident lies with the Program Director and Residency Program Committee (RPC), with approval of the Associate Dean, PGME.
2. Residents may request part-time training at the start of the program or during residency training. Part-time residency training may be available for a portion of training or rarely for the entirety of the program.
3. The clinical and academic curriculum for part-time training must include all the requirements of training necessary for successful completion of the program and eligibility for the Royal College and CFPC examinations and certification.
4. Factors that must be considered prior to the establishment of a part-time residency program include but are not limited to:
  - a. Ability to provide opportunities for assessment of competencies gained through longitudinal exposures.

- b. Ability to provide part-time experiences for rotations and training sites with appropriate and equivalent supervision, teaching, and assessment.
  - c. Requirement for peer group support.
  - d. Potential impact on other residents in the program, including but not limited to ensuring the fair and equitable distribution of clinical responsibilities.
  - e. Ability and commitment of the resident to ensure achievement of required competencies and completion of the program's clinical and academic requirements.
5. There may be mandatory full-time training experiences dependent on the structure and the competencies to be achieved. These must be explicitly considered and outlined in the part-time educational plan.
6. Residents will receive credit for the fraction of training that they are completing through a part-time program. Within any block of residency training, part-time training must equal at least 50% of full-time training.
7. Salary and benefits during part-time training will be pro-rated, according to the PARO-OTH Collective Agreement. *Details below.*
  - a. Vacation and other stipulated leave as per the [PARO-OTH Collective Agreement](#) will be pro-rated with details to be explicitly outlined with the resident.
  - b. Call frequencies will be pro-rated to the percentage of time that the resident is in residency training.
8. Part-time training must be reconsidered if the resident is not meeting the requirements of the program, and/or not progressing as expected.
9. For all residents registered with the College of Family Physicians of Canada (CFPC) all requirements outlined by the [CFPC](#) regarding part-time training will apply. This includes a resident being registered for a minimum of 50% time in a program and a maximum length of time in the program not exceeding four years.
10. Residents in a Royal College program are no longer restricted by minimum or maximum times for training. The RCPSC requires that the PGME Dean and Program Director agree to and approve the part-time training plan for the resident and certify that the training program is at least equivalent to that of other residents in the program.

## Process

11. The resident (or matched medical student) contacts the program director to discuss part-time training.
12. The program director determines feasibility of a resident moving to part-time training taking into consideration the following aspects:
  - a. Potential implications on achievement of all components of the residency program.

- b. Educational training requirements of the program and the continuity of care: there may be parts of the program where part-time training may significantly diminish the educational benefit for the resident (e.g., chief, or senior resident administrative role).
  - c. Instances where a mandatory training experience must be completed on a full-time basis due to educational benefit or inability to provide a part-time experience.
  - d. Duration of part-time training (e.g., number of blocks) and the percentage of training (e.g., 50%) for the part-time period.
  - e. Expected date of return to full-time training if applicable and if an incremental process will benefit the resident.
  - f. Potential impact on the residency program and other residents.
12. Externally sponsored residents must seek written approval from the sponsoring agency prior to the development of the part-time program.
  13. The program director will design the curriculum plan in consultation with the resident, which must include all components of the training program. The program director must ensure that supervision, assessment, and educational experiences are equivalent to full-time residents.
  14. The program must follow their internal processes for approval of the part-time training plan including a review by their Residency Program Committee (RPC), and rotation supervisors, as applicable.
  15. Once approved by the program, the resident will be given a final copy of the part-time training plan. The resident must agree and sign off on the part-training plan before it can be implemented.
  16. The program director will submit the [Part-time Training Request form](#), along with a part-time curriculum plan to [pgmedean@mcmaster.ca](mailto:pgmedean@mcmaster.ca) for final approval. The plan for return to full-time training should also be included in the submission, if applicable.
  17. The PGME Associate Dean will review the part-time training plan, suggest recommendations, and approve/deny the request.
  18. Once approved, the resident will only receive credit for the percentage of training for which they are registered. The PGME office will change the resident's MedSIS account by revising their training dates, changing their status to part-time (based on the approved percentage), and publishing a revised letter of appointment. For Ministry of Health (MOH) funded residents, the PGME office will notify Hamilton Health Sciences Human Resources with updated part-time information to change the resident's payroll status (if applicable). For externally sponsored residents, the PGME office will notify the sponsoring agency once approved. PGME will also inform the RCPSC or CFPC of any training changes.
  19. The program must notify the PGME office of any changes or deviations from the approved plan with submission of a modified plan.
  20. Part-time postgraduate medical training may continue if a resident makes satisfactory progress throughout the program. Residents may be required to undertake a period of full-time training if progress as a part-time resident is considered unsatisfactory by the program director and RPC at any time.

## Salary and Benefits

Postgraduate medical residents funded by the MOH and placed on part-time status will be paid according to their working hours. For this reason, it is essential to note the hours within the resident's part-time plan. Residents who work less than 60% are required to pay half of their Extended Health Care and Dental Care premiums. A part-time resident may opt out of benefit coverage if they have **equivalent** family coverage. Human Resources will contact the resident to arrange pre-payment of benefits. Please see the [PARO-OTH Collective Agreement](#).

## Professional Leave and Part-time Vacation Entitlement

Part-time residents are entitled to seven (7) days for professional leave.

Residents in part-time training are entitled to 4 weeks of vacation (equivalent to their part-time schedule) at the same rate of pay. That is, a part-time resident whose training requires 3 days of work/week will equate to a 3-day vacation week or one week of vacation (Monday to Sunday inclusive). The annual vacation allocation for part-time residents does not equate to 28 individual days, rather vacation days are prorated based on a resident's part-time training schedule.

Part-time residents who wish to take **days off** instead of **weeks off** are encouraged to discuss their vacation entitlement directly with PARO for clarification. Visit the [PGME Vacation Policy](#) and the [PARO contract](#) for details.