Policies Regarding Missed/Modified Call

***Preamble****:* This policy aims to ensure clarity, accountability and professionalism in resident on-call responsibilities when a call-shift is missed. It is supported by the PRPC, which includes representation from PRAT. This policy should in NO way dissuade residents from calling in back-up call for legitimate reasons, but seeks to ensure that on-call responsibilities are attended to in a thoughtful and accountable manner.

1. Residents who miss scheduled call shifts due to unforeseen emergencies or due to unexpected short-term illness are responsible for calling in the back-up person assigned to their call-shift. In situations where illness or emergency limits the ability to call in the back-up resident directly, residents are expected to seek assistance from their Chief Resident and Postgraduate Site Director to ensure the shift is covered and that the back-up resident is informed of the need to be on-call.
	1. In situations wherein the back-up resident has been called in, the resident requiring the back-up are expected to promptly write (via email) to both their Call Pool and Base Site Chief Residents, and their Call Pool and Base Postgraduate Site Director to advise/confirm: (i) the date of the missed shift and the back-up person who was on-call in their place and (ii) the reason for missing call OR a preference to speak with the Site Director privately regarding the rationale
	2. Chief Residents are responsible for keeping PRAT updated regarding significant changes to resident call points related to missed call
* Situations in which there are *longitudinal* concerns (i.e. over different call pools) regarding frequent use of the back-up call system may be brought to the attention of the Site Director or Program Director
* The requirements above do not apply if the Psychiatry Residency Program Committee has already allowed for modified call or has advised PRAT/Chief Residents that the policy above does not apply in a particular resident’s situation

**First Resident Absent:**

* 1. Resident contacts the back-up resident directly to inform them of the need to be on-call. The absent resident must also inform the staff physician on call, the core and call Chief Residents, as well as the core and call Postgraduate Site Directors.
	2. The back-up resident is now on call. They may alert the call pool to ask for volunteers to switch their call shift.

**Second (or subsequent) Resident Absent:**

* 1. The second resident must contact the staff physician on-call directly. They must also inform the core and call Chief Residents, as well as the core and call Postgraduate Site Directors.
	2. If no residents are available, the staff physician is responsible for the call shift.
	3. The staff physician may inform the Department Chief (or delegate, i.e. ED Clinical Lead)

**Back-up Resident Absent:**

* 1. The back-up resident is expected to be available for the entire duration of the back-up call shift.
	2. If the back-up resident forsees that they will be unable to provide back-up, they must inform the resident on call, the staff physician on call, the core and call Chief Residents, as well as the core and call Postgraduate Site Directors.
1. Residents may, through mutual agreement switch their scheduled call shifts with other residents.
	1. Changes to the call schedule must be communicated to the Chief Resident(s), locating, emergency room and/or other individuals as per the call site’s policy.
	2. Switches must be reviewed by the Chief Residents to ensure they do not violate PARO-CAHO rules regarding maximum duty hours.
	3. Changes to the call schedule may result in a change in call points. It is the Chief Resident’s responsibility to make appropriate adjustments to call points, and ensure equity of call points by the end of the call block.
2. Back-up call must follow the requirements of the existing PARO-CAHO Collective Agreement. Chief Residents cannot be expected to be on permanent “second back-up” or fill unexpected gaps in the call schedule as this violates the PARO-CAHO Collective Agreement. The back-up call resident must be available for emergency purposes when residents for unexpected, unforeseen circumstances due to illness or emergency. This includes being reachable by cell-phone or pager or by home phone the full shift of the back-up call.
3. Residents who miss call due to unforeseen circumstances due to emergency or short-term illness are required to make up their call requirements before a change in call pools unless authorized otherwise by the program director.
	1. It is the Chief Resident’s responsibility to ensure equity in call points is restored.
	2. Residents who miss call during the month prior to a change in call pools will start the next block of call with a deficit of call points.
	3. Similarly, residents who have been required to do extra call in the month prior to a change in call pools will start the next block of call with a surplus of call points.
4. Should a resident believe that he/she should be exempt from call or that their call requirements should be modified in any way, the resident must submit this request to the program director who will consult with the Modification of Training Sub-Committee regarding the resident’s request.
5. Additions and/or modifications to these guidelines must be approved by the Psychiatry Residency Program Committee.