

Summary of Key Changes in 2018-2022 CBA

Please see full PDF for all details

TERM OF AGREEMENT:

January 1, 2018 December 31, 2022 with implementation commencing March 1, 2021 unless otherwise stated below

SCALES OF REMUNERATION

Effective January 1, 2018: increase all levels by 0% retroactive to any Resident in Program

Effective January 1, 2019: increase all levels by 0% retroactive to any Resident in Program

Effective January 1, 2020: increase all levels by 1.0% retroactive to any Resident in Program

Effective January 1, 2021: increase all levels by 1.5% retroactive to any Resident in Program

Effective January 1, 2022: increase all levels by 1.5% retroactive to any Resident in Program

<u>PAY LEVEL</u>	01-Jan-18	01-Jan-19	01-Jan-20	01-Jan-21	01-Jan-22
<u>PGY1</u>	\$59,234	\$59,234	\$59,826	\$60,724	\$61,635
<u>PGY2</u>	\$64,599	\$64,599	\$65,245	\$66,224	\$67,217
<u>PGY3</u>	\$69,959	\$69,959	\$70,659	\$71,718	\$72,794
<u>PGY4</u>	\$75,296	\$75,296	\$76,049	\$77,190	\$78,348
<u>PGY5</u>	\$80,594	\$80,594	\$81,400	\$82,621	\$83,860
<u>PGY6</u>	\$85,879	\$85,879	\$86,738	\$88,039	\$89,359

ADMINISTRATIVE RESIDENT STIPEND

Effective January 1, 2018 \$168.96 annually per Resident in Program

Effective January 1, 2019 \$168.96 annually per Resident in Program

Effective January 1, 2020 \$170.65 annually per Resident in Program

Effective January 1, 2021 \$173.21 annually per Resident in Program

Effective January 1, 2022 \$175.81 annually per Resident in Program

CALL STIPENDS

Home Heavy:

Effective January 1, 2018 per duty period: \$107 weekday

Effective January 1, 2019 per duty period: \$107 weekday

Effective January 1, 2020 per duty period: \$108 weekday

Effective January 1, 2021 per duty period: \$110 weekday; \$126 weekend

Effective January 1, 2022 per duty period: \$111 weekday; \$128 weekend

Home Light:

Effective January 1, 2018 per duty period: \$70 weekday

Effective January 1, 2019 per duty period: \$70 weekday

Effective January 1, 2020 per duty period: \$71 weekday

Effective January 1, 2021 per duty period: \$72 weekday; \$83 weekend

Effective January 1, 2022 per duty period: \$73 weekday; \$84 weekend

In House:

Effective January 1, 2018	per duty period: \$162 weekday
Effective January 1, 2019	per duty period: \$162 weekday
Effective January 1, 2020	per duty period: \$164 weekday
Effective January 1, 2021	per duty period: \$166 weekday; \$191 weekend
Effective January 1, 2022	per duty period: \$169 weekday; \$194 weekend

ICU/CCU:

Effective January 1, 2018	per duty period: \$162 weekday
Effective January 1, 2019	per duty period: \$162 weekday
Effective January 1, 2020	per duty period: \$164 weekday
Effective January 1, 2021	per duty period: \$166 weekday; \$191 weekend
Effective January 1, 2022	per duty period: \$169 weekday; \$194 weekend

CALL CONVERSION NOW APPLIES

Effective on the date of implementation, a Resident who is scheduled for Home Call but who works more than four (4) hours in the hospital during the call period, of which more than one (1) hour is past midnight and before 0600 hours, shall be remunerated at the In-House call rate for that call duty period. The Employer shall have the right to implement reasonable rules to verify that the Resident qualifies for call conversion for that call duty period.

Note:

Whereas the weekend premium provisions for all call periods except excess call are new introductions to this Agreement and the cost magnitude of them cannot be adequately predicted, and whereas that cost magnitude is material to the overall settlement, the parties agree that the funding to support new weekend stipends in 2021 and 2022 will be capped at \$100,000.00 each year. If the premium payments for new weekend stipends exceed the cap in either year, such premium payments will be suspended for the balance of that year and resumed in the following year. The Employer will advise the union at such time as the cap comes into effect. If the yearly cap is not exceeded, no surplus will accrue for subsequent year’s use.

The parties also agree that the future funding of the new weekend premium stipends and the amounts thereof will be the subject of negotiations in 2023 for the renewal of this collective agreement. The yearly cap of \$100,000.00 will remain in force and effect until such time as the parties negotiate otherwise. This protocol will have no application to the existing excess call weekend premium stipend.

PARTIAL SHIFTS OR SPLIT SHIFTS NOW EQUAL ONE SHIFT FOR PAY AND FREQUENCY

In services where in-house call is scheduled as partial or split-shifts (scheduled as less than 1700-0800 weekdays or 0800-0800 weekends), each part of the partial call shift or split-shift constitutes one call duty period for the purposes of call frequency maximums and call stipends.

IN-HOUSE EXCESS CALL STIPENDS

In-House Excess Call Rates	1-Jan-18	1-Jan-19	1-Jan-20	1-Jan 21	1-Jan 22
Weekday (periods from 1700 to 0800 hours on weekdays)	\$191	\$191	\$193	\$196	\$199
Weekend (periods from 0800 to 0800 hours on weekends)	\$243	\$243	\$245	\$249	\$253

ICU/CCU EXCESS CALL STIPENDS

ICU/CCU Excess Call Rates	1-Jan-18	1-Jan-19	1-Jan-20	1-Jan 21	1-Jan-22
Weekday (periods from 1700 to 0800 hours on weekdays)	\$191	\$191	\$193	\$196	\$199
Weekend (periods from 0800 to 0800 hours on weekends)	n/a	n/a	n/a	\$249	\$253

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INTERNAL MEDICINE CLINICAL TEACHING UNIT (HEREINAFTER “CTU”) SENIOR NIGHT FLOAT

The call stipend for Sunday in NO LONGER prorated between the day and night resident; each receive a full stipend

CALL SCHEDULES

Program Directors, via the Program Administrative Assistant with the assistance of the Administrative Resident as necessary, will email to RDoS all final resident duty schedules on the day they are posted in the program.

SHIFTWORK (EFFECTIVE MARCH 1, 2021)

For those Residents who participate in shiftwork, including but not limited to Emergency Medicine, Internal Medicine, and Pediatrics; shifts shall not be scheduled in excess of 5 shifts per week, with maximum duty hours pro-rated by duration of shift. For example, CTU float shifts at 12 hours per shift, and ER shifts at 8 hours per shift. No resident shall be expected to participate in clinical duties for 12 hours preceding and after the shift.

For Residents with extra clinical duties, for example Family Medicine Residents with obstetrical duties, any excess clinical duties shall be restricted per call frequency and duration expectations. This includes maximum number of days spent performing excess duties per month, as per current call and shiftwork restrictions. If the Resident’s duties meet the requirements for call conversion, the resident shall be appropriately compensated and be entitled to a post-call day.

TAXI VOUCHERS FOR POST-CALL

To ensure Resident and Public safety, Residents who feel they are unsafe to drive their vehicle from the training facility to their residence after working an in-house or converted call shift will be reimbursed by the Employer for taxi fare home to a maximum of \$25 per occurrence. Supporting receipts will be required for any such claim and repeated claims by Resident may be rejected by the Program Director if found unreasonable.

TIME IN LIEU OF WORKING STATUTORY HOLIDAYS

May now be scheduled within the academic year wherever possible, or up to 60 days into the new academic year for returning residents.

PAYMENT FOR STATUTORY HOLIDAYS

Payment must be issued before the end of the academic year in which it was accrued.

TIME IN LIEU OF WORKING MIDDLE DAY OF LONG WEEKEND

May now be taken before the end of the academic year in which it was accrued, or up to 60 days into the new academic year for returning residents.

NO PROGRAM-SPECIFIC VACATION LEAVE POLICIES

No individual rotation-specific vacation policy shall apply. In the case where rotations refuse a requested vacation period, the reason for refusal shall be shared with the resident and parent Program Director. If the reason is not deemed satisfactory by the parent Program Director, the Resident's request shall be upheld. Any routine policy for refusal of vacation requests is deemed a violation of the collective bargaining agreement.

REMOVAL OF CAP ON SICK DAYS EARNED

Residents shall, upon commencement of training/employment, be credited with fifteen (15) days sick leave. In the second (2nd) and subsequent consecutive year(s) of training/employment, sick leave shall be earned and credited at the rate of one and one-quarter (1 ¼) days per month of training/employment cumulative over the length of training/employment.

COMPASSIONATE (BEREAVEMENT) LEAVE

Compassionate leave for instances in addition to those listed, will be at the discretion of the Program Director. Leaves will not be unreasonably denied.

MATERNITY/PATERNITY LEAVE

Dental, Extended Health Insurance, and optional Life and Disability Insurances, may be maintained provided the Resident pays all required premiums during the unpaid portion of this leave. The University will notify Residents of the options and costs of continuing benefits during a Maternity/Parental leave.

EDUCATION LEAVE

Weekends do not require the use of education leave days, as they are not regular workdays.

EXAMINATION LEAVE FOR SURGICAL FOUNDATIONS

A Resident shall receive paid leave to sit the Surgical Foundations Exam

MOVING LEAVE FOR FELLOWSHIPS

Residents shall be entitled to a minimum of thirty-six (36) consecutive hours leave immediately prior to the commencement of a training program, elective, or fellowship which requires a move from one (1) location to another.

DIRECT PAY PHARMACY CARD

Effective the first day of the month after ratification by both parties, the Employer will introduce a Direct Pay pharmacy billing card for the union's members pursuant to the rules governing such benefit.

MEMORANDUM OF AGREEMENT – NON-URGENT PAGES

The parties agree that there are best practices applicable for services (or units), which may mitigate the effect on residents of non-urgent pages between midnight and 0600.

The parties further agree that this is an issue of mutual concern that would appropriately be addressed at a forum which is appropriate to address resident issues, or where mutually agreed a joint committee specifically established to address non-urgent pages.

It is understood and agreed that issues of the quality of care, the safety of the patient, and resident fatigue and risk management will be primary considerations in these discussions. The committee's work may include developing a plan for implementation, the details of which may change from time to time. The application or changes of such plan is not grievable.