We recognize that Program Administrators have a significant impact on the culture within a program. This represents an important responsibility, as well as a huge opportunity to foster a positive environment for all of our members who work and train in programs in BC. Many of RDBC’s Resident Advocate Award recipients have been Program Administrators – such is the value of their work in our training system.

In order to support and facilitate the work of Program Administrators, we have produced this guide with information related to the Collective Agreement, scheduling advice and practical tips to assist you in carrying out your duties.
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Leave
Programs have generally been very understanding with reasonable requests, recognizing that residents typically do not want to take more time away than necessary, and the amount of time needed will vary based on the circumstances.

RDBC Representatives
Representatives include but are not limited to residents who are on the Board, Committees, Council of Program Representatives
- Time used for RDBC obligations is protected in the Collective Agreement, and programs are required to allow residents to attend meetings as long as patient care is not compromised.
- Residents who are representatives do not need to use vacation or professional leave to attend to RDBC business.

Compassionate Leave
Residents are entitled to three paid days off for the death or serious illness of a loved one. This includes a spouse (common-law), child, parent, grandparent, sibling, in-law or legal guardian or ward. Additional unpaid days may be granted at the program’s discretion.

Residents who require travel time associated with such a leave are entitled to an additional two days leave with pay if needed. This travel is to be taken coincident with the compassionate leave except in the case where internment occurs at a later date than the initial memorial or funeral service.

Educational Leave
Course/Conference Leave
Approved leaves of absence for short term educational programs or conferences are leaves of absence with pay. There is not a limit to the number of educational leaves provided in the Collective Agreement.

Residents who are required/mandated to attend a conference must have their registration fees paid for, and reasonable travel expenses must be reimbursed.

Fees for mandatory courses, such as ATLS must also be paid by the employer.

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.

Exam Leave
Residents may request up to seven (7) consecutive nights of call protection immediately prior to sitting a Medical Council of Canada, Royal College or
College of Family Physician exam. These requests must be granted unless overage is not possible. Please note, other residents must not be made to go over the call maximums to enable this call protection.

Residents are entitled to a leave of absence, and reasonable travel time with pay to sit exams. For Royal College examinations residents are entitled to two (2) unscheduled days prior to the examination, and one (1) unscheduled day following the examination for the purposes of travel. These days are not to be taken from vacation, flex or accrued lieu days.

For all other exams where residents are entitled to leave with pay, including reasonable travel, residents are entitled to one (1) unscheduled day prior to the exam and one (1) unscheduled day following the exam where the travel exceeds 100kms or requires travel by sea or air. These are not to be taken from vacation, flex or accrued lieu days.

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.

Maternity/Parental/Adoption Leave
Workload During Pregnancy
In an effort to allow pregnant residents to continue their training with minimal interruption, if in the opinion of that physician, midwife or nurse practitioner, a reduction in workload is warranted, then the workload shall be reduced to the extent prescribed, including the elimination of on-call duty if necessary. Any eliminated or modified duties do not need to be made up upon return to work after leave. Residents are expected in keeping with Royal College requirements to complete any time away from residency upon their return to the program after leave.
If determined that a resident’s pregnancy requires a leave from work, this time is treated as sick leave and is not taken from their maternity leave entitlements.

Maternity Leave
- Residents are required to provide a minimum of 4 weeks’ notice prior to their intended leave date
- Their leave may start no earlier than 13 weeks prior to the anticipated delivery date
- If a resident must take leave due to medical complications prior to 13 weeks, it is considered sick leave and not part of the maternity leave allotment.
- Residents are entitled to up to 17 weeks of maternity leave and may elect to take parental leave following this time.
• No resident shall return to work prior to six weeks following the birth or termination of pregnancy.
• Maternity leave is unpaid leave; however, the contract provides for a top-up plan which provides 90 percent of their salary for 15 weeks. Residents with questions about pay during leave should be encouraged to contact payroll 604-297-8683 (option 2) or 1-866-875-5306 (option 2) or Resident Doctors of BC
• Residents should be encouraged to apply for any employment insurance benefits for which they may be eligible.
• Resident benefits including medical and dental continue while a resident is on leave

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.

Residents on leave are not expected to provide clinical management, some may wish to continue educational activities such as journal clubs to maintain their skills and connection to their program. This is not part of their employment activities and is not paid time. Inclusion of residents on maternity leave is an academic decision, but Resident Doctors of BC does not oppose residents choosing to continue their involvement at their discretion, provided they are informed it is unpaid time that is not credited towards the completion of their residency.

Residents who take maternity leave at the end of their residency are entitled to the employer benefits and top-up plan for the duration of their maternity leave.

Parental/Adoption Leave
• Residents are entitled to two paid days off to attend the birth of their child (this does not apply to residents giving birth).
• Following maternity leave, residents are entitled to up to X weeks of unpaid parental leave
• Non-birthing parents, including adopters, are entitled to up to X weeks of unpaid parental leave
• Parental leave for birthing parents immediately follows a maternity leave unless otherwise agreed to by the employer for reasons such as hospitalization.
• Parental Leave for non-birthing or adoptive parents leave may occur within seventy-eight (78) weeks of the birth or placement of the child.
• Non-birthing parents must provide a minimum of four weeks’ notice, or as soon as possible following notification of placement prior to taking leave.
• You may ask for proof of adoption if necessary.
• Residents should be encouraged to apply for any employment insurance benefits for which they may be eligible.
• Resident benefits including medical and dental continue while a resident is on leave

Residents on leave are not expected to provide clinical management, some may wish to continue educational activities such as journal clubs to maintain their skills and connection to their program. This is not part of their employment activities and is not paid time. Inclusion of residents on maternity leave is an academic decision, but Resident Doctors of BC does not oppose residents choosing to continue their involvement at their discretion provided they are informed it is unpaid time that is not credited towards the completion of their residency.

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.

**Return to Work**
Residents should provide four weeks’ notice of their intent to return to work. Residents be reinstated in all respects to her/his previous position with all increments to wages and benefits to which she/he would have been entitled during the period of the absence.

**Sick Leave**
Residents are entitled to five (5) months of sick leave per illness or injury per academic year (prorated for partial years). After five (5) months of leave (continuous or cumulative) the resident will transition to employer provided long term disability until medically fit to return to work.

Residents may take sick leave in single day allotments for medical appointments.

Residents who take sick leave are entitled to their full vacation allotment.

While on a leave of absence residents may have their license suspended for the duration of the leave in keeping with the Health Professionals Act, and if so, cannot partake in any educational activities requiring clinical management of a patient.

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.

Upon return to work a resident must work for 60 days prior to being eligible for an additional five (5) months of sick leave; however, they may use any
remaining sick leave they have should the original duration have been less than five (5) months.

Residents in need of additional leave can transition to long term disability.

**Unpaid Leave**
Requests for unpaid, short-term or extended leave are to be made in writing to the Program Director and will be granted by the Employer on the recommendation of the Program Director.

Residents are entitled to their full vacation allotment, but benefits do not continue during extended leaves.

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.

**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 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 all leaves, the number of days on service is reduced for any resident taking a leave, 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 in addition will receive another day off with pay; except for the Good Friday and Christmas Day replacement days when the remuneration shall be at the rate of double time and one-half (2.5X) his/her normal rate, and in addition 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

The approval of the vacation request shall not 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.
Benefits
Residents are entitled to medical coverage through the employer (MSP paid at 100% for residents, spouses and dependants). In addition, they have extended health, dental and optical coverage through Pacific Blue Cross. If they have questions about coverage, they can contact Resident Doctors of BC or Payroll at 604-297-8683 (option 2) or 1-866-875-5306 (option 2).

Through the employer residents also have sick leave (as discussed in an earlier section), Accidental Death and Dismemberment coverage and Life insurance.

Coverage in all employer paid plans begins one (1) month after the start of employment. Residents moving to BC from out of province may experience a delay of up to three months in the start of their MSP benefits while their plan enrolment is processed by the provincial government.

Additionally, residents have access to multiple wellness resources:

**Employee Wellness** run by Vancouver Coastal Health provides counselling, wellness and critical incident debriefing for residents and their families. They have locations across the province and can be reached at 1-800-505-4929.

**Physician Health Program** run by Doctors of BC has a 24/7 help line, and they can receive support from a physician, including short term counselling as well as referrals to specialists and coaches. They can be reached at 1-800-663-6729

**Resident Wellness Office** is provided by UBC and offers free and confidential counselling for individuals and couples, group support, and referrals to other resources and can be reached at 1-855-675-3873.

Residents who are on unpaid leave (excluding maternity or parental leave) for twenty (20) days or longer or accumulate 20 days of unpaid leave may have their access to benefits suspended for the duration of their leave.

Residents on maternity leave at the end of their residency are entitled to benefits and the employer top-up plan for the duration of their maternity leave even if their residency appointment ends during their maternity leave.

Facilities
Residents are contractually entitled to a number of items while on an employer site. While the maintenance or provision of these items may not be within your role, we ask your assistance in ensuring they are provided to
residents. Should you receive any complaints about the following areas, please contact Resident Doctors of BC and we will follow-up with the employer.

Call Rooms
There must be a call room for all residents who are assigned on-site call shifts. If there is only one call room, two residents cannot be scheduled for in-hospital call. The on-call area must have the following:

- Clean sheets and towels changed on a 24-hour basis
- A door which locks from the inside
- A bedside lamp (working with a lightbulb in it)
- Privacy
- A telephone
- A non-public shower (with hot and cold running water)
- A non-public sink
- A non-public toilet
- A suitable desk
- A chair

The employer must also make a reasonable effort to provide a conventional or hospital bed, private telephone and reasonable access to computer resources.

The location of call rooms will be in reasonable proximity to the patient care area, taking into account the need for privacy and quiet.

Bulletin Board
Each site must have a bulletin board solely for Resident Doctors of BC notices and information.

Lockable Facilities
The Employer shall provide for every Resident lockable facilities for the storage of personal effects. Residents may need to provide their own locks. The employer will also attempt to make available lockable facilities for residents when they are working in an operating room.

Mail Slot
Residents have a mail slot on each of the Employer premises. Known mail slot locations are:

Medical Reference Facility
The Employer shall establish and maintain a basic medical reference facility accessible twenty-four (24) hours a day offering adequate reading and
workspace for residents, and such facility shall include a selection of current major medical texts and journals.

**Uniforms**
The Employer must provide and launder uniforms for residents; however, a deposit may be required. If residents are experiencing difficulty accessing necessary, clean scrubs please contact Resident Doctors of BC and we will contact the employer.

**Pagers**
The Employer is required to provide on-call residents with a pager. In addition, they will replace one lost or damaged pager per academic year at no cost to the resident. The replacement cost should not be taken from the resident’s education fund or similar monies available to residents. Should subsequent replacements be necessary, those costs will be borne by the resident.

**Parking**
Residents are expected to pay for their day to day parking with a few exceptions. Residents who provide cross coverage are to have their parking provided at the site where they park or reimbursed. Residents who are on home call who are called back to site must also have their parking provided for, or reimbursed at the site where they parked.

**Damage to Personal Property**
Upon submission of reasonable proof, the Employer shall repair or indemnify damage to the personal property of a Resident caused by the actions of a patient while the resident was on duty; provided such personal property is an article of use or wear of a type suitable for use while on duty. For example, should a patient damage a resident’s glasses, the employer is responsible for replacing them. Again, this cost should not be taken from the resident’s education fund or similar monies available to residents.

**Theft of Medical Equipment**
Medical Equipment that is stolen from a secured storage location shall be replaced by the employer. The resident must provide satisfactory proof of a theft; equipment lost through inadvertence is not eligible for employer replacement. Again, this cost should not be taken from the resident’s education fund, or similar monies available to residents.

**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.

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 your schedulers 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 10am.

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>
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<td>15-18</td>
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<td>30-34</td>
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<td>35-38</td>
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</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.

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<td>30-34</td>
<td>11</td>
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<td>35-38</td>
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</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

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:

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<tr>
<th>Resident</th>
<th>Annual</th>
<th>Monthly</th>
<th>Bi-weekly</th>
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- 16 -
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<th>Bi-weekly</th>
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<td>$87,819.41</td>
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**Chief Residents**

There are now two categories of Chiefs; chief Resident and Master Chief.

**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.

**Chief Residents**

Chief residents as set by their Program Director are paid monthly based on the number of residents in the program and the number of chiefs. For example, if there are two chiefs for fifty residents, each receives half the rate for 50 residents prorated monthly. 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.

Once again, on behalf of Resident Doctors of BC, we would like to thank you for all the work you do for residents. Should you have any questions or need any additional assistance with respect to your duties and where Resident Doctors of BC may be able to help, please do not hesitate to contact us at info@residentdoctorsbc.ca or at 604-876-7636 or toll free at 1-888-877-2722.