



## Lead Resident Scheduling Primer

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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 Lead Residents and their teams with the ins and outs of scheduling call.

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## Lead (Administrative) Resident Role

The role of a lead varies among programs 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 program.

## Lead (Administrative) Resident Remuneration

Remuneration for this role is monthly and prorated based on the number of leads and the number of full-time residents. For example, if there are two leads for fifty residents, each receives half the rate for 50 residents prorated monthly. The rate for 2023:

Number of FTE	Administrative Allowance (Total per Academic year)
Fewer than 3	\$0.00
3 to 4	\$1,411.57
5 to 10	\$2,823.14
11 to 15	\$3,528.91
16 to 20	\$4,234.71
21 to 25	\$4,940.49
26 to 30	\$6,352.04
31 to 35	\$7,763.59
36 to 40	\$8,469.40
41 to 45	\$9,175.18
46 to 50	\$10,586.73
51 to 55	\$11,998.32
56 to 60	\$12,704.09
61 to 65	\$13,409.88

## Principal Residents

There is a \$2,309.34 annual stipend for the Principal Resident 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 Principal Resident, the annual stipend is divided by the number of residents and their duration. For example, if there are two residents who are the principal Residents, they each receive \$1154.67. If there are four residents, 2 every 6 months, each would receive \$577.34. Issues with payment should be addressed with payroll.

## Top Five Things to Remember

1. Call payment funds are restricted to a budget assigned by the Health Employers Association of BC. Those shifts that are non-compliant with the Collective Agreement will now be subject to monitoring by a committee of RDBC, PGME and Medical Directors from the Health Authorities. It is expected of this committee that issues leading to overscheduling will be remediated.
2. When a Resident takes any sort of leave (vacation, sick, conference etc.) from their program, their days on service are reduced. Calls must be calculated and scheduled according to the days on service.
3. Residents who are unable to take 6 uninterrupted hours during an overnight call shift for the purpose of rest must be released no later than 10am, or 2 hours after handover, whichever is earlier for their post-call day. This means no clinical work, no pagers.
4. Residents working a combination of call types can only be scheduled a maximum of 1:3.
5. Working on a stat entitles residents to stat pay and a day in lieu; being on vacation or a day off on a stat entitles residents to a lieu day.

## Educational Leave

There is no limit to Educational Leave, where educational leave is granted, the days are deducted from the days on service for the purposes of calculating the maximum number of calls.

Residents writing a Royal College or College of Family Physicians of Canada exam must be given 7 days of call protection immediately preceding the exam.

## Compassionate Leave

Residents are granted compassionate leave for three days in the event of the death or serious illness of a spouse (including common law), child (including pregnancy loss after 20 weeks), parent (including step), sibling (including step), grandparent (including step), parents-in-law, legal guardian, or legal ward. Residents may receive an additional 2 days where travel is needed. This is taken at the same time as the compassionate leave unless the internment occurs later.

Residents who identify as indigenous have access to an additional 5 days per calendar year. These days can also be used for significant cultural events including but not limited to Hoobiyee, Pow-wows, Sundance, sweat lodge, coming of age events, feasts or ceremonies held following a significant family event.

## Statutory Holidays

Residents are entitled to a paid day off **on** or **before** the following thirteen holidays:

New Year's Day	Canada Day	Thanksgiving Day
Family Day	BC Day	Remembrance Day
Good Friday	Labour Day	Christmas Day
Easter Monday	National Day for Truth and Reconciliation	Boxing Day
Victoria Day		

All residents are paid a salary for weekdays when calculating entitlements. Where a statutory holiday falls on a weekday and the service can provide the day off, the entitlement is met. If a resident can't be released on a statutory weekday, they must be given an alternate weekday off at a mutually agreed-upon time, preferably within the same rotation.

When a statutory holiday falls on a weekend, all residents are entitled to a lieu day. This lieu day should be scheduled at a mutually agreed-upon time, with an effort to align it with the same rotation if possible. If a service closes on an observed statutory holiday, the resident may choose to use it as their lieu day if mutually agreeable.

Residents working on a statutory holiday are entitled to receive stat pay, which is double their regular pay. On Labor Day, Good Friday, or Christmas Day, they receive double time and a half (2.5 times their regular pay).

Like leaves, taking a lieu day reduces the number of days on service for a resident, and their call requirements must be adjusted 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 their regularly scheduled day off, or when they are 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 to Friday, they are entitled to be **call protected the weekend before and after their vacation.**

Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Call protected	Vac	Vac	Vac	Vac	Vac	Vac	Vac	Call protected
Ensure full days off	Calendar	1	2	3	4	5	Week	Ensure full days off

In the above example, Monday - Friday are five working days of vacation, the Sunday preceding and the Saturday following create the calendar week, and the outlying weekend days are call protected to ensure the days are full uninterrupted days.

Residents working part-time or with an appointment period of less than a year have their vacation pro-rated using the following formula:  $(\text{Days Paid to June 30th inclusive} / 261) \times 20$ . 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. Residents must be given at least their third choice of vacation. 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 and the educational requirements of the 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 shift 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 will be clearly scheduled and completely free from patient care activities, including weekend rounding.
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.
4. If while on a shift of 24 hours or longer (including home call), a resident is prevented from getting at least 6 consecutive hours uninterrupted hours for the purpose of rest the resident is to be relieved of duty (including handover) by 10am, or 2 hours after the end of call, whichever is earlier. **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, or 2 hours after the end of call whichever is earlier.  
For example, if a resident's shift is 6am-6am, no new duties are to be assigned, handover is to be completed and a resident must be released by 8am at the latest.

## Call Schedules

**Call schedules must be provided to RDBC 30 days 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, and work with programs to train schedulers on how to balance the educational, service and safety needs by adhering to the agreed upon limitations and safety considerations. Please send schedules to [schedules@residentdoctorsbc.ca](mailto:schedules@residentdoctorsbc.ca)

Call Schedules must include:

- Hospital Name
- Service

- Call period
- Resident name
- Type of call
- Vacation, lieu, and other scheduled time away from service
- Weekends and statutory holidays clearly identified
- Contact information for the scheduler
- Contact information for on-call staff
- Date and time schedule was made

### Definitions

- **Evening call** = Scheduled In-hospital call that lasts from 5 pm to 11 pm.
- **Weekday 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.
- **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. This includes back-up call scheduled to provide support to the in-hospital service.
- **Converted Weekday Overnight call** = When resident is scheduled for out-of-hospital overnight call on a weekday but is required to work more than four (4) consecutive hours on site during the call period, of which one hour is after 11 pm and before 6 am.
- **Weekend Day Call** = In-Hospital Call scheduled a minimum of eight (8) hours during regular working hours of service on a weekend (Saturday 8 am – Monday 8am).
- **Weekend 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 on a weekend (Saturday 8 am – Monday 8am).
- **Converted Weekend Overnight Call** = When resident is scheduled for out-of-hospital overnight call on a weekend but is required to work more than four (4) consecutive hours on site during the call period, of which one hour is after 11 pm and before 6 am.
- **Weekend Call** = Scheduled in or out-of-hospital call that lasts for 24 or more hours.
- **Converted Weekend Call** = When resident is scheduled for out-of-hospital overnight call on a weekend but is required to work more than four (4) consecutive hours on site during the call period, of which one hour is after 11 pm and before 6 am or work eight (8) or more hours on-site during the call period.

## Scheduling Rules

Schedules must be provided 30 days 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 (weekday or weekend), In-hospital Weekend Call 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 maximum number of calls in a block should not exceed 1/4 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 can schedule residents for fewer calls than the maximum.

Days on Service	Max call shifts
11-14	3
15-18	4
19-22	5
23-26	6
27-29	7
30-34	8
35-38	9

The days on service can be averaged over a maximum of 3 blocks regardless of the length of the rotation.

For example, a resident on service for 3 blocks 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 non-working time per two-week period).

**Out-of-Hospital Overnight Call Shifts or Out-of-Hospital Weekend Call** 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 can schedule residents for fewer calls than the maximum.

Days on Service	Max call shifts
11-14	4
15-18	6
19-22	7
23-26	8
27-29	9
30-34	11
35-38	12

The days on service can be averaged over a maximum of 3 blocks regardless of the length of the rotation.

For example, a resident on service for 3 blocks 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).

### Call Combinations

If scheduled for a combination of in-hospital and out-of-hospital call the maximum of 1:3 applies. This means on a 28-day block with no reduction in the days on service, the maximum number of calls is 9, of which a maximum of 7 can be in-hospital.

### Call Workload Reduction

If at any time the treating physician, midwife or nurse practitioner of a pregnant resident 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 you have any questions regarding how to schedule call shifts or if you have unique circumstances that you would like us to review 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 are forbidden without an approved variance and will be forwarded to the Call Issues Committee for review of systemic issues.
- Call payments are roughly two blocks after the shift is worked (allows for a delay for residents to enter their call, and then for payroll to confirm it)

- Residents who miss the deadline to submit call can put in an appeal with a compelling reason which will be reviewed by the tri-party committee. Please note that the committee meets bimonthly and as such, payment may be significantly delayed and 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:

Resident I	Annual	\$63,429.49
	Monthly	\$5,285.79
	Bi-weekly	\$2,430.25
Resident II	Annual	\$70,697.47
	Monthly	\$5,891.46
	Bi-weekly	\$2,708.72
Resident III	Annual	\$76,991.86
	Monthly	\$6,415.99
	Bi-weekly	\$2,949.88
Resident IV	Annual	\$82,833.64
	Monthly	\$6,902.80
	Bi-weekly	\$3,173.70
Resident V	Annual	\$89,039.49
	Monthly	\$7,419.96
	Bi-weekly	\$3,411.47
Resident VI	Annual	\$95,026.59
	Monthly	\$7,918.88
	Bi-weekly	\$3,640.87
Resident VII	Annual	\$101,234.07
	Monthly	\$8,436.17
	Bi-weekly	\$3,878.70

## Other Payments

### Professional Expense Benefit

Residents receive a Professional Expense Benefit annually. This \$1420 payment is applied automatically by payroll. Should residents have questions, please direct them to Resident Doctors of BC.

### Training Stipend

Residents receive a Training Stipend annually; the purpose of this stipend is to offset the time spent outside of work hours to complete training. Where possible courses and mandatory training must be scheduled during work hours. This \$430 payment is applied automatically by payroll. Should residents have questions, please direct them to Resident Doctors of BC.

### Technology Stipend

Residents receive a Technology Stipend of \$600 annually (\$50 monthly) prorated for partial years, to defray the costs of using personal devices for patient care. Should residents have questions, please direct them to Resident Doctors of BC.