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Section A: Introduction

A1: Preamble

It is recognized that residents may require an interruption of training for personal and professional reasons. This policy outlines the processes and procedures of the Postgraduate Medical Education (PGME) office to review and grant requests for a leave of absence (LOA). As residents are also considered employees of Hamilton Health Sciences ('paymaster' for the Ministry of Health Clinical Education Budget), the PGME office will communicate leaves of absence with Hamilton Health Sciences (HHS) regarding effects to pay and benefits, as outlined by the [PARO-OTH Collective Agreement](#).

A2: Scope

This policy applies to all Ministry of Health (MOH) funded residents registered with the PGME office. A LOA does not include vacation days, professional leaves, or examination leaves as defined by the PARO-OTH Collective Agreement. The PGME office will abide by any stipulations for leaves of absence in the sponsorship contract for Gulf-sponsored residents (i.e., residents sponsored by either Saudi Arabia, Kuwait, Oman, United Arab Emirates, Bahrain, or Qatar); it is recognized that the stipulations for employee benefits in the PARO-OTH Collective Agreement apply to externally sponsored residents.

Notes:

- *Clinical and research fellows should contact their sponsoring department for departmental policies and procedures regarding leaves.*
- *This policy applies to Gulf-sponsored clinical fellows who are completing a subspecialty program.*

A3: General Principles

1. Residents on a LOA will remain registered with the PGME office, notwithstanding their inactivity and are expected to maintain a standard of conduct aligned with the standards of the residency program, the University, and the College of Physicians and Surgeons of Ontario (CPSO).
2. Residents on a LOA must sign and date a Letter of Appointment, pay the registration fee, and complete all other registration requirements on an annual basis to remain registered with the PGME office.
3. It is expected that residents will complete all academic and clinical components of the program required for completion of training, exam eligibility and certification by the relevant College. A waiver of training for a LOA may be granted at the discretion of the Program Director (PD) and the Residency Program Committee (RPC) in accordance with the Royal College/CFPC guidelines and the [PGME Waiver of Training Policy](#).
4. It is the resident's professional responsibility to ensure that the PD and Program Administrator (PA) are notified when a LOA is required before the start of the leave. It is recognized that advanced notice will not always be possible in urgent circumstances and, in such cases, will not affect the approval of the LOA. In urgent circumstances, the resident must, at the very least, notify the faculty supervisor to ensure that a replacement/alternative can be found to ensure the provision of clinical care.
5. Salary and benefits continuation are determined by the type of leave and in accordance with the PARO-OTH Collective Agreement.

A4: Types of Leaves

A LOA request must follow PGME protocol including the submission of a LOA form for any leaves that exceed seven (7) consecutive days. The resident must indicate the type of leave they are requesting on the form.

6. *Medical Leave (paid leave):* Residents may request a medical leave for illness or injury. The site, HHS and PGME office must be notified if there is a work-place injury ([see workplace injury workflow](#)); all other information related to a medical leave request, including but not limited to diagnosis or nature of the illness/injury, does not need to be disclosed to the PGME office. The PGME office does not (in most circumstances) need to be notified about medical leaves of absence that are less than seven (7) consecutive days in duration. MOH-funded residents will receive full salary continuance and benefits for a continuous period of up to six (6) months or until the end of the appointment year, whichever comes first. The appointment year is one year following the resident's training start date. If the resident has a prolonged medical leave, the PGME office will request an update from the program if the leave continues into a new academic year.
7. *Compassionate/Personal Leave (leave without pay):* Residents may decide to take a personal leave from their residency program. Time away for personal leave should be negotiated between the resident and the PD and should, under normal circumstances, be limited to six (6) months or less. As the employer, HHS may require more information about the classification regarding a compassionate/personal leave. If required, the PGME office will contact the resident directly. During an unpaid leave, employer-paid premiums for health insurance and benefits become the resident's responsibility. HHS Human Resources (HR) will contact the resident to arrange payment for health insurance and benefits premiums during a period of unpaid leave. A LOA on compassionate grounds may be eligible for a waiver of training, depending on the circumstances and approval by the program.
8. *Compassionate/Family Caregiver Leave (potentially a paid leave):* Residents may request a family caregiver leave to their PD if a member of their immediate family requires psychological or emotional support, they need to arrange care by a third-party provider, or are directly providing or participating in the care of the family member. If approved by the PD, a LOA form must be submitted to the PGME office. HHS will assess the case and determine, with the insurance provider, if the LOA qualifies as a paid or unpaid leave. A maximum of 8 weeks per calendar year may be permitted.
9. *Compassionate/Family Medical Leave (potentially a paid leave):* Residents may request a family medical leave to their PD if a member of their immediate family requires psychological or emotional support; they need to arrange care by a third-party provider; or are directly providing or participating in the care of the family member. If approved by the PD, a LOA form must be submitted to the PGME office, and the information will be forwarded to HHS for assessment with the insurance provider. Residents who are permitted to take a family medical leave and may be eligible to receive Employment Insurance (via compassionate care benefit). A maximum of 28 weeks in a 52-week period may be permitted.
10. *Bereavement Leave (paid leave):* Residents may request a leave due to a death in their immediate family or a person with whom the resident had a close relationship. A resident must discuss bereavement leave with the PD prior to entering the request into the Request for Time Off (RTO) system in MedSIS. Five (5) consecutive working days may be granted by the PD for bereavement

leave. If a resident has exhausted the five (5) days of bereavement leave and requires additional days, the resident can transition to an alternate type of leave outlined in this document. The resident and PD will complete a LOA form and submit it to the PGME office.

11. *Pregnancy Leave (paid leave)*: Residents who are either the birth mother or surrogate mother are eligible for pregnancy leave for up to 17 weeks prior to their delivery date. The earliest a pregnancy leave can begin is 17 weeks before the due date. The latest a pregnancy leave can begin is the day the baby is born. Residents can apply for Employment Insurance (EI) benefits through Service Canada once the leave has commenced. Residents are also eligible for a pay top-up from HHS during a pregnancy leave. Refer to *Appendix 1* for further details.
12. *Parental Leave (paid leave)*: Residents who are the birth parent, adopting parent, or person in a relationship with a parent of a child and plans to treat the child as their own are eligible for parental leave for up to 61 or 63 weeks. Residents can apply for EI benefits through Service Canada once the leave has commenced. Residents are also eligible for a pay top-up from HHS during a parental leave. Refer to *Appendix 1* for further details.
13. *Educational Leave (unpaid leave)*: Residents may request an unpaid educational leave (e.g., graduate studies) if their studies not considered a component of the training program. Prior to the leave start date, the request for an unpaid educational leave must be approved by the PD and RPC, with notification to the PGME office.
 - 13.1. The Associate Dean, PGME, must approve education leaves beyond twenty-four (24) months. Extensions beyond the original agreed-upon duration of the educational leave must be approved by the PD, RPC, and the Associate Dean, PGME. The PD and RPC must ensure there are no anticipated negative effects on return to training at the appropriate level and timely completion of the training program, prior to the approval of an educational leave and/or extension.
14. *Other Unpaid Leaves (unpaid leave)*: A resident may request an unpaid leave for reasons other than the ones outlined above. The request must be discussed, reviewed, and approved by the PD in consultation with the RPC and the Associate Dean, PGME. A LOA form must be submitted to the PGME office prior to the LOA.

Section B: Process

15. Resident completes the [Request for Leave form](#) prior to the leave and submits it to their PD for approval.
16. All leaves must be approved by the resident's PD.
17. The program submits the completed leave form to the PGME office for review and processing.
18. All leaves that exceed seven (7) consecutive days must be reported to the PGME office. There may be special circumstances when the program reports a leave for less than one week (e.g., a pattern of missed days resulting in the resident's inability to successfully complete training objectives).

19. PGME will revise the resident's Letter of Appointment to include the dates of the LOA and the type of leave. The revised LOA will be provided to the CPSO as the training dates have changed. Additional information regarding the LOA will not be provided to the CPSO without the resident's consent. Residents whose training end date has been extended due to a LOA may be eligible for a waiver of training in their final year of residency. Refer to the [Waiver of Training Policy](#).
20. For extended medical leaves extending into a new academic year, the resident or delegate will provide a report to their PD on their leave status. An update on the LOA is required before the PGME office can issue a LOA for the new academic year. Privacy is respected, and confidential medical information is not required.
21. Salary and benefits will be maintained and continued until the end of the medical leave for up to six (6) months or at the end of the resident's appointment year, whichever occurs first. The appointment year is determined by the resident's training start date. During a medical leave, the resident's salary and benefits continuance will be applied as defined by section 14.1 of the PARO-OTH Collective Agreement.

Section C: Return to Training After a Leave

22. Prior to the return to work, the PGME office will contact the program to confirm the resident's return to work date (documented on the LOA form). Once the date is confirmed by the program, the PGME office will notify HR (at HHS) of the resident's return date.
23. All residents are required to complete all mandatory core and elective components of the program which may have been missed due to the LOA.
24. PDs may consider a waiver of training (see the [Waiver of Training policy](#) and [waiver of training request form](#) for paid leaves. They can consider a waiver of training for pregnancy/parental leaves if training requirements have been met and the resident has achieved the mandatory competencies of the residency program.
 - 24.1. In most circumstances, waivers of training cannot be applied for any unpaid, personal, or educational leaves (as outlined in this document).
 - 24.2. Exceptions can be considered by the PD and RPC and would only apply to leaves of absence taken on compassionate grounds.
25. For medical leaves greater than fourteen (14) consecutive days, residents must provide the PGME office with a written medical note prior to returning to training. The medical note from their physician must indicate that they are fit to resume training. In addition, some programs may also require a medical note prior to taking a medical leave. It is the resident's responsibility to check their program's requirements with their PD and/or PA. At all times, the resident's privacy must be respected, and information provided to the program should not disclose the reason for the medical leave.
26. Under exceptional circumstances, the PD and/or the Associate Dean, PGME may require an independent medical evaluation to determine a resident's fitness to return after a medical leave.

27. Following a medical leave, residents may require an accommodated part-time or gradual return to work plan. Programs are required to provide PGME with a request for a part-time training form, including the accommodation plan, prior to the resident's return to training, with a grace period of one (1) week following the resident's return date. The return-to-work accommodation plan will be considered on a case-by-case basis. The resident may receive full training credit if the resident can continue to meet the program/rotation objectives and the educational experience is considered equivalent to normal full-time residency.

27.1. An accommodation plan that is greater than four (4) weeks and/or training at less than 50% of their regular hours must be submitted and approved by the Associate Dean, PGME. The resident's training may be extended to ensure they can complete all mandatory core and elective components of the program. In cases where the resident is working part-time and receiving part-time training credit, the resident will be paid the equivalent amount of part-time hours worked. Residents whose training end date has been extended due to a LOA or part-time training are eligible for a waiver of training in their final year of residency. Refer to the [Waiver of Training Policy](#).

28. Residents who return from a leave will be assigned to the same level of training held prior to the LOA. However, after discussion with the resident, the PD will determine and potentially change the resident's level of training (i.e., after a prolonged leave) to align with their skill set, required educational experiences, and the necessary competencies to complete the program. The resident will be paid at the PGY level at the time of the LOA regardless of changes to the educational program.

29. While on a LOA, a resident cannot engage in clinical experiences in any capacity using their educational license (i.e., a chief resident cannot continue as a chief while on parental leave). The program must make appropriate arrangements to ensure coverage during a leave.

For detailed information regarding EI and benefits, etc., please refer to Appendix 1: Information on a Leave of Absence.

30. While on a LOA, a resident may wish to participate in academic activities. A formal request must be made to their PD and if deemed appropriate, they may participate in educational activities such as online academic half days, orientation, book camps, etc. No clinical responsibilities, nor holding the position of chief resident are permitted. For residents on a medical leave, the resident must seek approval by their health care provider, and documentation of the approval must be provided to the program director. The PD will make the final decision about participation, with consultation by the RPC as appropriate.

Appendix 1: Information on a Leave of Absence

Medical Leave • Personal Leave • Compassionate Leave • Pregnancy/Parental Leave • Educational Leave

The following information applies specifically to McMaster University residents funded through the Ministry of Health (MOH). Gulf-sponsored residents should inquire with their sponsoring agency to confirm their eligibility for paid and unpaid leaves of absence.

GENERAL INFORMATION ON LEAVES

It is understood that a resident who maintains a current appointment in a residency program,

- will return to a residency program following a LOA; and
- will maintain a standard of conduct in keeping with the standards of the residency program, the university, and the medical profession at large.

Failure to meet these two obligations may result in the withdrawal of the resident's appointment in the program. Leaves do not include professional leave time or vacation days. For vacation and professional leave information see the [McMaster PGME Vacation policy](#).

Time lost during a leave must be made up.

It is anticipated that the required time lost, or rotations missed must be made up with equivalent extra time in the residency on the resident's return to the program. Normally residents will be required to complete all mandatory/elective components of the program.

The Resident's professional responsibility.

When possible, it is the resident's professional responsibility to ensure that appropriate people are notified of the leave so that the program can ensure that appropriate coverage is arranged for patient care responsibilities. It is recognized that this will not always be possible and, in such cases, will not affect the resident's leave.

When does the PGME office need to know?

All leaves are reported, by the PGME office to the CPSO. The PGME office normally does not need to be informed about leaves that are less than or equal to seven (7) consecutive days in duration.

MEDICAL LEAVE

Before **returning** from medical leave, residents must provide a written medical note from their health care provider indicating their fitness to resume training. Normally, a medical note is not required for leaves less than two weeks in duration. However, if there are recurrent leaves, the PD/PGME office may require a medical note. A trainee who does not provide a medical note can not resume training.

In addition, some programs may require a medical note prior to taking a scheduled medical leave; please check with your residency program.

MOH-funded residents on medical leave will have their salary maintained and continued until the end of the appointment year or for six (6) months, whichever comes first.

The PGME office normally does not need to be informed about medical leaves that are less than seven (7) consecutive days in duration.



Remember you will require a medical note to return to work after a medical leave greater than two (2) weeks.

LEAVE WITHOUT PAY

Unpaid leaves include personal, compassionate, and educational leaves. Residents will be responsible for payment of health benefit premiums for the duration of their unpaid leave. If payment is not arranged, benefit coverage will cease effective as of the leave start date. Please contact Human Resources (HSS) to arrange benefit payments. In the case of compassionate leaves, residents may apply for Employment Insurance (EI) benefits if they intend to be away from work temporarily to provide care or support for a family member who is gravely ill. See the [Service Canada website](#) for EI eligibility and information.

WORKPLACE INJURY

HHS, the site where the injury occurred, and the PGME office must be notified if there is a workplace injury. Injured trainees will notify their respective programs to advise of their injury and complete Incident Reports for the site and HHS and will ensure they obtain a signature of the supervisor at the time of the incident. Depending on the injury (e.g., needlestick injury), further tests may be required. Trainees are instructed to abstain from any clinical duties until cleared to work by physician or employee health.

LEAVE WITH PAY

Leaves with pay include medical leaves, and in rare circumstances, a leave with pay may be granted for extenuating circumstances. Residents must complete the LOA request form and submit it to their PD. Support from the PD must be communicated to the Associate Dean, PGME, for approval.

A resident may request paid bereavement leave for up to five (5) working days due to a death in the immediate family or a person with whom the resident had a close relationship. This guideline should be interpreted with appropriate sensitivity. Additional time off beyond the five (5) days may require an unpaid compassionate leave request.

PREGNANCY/PARENTAL LEAVE

The total amount of time off for pregnancy and parental leave is determined by the employee's personal situation and whether their partner will also apply for parental leave (see chart on next page for further details). Parental leave requests should be discussed with the PD and submitted to the PGME office as early as possible so that important paperwork can be completed ahead of your leave start date.

Important Reminder!

Pregnancy leave will start on the date of delivery unless taken earlier. Therefore, if the delivery date comes before the leave start date, or if you are on vacation as of the delivery date, you must notify the PGME office on the delivery date at pgmeres@mcmaster.ca. The PGME office must be informed of the actual delivery date within two (2) weeks of the delivery date.

ADDITIONAL INFORMATION FOR PREGNANCY/PARENTAL LEAVE

PARO Pregnancy & Parental Guide:
<https://myparo.ca/pregnancy-parental-leave/>.

Service Canada website:
<https://www.canada.ca/en/services/benefits/ei/ei-maternity-parental.html>.

What is the difference between Pregnancy & Parental Benefits? (continued on next page)

Type of Leave	Maximum Length of Leave	Who is eligible for this Leave?	When will my EI benefits start and end?	How much EI will I receive?
Pregnancy Leave (Maternity leave)	17 weeks	Birth mother or Surrogate mother	EI benefit payments can start as early as 12 weeks prior to the due date, and no later than the actual date of delivery, or 2 weeks after the due date, whichever is earlier. You may be eligible to receive EI benefits for a maximum of 15 weeks .	EI Benefits will be paid to you by Service Canada at a rate of 55% of your regular earnings , with a weekly maximum of \$688. In addition, HHS employees will receive a Top-Up** to 84% of your regular weekly earnings for a maximum of 15 weeks.
Parental Leave (standard) – if taken by the <u>Birth mother or Surrogate mother</u>	35 weeks or 37 weeks if pregnancy leave is not taken	Birth mother or Surrogate mother	EI benefit payments can start once the baby has been delivered and no later than 52 weeks after the child’s birth. For adoptive parents, fathers, or non-birth mothers, no later than 52 weeks after the child is in your immediate care, custody, or control for the first time. You may be eligible to receive EI benefits for a maximum of 35 weeks or 37 weeks if pregnancy leave is not taken.	EI Benefits will be paid to you by Service Canada at a rate of 55% of your regular earnings , with a weekly maximum of \$688. In addition, HHS employees will receive a Top-Up** to 84% of your regular weekly earnings for a maximum of 12 weeks.
Parental Leave (standard) – if both parents take parental leave	Birth mother and/or Surrogate mother: 35 weeks or 37 weeks if pregnancy leave is not taken Second Parent: 37 weeks	New parents*, Birth mother and/or Surrogate mother Both parents may take their leaves at the same time. Both parents must select the same type of parental leave (i.e., either standard or extended).	EI benefit payments can start once the baby has been delivered and no later than 52 weeks after the child’s birth. For adoptive parents, fathers, or non-birth mothers, no later than 52 weeks after the child is in your immediate care, custody, or control for the first time. You may be eligible to receive EI benefits for a maximum of 40 weeks combined between both parents; however, one parent cannot exceed a maximum of 35 weeks.	EI Benefits will be paid to you by Service Canada at a rate of 55% of your regular earnings , with a weekly maximum of \$688. In addition, HHS employees will receive a Top-Up** to 84% of your regular weekly earnings for a maximum of 12 weeks .

Type of Leave	Maximum Length of Leave	Who is eligible for this Leave?	When will my EI benefits start and end?	How much EI will I receive?
Parental Leave (standard) – if taken by the second parent*	37 weeks	New parents*	EI benefit payments can start once the baby has been delivered and no later than 52 weeks after the child’s birth. For adoptive parents, fathers, or non-birth mothers, no later than 52 weeks after the child is in your immediate care, custody, or control for the first time. You may be eligible to receive EI benefits for a maximum of 37 weeks .	EI Benefits will be paid to you by Service Canada at a rate of 55% of your regular earnings , with a weekly maximum of \$688. In addition, HHS employees will receive a Top-Up** to 84% of your regular weekly earnings for a maximum of 12 weeks.
Parental Leave (extended) -if taken by the Birth mother or Surrogate mother	61 weeks or 63 weeks if pregnancy leave is not taken	Birth mother or Surrogate mother	EI benefit payments can start once the baby has been delivered, and no later than 78 weeks after the child’s birth. For adoptive parents, fathers, or non-birth mothers, no later than 78 weeks after the child is in your immediate care, custody, or control for the first time. You may be eligible to receive EI benefits for a maximum of 61 weeks or 63 weeks if pregnancy leave is not taken.	EI Benefits will be paid to you by Service Canada at a rate of 33% of your regular earnings , with a weekly maximum of \$401. In addition, HHS employees will receive a Top-Up** to 84% of your regular weekly earnings for a maximum of 12 weeks.
Parental Leave (extended) – if both parents take parental leave	Birth mother and/or Surrogate mother: 61 weeks or 63 weeks if pregnancy leave is not taken. Second Parent: 63 weeks	New parents, Birth mother and/or Surrogate mother Both parents may take their leaves at the same time. Both parents must select the same type of parental leave (i.e., either standard or extended).	EI benefit payments can start once the baby has been delivered, and no later than 78 weeks after the child’s birth. For adoptive parents, fathers, or non-birth mothers, no later than 78 weeks after the child is in your immediate care, custody, or control for the first time. You may be eligible to receive EI benefits for a maximum of 69 weeks combined between both parents, however, one parent cannot exceed a maximum of 61 weeks .	EI Benefits will be paid to you by Service Canada at a rate of 33% of your regular earnings , with a weekly maximum of \$401. In addition, HHS employees will receive a Top-Up** to 84% of your regular weekly earnings for a maximum of 12 weeks .

Parental Leave (extended) – if taken by the second parent*	63 weeks	New parents*	EI benefit payments can start once the baby has been delivered, and no later than 78 weeks after the child’s birth. For adoptive parents, fathers, or non-birth mothers, no later than 78 weeks after the child is in your immediate care, custody, or control for the first time. You may be eligible to receive EI benefits for a maximum of 63 weeks.	EI Benefits will be paid to you by Service Canada at a rate of 33% of your regular earnings , with a weekly maximum of \$401. In addition, HHS employees will receive a Top-Up** to 84% of your regular weekly earnings for a maximum of 12 weeks.
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**The Employment Standards Act defines “parent” as the birth parent, adopting parent or person in a relationship with a parent of a child and plans to treat the child as their own.*

****Salary Top-Up**

Hamilton Health Sciences Corporation will top-up salary to 84% of Resident’s regular weekly earnings for 15 weeks of Pregnancy Leave and for 12 weeks of Parental Leave. To receive your top-up:

1. Log into your Service Canada account (www.servicecanada.gc.ca).
2. Click on “View My Payment Information.”
3. “My Payments” will display with the dates listed below. Click on each date to view “My Payment Details” which will show the gross amount, federal tax amount, net, and benefit entitlement.
4. Send either a screenshot or photo of this page by email to myHR@hhsc.ca.

Record of Employment (ROE)

Your ROE is generated when you have worked your last paid shift as scheduled. It will be submitted electronically by HR Services to Service Canada once available. If you have any questions about your ROE, contact myHR@hhsc.ca or (905)521-2100 ext. 46947.

Apply for Employment Insurance Benefits as Soon as You Stop Working!

These types of leaves qualify for EI benefits: pregnancy, parental, and compassionate leaves.

For any questions, contact Service Canada at 1-800-206-7218.

More information can be found on the Service Canada Website:

- <https://www.canada.ca/en/services/benefits/ei/ei-maternity-Parental/apply.html>.
- <https://www.canada.ca/en/services/benefits/ei/caregiving.html>

Questions?

Contact the **PGME office** at pgmeres@mcmaster.ca.

Contact **HR Services** at myhr@hhsc.ca or (905)521-2100 ext. 46947.