In an effort to maximize the Resident learning experience and to ensure the health and safety of all Residents and their patients, RDBC has put this primer together to assist Chief Residents and their teams with the ins and outs of scheduling call.
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Chief (Administrative) Resident Role
The role of a chief varies among program but may include:
- The preparation of schedules and on-call rotations
- Organizing and scheduling of department rounds
- Acting as a liaison between house staff and senior staff
- Acting as a resource person for Residents for the purpose of teaching, supervision, peer review, appointments to appropriate committees
- Attendance at meetings to discuss matters related to the Residency Programs

Chief (Administrative) Resident Remuneration
Remuneration for this role is monthly and prorated based on the number of chiefs and the number of full-time residents. For example, if there are two chiefs for fifty residents, each receives half the rate for 50 residents prorated monthly. The rate for 2019-2020:

<table>
<thead>
<tr>
<th>Number of FTE</th>
<th>Administrative Allowance (total per Academic year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer than 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>3 to 4</td>
<td>$1,222.48</td>
</tr>
<tr>
<td>5 to 10</td>
<td>$2,444.97</td>
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<tr>
<td>11 to 15</td>
<td>$3,056.20</td>
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<td>16 to 20</td>
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<td>21 to 25</td>
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<tr>
<td>36 to 40</td>
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<td>41 to 45</td>
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<td>$9,168.60</td>
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<tr>
<td>51 to 55</td>
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<tr>
<td>56 to 60</td>
<td>$11,002.33</td>
</tr>
<tr>
<td>61 to 65</td>
<td>$11,613.58</td>
</tr>
</tbody>
</table>
Top Five Things to Remember

• Call payment funds are restricted to a budget assigned by the Health Employers Association of BC. Call shifts and payments are covered by the Collective Agreement. Residents who, through no fault of their own, have been scheduled to work more call shifts than allowed in the Collective agreement will not be paid. Please keep this in mind while creating schedules.

• When a Resident takes any sort of leave from their program, their days on service are reduced. Calls must be calculated and scheduled according to the days on service.

• Residents who are unable to take 4 uninterrupted hours during an overnight call shift for the purpose of rest must be released no later than 10am for their post-call day. This means no clinical work, no pagers.

• Residents will be paid for ONE call shift per day according to the Collective Agreement. Scheduling more than one call type in one day (Weekend Day followed by Out of Hospital Overnight, for example) means you are asking your residents to work for free.

• Evening Call is a period of in-hospital call following a regular, Monday - Friday shift. There is no Evening Call on Weekends, nor is there an Out of Hospital Evening Call.

Statutory Holidays
Residents are entitled to a paid day off on or before the following twelve holidays:

- New Year's Day
- Victoria Day
- Thanksgiving Day
- Family Day
- Canada Day
- Remembrance Day
- Good Friday
- BC Day
- Christmas Day
- Easter Monday
- Labour Day
- Boxing Day

If the date falls on a resident’s day off, vacation, or if the resident is performing call, the resident is entitled to an alternate day off with pay on a date that is mutually agreeable to resident and the program within twelve months of accruing the alternate day.

Residents who start work on the statutory holiday are entitled to an alternate day off with pay to be taken on a mutually agreeable date within twelve months of accruing the alternate day. Residents also receive double their pay
when they work on a stat or double time and a half (2.5) for Labour Day, Good Friday or Christmas Day.

To be eligible for the stat the resident’s shift must start on the statutory holiday. For example, a shift starting at 8 pm on June 30th and ending on July 1 at 8 am is not eligible, while a shift starting at 8 pm on November 11th is eligible.

As with leaves, the number of days on service is reduced for any resident taking a lieu day, and their call requirements must be reduced accordingly.

Alternate Holidays
Practitioners of religions that do not celebrate Good Friday, Easter Monday or Christmas are entitled to designate alternate dates as replacements. Where a Resident is scheduled to work their declared, designated holiday and does work as scheduled, the Resident shall be paid double (2X) his/her normal rate for the Easter Monday replacement day and will receive another day off with pay. The Good Friday and Christmas Day replacement days, the rate is double time and one-half (2.5X) his/her normal rate, and will receive another day off with pay.

If the declared, designated holiday falls within a Resident’s vacation, or on his/her regularly scheduled day off, or when he/she is on call, the Resident shall receive an alternative day off without loss of pay to be taken at a time by mutual agreement within the Academic Year.

Residents who chose an alternate date for Christmas are not entitled to the five consecutive days off, however, if service requirements can be met consideration should be made for providing the resident with five consecutive days off.

As with all leaves, the number of days on service is reduced for any resident taking a leave, and their call requirements must be reduced accordingly.

Vacation
Residents are entitled to 20 working days of vacation; this equates to 4 calendar weeks. When a resident takes vacation Monday through Friday, they are entitled to not be scheduled for call the weekend before and after their vacation.

Residents working part time or with an appointment period of less than a year have their vacation pro-rated using the following formula: (Days Paid to June
30th inclusive/261) x 20. If you need assistance calculating this, please call the Resident Doctors of BC office.

The approval of the vacation request cannot be unreasonably withheld taking into consideration the operational and educational requirements of the Program. A minimum of two (2) consecutive weeks’ vacation shall be granted to each Resident so desiring.

Resident spouses are entitled to take their vacation time together.

As with all leaves, the number of days on service is reduced for any resident taking a leave, and their call requirements must be reduced accordingly.

**Scheduling**

Residents shall be scheduled to work a reasonable number of hours. This means an effort should be made to limit the average number of hours, having due regard for sound patient care and treatment as well as the educational requirements of the residency program. Schedules are to be governed by the following:

1. Scheduled duty assignments must be separated by not less than eight (8) non-working hours. For clarity this does not include scheduling of call shifts immediately following regular duty hours. This means that residents should not be scheduled for back-to-back shifts such as a day shift into night float or start an emergency rotation on night shift on the same day they completed a rotation with day shifts. Residents also cannot be scheduled for two call shifts on the same day such as a weekend day shift followed by an overnight shift.

2. There shall be at least two (2) twenty-four (24) hour periods of scheduled non-working time per two (2) week period. Scheduled non-working time should be scheduled and completely free from patient care activities, including weekend rounding. **Post-call days are not considered scheduled non-working time**, although scheduled non-working time may occur following a call shift. For example, a resident may work a call shift on Friday and have a scheduled non-working day if released by 10am. A resident who works a call shift Wednesday night without four consecutive hours for the purpose of rest must then be released by 10am and excused from their regular scheduled duties as the duration of their shift is not on a scheduled non-working day. This is because the resident would have otherwise been expected to work as scheduled.

3. Residents shall not work more than two (2) consecutive nights on-call in any seven (7) day period. For example, a resident working Friday
overnight and Saturday overnight cannot work Sunday overnight, regardless of whether the shifts are in hospital or home call.

If while on a shift of 24 hours or longer (including home call), a resident is prevented from getting at least 4 consecutive hours uninterrupted hours for the purpose of rest the resident is to be relieved of duty (including handover) by 10am. Please ensure you have adequate coverage prepared when scheduling overnight shifts should a resident require a post call day. This includes ensuring there is a person available on site to relieve them of the day call pager and clinical expectations by 10 am.

Call Schedules
Call schedules must be provided to RDBC one month prior to the start of the block. This ensures we can review them for errors and omissions prior to the start of the block. The goal is to reduce the errors that cause residents to work call shifts they cannot be paid for, and work with programs to train chiefs and other schedulers on how to balance the educational, service and safety needs by adhering to the agreed upon limitations and safety considerations.

Definitions
**Evening call** = Scheduled In-hospital call that lasts from 5 pm to 11 pm
**Overnight call** = Scheduled in or out-of-hospital call that lasts for 12 or more hours, of which one (1) hour is after 11 pm and before 6 am
**Full weekend call** = Scheduled in or out-of-hospital call from 8 am Saturday to 8 am Monday. This is considered two call shifts.
**In-Hospital call** = Scheduled to be immediately available (within 15 minutes) and to remain on site for the duration of the call shift. This does not include “day call” during regular working hours of service Monday through Friday.
**Out-of-Hospital call** = Scheduled to be available, but not required to remain on site. If on site attendance is needed the resident is required to attend.
**Immediately Available** = If a resident is scheduled to be immediately available (attend within 15 minutes) it is considered in-hospital call regardless of whether they are required to remain on site and must therefore adhere to the in-hospital call rules.
**Converted call** = When resident is scheduled for out-of-hospital overnight call but is required to work more than four (4) consecutive hours onsite during the call period, of which one hour is after 11 pm and before 6 am.

Scheduling Rules
Schedules must be provided one month prior to the start of the block; residents should be advised where possible two weeks prior to a shift change. We recognize that there may be situations where this is not possible, such as illness or family emergency.
In-hospital Overnight and Weekend Day Call must be scheduled on a 1 in 4 basis. That is not to say a resident should be on call every fourth day, but rather that the number of calls in a month should not exceed ¼ of the days on service. The days on service are reduced when a resident is away from the workplace for any reason. This includes vacation and any type of leave. The numbers in the table below represent the maximum allowable call, services may elect to schedule residents for fewer calls than the maximum.

<table>
<thead>
<tr>
<th>Days on Service</th>
<th>Max call shifts</th>
</tr>
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<tbody>
<tr>
<td>11-14</td>
<td>3</td>
</tr>
<tr>
<td>15-18</td>
<td>4</td>
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<tr>
<td>19-22</td>
<td>5</td>
</tr>
<tr>
<td>23-26</td>
<td>6</td>
</tr>
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<td>27-29</td>
<td>7</td>
</tr>
<tr>
<td>30-34</td>
<td>8</td>
</tr>
<tr>
<td>35-38</td>
<td>9</td>
</tr>
</tbody>
</table>

The days on service can be averaged over a maximum of 3 months regardless of the length of time on-service. For example, a resident on service for 3 months would be on service for 84 days and could work a maximum of 21 call shifts in this period. Shifts can be scheduled in any combination provided it follows the scheduling rules (no more than two consecutive overnight shifts, only one weekend in four and 2 24-hour periods of scheduled no working time per two-week period).

Out-of-Hospital Overnight Call Shifts must be scheduled on a 1 in 3 basis. That is not to say a resident should be on call every third day, but rather that the number of calls in a month should not exceed 1/3 of the days on service. The days on service are reduced when a resident is away from the workplace for any reason. This includes vacation and any type of leave. The numbers in the table below represent the maximum allowable call, services may elect to schedule residents for fewer calls than the maximum.

<table>
<thead>
<tr>
<th>Days on Service</th>
<th>Max call shifts</th>
</tr>
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<tbody>
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<td>19-22</td>
<td>7</td>
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<td>23-26</td>
<td>8</td>
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<tr>
<td>27-29</td>
<td>9</td>
</tr>
<tr>
<td>30-34</td>
<td>11</td>
</tr>
<tr>
<td>35-38</td>
<td>12</td>
</tr>
</tbody>
</table>
The days on service can be averaged over a maximum of 3 months regardless of the length of time on-service. For example, a resident on service for 3 months would be on service for 84 days and could work a maximum of 28 call shifts in this period. Shifts can be scheduled in any combination provided it follows the scheduling rules (no more than two consecutive overnight shifts, only one weekend in four and 2 24-hour periods of scheduled no working time per two-week period).

**In-Hospital Full Weekend Call** that is in hospital are to be scheduled on a 1 weekend in 4 basis, and **Out-of-Hospital Full Weekend Call** shall be scheduled on a 1 weekend in 3 basis. These calls are considered two call shifts for the purpose of maximums.

If at any time the treating physician, midwife or nurse practitioner recommends the reduction or elimination of call, this shall occur immediately, and upon return to work, the resident will in no way be required to make up any call that was reduced or eliminated.

If there are any questions regarding how to schedule call, or unique circumstances you would like reviewed to ensure compliance we are happy to review schedules in advance of the 30-day requirement.

**Call Payment**
You can direct any questions about pay to RDBC as we administer it on behalf of the employer. Key points are:
- Call that exceeds or otherwise contravenes scheduling rules will not be paid without an approved variance
- Call payments are roughly two blocks after the shift is worked (allows for a delay for resident to enter their call, and then for payroll to confirm it)
- Residents who miss the deadline to submit call can put in an appeal which will be reviewed by the tri-party committee. Please note that the committee meets quarterly and as such, payment may be significantly delayed as well as not guaranteed

**Payroll**
Resident payroll is administered by PHSA:
  Tel: 604-297-8683 (toll free: 1-866-875-5306, press 2 for Payroll)
  Fax: 604-297-9311
  Email: payrollvch@phsa.ca
  1795 Willingdon Avenue, Burnaby BC V5C 6E3
Residents are paid bi-weekly based on their residency year which is set by UBC. If they have any issues with their pay, they should contact payroll. We can offer additional assistance if needed.

The pay scale is set out below:

<table>
<thead>
<tr>
<th>Resident</th>
<th>Annual</th>
<th>Monthly</th>
<th>Bi-weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>$54,848.73</td>
<td>$4,570.73</td>
<td>$2,101.48</td>
</tr>
<tr>
<td>II</td>
<td>$61,187.28</td>
<td>$5,098.95</td>
<td>$2,344.34</td>
</tr>
<tr>
<td>III</td>
<td>$66,676.93</td>
<td>$5,556.41</td>
<td>$2,554.67</td>
</tr>
<tr>
<td>IV</td>
<td>$71,771.76</td>
<td>$5,980.98</td>
<td>$2,749.88</td>
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<tr>
<td>V</td>
<td>$77,184.09</td>
<td>$6,432.01</td>
<td>$2,957.24</td>
</tr>
<tr>
<td>VI</td>
<td>$82,405.65</td>
<td>$6,867.14</td>
<td>$3,157.30</td>
</tr>
<tr>
<td>VII</td>
<td>$87,819.41</td>
<td>$7,318.28</td>
<td>$3,364.73</td>
</tr>
</tbody>
</table>

Master Chiefs
There is a $2000 annual stipend for the Master Chief who is responsible for program wide initiatives in Emergency Medicine, Internal Medicine, Pediatrics Psychiatry, Family Medicine – IMG and Family Medicine – CMG. These roles are designated by their respective Program Directors. If there is more than one Master Chief the annual stipend is divide by the number of residents and their duration. For example, if there are two residents who are the Master Chiefs, they each receive $1000. If there are four residents, 2 every 6 months, each would receive $500. Issues with payment should be addressed with payroll.

Other Payments
Professional Expense Benefit
Residents receive a Professional Expense Benefit annually. This $1000 payment is applied automatically by payroll. Should residents have questions, please direct them to Resident Doctors of BC.