



Guideline	Emergency Call Schedule Guidelines
Date Approved	February 11 th , 2026
Approved By	Postgraduate Medical Education Committee
Effective Date	February 11 th , 2026
Review to Commence	February 2029
Responsible Portfolio/Unit/Committee	Postgraduate Medical Education Office
Responsible Officer(s)	Associate Dean, Postgraduate Medical Education

1. Purpose

This guideline document has been prepared to assist programs in managing short-notice requests for call coverage changes. The definition of an emergency call switch includes a last-minute or unexpected absence that occurs within 24-hours of a scheduled call shift due to illness, personal emergency, or other serious circumstances preventing the resident from swapping or covering the shift.

It is expected that residents will volunteer to undertake additional call duties, in exceptional circumstances, where a colleague must be absent with less than 24 hours' notice. Where an absence can be reasonably anticipated, it is expected that the resident will make reasonable efforts to ensure the call requirements are covered and will reciprocate as a professional and collegial responsibility. If there are no volunteers, the program will have to determine how best to cover the call including invoking section 16.1 C (see appendix A) of the PARO-OTH collective agreement.

Section 16.1 C provides programs with the mechanism to call back a resident for call coverage, but only provided there is no breach of other call provisions (with the exception of the two-week notice requirement in Article 16.2) and provided that the resident is not subject to exceptional personal or family hardship. This may occur up to three times in a six-month period. Residents are encouraged to support each other in a collegial and equitable way, and in instances where coverage cannot be secured, programs will invoke clause 16.1.

In most circumstances, programs have well established procedures in place to address their specific clinical coverage requirements requiring emergency call coverage changes. This document will be applied when an equitable procedure cannot be agreed upon.

2. General Principles

- 2.1 These emergency call guidelines are intended for unexpected absences where a resident cannot fulfill their scheduled call duties, and after making reasonable efforts, cannot find a replacement.
- 2.2 Collegiality and professional responsibility are strongly encouraged among residents to support each other in covering shifts. As happens when in practice, this includes covering someone's call when able and, when someone else covers for you, reciprocating when able.
- 2.3 In most programs, chief/lead/senior residents are responsible for managing call schedules, including emergency changes. It is expected that chief/lead/senior residents make first efforts to manage emergency call changes, being able to turn to the designated program contact for assistance if need be.
- 2.4 Programs may consider an additional resident on call (such as a jeopardy call, or home call) where patient volumes justify this. This must be in consultation with the Medical Affairs Office.
- 2.5 The PARO-OTH Collective Agreement under clause 16.1 provides the parameters for call and the requirement to cover additional call in exceptional circumstances (See Appendix A).
- 2.6 Personal and family hardship and resident wellness are considered when an emergency request is being considered and/or made and provided there is no breach of other call provisions (with the exception of the two weeks' notice requirement in Article 16.2).

3. Resident Responsibilities

- 3.1 Residents are expected to make reasonable efforts to find their own replacement for call shifts they cannot fulfill for non-emergency absences.
- 3.2 Residents, barring exceptional circumstances, should make reasonable attempts to find their own replacement even with 24 hours or less of notice. If unable to do so, support from the program will be provided:

- 3.2.1 Where the circumstance is so acute that the resident cannot do this (e.g., acutely ill), they must immediately contact the chief/lead/senior resident, or other identified call scheduler to advise they cannot attend the shift.
- 3.2.2 Residents must communicate promptly and transparently with their program office when unable to fulfill call duties with less than 24 hours-notice, following established rules and procedures for reporting sick time.
- 3.3 Residents, in declining a request to provide emergency call coverage, may be required to provide documentation to support their assertion of exceptional personal or family hardship.
- 3.4 Residents should be familiar with the provisions in the PARO-OTH Collective Agreement that provide programs with the ability to call them back for emergency call coverage (see Appendix A), provided there is no breach of other call provisions (with the exception of the two week notice requirement in Article 16.2) and provided that the resident is not subject to exceptional personal or family hardship.
- 3.5 Residents are not contractually obligated to make up missed call shifts but may choose to do so as part of collegial and professional responsibilities.

4. Program Responsibilities

- 4.1 Provide guidelines to all residents outlining the expectations for covering emergency call requests in a professional and collegial manner, adhering to the PARO-OTH Collective Agreement, while focusing on the provision of patient care.
- 4.2 Residents can be called in as necessary, and within the PARO-OTH Collective Agreement's allowances of up to three call shifts within a six-month period provided there is no breach of other call provisions (with the exception of the two weeks notice requirement in Article 16.2) and provided that the resident is not subject to exceptional personal or family hardship.
- 4.3 Programs will track and monitor call and call coverage shifts
- 4.4 A list will be maintained of residents who have covered emergency call shifts to ensure equitable distribution within the program.
- 4.5 Program Directors (or delegates) should monitor call coverage trends. For off-service residents, this data should be forwarded to their home program, both to identify frequent absences or refusals and those taking on additional call requests.
- 4.6 Programs that observe repeated missed calls or shifts are encouraged to check in with the resident to ensure they are well, to understand whether there are any barriers and to offer support as appropriate.

4.7 Residents with approved call accommodations will be considered for emergency call coverage within the parameters of their accommodation.

5. Personal or Family Hardship

5.1 Where a resident is called in under emergency call guidelines, they may be excused based on personal or family hardship. Personal and family hardship goes beyond that which is inconvenient for the trainee (e.g., including but not limited to missing a social event, concert, dinner reservations) and would be due to specific religious observance, significant and demonstrable financial cost, or other circumstance that can be documented.

5.2 The principle of patient care and responsibility supersedes personal preference and inconvenience when programs are required to invoke Section 16.1 C of the PARO-OTH Collective Agreement.

6. Incentives and Support

6.1 Programs may consider options like lieu days or providing meals to residents who take on emergency call coverage, or other incentives as determined by the program

Approval History:

PGMEC	Feb 11, 2026
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Appendix A -PARO-OTH Collective Agreement

Maximum Duty Hours

16.1

(a) Unless agreed otherwise by the affected residents, their Program Director and PARO, a resident shall not be scheduled or required to work two (2) or more consecutive periods of call. It is understood that the terms, "day of call", "night of call", "duty period", "call period" and other similar terms used in this Agreement, refer to a period of time which is twenty-four (24) hours or less in duration.

It is understood and agreed that the twenty-four (24) hour limitation does not encompass a crossover period which ensures adequate handover of patient care responsibilities.

(b) No hospital department, division or service shall schedule residents for in-hospital call more than seven (7) nights in twenty-eight (28), including two (2) weekend days in eight (8) weekend days over that twenty-eight (28) day period. A weekend day is defined as a Saturday or a Sunday.

(c)

- i. As an exception to Articles 16.1(b) and 16.9, residents in a hospital department, division or service may be required to work up to an additional three (3) call periods over a six month block period (July 1 to December 31 and January 1 to June 30), but only if needed to replace a resident who is forced to miss scheduled call days due to unexpected, short-term sickness, being on a vacation for a period of two (2) consecutive weeks or more, or being absent in other circumstances beyond their control or due to emergency.
- ii. In selecting a resident to provide additional call coverage under this exception, the hospital department, division or service will first ask for volunteers. For clarity, this additional volunteered call shall not count as a "required" call pursuant to this provision.
- iii. Where no resident volunteers for additional call coverage under this exception, the hospital department, division or service may require a resident to provide such coverage but only provided there is no breach of other call provisions (with the exception of the two week notice requirement in Article 16.2) and provided that the resident is not subject to exceptional personal or family hardship. The hospital shall use its best efforts to minimize such required increased call responsibilities. For clarity, it is agreed that where a resident has been required to work three call periods under this provision, the resident cannot be required to work any additional call periods beyond those scheduled in accordance with Article 16.1(b) and (d).
- iv. Upon the hospital's designate being informed that a resident was required to provide call coverage under this provision, the hospital will advise both PARO and the resident's Program Director of such occurrence within two weeks of notification

by the resident. The hospital shall identify a single individual to serve as the hospital designate.

(d) Schedules for out-of-hospital call shall be, on average, one (1) night in three (3). For greater clarity, no resident shall be required to do more than ten (10) nights of out of hospital call in thirty (30).