



<b>Policy</b>	Waiver of Training Policy
<b>Approved by PGMEC</b>	April 9 <sup>th</sup> , 2025
<b>Approved By SOMAC</b>	May 12 <sup>th</sup> , 2025
<b>Effective Date</b>	May 12 <sup>th</sup> , 2025
<b>Review to Commence</b>	May 2028
<b>Responsible Portfolio/Unit/Committee</b>	Postgraduate Medical Education
<b>Responsible Officer(s)</b>	Associate Dean, PGME
<b>Relevant Policies</b>	<a href="#">Leave of Absence Policy</a> <a href="#">Assessment, Promotion and Appeals Policy</a>

## 1. Principles

Residency training is a joint effort between the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, Universities, and the Ministry of Health. Time-in-residency training is balanced between educating residents while providing service to patients and contributing to the education of learners within the medical education system. The principles of residency education within a competency-based system facilitate an individualized approach to gaining the necessary competencies for independent practice. This involves not only the development of competencies but also their consolidation and for some competencies the further development towards proficiency. Training is no longer fully time-based, and as such, there may be exceptional circumstances that would warrant an early completion date.

As such, a waiver of training does not mean that a resident should assume that training would be shortened because they have performed well and would like to start independent practice earlier than the planned end of residency. Residents must be aware that commitments regarding any new employment or training position can only be timed for when their residency officially ends. Thus, only under rare circumstances would a resident be approved for a Waiver of Training. Many things would be considered in this decision, according to the guidelines below. A decision not to grant a waiver of training cannot be appealed.

## 2. Guidelines

2.1 Normally, all will be required to complete the full duration of the residency program.

2.2 The maximum amount of waiver of training are determined by the PGME office (see chart below)



- 2.3 Programs will have their own requirements that must be met.
- 2.4 Residents are entitled to know in advance how their performance will be assessed to qualify for a waiver of training. A waiver of training will be at the discretion of the program director and on the recommendation of the appropriate delegated committee (PGMEC/CC/RPC).
- 2.5 When reviewing a request for a waiver of training, the program director is encouraged to consider:
  - 2.5.1 Any unsatisfactory borderline or incomplete rotation assessments.
  - 2.5.2 Inconsistent attendance at academic activities training modifications which resulted in an overall dilution of the educational experience.
  - 2.5.3 Any concerns about the academic, professional, behavioral and ethical performance of the resident.
  - 2.5.4 performance across a range of assessments that may include but are not limited to EPAs, ITARS, OSCE, mini CEX, multiple choice examinations, oral examinations, short answer questions and training examinations.
  - 2.5.5 That all training objectives outlined by the respective college will be met by the end of training including all mandatory rotations.
  - 2.5.6 The educational and patient care and professional responsibilities to the department and to the Ministry of Health.
  - 2.5.7 Feedback from the resident's academic advisor and the competence committee.
- 2.6 Before forwarding a request for a waiver of training to the PGME office, the program director must ensure that:
  - 2.6.1 The residents have demonstrated that they have fulfilled all the program's training requirements, including academic and core rotations, and achieved the competencies of their training program by the program's end date.
  - 2.6.2 There is evidence that all competencies have been attained and consolidated, and some competencies are developing towards proficiency.
  - 2.6.3 If the resident was to finish training early, clinical staffing would not be affected; a plan for mitigation of staffing shortage must be provided.
  - 2.6.4 Other learners in the program would not be negatively impacted by the early graduation of the resident (e.g. additional service and/or teaching requirements).
  - 2.6.5 The criteria that they used in reviewing eligibility for the waiver of training is valid, transparent, and publicly available.

***Fulfilling these requirements does not automatically grant a waiver of training***

### 3. Application Process and Timelines

- 3.1 Applications for a waiver of training must be made in the final year of a resident's program.
- 3.2 Waivers are normally submitted by January 31, of the final year. Exceptions will be considered in consultation with the PGME office.
- 3.3 For off-cycle residents, requests must be submitted five months prior to the proposed new end of the training date.
- 3.4 The associate dean, postgraduate medical education, on the recommendation of the program director, may under exceptional circumstances revoke an approved waiver of training based on the following (but not limited to):
  - 3.4.1 Failure to meet program requirements
  - 3.4.2 A failed rotation/experience



3.4.3 Unprofessional behaviour

3.4.4 A suspension

3.5 The associate dean's decision cannot be appealed.

3.6 The maximum allowable times for institution granted waivers:

Time in program	RCPCS	CFPC
1 year or less	No waiver	No waiver
2 to 3 years	Max 6 weeks	Max 4 weeks *
4 to 6 years	Max 3 months	Not applicable

\*In accordance with the CFPC maximums

Approval History:

PGMEC	December 15, 2022	SOMAC	May 13, 2024	Faculty Board	May 29, 2024
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