

Call Scheduling Guidelines for Hospital Sites and Chief/Senior Residents

General Psychiatry Residency Program

Purpose

These guidelines are intended to support our hospital training sites and Chief/Senior Administrative Residents in call-schedule planning and implementation.

Please also refer to resources from PARO - <https://myparo.ca/>

The document provides guidance regarding **two key call scheduling activities and a program innovation**:

1. Call scheduling for shifts on weekdays and weekends employing a scheduling system in which future call schedules (beyond the upcoming month) are shared with residents.
2. Call scheduling for the Christmas and New Year's Block.

And provides guidance regarding a site-based innovation started in 2023 in collaboration with the residency program to support residents and sites in cases where resident preferences or accommodations limit duty hours on call: **split weekend call shifts**.

Guiding Principles

1. First and foremost, resident and patient safety.
2. Decisions are data-driven and principle-based.
3. Learner experience considerations including prioritizing consistency and stability in site assignment for core training experiences (including call) to foster community-building and minimize fragmentation.
4. Opportunity for all key stakeholders to provide their perspectives for consideration – residents via PRAT and Chief Residents at PRPC and RLC; PG Site Directors; PIC/Hs who steward clinical service delivery across training sites. SHSC Chief Residents have already been in contact with PRAT co-presidents.
5. All sites must comport with the provisions of the PARO-OTH collective agreement.
6. Any program decisions must consider the “greater good of all” and what is most equitable and sustainable for the entire program/community, acknowledging the diversity of perspectives across the program.
7. While residents occupy dual roles as learners and service providers, hospital partners are encouraged to consider the full breadth of health human resources available to meet service/patient care needs.
8. All sites must be able to fulfill patient care responsibilities when there are fluctuations in resident availability, including when there are no residents available.

Site-based responsibilities

1. **PARO-OTH Agreement** - Call schedules must comport with the provisions of the PARO-OTH collective agreement. When there are any questions or concerns regarding the collective agreement, sites are encouraged to seek guidance from PARO:
paro@paroteam.ca

- a. Please note: For the formula for call scheduling for call maximums, a blended model is used for calculation as residents do both in-house and home call (with back-up counting as home call) <https://myparo.ca/top-contract-questions/>

(Number of Home Calls) x 3 + (Number of In-House Calls) x 4 = NOT MORE than 30 over a 28-day period

2. **PG Site Director support** - PG Site Directors, in collaboration with hospital/departmental clinical leadership must provide support and guidance to Chief Residents regarding call scheduling. Any issues or concerns regarding call scheduling should be escalated to the PG Site Director.
3. **Resources for call scheduling** - All sites must provide residents with the necessary resources to create and revise call schedules. These resources include but are not limited to administrative support and call scheduling software.
4. **Appropriate supervision of residents for call shifts** – All residents must receive supervision from staff psychiatrists during call shifts that comport with CPSO Professional Responsibilities in Medical Education.

Please note: *Although not directly related to this guideline, it is an abrogation of professional responsibilities to request that a resident/residents defer case review with a staff psychiatrist of patients seen overnight to the morning.*

Concerns regarding call scheduling that cannot be resolved at the site-level or that involve greater systems or residency program issues should be escalated to the Psychiatrist-in-Chief/Head or Chief Medical Officer (for CAMH) and the Program Director by the PG Site Director. The Program Director may also request input from the residency program's Call Subcommittee.

Residency Program Responsibilities

The residency program is responsible for ensuring the integrity of the educational experience for residents and for supporting sites in cultivating a safe and positive workplace-based learning environments. The program achieves this through a variety of program-based structures:

<https://psychiatry.utoronto.ca/postgraduate-committees>

1. **Call Subcommittee** which provides guidance to the Program Director and Psychiatry Residency Program Committee regarding call-related issues.
2. **Safety Subcommittee** which regularly reviews hospital training sites and addresses any safety concerns.
3. **Subcommittee on Resident Wellbeing** which regularly reviews and supports initiatives that improve learner experience and wellbeing.
4. **Assessment Subcommittee** which oversees the residency program's assessment strategy in collaboration with the Curriculum Subcommittee.
5. **Program Evaluation Subcommittee** which oversees continuous quality improvement of the learning environment.
6. **Resident Leadership Council** <https://psychiatry.utoronto.ca/resident-leadership> to integrate the resident perspective on key issues in the residency program, alongside resident representation across committees and subcommittees in the residency program.
7. **Psychiatry Residency Program Committee** which is the governing body of the residency program and assists the program director in planning, organizing, evaluating and advancing the residency program.

Chief Resident and PG Site Director job description/responsibilities can be found on our website: <https://psychiatry.utoronto.ca/postgraduate-committees> > Job Descriptions

Call Scheduling – planning, implementation, and release of future call schedules

General Principles

1. Call schedules must be available to residents 2 weeks prior to the effective date of the call schedule. As such, **call schedules created in advance of the 2-week period are in draft form and can be modified by the hospital site as per the provisions of the PARO collective agreement up until the 2 weeks prior to the effective date of the call schedule.** Approved vacation cannot be modified once approved.
2. Each resident is entitled to 2 complete weekends off (which includes Friday night) for each 28 day or monthly call period.
3. 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).
4. Maximum in-house call is 1 in 4 as per the PARO-OTH collective agreement.
5. Vacations requests and call scheduling
 - a. A resident cannot be post-call on the first day of vacation.
 - b. Vacation requests must be submitted at least 4 weeks before the proposed start of the vacation. All vacation requests must be confirmed, or an alternate time agreed to within 2 weeks of the request being made.
 - c. There cannot be any blanket policies restricting the amount of vacation time a resident can take on any one rotation - each request should be individually assessed.
 - d. Once a vacation is approved, it cannot be revoked.
6. Future call schedules and resident requests for vacations – If possible, residents should make every effort to request vacations as soon as possible once their call pool and core rotations are confirmed. Should future call schedules be released whose effective date is more than 2 weeks away, **residents may still request vacation for any future dates beyond the current effective call schedule**, if the request is submitted in writing at least 4 weeks before the proposed start of vacation. Sites must make every effort to accommodate the resident's request. The timing of vacation may be delayed only where necessary, having regard to the professional and patient responsibilities of the hospital department for the time the vacation is requested.
7. Accommodations – Accommodations confirmed by the Office of Learner Affairs must be implemented by sites. Due to unexpected events, the Program Director may also offer interim accommodations of up to two months to allow for residents to work with the Office of Learner Affairs.
8. Leaves of Absence (LOA) - LOA are confirmed by the residency program. Residents are excused from on-call responsibilities during LOA and residents should not be scheduled for call shifts until a return-to-work date is confirmed and the resident has returned to their training. The residency program will make every effort to communicate with sites with regards to return to work dates as soon as they are confirmed by the Office of Learner Affairs and/or resident.

Holiday Call Scheduling

General Principles

PARO

- Over the 12-day period encompassing Christmas and New Year's Day, each resident will receive 5 consecutive days off. A post-call day cannot be counted as one of the days.
- Each resident will have either Christmas or New Year's Day off.
- Programs determine for each resident when the 5 consecutive days for the holiday period will take place.
- There are no additional lieu days accrued for working Christmas Day, Boxing Day, or New Year's Day.

Hospital Sites

- PG Site Directors will work with Chief Residents to provide guidance and support with regards to holiday call scheduling, with PIC/H (or equivalent hospital clinical leadership) input as needed.
- PG Site Directors and Chief Residents will make every effort to solicit preferences for holiday coverage (Christmas or New Year's block) as early as possible. Sites will also make every effort to confirm with residents which holiday block they will be covering as early as possible. **Confirmation of holiday block coverage should occur no later than October 31st.**
- Where a resident has a **different call and core rotation site**, every effort will be made to coordinate scheduling between sites.
- Handover Day – The handover day during the holiday block straddles the Christmas and New Year's block and are available to hospital sites to ensure robust transitions in clinical care between treatment teams. Sites may schedule residents from either the Christmas or New Year's block on a handover day as per patient care needs. *As per consultation with PARO, residents may request to use vacation days to secure the handover day, and any other days they would like to request off as vacation, for that block. These vacation requests are subject to the provisions of the collective agreement relating to vacation*
<https://myparo.ca/your-contract/#vacation>.

Residency Program

- No educational events are scheduled during the holiday coverage period and as such, there is no protected time for academic half-day or any other educational activities.
- In general, residents are advised not to book psychotherapy patients during the holiday coverage period and there is no specific protected time to provide for psychotherapy supervision or patient care during the holiday coverage period. Residents, with their psychotherapy supervisors, should ensure their patients are aware of how to access urgent psychiatric care, as needed, over the holiday coverage period.
- Junior residents (Foundations of Discipline PGY1-3s) should be scheduled to cover the clinical service for which they are assigned for their core rotation. More senior residents (e.g. PGY4s and 5s) may be scheduled to cover their core rotation or a clinical service for which they have completed a core rotation, as long as appropriate orientation to the service is provided to the resident.

Split Weekend/Holiday Call Shifts – Optional across hospital “call ready” sites

- Scheduling:
 - Split shifts can be offered on weekends and holidays, depending on hospital scheduling and patient care needs, but do not have to be available every weekend.
 - Residents have the option to choose whether they wish to be scheduled for split shifts.
- Shift Details:
 - Daytime Resident: On-call from 9:00 AM to 11:00 PM. The daytime resident is responsible for all consultations paged at or before 8:59 PM.
 - Overnight Resident: On-call from 9:00 PM to 9:00 AM (Sunday/holiday) or 8:30 AM (Monday).
- Handover Period (9:00 PM to 11:00 PM): This is a transitional period between the daytime and overnight residents, allowing flexibility for the daytime resident to complete any remaining tasks. All new consults starting at 9:00 PM fall under the responsibility of the overnight resident.
- Handover Guidelines: It is recommended that residents use their hospital recommended handover framework (e.g. I-PASS) during the transition period.
- Back-Up Call Resident: One back-up resident is designated to be on call for both the daytime and overnight residents. This resident should be available to cover either shift if needed.
- Call Points:
 - Call points are divided equally between the daytime and overnight residents on split shifts.
 - Saturday split shifts are assigned 2.5 points each, while Sunday split shifts are assigned 2 points each.
- Call Stipends: As per PGME guidelines, residents should claim stipends as follows:
 - 9 AM–11 PM weekend shift: Claim "Weekend Hospital Day."
 - 9 PM–8:30/9 AM weekend shift: Claim "Weekend Hospital/Converted."
 - 9 AM–11 PM weekday shift (e.g., STAT Monday): Claim "Shortened Call."
 - 9 PM–8:30 AM weekday shift (e.g., STAT Monday): Claim "Hospital Call."

CAMH Call and 16.5 of PARO collective agreement

Residents have provided feedback that CAMH may be in violation of 16.5 of the PARO collective agreement. In consultation with PARO member services, the following guidance has been provided to the residency program (January 17, 2025)

Article 16.5 of the PARO-OTH Collective Agreement speak only to those services which are on a shift based model and it states that the maximum duty hours for a shift based service are that work hours (including rounds and shifts) can not exceed 60 hours per week, residents must have at least 12 hours off between each shift and residents must be provided with two complete weekends off per block.

Based on the information you have provided in your email UofT Psychiatry at CAMH is a call based service and residents work regular clinic days, (9am-6pm) and then periods of 24 hour call (5pm-10am). As this is a call based service the maximum 60 hours per week does not apply and neither does the 12 hours off between shifts. As long as residents do not exceed their call maximums and they receive two weekends off per block this arrangement at CAMH is in accordance with the PARO-OTH Collective Agreement.

We appreciate that for the resident who brought this matter forward, they may work with emergency medicine physicians, or more specifically, they may work with services who operate on a shift based model, but unless psychiatry is operating under a shift based model, as explained above, then our understanding is that the resident is working call, and would follow the maximum duty hours outlined in [Article 16.1-16.4](#).

Acronyms

CAMH -Centre for Addiction and Mental Health

PARO-OTH - Professional Association of Residents of Ontario - Ontario Teaching Hospitals

PGME – Postgraduate Medical Education (at the University of Toronto)

PIC/H - Psychiatrist-in-Chief/Head

PRPC - Psychiatry Residency Program Committee

SHSC - Sunnybrook Health Sciences Centre

Created by: Program Director and Associate Program Director with PRAT & Resident Leadership Council input

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