

Resident Wellness and Accommodation Policy

UBC Vascular Surgery (UBCVS) Policy

Preamble

The UBC Division of Vascular Surgery Resident Wellness and Accommodation Policy is meant to provide guidance to residents with respect to resident wellbeing, absences and educational accommodation. Unlike the UBC Vascular Surgery Supervision and Resident Safety policies, these policies are almost entirely congruent with the existing UBC Postgraduate Medical Education policies as there are no discipline-specific accommodations that need to be made.

Policy

1. The Resident Wellness Office (RWO)

1.1 The RWO provides residents a safe and confidential venue to seek out resources that protect and enhance their health and well-being. Residents have access to wellness support through counseling, support groups, and outreach. The RWO provides the following:

- 1.1.1 Confidential counseling to individuals or couples
- 1.1.2 Group support within and across programs
- 1.1.3 Referrals to other health professionals or community resources when indicated
- 1.1.4 Workshops on relevant health and wellness topics
- 1.1.5 Up-to-date online resources

1.2 The RWO tracks utilization and timeliness of access as well as tracks data to provide an ongoing needs assessment. Reports are generated with de-identified aggregate data to the RWO Subcommittee, the PGME Executive, and the PGME Committee.

1.3 The RWO works with programs and residents to support peer-led wellness initiatives as an effort to further strengthen resident's well-being and enhance the environment of their respective programs.

2. The Resident Wellness Advisory Group

2.1 The Subcommittee is comprised of the Director of Resident Wellness, the Wellness counselors, the Wellness Office Program Coordinator, the PGME Director of Administration and the PGME Deans.

2.2 The Subcommittee meets formally to assist in identifying aims, goals, and implementation strategies to encourage healthy behaviors in the clinical setting, advocate for policy change, and create health-friendly work environments.

3. Resident responsibility

3.1 Residents are responsible for reporting fit for duty and able to perform their clinical duties in a safe, appropriate and effective manner free from the adverse effects of physical, mental, emotional and personal problems including impairment due to fatigue. Residents have a professional responsibility to appear for duty appropriately rested and must manage their time before, during and after clinical assignments to prevent excessive fatigue.

3.2 Residents are responsible for assessing and recognizing the signs of impairment, including that which is due to illness and/or fatigue in themselves. Residents experiencing such impairment are to notify their Program Director or designate.

3.3 If a resident is experiencing any physical or mental conditions they feel could impair their ability to perform their duties, he/she is encouraged to voluntarily seek assistance before clinical, educational and/or professional performance, interpersonal relationships or health are adversely affected. Residents, who voluntarily seek assistance before their performance is adversely affected will not jeopardize their status as a resident.

3.4 If a resident identifies physical, mental, or emotional problems affecting the performance of another resident, including impairment due to excessive fatigue, that resident should immediately notify the program director or designate.

3.5 Residents must maintain their health through routine medical and dental care and, if needed, mental health care. Non-urgent appointments may be scheduled in advance with appropriate permission.

3.6 At no time will residents be denied visits for acute care for illnesses (physical or mental) or dental emergencies during work hours.

4. Residency Program Responsibility

4.1 It is the responsibility of the Residency Program Committee to be aware of themes and factors influencing Program health and wellness.

4.2 The RPC will appoint a residency Wellness Officer to sit at RPC meetings to advise the committee on resident wellness. The wellness officer is elected by the residents to champion wellness among the VS Residents.

4.3 If a program director or faculty member identifies physical, mental, or emotional problems affecting the performance of a resident, including impairment due to excessive fatigue, the member must take steps to ensure the safety of residents and patients.

4.4 Program directors or designates are encouraged to address burnout and/or depression at semiannual reviews and provide appropriate resources.

4.5 It is the responsibility of the Program to provide reasonable accommodations (i.e. duty assignments, on-call schedules), to enable the resident to participate in required medical appointments, including counseling which are consistent with the HEABC Collective Agreement.

5. Resources

UBC resident wellness office (<http://postgrad.med.ubc.ca/resident-wellness>)

Employee & Family Assistance Program (<http://www.efap.ca>)

Physician Health Program (<https://www.physicianhealth.com>)

PGME Fatigue Risk Management Policy

Resident Leave and Accommodation Policy

1. Sick days or vacation days

1.1 Residents must inform the Program Office and their rotation supervisor or supervising staff when taking sick days, vacation or holiday make up days. Residents sick for longer than 5 consecutive days, must contact their Program Director to discuss their situation and, at the Program Director's discretion, may be required to follow the procedures for medical leaves (short or long term) set out in this Policy.

2. Requests for Maternity, Paternity, Adoption, Compassionate, and Education Leave of Absence ("LOA")

2.1 Requests for a LOA under the above noted categories must be submitted in writing to the Program Director. Program Directors may grant LOAs under these categories and if granted, any salary or other benefits will be determined by the terms of the Collective Agreement

2.2 The Program Director or PGME Office may require additional information from the Resident related to the request for LOA. Residents must comply with these requests in a timely manner. A failure to respond to a request for information may result in the LOA being delayed or not being granted.

2.3 Once the LOA is granted, the Program Director or Program Office must notify the PGME Office, and the PGME Office will notify the Employer of the type of leave granted, the dates of the leave, and of any subsequent changes, either to those dates or the type of leave.

3. Requests for Leave for Illness/Injury

3.1 Residents are registrants of the medical regulatory authority, the College of Physicians and Surgeons of BC ("College"), and are bound by the College's Bylaws and the Health Professions Act ("HPA"). Residents have a professional responsibility to withdraw from patient care when they are impaired by illness, whether due to physical or mental reasons, emotional disturbance, cognitive concerns, or addiction to alcohol or drugs. The HPA requires that any health practitioner notify the College regarding a health concern or impairment that may constitute a risk to patients or the public.

3.2 Programs and PGME will grant requests for time off for illness/injury in accordance with the terms of this policy.

4. Request for Short Term Leave for Illness/Injury

4.1 Requests for leave related to illness or injury expected to result in an absence of more than 5 days but less than 4 weeks ("Short Term Leave") must be made to the Program Director. Absences that are anticipated to be greater than 4 weeks require a Medical Leave of Absences set out in this policy.

4.2 The Resident must notify the Program Director in writing of the request for a Short Term Leave as soon as possible for a scheduled leave. The request must be accompanied by appropriate medical documentation in support of the request for leave including an estimate of the length of leave required. Once the Short Term Leave is approved the Resident must notify the Resident's rotation supervisor.

4.3 In the event of an unanticipated and unscheduled illness or injury requiring an absence of more than 5 days the Resident (or delegate) must contact the Program Director and rotation supervisor or supervising staff on the first day of the absence as required in section 1.1. If the Program Director determines that the Resident must apply for a Short Term Leave the Resident must submit appropriate medical documentation in support of the request for leave in a timely manner. The documentation must include an estimate of the length of leave required. Residents who fail to notify the Program Director or who fail to provide timely medical documentation in support of a Short Term Leave will be considered Absent without Leave.

4.4 In all circumstances in which the Program grants a Short Term Leave the dates of the Short Term Leave and of any subsequent changes to these dates will be communicated to the Employer, or delegate, by the Program Director or the PGME Office to ensure appropriate tracking of sick days and application of Collective Agreement benefits.

4.5 Residents must notify the Program Director and their supervising staff of their anticipated date of return at the earliest opportunity to allow time to prepare for re-entry into the Program. The Resident must provide medical documentation to the Centre for Accessibility ("CA") confirming the Resident's fitness to return and to resume training.

4.6 A Resident who requires accommodation to resume training must notify the Program Director at the earliest opportunity. The Resident will be referred to the CA for assessment of the accommodation request. The request for accommodation will be managed in accordance with the Accommodation Policy.

4.7 If the Resident's illness or injury is of a chronic or relapsing nature, or if the Resident requires accommodations, the Resident is urged to notify the College.

5. Request for Medical Leave of Absence (Illness/Injury)

5.1 Residents who anticipate they will be absent for more than four (4) weeks must request a Medical Leave of Absence ("Medical Leave"). The request must be in writing and submitted to the Program Director who will forward the request to the PGME Deans.

5.2 A Resident whose Short Term Leave will extend beyond four (4) weeks must notify the Program Director and, in the Program Director's discretion, may be required to request a Medical Leave under this section. The Program Director will notify the PGME Office of the change in leave requirements.

5.3 Requests for Medical Leave will be referred by PGME Office to the CA for assessment and recommendations. The Resident is responsible for contacting a disability advisor in CA, and for providing any medical documentation requested by the CA to complete the assessment of the request for Medical Leave.

5.4 If the condition resulting in the Medical Leave is acute in nature and not anticipated to result in any accommodations, the resident is not required to contact the disability advisor. In this circumstance, the resident is to contact the PGME Office to notify them about the acute nature of their condition. The resident then is to follow the steps outlined in 4 above (Request for Short Term Leave for Illness/Injury). At any time, the PGME Office may determine that a resident (who has initially indicated their condition is acute) would benefit from a referral to the CA and the resident then would be required to contact a disability advisor from CA.

5.5 The CA will contact the Program Director and PGME Office as needed to obtain background information and to discuss the impact of the leave on the Resident's training. Neither the Program Director nor the PGME Office will be provided with copies of any medical documentation submitted by the Resident to the CA in support of the request for Medical Leave.

5.6 The CA will provide a written recommendation to the PGME Office regarding the Medical Leave and any recommended terms upon which the Medical Leave should be granted. The PGME Office will discuss the recommendations with the Program Director.

5.7 The PGME Deans may grant the Medical Leave and may incorporate the terms recommended by the CA into the Medical Leave.

5.8 The CA may require a Resident to submit status reports from the treating physician or primary care provider, including an updated prognosis, ("Status Report") at any time, and no longer than at six month intervals, during the

Medical Leave. If the Resident fails to provide a Status Report as required, the CA will notify the PGME Office who will follow-up directly with the Resident.

5.9 In addition to any additional requirements imposed by the PGME Deans, a Resident who is granted a Medical Leave must meet the following requirements:

5.9.1 The Resident is expected to be under the treatment of a physician or other appropriate care provider during the Medical Leave and to continue with treatment as recommended by the Resident's treating physician or care provider throughout the Medical Leave.

5.9.2 The Resident, or in appropriate circumstances the Resident's delegate, is responsible for maintaining regular contact with the Program Director and for advising the Program Director of any changes in the anticipated length of the Medical Leave. The Program Director will notify the PGME Office of any reported changes.

5.9.3 The Resident must submit Status Reports or additional medical documentation to the CA as requested.

5.9.4 The Resident must respond promptly to requests from the CA, Program, or PGME Office related to the Medical leave. Failure to meet the above listed requirements will constitute a breach of the terms of the Medical Leave and the Resident will no longer be on an approved leave. A Resident who is absent and not on an approved leave is absent without leave and may be dismissed from the Program.

5.10 The PGME Office will communicate the start and end dates of the Medical Leave and of any subsequent changes to these dates to the Employer, or delegate, and to the College.

5.11A Resident who wishes to extend a Medical Leave must advise the Program and PGME Office and must provide the CA with medical documentation in support of the requested extension. The CA will assess the request and provide a recommendation to the PGME Office. The PGME Deans will consider the recommendation, consult with the Program Director, and in appropriate circumstances grant the extension.

5.12 During a Medical Leave Residents can obtain support through the Employee and Family Assistance Program (<http://www.efap.ca>) and through the Physician Health Program (<https://www.physicianhealth.com>) and UBC Resident Wellness Office. (<http://postgrad.med.ubc.ca/resident-wellness>)

6. Return to Training Following a Medical Leave

6.1 The PGME Office will work with the Program, the CA, the Resident, the Resident's treating physician, and the College to ensure a smooth transition back to training.

6.2 The Resident must advise the CA and the Program promptly when the Resident's treating physician recommends a return to training. This will allow the Program time to set up a return rotation and/or any transition period that may be required. The Program will notify the PGME Deans who will notify the College.

6.3 PGME or the Program may ask the CA to obtain additional medical documentation relevant to the return to training. A delay in providing the requested medical documentation will result in a delay in the Resident's return to training. A failure to provide required information may prevent the Resident's return to the Program.

6.4 The Resident's return to training date will be determined based on a number of factors including reactivation of College registration and licensure, availability of appropriate rotations, the need for academic and/or clinical skills assessment, the need for remediation, and the ability of the Resident to meet the requirements of the training, with or without accommodation, and the implementation of any approved accommodation requests.

6.5 To ensure patient safety and optimum learning, the Program will determine whether the Resident will require a transition period to assess competence to resume clinical duties ("Assessment Period"). The Program Director will meet with the Resident to discuss the terms and goals of the Assessment Period which will be set out in writing. An Assessment Period will not be counted as a regular rotation to meet the requirements of the Royal College of Physicians and Surgeons of Canada ("RCPSC") or the College of Family Physicians of Canada ("CFPC").

6.6 The Program will notify the PGME Office when a Resident is scheduled to return to training, and will advise of any Assessment Period or accommodations to be provided. The PGME Office will notify the Employer, or delegate, of the return date and of any academic accommodations that may have an impact in the clinical setting

6.7 If the Resident requires accommodation to return to training the request for accommodation will be managed in accordance with the PGME Accommodation for Residents with Disabilities Policy.

7. Residents Receiving LTD Benefits During Medical Leave

7.1 The Collective Agreement provides a Long Term Disability Plan (“LTD”) for eligible Residents on Medical Leave. The LTD Plan is administered by a Great West Life (“GWL”) on behalf of the Employer. GWL will adjudicate claims for LTD under the terms of the LTD Plan.

7.2 PGME will notify the Employer and payroll, when a Resident is granted a Medical Leave.

7.3 To minimize disruption and duplication a Resident is encouraged to submit the same medical documentation provided in support of the Medical Leave to the CA and GWL. With the Resident’s consent the CA will provide copies of the medical documentation submitted by the Resident, to GWL, for the purpose of adjudication of the claim under the LTD benefit plan.

7.4 The Resident is encouraged to provide consent to GWL to share documentation, including medical documentation, provided directly to GWL with the CA to assist in planning a return to training.

7.5 A Resident in receipt of LTD benefits must submit Status Reports to the CA as required under this Policy and is responsible for responding to any additional requests from the CA for medical documentation.

7.6 A Resident in receipt of LTD benefits who wishes to extend a Medical Leave must, in addition to meeting the requirements of the LTD plan, provide, or authorize GWL to provide, the CA with medical documentation in support of the requested extension. The CA will assess the request and provide a recommendation to the PGME Office. The PGME Deans will consider the recommendation and, in appropriate circumstances, grant the extension and will notify the Employer and GWL if the leave is not extended.

7.7 Medical documentation received by the CA, either directly from the Resident, or through GWL, will not be provided to the Program or the PGME Office.

8. Return to Training for Residents on LTD

8.1 When GWL advises the PGME Office that medical documentation from the Resident’s treating physician confirms the Resident’s fitness to participate in a rehabilitation program or to return to work, GWL will consult with PGME and the Program to develop a rehabilitation or return to work plan that aligns with a return to training.

8.2 GWL, the PGME Office, and the Program will share information, including, with the Resident’s consent, medical information to effectively collaborate on a rehabilitation or return to work/return to training plan. PGME may request that the Resident directly, or through GWL, provide the CA with additional medical documentation relevant to the return to training. A delay in providing the requested medical documentation will result in a delay in the Resident’s return to training. A failure to provide required information may prevent the Resident’s return to the Program.

8.3 Following notification from GWL of the anticipated date of return, the PGME Deans will notify the Program and the College. The Resident’s return to training date will be determined based on a number of factors including reactivation of College registration and licensure, availability of appropriate rotations, the need for academic and/or clinical skills assessment, the need for remediation, and the ability of the Resident to meet the requirements of the training, with or without accommodation, and the implementation of any approved accommodation requests.

8.4 The Program will notify the PGME Office when a Resident is scheduled to return to training and will advise of any Assessment Period or accommodations to be provided. The PGME Office will notify GWL and the Employer.

8.5 If the Resident requires accommodation to return to training the request for accommodation will be managed in accordance with the PGME Accommodation for Residents with Disabilities Policy.

9. Return to Work and LTD Benefits

9.1 Under the terms of the LTD plan GWL will determine whether a Resident continues to meet the definition of disability or whether claim termination is warranted. PGME will work with GWL to coordinate a return to work and a return to training.

9.2 While a determination that fitness to return to work will normally indicate fitness to return to training there may be circumstances when a Resident may be deemed fit to return to work but not able to return to training. The PGME Office in consultation with the Program will determine when a Resident can resume training.

9.3 If a Resident requires workplace accommodation the request will be managed in accordance with the Employer’s applicable policy.

10. Notification to the College of Physicians and Surgeons of BC

10.1 The College will be notified in writing by the PGME Office when a Resident is granted an LOA, other than a Compassionate or Educational Leave, and the Resident will typically be asked to voluntarily suspend their license ("Temporarily Inactive- Health Leave"). Information on this process can be found at: <https://www.cpsbc.ca/files/pdf/PSG-Changing-Status-to-TI.pdf>. Residents are not permitted to engage in any clinical aspects of training while on leave.

10.2 The PGME Office will notify the College in writing when the Resident is anticipated to return from leave. The College will contact the Resident, who must complete all College requirements for registration and licensure before the Resident can return to training, including to an Assessment Period.

10.3 It is the Resident's responsibility to meet any terms imposed by the College with respect to the Resident's registration and licensure.

10.4 The Resident must provide the license verification to the Program Office on the first day of return. Failure to provide verification will result in delay of return to a scheduled rotation, or the start of any Assessment Period.

10.5 Depending on the length of the Medical Leave, a Resident may have the training and/or date of completion extended in order to meet the requirements of RCPSC or CFPC.

11. Removal from the Clinical Area

11.1 A Resident may be removed from the clinical area and placed on interim leave by the Program Director if the Resident exhibits behaviours or performance issues that pose risk to others or themselves. The removal of a Resident from the clinical area must be reported to PGME and the College promptly. PGME will notify the Employer as appropriate.

11.2 The Resident's return to the clinical area may be subject to conditions imposed by the Program, in consultation with the PGME Office, or by the College.

12. Absent Without Leave

12.1 If a Resident is absent and has not contacted the Program Director to arrange time off or a leave of absence, the Resident will be considered absent without leave. Programs must immediately report Residents who are absent without leave to the PGME Office who will report to the Employer, or delegate, to ensure appropriate steps, including payroll adjustments, are taken.

12.2 The PGME Office will make a reasonable effort to contact the Resident through the contact information on file. If this fails, the PGME Office may utilize resources such as the emergency contacts provided by the Resident.

12.3 A Resident who is absent without leave will not be entitled to receive salary and benefits. A Resident who is absent without leave is in breach of his or her professional obligations and may be dismissed from the Program.

13. Dismissal During Leave

13.1 In circumstances where a Resident has been absent from the Program for medical reasons for at least two years, whether or not they are on LTD, and Status Reports from the Resident indicate that there is no prospect of a return to training in the foreseeable future, the PGME Deans may recommend dismissal of the Resident from the Program on the basis that their absence cannot be accommodated indefinitely.

ACCOMMODATION POLICY

1. Scope

1.1 This policy applies to Residents with Documented Disabilities who require Accommodation to undertake or complete training in a Program.

1.2. This policy does not apply to Residents who experience Temporary Health Issues.

1.3. This policy applies to UBC staff and faculty with respect to their shared responsibility to accommodate Residents with a Documented Disability in their residency training.

1.4. This policy does not apply to accommodations that pertain strictly to the workplace or to employment matters; the applicable Health Authority policy will apply in these circumstances.

2. Statement of Policy

2.1 The Programs and PGME Office are committed to ensuring that Residents with Documented Disabilities are considered for selection to Residency Programs for which they are academically qualified, and to facilitating safe access to the PGME educational and learning environment, and to the University facilities and services.

2.2 Residents, or applicants for residency training, who have a Documented Disability, are entitled to be provided with Accommodation(s) that will assist them to achieve the essential skills and abilities associated with the Residency Program into which they have been accepted.

2.3 The provision of an Accommodation is determined on a case-by-case basis, taking into account all relevant factors.

2.4 Accommodations must not compromise the integrity of the training or lower the educational standards required of the Resident. An Accommodation cannot interfere with, or compromise, a Program's ability to assess a Resident's ability to meet the educational standards or essential skills of the training.

2.5 It is the Resident's responsibility to identify Accommodation needs in a timely and proactive fashion to enable the Program to respond appropriately and to minimize disruption to the training.

2.6 The duty to accommodate Residents with Documented Disabilities is limited to providing reasonable accommodation without incurring undue hardship. What constitutes undue hardship varies based on, and must be considered in the context of, the circumstances of each individual case. However, undue hardship is likely to exist when an Accommodation:

2.6.1. would likely result in a substantial risk to health or safety to a patient, the Resident or others;

2.6.2. prevents assessment of the Resident's ability to meet the standards of the Program, or, an essential requirement of the CFPC or RCPSC;

2.6.3. despite appropriate accommodation the Resident is unable to meet the standards of the Program or an essential requirement of the CFPC or RCPSC; or

2.6.4 would seriously compromise, or undermine, the integrity of the Program or would cause significant financial hardship to UBC.

2.7 Determination of whether an Accommodation constitutes an undue hardship is made by the PGME Dean based on information provided by the Resident, the CA, and the Program.

3. Procedures

Referrals

3.1 Residents who require Accommodation must meet with their Program Director at the earliest opportunity to advise of the need for Accommodation. The Program Director will advise the PGME Deans. The PGME Office will notify the Employer if a workplace accommodation is required.

3.2 The Program Director will refer the Resident to the CA. The Resident is responsible for contacting a CA disability advisor in a timely manner and for providing any medical documentation in support of the requested Accommodations required by the CA for the purpose of assessing the request.

Documentation

3.3 Residents must ensure that documentation acceptable to the CA is obtained from medical doctors, registered psychologists or other health professionals who are appropriately certified and/or licensed to practice their professions and have specific training, expertise, and experience in the diagnosis of the particular disability for which accommodation is being requested. UBC is not required to provide, or assume the costs of, diagnostic services.

3.4 Residents are required to submit documentation outlining the nature of the disability, along with a detailed explanation of the functional impact of the disability. A diagnosis alone is not sufficient to support a request for an Accommodation.

3.5 Documentation must be current. For Residents who have a stable condition, usually no more than 3 years must have elapsed between the time of the assessment and the date of the initial request for Accommodation. Where a Resident's medical condition changes, updated documentation must be provided as soon as practicable.

3.6 Once the CA has reviewed the medical documentation and determined there is a Documented Disability, the CA will discuss the recommended and requested Accommodations with the Resident. The CA may require additional documentation from the Resident in order to assess the requested Accommodations and to make recommendations to PGME and the Program with respect to recommended academic adjustments, auxiliary aids and/or services and reasonable and appropriate accommodations.

3.7 The CA will describe the functional impact of the Documented Disability and provide recommendations for Accommodations to the Program and PGME in writing. Medical documentation provided by the Resident to the CA will not be provided to the Program or PGME. All medical information obtained by the CA will be treated as confidential except to the extent the information relates to the functional impairments, required for assessment of the requested Accommodation, implementation of the Accommodation, and the potential impact of the Accommodation on academic and clinical assessment, will be discussed with PGME and the Program in order to identify appropriate Accommodations and fulfill their obligations under this policy. Information related to functional impairments that require Accommodation in the workplace will be shared with the Employer, or representatives, as necessary in order for the Employer to fulfill its duty to provide accommodations in the workplace.

Determining Appropriate Accommodation

3.8 The PGME Deans and the Program Director will discuss the recommended Accommodations with the CA and may ask the CA to obtain additional medical information from the Resident related to the Accommodations. The PGME Deans in consultation with the Program Director will determine whether a recommended Accommodation in residency training can be provided.

3.9 The Program Director will provide a letter to the Resident detailing the Accommodation(s) ("Accommodation Letter") that will be provided and will discuss implementation of the Accommodation(s) with the Resident. If the Accommodation(s) intersects or interrelates to workplace accommodation(s), it will be shared with the Employer, or its delegate.

3.10 Residents are encouraged to discuss their Accommodation(s) with their Site Directors or preceptors as appropriate. At the Program Director's discretion, the Accommodation Letter will be shared, in whole or in part, with appropriate supervisory faculty.

3.11 Accommodations requiring modification to the workplace will be referred to the Employer (in most cases, the Health Authority where the Resident has been assigned to work). The PGME Site Coordinator will participate in discussions related to the provision of Accommodations with the Employer or its delegate. Workplace Accommodations will be determined and implemented by the Employer.

Notification to the Royal College

3.12 The Royal College Credentials Committee must be notified in advance of any modified residency training.

3.13 Where applicable, the Royal College may require a written verification from the Resident's treating physician, describing the special need, condition or disability, and its potential impact on residency training and evaluation.

3.14 The special need, condition or disability must be verified, documented and considered valid by the Program Director, the Postgraduate Dean, the appropriate Specialty Committee(s) and the Royal College Credentials Committee.

3.15 The modified residency program must be approved by the Program Director, the appropriate Specialty Committee(s) and the Royal College Credentials Committee.

Accommodation Review

3.16 Accommodation is an ongoing process and Accommodations must be reviewed regularly by the CA to ensure that the Accommodations are still required and to assess whether the Accommodation(s) continue to meet the needs of the Resident and the requirements of the Program.

3.17 An accommodation review can be requested by the Resident or the Program Director. When a Resident's functional abilities have shown significant change since the original medical documentation was submitted (i.e. either an improvement or deterioration of status has taken place or is expected to take place) or when the Resident's accommodation requests have changed significantly over the course of the training, new or updated information may be requested by the CA. UBC is not required to provide or assume the cost of diagnostic services or costs associated with obtaining updated information.

3.18 The Resident is required to obtain information in response to any reasonable requests for updates from CA. If updated information is not provided the matter will be referred to the PGME Deans. This may result in an interruption of the Resident's training.

3.19 Failure to comply with the above processes and responsibilities may result in delays in providing the Accommodation or in the appropriate Accommodation not being provided.

3.20 Where a Resident disagrees with a Program or PGME decision with respect to the provision of an Accommodation, and is unable to resolve the issue with the Program, the Resident may initiate a complaint of discrimination and follow the processes under UBC Policy #3 (Discrimination).

3.21 A Resident may also have recourse to processes outside of UBC, such as filing a complaint with the BC Human Rights Tribunal.

4. DISMISSAL FROM PROGRAM

4.1 While providing Accommodation enables Residents with disabilities to have an alternative means of meeting essential requirements of the course, program or activity, fulfilling essential requirements of the training remain the Residents' responsibility. Accommodation(s) shall not lower the academic standards of UBC, and shall not remove the need for evaluation or assessment or the need to meet essential requirements of the Program.

4.2 A Resident who is receiving appropriate Accommodation(s) yet cannot meet the educational standards or essential skills of the Program, may be dismissed from the Program pursuant to the procedures set out in the PGME Resident Assessment Policy.

4.3 A Resident who is dismissed from the Program can appeal the dismissal decision pursuant to the procedures set out in the Resident Appeal Policy.

4.4 The Collective Agreement between the Employer and the Resident Doctors of BC governs the employment implications of dismissals from the Residency Program.

UBC Vascular Surgery (UBCVS) Policy

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Action Committee Date Status