

PROFESSIONAL ASSOCIATION OF RESIDENTS AND
INTERNS OF MANITOBA

-and-

WINNIPEG REGIONAL HEALTH AUTHORITY

COLLECTIVE AGREEMENT
July 1, 2014 to June 30, 2018

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THIS COLLECTIVE AGREEMENT made and entered into this 30th day of May, 2015.

BETWEEN:

**PROFESSIONAL ASSOCIATION OF RESIDENTS AND
INTERNS OF MANITOBA**

(hereinafter called "PARIM")

-and-

WINNIPEG REGIONAL HEALTH AUTHORITY

(hereinafter called the "Employer")

PREAMBLE

WHEREAS Residents and interns are assigned to certain hospitals associated with the Employer as part of their required training and education;

AND WHEREAS Residents and interns are associated with the Medical Staff of such hospitals as part of their required training and education or in order to achieve their objectives in family medicine or specialty qualifications;

AND WHEREAS the relationship between the Employer and each Resident and intern is that of employer and employee, whereby a Resident or intern is entitled to receive all of the benefits and rights contained within this Collective Agreement in exchange for the provision of medical services;

AND WHEREAS the parties hereto respect and support the College of Medicine's mandate and responsibility for post-graduate education;

AND notwithstanding the College of Medicine's mandate and responsibility for post-graduate education, any actions taken by the College of Medicine or its representatives must be made having regard for the terms and conditions of this Collective Agreement, and shall not infringe upon each Resident's or intern's entitlements;

AND WHEREAS it is the desire of the parties to this Collective Agreement to establish and maintain a harmonious and beneficial relationship and to recognize the mutual value of joint discussions and negotiations;

AND WHEREAS the parties to this Collective Agreement assure a desire to provide excellence of patient care and maintain professional standards and to promote and maintain an effective and professional working relationship between the Employer and the Residents and interns;

AND WHEREAS this preamble is an integral part of this Collective Agreement;

NOW, THEREFORE, the parties hereto agree as follows:

ARTICLE 1 – DEFINITIONS

- 1:01 An intern or Resident is a postgraduate physician who has received an M.D. degree and is engaged in a postgraduate program approved by the Royal College of Physicians and Surgeons of Canada leading to specialist certification or approved by the College of Family Physicians of Canada leading to family medicine certification, and is registered with the College of Physicians and Surgeons of Manitoba and with the Division of Postgraduate Medical Education of the University of Manitoba. Hereinafter “Resident” means an intern or Resident.
- 1:02 The term “Non-Physician Resident” means a postgraduate trainee in Clinical Psychology, Dentistry, Oral Surgery, Clinical Chemistry, Clinical Genetics and Clinical Microbiology who is registered with the University of Manitoba. Wherever used in this Collective Agreement, the term “Resident” shall be deemed to include, where the context requires, a “Non-Physician Resident”.
- Additional non-physician postgraduate trainees seeking to be included within the scope of this Agreement during the term of same shall only be added by mutual agreement of the Employer and PARIM or by Order of the Manitoba Labour Board.
- 1:03 “RCPSC” - means the Royal College of Physicians and Surgeons of Canada.
- 1:04 “CFPC” - means the College of Family Physicians of Canada.
- 1:05 “PGME” - means the Postgraduate Medical Education Program of the College of Medicine, Faculty of Health Sciences, University of Manitoba.

ARTICLE 2 – RECOGNITION/ADMINISTRATION OF AGREEMENT

- 2:01 The Employer recognizes PARIM as the sole and exclusive bargaining agent for all Residents for the purpose of bargaining collectively and concluding collective agreements.
- 2:02 No Resident shall be required to make a separate written or verbal agreement with the Employer that may conflict with the terms of this Collective Agreement.
- 2:03 PARIM recognizes the sole right of the Employer without restriction or limitation, unless otherwise expressly provided in this Agreement, to exercise its function of management under which it shall have, among others, the right to maintain efficiency and quality of patient care and the right to direct the work of its Residents.
- 2:04 In administering this Collective Agreement and in exercising management rights pursuant to 2.03, the Employer shall act reasonably, fairly and in good faith and in a manner consistent with the agreement as a whole.

ARTICLE 3 – DURATION OF AGREEMENT

- 3:01 The provisions of this Collective Agreement, unless otherwise specified, shall become effective from and including July 1, 2014, up to and including June 30, 2018 and thereafter until a new Collective Agreement has been concluded, subject to sub-article 3:02.
- 3:02 Notice for revision or termination of this Collective Agreement may be submitted by the Employer or PARIM to the other party not earlier than December 1, 2017 nor later than April 1, 2018, and in the case of notice of termination being given, this Collective Agreement shall terminate on June 30, 2018. If notice for revision or termination of this Collective Agreement is not made by April 1, 2018 this Collective Agreement shall continue in full force and effect for a further period of twelve (12) months.
- 3:03 If notice is given for revision or termination of this Collective Agreement, the parties shall, prior to the commencement of bargaining, deliver each to the other their respective written proposals for a new Collective Agreement or the revision of this Collective Agreement. The parties shall be restricted in bargaining to the proposals made by them.
- 3:04 Upon notice being given under sub-article 3:02, the parties shall commence negotiations forthwith.

ARTICLE 4 – INTEREST ARBITRATION

- 4:01 If, after notice is given according to 3:02, the parties do not arrive at a revision of this Collective Agreement, or a new Collective Agreement, on or before May 31, 2018, either party may notify the other party in writing of a desire to submit the specific issues in dispute to a Board of Arbitration and the notice shall contain the name of the person appointed to such arbitration board by the party sending the notice.
- 4:02 The party receiving notice shall, within fifteen (15) days of receiving the notice, name the person whom it appoints to the Board of Arbitration and shall advise the other party of the name of its appointee. The two appointees named by the parties, within fifteen (15) days of the appointment of the second of them, shall appoint a third member to the Board of Arbitration who shall be the Chairperson thereof.
- 4:03 No person who has a pecuniary interest in a matter before such arbitration board or who is acting or has, within a period of one (1) year prior to the date of such notice of desire to submit the matter to arbitration is given, acted as solicitor, counsel or agent of any of the parties to the arbitration, shall be eligible for appointment as a member of such arbitration board or shall act as a member of such arbitration board.
- 4:04 Where the party receiving notice fails to appoint a member of such arbitration board or where the two appointees of the parties fail to agree on the appointment of a third member of such arbitration board within the time specified, the Chief Justice of the Province of Manitoba, or in his absence the Chief Justice of the Court of Queen's Bench, upon the request of a party to this Collective Agreement, shall appoint a member on

behalf of the party failing to make the appointment, or shall appoint a third member, as the case may be, and where the case requires shall appoint both.

- 4:05 Where either member appointed to the arbitration board or the Chairperson of the arbitration board ceases to be a member of the arbitration board before it has completed its work by reason of such person refusing to act, being incapable of acting, being disqualified, or dies, a new member shall be appointed in the following manner:
- (a) With respect to the nominee to the board of either party, the party shall appoint a new member of the arbitration board within ten (10) days of the occurrence of the circumstances giving rise to the necessity of making a new appointment;
 - (b) With respect to the Chairperson, the remaining members of such arbitration board shall within ten (10) days of the circumstances, appoint a new Chairperson of such arbitration board;
 - (c) Where the party whose original nominee ceases to be a member fails to appoint a new member of such arbitration board, or where the two appointees of the parties fail to agree on appointment of a third member of such arbitration board within the time specified in paragraph (a) or (b) hereof, the Chief Justice of the Province of Manitoba, or in his absence, the Chief Justice of the Court of Queen's Bench, upon the request of a party to this Collective Agreement, shall appoint a member on behalf of the party failing to make an appointment or shall appoint a third member, as the case may be, and where the case requires, shall appoint both;
 - (d) A new member of such arbitration board appointed in the manner aforesaid shall stand in the place and stead of the original appointee and shall exercise full powers as a member of the arbitration board from the time of his appointment.
- 4:06 The decision of the majority of the members of such arbitration board shall be the decision of such arbitration board; and if there is no majority decision, the decision of the Chairperson shall be the decision of such arbitration board.
- 4:07 Each party to the arbitration shall be responsible for the costs and expenses of its appointee to such arbitration board and the costs and expenses of the Chairperson shall be shared equally between the parties.
- 4:08 Such arbitration board shall, within thirty (30) days after the completion of hearings, or within such longer period as may be agreed upon by the parties in writing, make its award. The issues in dispute referred in writing to such arbitration board shall consist of the specific matters on which agreement cannot be reached and the arbitration board shall be limited to those matters.
- 4:09 The award or order of such arbitration board is binding on the parties, and the parties, upon receipt of the award, shall forthwith prepare a Collective Agreement giving effect to the award; and the parties shall execute the Collective Agreement and deliver, each to the other, a copy of the executed Collective Agreement.

- 4:10 Unless the arbitration board otherwise orders, the award shall become effective as and from the date of the expiry of the then current Collective Agreement.

ARTICLE 5 – GRIEVANCE AND RIGHTS ARBITRATION PROCEDURES

- 5:01 For the purpose of this Collective Agreement, a “grievance” is defined as a dispute or controversy concerning the interpretation, application, meaning, or any alleged violation of this Collective Agreement.
- 5:02 The word “days” as used in this Article do not include Saturdays, Sundays and General Holidays.
- 5:03 Grievances shall be processed in the following manner and sequence:

STEP 1

The Resident, or PARIM on behalf of the Resident, shall within ten (10) days of when the Resident first ought to have been aware of the circumstances giving rise to the grievance, present the grievance in writing to the WRHA Director - Medical Staff Contracts & Remuneration, Medical Staff Administrative Services. Upon receipt of the grievance the WRHA Director - Medical Staff Contracts & Remuneration, Medical Staff Administration Services shall investigate the grievance and give his/her decision in writing to the Resident, or PARIM on behalf of the Resident, within ten (10) days of receipt of the grievance.

STEP 2

Failing satisfactory settlement at Step 1, PARIM, on behalf of the Resident, shall submit the written grievance to the WRHA Chief Medical Officer within fifteen (15) days of the date on which the WRHA Director - Medical Staff Contracts & Remuneration, Medical Staff Administrative Services issued or is required to issue his/her answer in writing. The grievance shall be investigated by the WRHA Chief Medical Officer or designate and in this regard a meeting shall be held by the WRHA Chief Medical Officer or designate within ten (10) days of his/her receipt of the grievance, at which time the grievor and representatives of PARIM shall be in attendance. The WRHA Chief Medical Officer or designate shall thereafter issue his/her decision in writing to the Resident and to PARIM within five (5) days of the date following the grievance meeting.

- 5:04 **Rights Arbitration**

Failing satisfactory settlement of a grievance pursuant to the procedure outlined above, either party may submit the matter to rights arbitration within ten (10) days after exhausting the grievance procedure. A request for arbitration shall be made in writing by either party, addressed to the other party to this Collective Agreement within the time limit stipulated above and shall contain the name of the first party’s appointee to an arbitration board. Within ten (10) days thereafter, the other party shall advise the party giving notice of the name of its appointee to the arbitration board. The two appointees so

selected shall, within ten (10) days of the appointment of the second of them, appoint a third person who shall be Chairperson. If the recipient of the notice fails to appoint an arbitrator, or if the two appointees fail to agree upon a Chairperson within the time limit, the appointment shall be made by the Chief Justice of the Court of Queen's Bench, upon the request by either party to this Collective Agreement. The arbitration board shall hear and determine the difference or allegation and shall issue a decision and the decision shall be final and binding upon the parties and upon any Resident affected by it. The decision of the majority of the members of the arbitration board shall be the decision of the board and if there is not a majority decision, the decision of the Chairperson shall be the decision of the board.

5:05 The board of arbitration or the single arbitrator, as the case may be, shall not have jurisdiction to alter, enlarge, modify or amend the provisions of this Collective Agreement, nor to make any decision inconsistent therewith.

5:06 PARIM shall have the right to present a policy grievance on its own behalf or on behalf of a group of Residents. In particular, it is recognized that PARIM has the right to grieve, on its own behalf or on behalf of any Resident, any alleged violation of Article 14 (Duty Hours). Such grievance shall be presented initially at Step 2 within (15) days of when PARIM ought to have been aware of the circumstances giving rise to the grievance, and thereafter, such grievance must be processed through the grievance and/or arbitration procedure as outlined in this Article.

5:07 Each party shall pay the fees and expenses of its own nominee to the board, and both parties shall share equally the fees and expenses of the Chairperson.

5:08 Time Limits

The time limits as stated herein may be extended by mutual agreement, in writing, between the parties.

5:09 Where the parties agree in writing, a single arbitrator, mutually agreed to in writing, may be appointed and the single arbitrator shall constitute the arbitration board. The parties shall jointly bear the expense of the single arbitrator.

ARTICLE 6 – REMUNERATION

6:01 The establishment of classifications for remuneration of Residents shall conform with the level of their approved training as recognized by the RCPSC or the CFPC unless another classification is recommended by the PGME, and agreed to, in writing, by the Resident.

6:02 A Resident who transfers into another program shall receive credit for previous training in terms of the number of completed years of approved training according to the requirements and regulations of the program to which the Resident is transferring as defined by the RCPSC or the CFPC, unless another classification is recommended by the PGME.

6:03 Subject to the considerations established in sub-articles 6:01 and 6:02, remuneration levels for Residents shall be defined as follows:

(a) Level I (PGY-1)

A postgraduate physician in his first post M.D. year who is registered in either the first (1st) year of a CFPC program or an RCPSC program.

(b) Level II (PGY-2)

A physician registered in the second (2nd) year of a specialty program of the RCPSC or the CFPC having successfully completed one year of training that is acceptable to the RCPSC or the CFPC as leading to certification in that program; or in a training program leading towards a licence to practice medicine in the Province of Manitoba.

(c) Level III (PGY-3)

A physician registered in the third (3rd) year of a specialty program having completed two previous years of training that is acceptable to the RCPSC or the CFPC as leading to certification in that program.

(d) Level IV (PGY-4)

A physician registered in the fourth (4th) year of a specialty program having successfully completed three (3) previous years of training that are acceptable to the RCPSC as leading to certification in that program.

(e) Level V (PGY-5)

A physician registered in the fifth (5th) year of a specialty program having successfully completed four (4) previous years of training that are acceptable to the RCPSC as leading to certification in that program.

(f) Level VI (PGY-6)

A physician registered in the sixth (6th) year of a specialty program where the RCPSC requires six (6) years of training; and having successfully completed five (5) previous years of training that are acceptable to the RCPSC as leading to certification in that program.

(g) Level VII (PGY-7)

A physician registered in the seventh (7th) year of a specialty program where the RCPSC requires seven (7) years of training and having successfully completed six (6) previous years of training that are acceptable to the RCPSC as leading to certification in that program.

(h) Level VIII (PGY-8)

A physician registered in the eighth (8th) year of a specialty program where the RCPSC requires eight (8) years of training and having successfully completed seven (7) previous years of training that are acceptable to the RCPSC as leading to certification in that program.

NOTE:

- (i) Where a Department of the University or a Program Director requires a postgraduate training in excess of the training required by RCPSC as a prerequisite to the successful completion of training leading to certification in a particular program (provided such training is not remedial training due to unsuccessful completion of a previous year of training), such extra training, for the purpose of calculating the remuneration level of the Resident concerned, shall be considered to be required by and acceptable to the RCPSC as leading to certification in that program and the Resident shall be guaranteed a fully funded position at the same remuneration level. It is understood that the application of this provision shall not result in a Resident being paid or classified at a level higher than Level VIII (PGY-8).

6:04 (a) The foregoing salary classifications shall apply to all Residents registered through the Division of Postgraduate Medical Education of the University of Manitoba during the term of this Collective Agreement.

(b) Remuneration levels for the salary classifications shall be as set out in Schedule "1" attached hereto.

(c) A Resident may be appointed to the position of Chief Administrative Resident or Senior Administrative Resident. Administrative allowances for Chief and Senior Administrative Residents shall be paid as follows:

(i) CHIEF ADMINISTRATIVE RESIDENT:

A Chief Administrative Resident is a Resident with special administrative responsibilities relating to the academic and service activities of an entire training program, in addition to those expected as a normal part of his/her training program.

Each training program would normally have one such position, except where parallel but functionally independent programs operate at geographically separate institutions (e.g. Health Sciences Centre and St. Boniface General Hospital), where one Chief Administrative Resident position per institution may be recognized.

An Administrative Allowance of Three Hundred Dollars (\$300.00) per

month shall be paid for this position. A Resident that qualifies for the Chief Administrative Resident Administrative Allowance shall not be eligible for payment of the Senior Administrative Allowance for the same period of time.

(ii) SENIOR ADMINISTRATIVE RESIDENT:

A Senior Administrative Resident is a Resident with special administrative responsibilities relating to the academic and service activities of a section of a training program in which there are at least five (5) trainees (clinical clerks, Residents) at a given time. This Resident is assigned specific administrative duties, in addition to those expected as a normal part of his/her training program.

This position shall be paid an Administrative Allowance at a rate of one-half the Administrative Allowance of the Chief Administrative Resident position

- 6:05 Each Resident shall be paid appropriate remuneration once every two (2) weeks.
- 6:06 Any retroactive payments due to a Resident following the conclusion of a revised Collective Agreement shall be paid to the Resident within thirty (30) days, exclusive of weekends and holidays, of the signing of the Collective Agreement.

ARTICLE 7 – INCOME PROTECTION IN CASE OF ILLNESS

- 7:01 The Employer shall not cause a Resident to suffer loss of pay or other benefits due to illness or disability incurred as a result of duties carried out under the aegis of the Employer during the term of the appointment, providing such illness or injury has been duly recorded in the Staff Health Records.
- 7:02 The Employer shall further ensure that a Resident shall not suffer loss of pay or benefits applicable at the time of the accident or illness during a period of one (1) year following the end of the term of appointment.
- 7:03 Any illness or disability lasting beyond the one (1) year period referred to in sub-article 7:02 shall be covered by the Workers' Compensation, and Residents shall receive the legislated amounts stipulated in the regulations for any illness or disability which extends beyond such period.
- 7:04 The Employer shall not cause a Resident to suffer loss of pay or other benefits due to illness or disability arising from causes unrelated to employment duties up to a maximum of thirty (30) days per year (non-cumulative). It shall be the responsibility of Residents to ensure that such illness or injury has been duly recorded in the office of the Program Director.

ARTICLE 8 – HOLIDAYS AND VACATIONS

8:01

- (a) During each post-graduate year of training, each Resident shall be entitled to four (4) weeks' vacation with pay to be taken during that post-graduate year of training. The scheduling of vacations shall be decided normally in advance of the commencement of the post-graduate training year, but in no case later than eleven (11) weeks after the commencement of the Resident's post-graduate training year by consultation between the Resident and the appropriate WRHA official. Where a Resident does not indicate a preference for a particular vacation period(s) this may result in vacation being scheduled by the appropriate WRHA official. Scheduling of vacations is subject to operational requirements, and in the absence of an agreement between the Resident and the appropriate WRHA official, shall be at a time scheduled by the WRHA official. Unless otherwise mutually agreed between the appropriate WRHA official and the Resident, a Resident's vacation shall, at the option of the Resident, be consecutive (i.e. four (4) weeks in a row) or taken in two (2) separate two (2) week periods, and shall be taken during the Resident's home training program rotation blocks.
- (b) In the event a Resident is in voluntary unpaid status for any portion of the year, by reason other than maternity, paternity, parental or adoptive leave, vacation shall be provided on a pro-rata basis.
- (c) Where the Resident takes maternity, paternity, parental or adoptive leave in its entirety, he/she shall not suffer any reduction of vacation entitlement as referred to in Article 8:01(a). In the event that such Resident is unable, due to operational requirements, to take all of his/her vacation during the post-graduate year of training when he/she returns from leave, any unused vacation shall be carried over to the subsequent post-graduate year of training.

8:02 Recognized holidays for the purposes of this Agreement shall be: Canada Day, August Civic Holiday, Labour Day, Thanksgiving Day, Remembrance Day, Good Friday, Easter Monday, Louis Riel Day, Christmas Day, Boxing Day, New Year's Day and Victoria Day. Further, it is understood that if any other holiday is proclaimed by Federal or Provincial statute during the life of this Collective Agreement then such additional holiday(s) shall also be recognized.

Issues related to scheduling work and time off for Christmas Day, Boxing Day and New Year's Day are addressed in Article 8:03.

Issues related to scheduling work and time off for all other recognized holidays are addressed in Article 8:04.

8:03

- (a) For each post-graduate year of training, each Resident shall be entitled to five (5) consecutive days off, without loss of pay, that shall include either Christmas Day/Boxing Day or New Year's Day.

- (b) The five (5) consecutive days shall include recognized holidays, regular days off and regular working days, and a Resident cannot be scheduled to work later than 1700 hours on the day prior to the first of the five (5) consecutive days off. These recognized holidays cannot be claimed by the Resident as banked time.
- (c) Each Resident shall, not later than November 15 in any year, advise the appropriate WRHA official as to whether he/she wishes to take the said five (5) days at Christmas Day/Boxing Day or New Year's Day (or at some other time during the year pursuant to (d) below). If a Resident selects time off over either Christmas Day/Boxing Day or New Year's Day then the Resident shall receive his/her choice of time off, provided that the WRHA may require the Resident to take the days off over the other holiday not initially selected by the Resident, if the reasonable demands of the service require such an adjustment and the Resident is notified no later than December 11.
- (d) A Resident may request the time off at a time other than Christmas Day/Boxing Day or New Year's Day during the post-graduate year of training. If such a request is approved by the WRHA, then the five (5) days off shall be taken at a time mutually convenient to that person and the WRHA, but not later than the end of the post-graduate year of training.

8:04 This Article applies to recognized holidays other than Christmas Day, Boxing Day and New Year's Day.

- (a) If the Employer schedules a Resident for any duties (including clinical orientation to a hospital or service, clinical service delivery, rounding on patients or any other form of patient care) on a recognized holiday, the Employer shall schedule the Resident to be on-call for at least eight (8) hours. The Employer may discontinue those on-call duties prior to the end of the eight (8) hours that have been scheduled. The Resident shall be paid in accordance with the call-splitting formula, as applicable, based on the number of hours worked by the Resident but no less than eight (8) hours. If a Resident is scheduled to be on call for at least eight (8) hours between the time 0000 and 2400 on a recognized holiday then the Resident shall be entitled to a paid day off. Such time off must be taken during the same rotation in which the recognized holiday occurred, at a time mutually agreed upon between the Resident and the appropriate WRHA official or, if this does not occur, the Resident shall be paid out for the recognized holiday. The payout will be a daily rate calculated as follows: Resident's Annual Salary / 365.
- (b) If a recognized holiday falls within a Resident's vacation, or on his/her regularly scheduled day off, or when he/she is on-site/on-call, the recognized holiday shall not be counted against the Resident's vacation entitlement and the Resident shall receive an alternate day off without loss of pay to be taken during the post-graduate year of training at a time mutually agreed between the Resident and the WRHA.

ARTICLE 9 – PROFESSIONAL LIABILITY INSURANCE

9:01 Medical Residents shall be required to maintain Canadian Medical Protective Association (CMPA) professional liability and malpractice coverage. Non-Physician Residents as described in Article 30 shall be required to maintain appropriate professional liability and malpractice insurance acceptable to the Employer.

Effective July1, 2014 to June 30, 2015:

The Employer shall be responsible for paying directly to the Canadian Medical Protective Association or the insurer as the case may be, on behalf of all Residents, 100% of the difference between the annual CMPA dues or insurance premiums and 1986 CMPA dues or insurance premiums. The Employer shall be responsible for paying the applicable amount directly to the CMPA or insurer.

Effective July 1, 2015 and onward:

The Employer shall be responsible for paying directly to the Canadian Medical Protective Association or the insurer as the case may be, on behalf of all Residents, 100% of the annual CMPA dues or insurance premiums above \$625. The Employer shall be responsible for paying the applicable amount directly to the CMPA or insurer.

9:02 If a Resident is named as a Defendant or potential Defendant in any legal proceeding or claim, as the case may be, advanced against the Employer, then the Employer shall notify the said Resident of the legal proceeding or claim forthwith at the last known address together with particulars of the legal proceeding or claim. No such claim or legal proceeding shall be settled without the prior knowledge of the said Resident. Notice required hereunder will be satisfied by the Employer notifying the said Resident, in care of PARIM at its then current address.

If a Resident is named as a Defendant in a legal proceeding or claim, as the case may be, relevant to or arising out of his/her employment, the Resident shall notify the Employer of the legal proceeding or claim forthwith with particulars of the legal proceeding or claim.

ARTICLE 10 – REGISTRATION, TUITION AND ADMINISTRATIVE FEES

10:01 The Employer shall be responsible for paying directly to the appropriate educational institution all registration, tuition and administrative fees charged to Residents in respect of their post-graduate education and training, including fees for additional education and training where such additional education and training are required to obtain a Fellowship from the RCPSC and/or the CFPC. Attached as Appendix “D” is a listing of post-graduate education and training courses that are eligible for such payment. This list may be amended by mutual agreement of the Employer and PARIM.

ARTICLE 11 – REFERENCE FACILITIES

11:01 Electronic or other reference facilities similar to those currently available at the Health Sciences Centre and the St. Boniface General Hospital shall continue to be made available for the duration of this Collective Agreement on a 24-hour basis and in a readily accessible location under reasonable security measures.

ARTICLE 12 –LEAVES OF ABSENCE

Education Leave

12:01 All Residents (levels I to VIII) shall be eligible for educational leave.

12:02 All educational leave must be approved by the appropriate WRHA Chief Medical Officer or designate. Unless otherwise mutually agreed four (4) weeks' notice prior to first day of affected rotation shall be given by the Resident.

12:03 The Employer shall endeavour to continue to make available to Residents, for the duration of this Collective Agreement, the existing policy of partial or complete funding of expenses incurred by the Resident for the purpose of taking educational leave.

Examination Leave

12:04 Each Resident shall be entitled to "leave" for the purpose of any Canadian or American Professional Medical certifying and/or licensing examination. This leave, which shall be subject to approval by the appropriate Program Director or Department Head, shall be without loss of pay and in addition to vacation or other leave.

12:05 Approval for examination or educational leave shall not be unjustly withheld.

Bereavement Leave

12:06 Bereavement leave of three (3) working days with pay shall be granted by the Employer to a Resident, upon request, in the event of the death of a spouse, common law spouse, parent, spouse's parent, grandparent, sibling, child, legal guardian or legal ward.

12:07 The WRHA Chief Medical Officer or designate may grant up to two (2) additional working days with pay for traveling time in the event the funeral occurs outside the Province of Manitoba.

Maternity and Parental Leave

Maternity Leave

12:08 A pregnant Resident who has been employed for at least seven (7) consecutive months is eligible for maternity leave of absence without pay subject to the conditions that the Resident shall:

- (i) as soon as practicable, provide the Employer with a medical certificate giving the estimated date of delivery; and
- (ii) give the Employer not less than four (4) weeks' written notice of the date she shall start her maternity leave.

12:09 A Resident is entitled to maternity leave without pay for a period of:

- (i) not more than seventeen (17) weeks if the date of delivery is on or before the date estimated in the medical certificate; or
- (ii) seventeen (17) weeks and a period of time equal to the time between the estimated date and the date of delivery if the date of delivery is after the estimated date.

12:10 Maternity leave shall commence not earlier than seventeen (17) weeks before the estimated date of delivery and end not later than seventeen (17) weeks after the delivery date.

12:11 A Resident may end her maternity leave at an earlier date by giving the Employer at least two (2) weeks' written notice in advance of the date she wishes to end the leave.

12:12 The Employer may require the Resident to commence maternity leave if the state of her health, as verified by a qualified medical practitioner, is incompatible with the requirements of her job, and such time shall be in addition to the leave she is otherwise entitled to under this Article.

12:13 Where a Resident must be absent from work prior to the estimated date of delivery as a result of illness or medical complications arising from the pregnancy the Resident shall be covered by sub-section 7:04 of this Collective Agreement.

12:14 A Resident who is entitled to maternity leave in accordance with sub-article 12:08 shall, in addition to the unpaid leave provided for in sub-article 12:09, be entitled to two (2) paid days leave of absence immediately prior to the commencement of leave pursuant to sub-article 12:09.

12:15 A Resident who so requests shall not be required to perform overnight call after she has completed thirty-one weeks of gestation. To the extent that it is reasonably possible the Resident shall provide the WRHA Chief Medical Officer or designate with as much notice as possible should she elect to not perform overnight call.

Parental Leave

12:16 A Resident who adopts or becomes a parent of a child is entitled to a maximum of thirty-seven (37) continuous weeks of unpaid parental leave if:

- (a) the Resident has completed seven (7) continuous months of employment with the Employer;

- (b) the Resident gives written notice to the Employer:
 - (i) at least four (4) weeks before the day specified in the notice as the day on which the Resident intends to commence the leave; or
 - (ii) in the case of adoption, at least one (1) day before the day specified in the notice as the day on which the Resident intends to commence the leave and the Employer is kept informed of the progress of the adoption proceedings; and
- (c) in the case of adoption, the adoption occurs or is recognized under Manitoba law.

12:17 A Resident who gives less notice than is required under sub-article 12:16(b)(i) is entitled to the thirty-seven (37) weeks of parental leave less the number of days by which the notice given is less than four (4) weeks.

12:18 Subject to sub-article 12:19, parental leave must commence not later than the first (1st) anniversary of the date on which the child is born or adopted or comes into the care and custody of the Resident.

12:19 Where a Resident takes parental leave in addition to maternity leave, the Resident must commence the parental leave immediately on expiry of the maternity leave and take the leaves in one continuous period unless otherwise approved by the Employer.

12:20 A Resident's parental leave ends:

- (a) thirty-seven (37) weeks after it began; or
- (b) if sub-article 12:17 applies, thirty-seven (37) weeks after it began less the number of days provided for in that sub-article.

12:21 A Resident may end his or her parental leave earlier than the day set out in sub-article 12:20 by giving the Employer written notice at least two (2) weeks before the day the Resident wishes to end the leave.

12:22 Unless otherwise approved by the WRHA Chief Medical Officer or designate, a Resident who does not return to work in accordance with his/her leave of absence shall not be entitled to reinstatement.

Partner Leave

12:23 Two (2) days of leave with pay shall be granted to a Resident:

- (a) whose spouse or common-law partner has given birth to a child provided that the Resident has provided the WRHA Chief Medical Officer or designate with at least four weeks' notice of the expected date of delivery; or

- (b) who has or whose spouse or common-law partner has adopted a child, with the adoption occurring or being recognized under Manitoba Law provided that the Resident has kept the WRHA Chief Medical Officer or designate apprised of the status of the adoption proceedings

12:24 For information purposes only, Residents are eligible to apply for benefits under Doctors Manitoba Maternity/Parental Benefits Program. Attached as Appendix “C” is the Maternity/Parental Benefits Program Information for Physicians.

The entitlement or denial of benefits under this Program is not subject to Grievance and Rights Arbitration Procedures under Article 5.

General Leave of Absence

12:25 Any request by a Resident for a leave of absence not otherwise stipulated herein shall be made in writing and submitted to the WRHA Chief Medical Officer or designate. Such requests shall be considered and approved at the discretion of the WRHA Chief Medical Officer or designate.

ARTICLE 13 – DUTY HOURS

13:01 Both parties hereto accept that, in order to provide adequate service and care to patients and to enhance the medical education of Residents, duty hours must be scheduled to provide a balance of clinical experience, patient service and academics. Duty Hours consist of clinical orientation to a hospital or service, clinical service delivery, rounding on patients and any other form of patient care. The parties agree that educational/academic activities that preclude a Resident from being available for clinical orientation to a hospital or service, clinical service delivery, rounding on patients or any other form of patient care, do not qualify as Duty Hours. Duty Hours shall consist of both Regular Duty Hours and On-Call Duty Hours.

Regular Duty Hours, in general, are between 0700-1700 hours Monday through Friday. Such Regular Duty Hours may vary for some clinical services. On-Call Duty Hours refers to those times the Resident carries clinical responsibilities beyond the Regular Duty Hours. This usually includes evenings/overnight Monday to Friday, weekends and designated recognized holidays as described in sub-article 8:02 (“designated recognized holidays”).

Weekday (Monday through Friday) On-Call Duty Hours commence at the time Regular Duty Hours end and are 14-17 hours in duration. Weekend and designated recognized holiday On-Call Duty Hours are twenty-four (24) hours (plus a maximum of two (2) hours for transfer of care). The Employer and PARIM acknowledge that various clinical services have different start times during weekdays (usually between 0700 and 0900) and agree that weekend and designated recognized holiday On-Call Duty Hours shall commence at the same time of day as Regular Duty Hours usually begin on a weekday for that particular service.

Two types of On-Call Duty Hours are recognized as set out in 13:01(a) and (b). The determination of the type and frequency of On-Call Duty Hours as well as increases or decreases to On-Call Duty Hours shall be made by the Departmental Residency Program Committee responsible for the rotation, or its equivalent, subject to consultation with and approval from the Office of the Associate Dean of PGME and the WRHA Chief Medical Officer.

Limitations for On-Call Duty Hours shall be pro-rated for rotation periods that are other than twenty-eight (28) days long.

(a) In-Hospital Call

In-Hospital Call refers to clinical service, or immediate availability for such service, provided by the Resident beyond Regular Duty Hours, where the Resident is required to remain in the hospital for that time period. A Resident shall not be scheduled for In-Hospital Call more than seven (7) times on average over a four (4) week period.

- (i) Splitting Call occurs when In-Hospital Call is divided between two or more Residents. Either the Employer or the Residents may choose to split call, as follows:
 - (a) The Employer may schedule a split call for educational purposes or to ensure the provision of adequate service and care to patients;
 - (b) Residents may agree to split call among themselves provided that the requested number of Residents of equal qualifications on particular services remain on duty.
- (ii) Where Call has been split in accordance with sub-article 13:01(a)(i) the Resident shall be paid in accordance with sub-article 13:05(b), and only the portion worked shall be counted toward the maximum hours worked pursuant to sub-article 13:01 and 13:02 (example: The Resident worked 12 hours of a 24 hour Call. The Resident shall be credited with 0.5 Calls)

(b) Home Call

Home Call refers to clinical service, or immediate availability for such service, provided by the Resident beyond the Regular Duty Hours, where the Resident is not required to remain in the hospital. Home call may result in a Resident returning to the hospital. A Resident shall not be scheduled for Home call or a combination of Home call and In-Hospital call more than ten (10) times on average over a four (4) week period. As the parties have agreed that Home Call or a combination of In-Hospital Call and Home Call shall be limited to “one in three,” a Resident will not be scheduled for Home Call more than nine (9) times during a rotation of twenty eight (28) days when that Resident was on call ten (10) times during the immediately preceding rotation.

13:02 In addition to the foregoing and subject to the exceptions provided in sub-articles 13:03, a Resident shall not be required to work On-Call Duty Hours inconsistent with the following provisions:

- (a) In-Hospital Call of one (1) in four (4), such averaged over a four (4) week period or, where call-splitting has occurred in accordance with sub-article 13:01(a), the combined equivalent of seven (7) full calls over a four (4) week period.
- (b) Two (2) weekends off in four (4), such averaged over a four (4) week period except by mutual agreement between the Employer and PARIM or as provided for in sub-article 13:02(c). For the purposes of sub-article 13:02 a weekend off shall commence no later than 1700 hours on Friday and end no earlier than 0700 hours on Monday.
- (c) Where the provision of adequate service and care to patients would be compromised such that the Employer is unable to comply with the requirements of sub-article 13:02(b) the Resident shall receive:
 - (i) one (1) weekend off in four (4);
 - (ii) sixty-two (62) consecutive hours off (the equivalent of one weekend) with pay beginning at 1700 hours on any day except Friday during the same rotation to be determined at the discretion of the WRHA Chief Medical Officer or designate; and
 - (iii) an additional day off with pay to be assigned on any weekday during the same rotation to be determined at the discretion of the WRHA Chief Medical Officer or designate.

Time assigned in accordance with sub-articles 13:02 (c) (ii) or (iii) shall not fall on the day assigned as the Resident's academic day. If a Resident's training program has more than one academic day during the week the Employer will ensure that time off does not include one of the academic days.

- (d) The scheduled work week including first call shall not exceed an average of eighty-nine (89) hours per seven (7) day week over a four (4) week period;
- (e) There shall be not less than fourteen (14) consecutive non-working hours (i.e., no On-Call Duty Hours) once every three (3) days, except in circumstances where it becomes necessary to accommodate the implementation of sub-article 13:02(b).
- (f) Other than to handle unforeseen exigencies, a Resident shall not be required to work more than twenty-six (26) consecutive hours (i.e. a combined twenty-four (24) hours of Regular Duty Hours and/or In-Hospital Call plus two (2) hours for transfer of care). However this shall not preclude a Resident from electing to attend seminars relating to his/her studies immediately following an on-call period.

- (g) Scheduled Home Call shall not be included in calculating consecutive hours of work except where a Resident works Home Call which is scheduled to end on a weekday morning and where the Resident was required to work in the hospital during the On-Call Duty Hours for more than four (4) hours, of which more than one (1) full hour is after midnight and before 0600 hours, in which case the entire Home Call duty hours shall be included in calculating consecutive hours worked. Where Home Call is included in calculating consecutive hours worked the Resident may, at their option, elect to work on the post-call day.
- (h) A Resident shall not be required to take call to make up for vacation time.
- (i) For the purposes of sub article 13:02, where a split call occurs on a weekend the Resident shall be deemed to have worked that weekend.

13:03 Duty Hours in excess of those prescribed in sub-articles 13:01 and 13:02 may be worked by an individual Resident only by reason of:

- (a) a Resident on the same service is ill, on maternity leave, declines over-night call after completion of thirty-one (31) weeks of gestation pursuant to sub-article 12:15, is on examination leave, educational leave or compassionate leave. Such excess Duty Hours shall be restricted to one (1) additional On-Call shift per month. A Resident working excess Duty Hours pursuant to this provision shall be eligible for on-call remuneration in accordance with Article 13:05 herein for all such On-Call Duty Hours;
- (b) an agreement in writing has been entered into between PARIM, WRHA and PGME confirming that the academic requirements of a training program (including the required degree of exposure to direct patient care) cannot be achieved due to the application of 13:01 and 13:02. Any agreement between PARIM, WRHA and PGME shall take the form of a Memorandum of Agreement and shall contain, at a minimum, the following:
 - i) the name of the service/rotation and the applicable WRHA Clinical Program;
 - ii) the specific academic requirements that require the Resident to perform Duty Hours in excess of those prescribed by Article 13;
 - iii) the specific clauses of Article 13 that necessitate the Memorandum of Agreement;
 - iv) a template schedule that specifies the Duty Hours, with specific reference to the applicable provisions of Article 13;
 - v) remuneration for on-call, as per 13.05, if applicable;
 - vi) a commitment from all parties to make efforts to consult with the RCPSC or CFPC (as applicable) and to take all reasonable steps to make

adjustments in the training program that would alleviate or eliminate the need to work excess duty hours to fulfill the academic requirements of the training program;

- vii) an acknowledgement and agreement that the Memorandum of Agreement would be subject to renewal and expiration on the same basis and term as this Collective Agreement; or
- (c) an agreement in writing has been entered into between PARIM, WRHA and PGME confirming that a training program and/or rotation has an inadequate number of Residents such that the provision of adequate clinical service and/or patient care would be materially compromised due to the application of 13:01 and 13:02. Any agreement between PARIM, WRHA and PGME shall take the form of a Memorandum of Agreement and shall contain, at a minimum, the following:
- i) the name of the service/rotation and the applicable WRHA Clinical Program;
 - ii) the specific patient care need that requires the resident to perform duty hours in excess of Article 13;
 - iii) the specific clauses of Article 13 that necessitate the Memorandum of Agreement;
 - iv) a template schedule that specifies the Duty Hours, with specific reference to the applicable provisions of Article 13;
 - v) remuneration for on-call, as per 13.05, if applicable;
 - vi) a commitment from all parties to continue to review adjustments in the excess duty hours that would alleviate or eliminate the need to work the excess duty hours;
 - vii) the start and expiry date of the Memorandum of Agreement, which shall not exceed twelve (12) months in duration.

13:04 The additional Duty Hours referred to in sub-article 13:03 (a) shall be by mutual agreement between the Resident and the WRHA Chief Medical Officer or designate. Notification in writing of such additional Duty Hours must be submitted by the WRHA Chief Medical Officer or designate to Associate Dean PGME and to PARIM.

13:05 On-Call Remuneration

- (a) Effective July 1, 2014, each Resident shall receive on-call remuneration in accordance with Schedule “2” for each scheduled In-Hospital Call and Home Call fulfilled by the resident pursuant to Article 13:01.
- (b) Where a Resident has split call in accordance with sub-article 13:01 (a) (i) the

Resident shall be paid in accordance with the proportion of the On-Call Duty Hours worked (example: the Resident worked 8 hours of a 24 hour Call. The Resident shall be paid one-third (.33) of the applicable remuneration listed in sub-article 13:05 and shall be credited with having worked .33 calls. Where the Resident has worked 12 hours of a 24 hour call the Resident shall be paid one-half (0.5) of the applicable remuneration listed in sub-article 13:05 and shall be credited with having worked 0.5 calls).

- (c) A Resident who is scheduled for Home Call but is required to work in the hospital during the call for more than four (4) hours, of which more than one (1) full hour is after midnight and before 0600 hours shall be remunerated at the rate applicable to In-Hospital Call.
 - (d) A Resident who is scheduled for Home Call on a weekend or a designated recognized holiday but is required to work in the hospital during the call for more than twelve (12) hours shall be remunerated at 75% of the rate applicable to the In-Hospital Call.
 - (e) The Employer shall have the right to implement reasonable rules to verify that the Resident is entitled to be paid at the In-Hospital Call rate for that shift.
- 13:06 Duty Schedules for each service and department covering a 28 day or one (1) month period, as applicable for the service shall be posted and communicated to the Residents not less than one (1) week in advance of the schedule period. Copies of the completed schedules shall be sent to PARIM. The existing practice whereby Residents may interchange Duty Hours among themselves is recognized provided the requested number of Residents of equal qualifications on a particular service remain on duty.
- 13:07 When a Resident is required to be on call on a particular service, the Resident shall not be required to be on call on another service, unless being on call on more than one service is a traditionally recognized combination of On-Call Duty.
- 13:08 After the completion of In-Hospital Call Duty Hours (as outlined in 13:02(f)) or Home Call that has been converted to In-Hospital Call (as outlined in 13:02(g)), a Resident shall not be required to work any Duty Hours prior to 0600 of the following calendar day except to accommodate the application of 13:02(b).
- 13:09 Where a schedule is not in compliance with the provisions of this Article or where a Resident is required to work Duty Hours in excess of those prescribed herein, either the Resident or PARIM may submit a grievance in accordance with Article 5.
- 13:10 Without limiting the general remedial powers of an arbitrator, no provision in Article 5 shall be deemed to limit the remedial power of a board of arbitration or a sole arbitrator, as the case may be, to award a Resident compensation either in the form of money or compensatory time off where it finds there has been a violation or misapplication of the provisions of this Article.
- 13:11 For information purposes only, Appendix "E" attached hereto sets out on-call coverage

requirements as at July 1, 2014. It is acknowledged that the WRHA Chief Medical Officer and the Associate Dean of PGME shall determine its coverage requirements from time to time.

ARTICLE 14 – CALL ROOMS AND UNIFORMS

- 14:01 The Employer shall provide to the Residents one (1) room per Resident on In-Hospital Call. Each call room shall include at least the following – individual line telephone service, reasonable furnishings, lighting, and access to appropriate bathroom facilities. The call rooms shall be adequately ventilated, heated and secure. There shall be appropriate bathroom/shower facilities for every three (3) Residents on call.
- 14:02 At the request of PARIM, a representative of PARIM and a representative of the Employer shall inspect call rooms at the Hospitals not more than once every six (6) months or as otherwise mutually agreed for the purposes of ascertaining the condition of call rooms and identifying deficiencies. Any deficiencies identified shall be corrected within a reasonable time.
- 14:03 Uniforms, when required, shall be provided and laundered at the expense of the Employer.

ARTICLE 15 – PARKING

- 15:01 The Employer shall maintain the existing system of priorities for Residents with regard to placement in Hospital parking lots and shall also maintain the existing system of reciprocal parking privileges at the Hospitals.
- 15:02 Residents holding reciprocal parking passes shall be entitled to park in parking lots designated by the Hospitals during certain specified hours, all of which shall be outlined in a letter from the Employer to PARIM. In order to facilitate such parking arrangements special passes, if necessary, will be issued to Residents by the Employer.

ARTICLE 16 – COMMITTEES

- 16:01 The Employer recognizes and agrees that PARIM has the right to representation on or liaison with various committees of the Employer which deal or may have occasion to deal with affairs pertaining to Residents.
- 16:02 All matters pertaining to Residents originating from committees of the Employer on which PARIM has no representation shall be referred to PARIM.

ARTICLE 17 – NON-DISCRIMINATION

17:01 There shall be no discrimination knowingly exercised or practiced by the Employer or any employee by reason of age, religion, race, colour, national origin, political or religious affiliation, sex, marital status, place of residence, family relationship, physical handicap, sexual orientation, nor by reason of membership or non-membership or participation in lawful activity in PARIM.

ARTICLE 18 – PARIM SECURITY

18:01 The Employer shall deduct from each pay cheque the amount of dues and levies, as determined by PARIM, and shall also deduct any levies equal to any premiums that are in arrears arising from compulsory participation in the Doctors Manitoba Term Life, Disability Income and Accidental Death and Dismemberment Insurance Programs, as and when determined by Doctors Manitoba, from salaries or wages of each and every Resident covered by this Collective Agreement whether a member of PARIM or not.

18:02 The Employer shall continue the aforesaid deductions during the life of this Collective Agreement and after the expiry date thereof, when negotiations are proceeding with a view to concluding a new Collective Agreement.

18:03 PARIM shall advise the Employer of the amounts authorized to be deducted under sub-article 18:01 hereof and these amounts shall be forwarded by the Employer to the Treasurer of PARIM within thirty (30) days, exclusive of weekends and holidays, after the last pay cheque date of each month together with a list of the names of the Residents from whom deductions have been made.

18:04 PARIM shall notify the Employer in writing of any changes in the amount of dues and levies at least two (2) months in advance of the end of the pay period in which the deductions are to be made.

18:05 PARIM shall provide the Employer with a list of current officers and representatives of PARIM.

18:06 The amount of the dues and levies shall be certified to the Employer over the signature of a responsible officer of PARIM.

18:07 PARIM shall indemnify and save the Employer harmless from any action resulting from the deductions of the aforesaid dues and levies.

18:08 There shall be no discrimination against any member of the bargaining unit by either party to this Collective Agreement because of his participation or non-participation in activities of PARIM or because of his participation on any Committee on behalf of PARIM.

18:09 Officers or duly authorized representatives of PARIM or a grievor shall be allowed time off with pay to attend necessary meetings with Employer representatives regarding the

processing of a grievance if such meetings cannot be arranged outside of working hours. At no time shall the number of representatives exceed two (2) and the grievor.

ARTICLE 19 – PERSONAL EFFECTS

19:01 A Resident who, during the course of his/her duties, suffers damage to, or loss of:

- (a) eyeglasses, watches, or other personal articles; or
- (b) professional instruments carried by the Resident in the performance of his/her duties;

shall be eligible to apply to the Employer for reasonable repair and/or replacement costs in accordance with the Employer's policy.

This includes circumstances where the damage and/or loss is because of the action of a patient, visitor or a member of the public. It also includes circumstances where the loss or damage occurs, where, as a result of fulfilling his/her duties, the Resident does not have sufficient time to secure the personal articles or professional instruments or where proper facilities do not exist to enable the Resident to properly secure them.

Nothing in this article requires the Employer to pay for loss or damage which is a direct result of personal negligence on the part of the Resident.

19:02 All incidents of loss or damage to personal articles such as described in sub-article 19:01 shall be reported in writing by the Resident affected, or if necessary, by someone else on behalf of that Resident affected, to the Employer, within ten (10) business days of the incident. The Personal Effects Loss Reporting Form, attached hereto as Appendix "B", shall contain the signature of a witness to the loss or damage if possible.

ARTICLE 20 – CONSULTATION WITH ADMINISTRATION

20:01 The Employer agrees that meetings shall be arranged periodically between the President(s) of PARIM, and the Chief Medical Officer of the WRHA, to discuss matters of mutual concern, or anticipated future changes suitable for discussion which would directly affect the Residents. If predetermined dates cannot be established, then PARIM shall submit a request for a meeting date. Such meetings are to be arranged at a time mutually acceptable to both parties and are to be held not less than quarterly (four (4) times per year). Meetings may be requested by either party by giving notice in writing and the Committee shall meet within seven (7) days of receipt of such notice unless altered by mutual agreement. Such Committee shall have four (4) members appointed by PARIM and four (4) members appointed by the Employer, which includes one (1) from PGME.

ARTICLE 21 – COMPLAINTS AGAINST RESIDENTS

- 21:01 Complaints against a Resident alleging that the Resident has failed to fully and properly perform his duties shall be made in writing on an appropriate Medical Report Form developed by the Employer.
- 21:02 Complaints as described in sub-article 21:01 regardless of the originator of the complaint, shall be made in writing and shall be submitted directly to the Office of the Vice-President in charge of medical affairs of the Employer.
- 21:03 Upon receipt of the complaint, the Vice-President in charge of medical affairs of the Employer shall immediately notify, in writing, the affected Resident of the substance of the complaint and shall invite the Resident concerned to prepare a verbal and/or written response thereto.
- 21:04 The Vice-President may choose to process the complaint or not, but always in accordance with the policies of the Employer and/or the Medical By-Laws as they apply to the Employer's Clinical Staff. If consultation of the Vice-President with other personnel is deemed advisable, said Resident shall be personally invited to meet with the Vice-President to discuss the complaint and minutes of such meetings may be kept. At the above and any subsequent meeting with Employer's personnel convened to discuss the complaint and to which meeting the Resident is requested to attend, if he so elects he may have a representative of PARIM attend such meeting.
- 21:05 It is understood that all original Employer records or facsimiles thereof relating to the complaint and its disposition shall be kept in strictest confidence under the care and control of the Vice-President at all times. It is further understood that no other permanent Employer copies of the above records shall be made, unless they are required by law or due process, to meet Board or Committee requirements.

ARTICLE 22 – TERMINATION AND SUSPENSION

- 22:01 The Employer may:
- (a) terminate or suspend a Resident's privileges in accordance with the terms and procedures of the Employer's Medical Staff By-Laws. A termination or suspension of privileges notice shall be provided to the Resident and PARIM in accordance with the Medical Staff By-Laws; and/or
 - (b) terminate or suspend a Resident's employment for just cause provided that such termination or suspension is only related to a non-academic matter. A termination or suspension notice shall be in writing and shall contain the reasons for the termination or suspension and shall be given to the Resident concerned and PARIM within 24 hours of the termination or suspension.
- 22:02 The release of a Resident from such Resident's training program through action of the

University of Manitoba, after receipt of written notification by the office of the Dean of Medicine, constitutes just cause for termination of employment by the Employer. In the event a Resident is reinstated into the training program by the University of Manitoba, such reinstatement shall be deemed to reinstate the Resident's employment status unless the Employer has terminated or suspended the Resident's employment for reasons other than his/her release from the training program or matters related thereto.

22:03 A termination or suspension of the Resident's employment pursuant to either Article 22:01 or 22:02 shall automatically result in the cessation of the appointment and privileges applicable to the Resident in his/her training program under the Employer's Medical Staff By-Laws, subject to the provisions therein.

ARTICLE 23 – INTERPRETATION

23:01 Wherever the singular or masculine is used in this Collective Agreement, it shall be considered as if the plural or feminine has been used if the context of the Collective Agreement so requires.

ARTICLE 24 – HEALTH SERVICES INSURANCE PREMIUMS

24:01 In the event of the reinstatement of health services insurance premiums, the Employer shall finance the cost of fifty (50%) percent of such premiums for all Residents during the life of the Collective Agreement.

ARTICLE 25 – DENTAL PLAN

25:01 All Residents covered by this Collective Agreement shall continue to be covered by the Health Sciences Centre Dental Plan now in effect with a premium of three dollars and ninety-nine cents (\$3.99) per month for such coverage being paid by the Resident. The benefits and terms of the said Plan, during the life of this Collective Agreement, shall be no less than those currently in effect. If the Health Sciences Centre Dental Plan now in effect is amended during the life of the Collective Agreement to provide benefits superior to those now in force for any other employee group then such benefits shall automatically be extended to Residents.

ARTICLE 26 – HEALTH AND WELFARE

26:01 If, during the life of this Collective Agreement, health and welfare benefits are modified or extended to any other of the Employer's employee groups, then PARIM shall be given notice of the fact these benefits are being extended to other groups. Further, PARIM shall be given a period of sixty (60) days after receiving such notice, within which to decide whether it wishes to take advantage of and participate in said programs. It is understood that PARIM need not participate in such programs or plans, but if it decides to do so, on behalf of its members, then the Employer would extend the same plans to the

Residents on the same basis that it was extended to other groups.

ARTICLE 27 – RESIGNATION AND TRANSFER

27:01 Employment may be terminated voluntarily by a Resident subject to a minimum of four (4) weeks of written notice to the appropriate Program Director.

27:02 A Resident shall provide, to the appropriate Program Director, a minimum of four (4) weeks' written notice of intent to transfer into another program.

ARTICLE 28 – PARIM BUSINESS

28:01 The two (2) Co-Presidents of PARIM shall each be entitled to the equivalent of one (1) paid day per month in order to attend to PARIM business.

ARTICLE 29 – PART-TIME RESIDENTS

29:01 Part-time Residents shall be entitled to all benefits outlined in this Collective Agreement on a pro-rata basis to that of full-time Residents depending on time worked.

ARTICLE 30 – NON-PHYSICIAN RESIDENTS

30:01 For the purpose of applying Article 6:03 of the Collective Agreement to these Non-Physician Residents in Clinical Psychology, Dentistry, Oral Surgery, Clinical Genetics, Clinical Microbiology, Pediatric Dentistry and Clinical Chemistry, remuneration levels shall be as follows:

Specialty	Remuneration Level(s)
Dentistry	Level I
Clinical Psychology	Level I
Clinical Chemistry	Level II, III and IV
Oral Surgery	Level II, III, IV and V
Clinical Genetics	Level II, III and IV
Clinical Microbiology	Level II and III
Pediatric Dentistry*	Level I, II and III

*Effective July 1, 2015

ARTICLE 31 – RATIFICATION

31:01 The PARIM Board of Directors shall recommend acceptance of this Agreement to its members. This Agreement shall become final and binding upon written communication by PARIM to the Employer of such acceptance of the Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement the date and year above written.

**PROFESSIONAL ASSOCIATION
OF RESIDENTS AND INTERNS OF
MANITOBA**

**WINNIPEG REGIONAL HOSPITAL
AUTHORITY**

Per: “Original Signed By”
Dr. Annie Ducas, M.D.
Co-President

Per: “Original Signed By”
Lori Lamont
Interim President and
Chief Executive Officer

Per: “Original Signed By”
Dr. Andrew Weiss, M.D.
Co-President

Letter of Understanding

To: Professional Association of Residents and Interns of Manitoba
GF132-820 Sherbrook St.
Winnipeg, MB R3A 1R9

For the purposes of interpreting sub-article 15:01 of the Collective Agreement, the Employer confirms that the one “existing system of priorities for residents with regard to placement in Hospital parking lots” is that residents are afforded first priority together with the attending physicians at the Hospitals, before other employee groups.

When a resident is accepted for a position at the Hospitals for the first time, the Employer shall be responsible for ensuring that the Health Sciences Centre shall, at the same time as the acceptance of the resident is mailed, forward to the resident an application for a parking space for the ensuing term of appointment. There shall be a statement on the application form, which makes it known to the resident that failure to return the application form promptly may result in the loss of priority for parking. The form of application form shall be as set forth in Appendix “A” attached to the Collective Agreement.

DATED at Winnipeg, Manitoba this 30th day of May, 2015.

WINNIPEG REGIONAL HEALTH AUTHORITY

Per: “Original Signed By”
Lori Lamont
Interim President and Chief Executive Officer


SCHEDULE "1" - RESIDENT SALARIES

<u>Effective Date</u>	<u>Level I PGY1</u>	<u>Level II PGY2</u>	<u>Level III PGY3</u>	<u>Level IV PGY4</u>	<u>Level V PGY5</u>	<u>Level VI PGY6</u>	<u>Level VII PGY7</u>	<u>Level VIII PGY8</u>
July 1, 2014	\$55,506	\$62,220	\$66,741	\$71,875	\$77,009	\$82,145	\$87,177	\$93,986
July 1, 2015	\$56,061	\$62,842	\$67,408	\$72,593	\$77,780	\$82,967	\$88,049	\$94,925
July 1, 2016	\$56,621	\$63,471	\$68,082	\$73,319	\$78,557	\$83,796	\$88,929	\$95,875
July 1, 2017	\$57,187	\$64,105	\$68,763	\$74,053	\$79,343	\$84,634	\$89,819	\$96,833

SCHEDULE "2" - ON-CALL REMUNERATION

	Jul 2014 - Jun 2015	Jul 2015 - Jun 2016	Jul 2016 - Jun 2017	Jul 2017 - Jun 2018
In-Hospital Call				
In-Hospital Call (Weekend)	\$132.12	\$163.17	\$203.96	\$244.76
In-Hospital Call (Weekday)	\$115.61	\$116.76	\$134.28	\$154.42
Home Call				
Home Call (Weekend)	\$66.07	\$73.33	\$82.50	\$90.75
Home Call (Weekday)	\$57.23	\$57.81	\$59.25	\$62.21

APPENDIX "A"



Health Sciences Centre
Winnipeg

MONTHLY PARKING CONTRACT

BETWEEN: WRHA/HEALTH SCIENCES CENTRE SITE, C/O PARKING OPERATIONS, 791 NOTRE DAME AVENUE, WINNIPEG, MB, R3E 0M1
 PHONE: (204) 787-2715 FAX: (204) 787-1010 EMAIL: hscparkingoffice@hsc.mb.ca WEBSITE: www.hsc.mb.ca/parking
 PARKING OFFICE HOURS: 8:30 am - 4:30 pm (MONDAY - FRIDAY)

AND THE PARKER: (LAST NAME) _____ (FIRST NAME) _____

ADDRESS _____ CITY _____ POSTAL CODE _____
 EMPLOYER NAME _____ EMPLOYEE POSITION _____
 PHONE # HOME _____ WORK _____ CELL _____ PAGER _____
 E-MAIL #1 _____ E-MAIL #2 _____
 PERMANENT DAYS EVENINGS NIGHTS LOT TRANSFER

CAR-POOLER: (LAST NAME) _____ (FIRST NAME) _____
 DR _____ ADDRESS _____ CITY _____ POSTAL CODE _____
 RESIDENT _____ EMPLOYER NAME _____ EMPLOYEE POSITION _____
 MED 3, 4 _____ PHONE # HOME _____ WORK _____ CELL _____ PAGER _____
 MED 1, 2 _____ E-MAIL #1 _____ E-MAIL #2 _____

PERMANENT DAYS EVENINGS NIGHTS LOT TRANSFER

PHONE # HOME _____ WORK _____ CELL _____ PAGER _____
 E-MAIL _____ PAYMENT TYPE _____

TERMS AND CONDITIONS

1. PARKING CHARGES TO NEW MONTHLY PARKERS ARE PROMPTED FOR THE FIRST MONTH ONLY.
2. FEES WILL BE CHARGED FOR EXCESS LONG AS THE PARKER IS IN POSSESSION OF THE TRANSPORTER OR PARKING PASS.
3. THE PARKING CONTRACT IS VOID IF THE PARKER'S EMPLOYMENT IS CANCELLED BY THE EMPLOYER. THE FULL MONTHLY RATE REGARDLESS OF WHEN NOTICE OF CANCELLATION IS PROVIDED. ONE MONTH WRITTEN NOTICE MUST BE RECEIVED IN ORDER FOR THE CONTRACT TO BE VOIDED. THE CONTRACTOR WILL BE RESPONSIBLE FOR THE CANCELLATION OF THE PASS TO THE H.S.C. PARKING OPERATIONS. A CHARGE IS PROVIDED FOR THE LAST MONTH (end of termination may be required). PASS DEPOSIT WILL BE REFUNDED TO THE PARKER UPON RECEIPT OF THE PASS TO THE H.S.C. PARKING OPERATIONS.
4. PERSONS EMPLOYED BY THE WRHA/HEALTH SCIENCES CENTRE SITE MUST BE ON PAYROLL DEDUCTION. IF PAYROLL DEDUCTION IS DISCONTINUED, PARKERS ARE REQUIRED TO MAKE ALTERNATIVE ARRANGEMENTS TO ENSURE PAYMENT IS MADE ON OR BEFORE THE FIRST OF EACH MONTH.
5. PERSONS NOT ON PAYROLL DEDUCTION MUST PAY FOR THEIR PARKING ON OR BEFORE THE 1ST OF EACH MONTH.
6. PRE-AUTHORIZED BANK OR CREDIT CARD WITHDRAWAL: I AGREE TO PARTICIPATE IN THE PRE-AUTHORIZED DEBIT PLAN AND I AUTHORIZE WRHA/HEALTH SCIENCES CENTRE PARKING OFFICE TO DRAWM A DEBIT FROM MY ACCOUNT FOR THE PURPOSE OF PARKING.
7. PARKERS WHO HAVE NOT PAID BY THE FIRST WORKING DAY OF THE MONTH WILL AUTOMATICALLY BE LOCKED OUT OR SUBJECT TO TICKETING UNTIL PAYMENT HAS BEEN RECEIVED IN THE PARKING OFFICE AT 791 NOTRE DAME AVENUE. LATE FEES MAY BE ASSESSED ON OVERDUE ACCOUNTS.
8. PARKERS ARE ASSIGNED TO A SPECIFIC PARKING LOT. PARKING STALLS ARE NOT ASSIGNED. PARKING RE-ASSIGNMENT MAY OCCUR AT THE DISCRETION OF THE PARKING OFFICE.
9. PARKERS ARE REQUIRED TO REPORT LOST TRANSPORTER/PASSES TO THE PARKING OFFICE IMMEDIATELY. DEFECTIVE TRANSPORTER/PASSES WILL BE REPLACED AT NO CHARGE. IF RETURNED TO H.S.C. PARKING OPERATIONS, CHARGE FOR LOST TRANSPORTER/PASSES IS \$25.00 (\$15.00 REFUNDABLE IF RECOVERED).
10. AT ALL TIMES, THE TRANSPORTER OR TRANSPORTER MUST BE VISIBLY DISPLAYED WITH THE BAR CODE FACING THE WINDSHIELD OR THE VEHICLE WILL BE SUBJECT TO TICKETING OR TOWING WITHOUT FURTHER NOTICE.
11. CHANGES TO TICKETING OR TOWING WINDOW PERIOD OR TRANSPORTER MUST BE VISIBLY DISPLAYED WITH THE BAR CODE FACING THE WINDSHIELD OR THE VEHICLE WILL BE SUBJECT TO TICKETING OR TOWING WITHOUT FURTHER NOTICE.
12. CHANGES TO PARKER NAME, WORK ADDRESS, EMPLOYER, HOME ADDRESS, PHONE NUMBERS, VEHICLE MAKE, MODEL, COLOUR, LICENSE PLATE NUMBER MUST BE REPORTED TO H.S.C. PARKING OPERATIONS.
13. PARKERS ARE REQUIRED TO OBEY THE PARKING AND TRAFFIC SIGNS AND OBEY CITY OF WINNIPEG TRAFFIC LAWS IN THE PARKING LOTS.
14. THE PARKING OF UNLICENSED OR UNINSURED VEHICLES, THE GENERAL STORAGE OF VEHICLES, AND THE REPAIRS OR MAINTENANCE OF VEHICLES IS PROHIBITED.
15. PARKING RATES ARE SUBJECT TO CHANGE BY WRHA/HEALTH SCIENCES CENTRE PARKING OPERATIONS UPON PROPER NOTICE TO THE PARKER.
16. SPEED LIMIT 18 KM OR LESS. TO AVOID RECEIVING A TICKET DO NOT BACK INTO STALLS AND ENSURE THAT YOUR VEHICLE IS PARKED WITHIN THE LINES.

THE UNDERSIGNED AGREES TO USE THE SAID PARKING LOT IN ACCORDANCE WITH THE TERMS AND CONDITIONS HEREIN AND IN ACCORDANCE WITH CITY OF WINNIPEG BY-LAWS AND ACKNOWLEDGES THAT FAILURE TO DO SO IS GROUNDS FOR THE CANCELLATION OF THE CONTRACT WITHOUT NOTICE AS WELL AS UNDERLIE OTHER REMEDIES INCLUDING TICKETING, TOWING AND VEHICLE LOCK OUT AT THE PARKER'S EXPENSE TO CANCEL THIS CONTRACT WITHOUT NOTICE AS WELL AS UNDERLIE THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF NOTICE THAT THE WRHA/HEALTH SCIENCES CENTRE SITE ASSUMES NO RESPONSIBILITY FOR INJURY TO PERSONS USING THE SAID PARKING LOT OR FOR LOSS OR DAMAGE TO VEHICLES OR CONTENTS, AND AGREES AS PART OF THE CONSIDERATION FOR BEING PERMITTED TO USE SAID PARKING LOT THAT THE WRHA/HEALTH SCIENCES CENTRE SHALL BE FREE FROM ANY AND ALL LIABILITY OR CLAIM ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE USE OF THE SAID PARKING LOT. THIS INFORMATION IS CONFIDENTIAL AND WILL BE USED ONLY BY THE WRHA/HEALTH SCIENCES CENTRE PARKING OPERATIONS.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT HE/SHE HAS READ AND AGREED TO THE ABOVE.

FORM # NS00798 01/11

Signature of Parker/Account Holder _____ Date _____

VEHICLE(S):

#1 LICENCE NUMBER _____
 MAKE _____
 MODEL _____

#2 LICENCE NUMBER _____
 MAKE _____
 MODEL _____

#3 LICENCE NUMBER _____
 MAKE _____
 MODEL _____

CARPOOLER:

#1 LICENCE NUMBER _____
 MAKE _____
 MODEL _____

#2 LICENCE NUMBER _____
 MAKE _____
 MODEL _____

IF YOU OWN A 4x4 VEHICLE CAN WE YES NO
 CALL UPON YOU IN AN EMERGENCY? NO YES

HANDICAPPED PARKING YES

METHOD OF PAYMENT:

PAYROLL DEDUCTION
 EMPLOYEE ID # _____

PAW: BANK (RE: VOID CHECK) _____
 PAW: VISA M/C AMEX

CARD # _____
 EXPIRY DATE _____ CVC _____

OTHER _____

FIRST MONTH'S RENT \$ _____
 STARTING MONTHLY RATE \$ _____
 CARD/KEY DEPOSIT \$ _____

START DATE _____
 TRANSPORTER/PASS # _____
 TRANSPORTER/PASS # _____
 PARKING LOT(S) _____
 PARKING COST CENTRE _____

DATE _____ CLK _____
 R _____ AMT _____



APPENDIX “C”

DOCTORS MANITOBA MATERNITY/PARENTAL BENEFITS PROGRAM

POLICY INFORMATION FOR PHYSICIANS

Overview

Doctors Manitoba has negotiated Manitoba Health funding for a Maternity/Parental Benefits Program for eligible Manitoba physicians. This Program is intended, in part, to help to retain physicians in the province. The Program provides partial income replacement for a physician parent who wants to take a temporary leave (of not more than 365 days) from Manitoba practice or residency program for the birth/adoption of a child. This Program is intended to financially assist physicians who suffer a loss of income because they provide little or no physician services during the period of leave. The Program covers Manitoba physicians regardless their income modality (fee-for-service or alternate payment mechanisms). Physicians not returning to work in Manitoba within 365 days of the start of their maternity/parental benefits will be required to repay the benefits to Doctors Manitoba.

Am I eligible to claim?

If you have practiced medicine or been a Resident in Manitoba immediately prior to taking a leave of absence to care for a newborn or adopted child aged 5 or under, you are eligible to file a claim for benefits. These benefits are available to physicians who earned income directly or indirectly from Manitoba Health immediately prior to their leave for providing medical services, teaching, research and/or administrative duties. If a physician is eligible to claim maternity or parental benefits under the terms of another contract negotiated by Doctors Manitoba, he or she is not eligible to claim a benefit under this program.

Applicants must have held a full registration with the CPSM prior to the leave, and are required to continue to pay dues to Doctors Manitoba. This benefit program is not available to physicians who, prior to the start of the parental leave, held a short-term license, or whose license status was NR or OR, or who were on the supplementary or educational register. However, parental leave benefits from this program are available to those Physician Residents who are covered by the PARIM collective agreement. PARIM members who are non-physicians are not eligible for parental benefits from Doctors Manitoba.

What benefits are available?

In general, you are eligible for up to 17 consecutive weeks of benefits as long as you have earned qualifying income for at least 17 weeks in the 12 months prior to your leave. If you have earned qualifying income for less than 17 weeks in the year prior to your leave, your maximum benefit period will be equal to the number of weeks you actually worked. You must take a minimum two weeks leave. In the event of a stillbirth, or death soon after birth, in cases of 19 weeks or more gestation, a compassionate benefit of up to one month is available to qualifying physicians. Where both parents are physicians and/or residents and become parents of twins (or other higher order births), each parent is eligible for a parental benefit of up to 17 weeks.

Your parental leave claim period can begin as early as four weeks prior to the expected birth/adoption, **but no later than six weeks after the baby's discharge** from hospital or date of placement of your adopted child. Claimants must file an application for benefits within **twelve** months of the birth or adoption of a child. Thereafter, claims will not be accepted.

The amount of your weekly benefit is based on your qualifying income over the past year. It will be calculated as 60% of your average gross weekly earnings over the best six months of the 12 months (or portion thereof) immediately prior to your leave. However, the maximum gross benefit is \$1,200 per week, regardless of your qualifying income. If you have worked less than six months in the past year, your qualifying income will be calculated on all weeks worked prior to the leave. Benefits will not be adjusted in the case of retroactive pay increases.

Can I earn other income while on leave?

While benefits are being paid, you may also receive up to \$1,000 gross income per week from all other sources. Your weekly benefit will be reduced, dollar for dollar, if you receive more than \$1,000 income from other sources during that one week claim period. Other sources of income include Employment Insurance, salary top-ups, vacation pay, fee-for-service remittance income, disability insurance benefits, etc. However, any income you receive while on leave for services you provided *prior* to the start of your parental leave should **NOT** be reported. It does not affect your benefit under this program. Only income earned and received while on leave should be reported.

Can I share the leave with my spouse?

If both parents are physicians, they can *sequentially* share the 17 consecutive week benefit period if both take a leave of absence from their practice. The amount of benefit paid in any week will be based on the qualifying income of whichever parent is on leave at that time.

What else should I know?

Benefits are only payable to physicians who are resident in Manitoba during the benefit period. Relocation from the province will automatically terminate benefits.

Maternity/Parental benefits are taxable and Doctors Manitoba is required to submit income taxes on your behalf. We automatically will submit taxes at the maximum rate. A T4A slip will be issued to you for income tax purposes.

How do I apply?

Contact Barry Hallman, Benefit Programs Coordinator at Doctors Manitoba by calling 985-5865 or 985-5888 or for rural members 1-888-322-4242. He will send you an Application for Benefits form. You must complete and return the Application form to establish your eligibility for benefit (the maximum weekly benefit you are eligible for and the maximum number of consecutive weeks that you may claim).

Thereafter, he will send you a series of simple biweekly Claim forms. To be eligible to receive a benefit for each biweekly period, you must submit a Claim form to detail income you have earned and received from *all other sources* during the claim period. He will calculate and deposit your benefit directly to your bank account two weeks following the end of each claim period. **(Note: we are unable to make direct deposits to "line of credit" accounts)**

What information does Doctors Manitoba require?

You must begin your claim within 6 weeks of the adoption/discharge. To initiate your claim we need the following information, which you will be asked to provide on the Application for Benefits form:

- Identifying information about yourself
- Key dates affecting your maternity/parental leave
- Information on your qualifying income for each month during the 12 months prior to your leave
- A void cheque for direct deposit of benefit payments to your bank account. (Note we are unable to make direct deposits to “line of credit” accounts)
- Applications must be received within twelve months of the birth or adoption of a child (however, the actual leave must have begun no later than 6 weeks after the date of the birth or adoption).

In addition, for audit and verification purposes, you must agree to provide copies of relevant financial reports (e.g. income tax returns, Manitoba Health remittances, other employer remittances, etc.) upon our request.

Finally, you must submit proof of the birth/adoption, such as a physician’s or hospital’s report of the birth, or birth certificate/adoption certificate.

Further Questions?

If you have any other questions or concerns about this Program please contact Barry Hallman, Doctors Manitoba Benefit Programs Coordinator, by phone: 985-5865 or 985-5888 or 1-888-322-4242, fax: 985-5844, or e-mail bhallman@docsmb.org.

SAMPLE CALCULATIONS

1. **Determination of Qualifying Income & Benefit Amount**

Your benefit level is affected by your past gross income. You must report your monthly gross income on the application form so we can calculate your qualifying income. It will be calculated as 60% of your average gross weekly earnings. For licensed physicians your average weekly earnings will be calculated using the best 6 of the 12 months (or portion thereof) immediately prior to your leave. For residents (or physicians paid bi-weekly) your average weekly earnings will be calculated using the best six 4-week periods.

The maximum benefit available to all claimants is \$1,200 per week regardless of prior income.

Example

- Salaried physician who earned \$12,000 gross income per month for all 12 months prior to the start of actual leave period.
- Gross income on best 6 months is $6 \times \$12,000 = \$72,000$.
- Qualifying income per week is $\$72,000 \div 26 \text{ weeks} = \$2,769$

- 60% of qualifying income is $.6 \times \$2,769 = 1,661$.
- Benefit is maximized at \$1,200 per week.

Example

- A fee-for-service physician worked only 8 months prior to start of actual leave. We use the gross income from the best 6 months: \$10,000, \$11,000, \$12,200, \$10,900, \$9,200, \$10,500.
- Total gross over best 6 months = \$63,800.
- Qualifying income per week = $\$63,800 \div 26 \text{ weeks} = \$2,454$
- 60% of qualifying income is $.6 \times \$2,454 = \$1,472$
- Benefit is maximized at \$1,200 per week.

2. **Factors Which Can Change Your Benefit Amount**

You are allowed to earn and receive a maximum of \$1,000 of income per weekly claim period from all other sources in addition to your maternity leave benefit. If you earn and receive more than that, the extra earnings are deducted dollar for dollar from your benefit.

Example

- Salaried physician is entitled to \$1,200 per week from the Maternity/Parental Benefit Program.
- Physician also receives \$417 a week for E.I. benefits.
- There is no reduction to the leave benefit.

Example

- Physician is entitled to \$1,200 per week from the Maternity/Parental Benefits Program.
- Physician receives a substantial payout for delayed claims while on leave.
- There is no reduction to the leave benefit because the payout was for services provided before the parental leave period began. There is no need to report income for such services.

Example

- Physician is entitled to \$1,200 per week from the Maternity/Parental Benefits Program.
- Physician decides to provide services during leave and subsequently earns and receives a \$1,500 remittance for those services while still on leave. Physician will receive only a \$1,900 benefit for the biweekly leave period because she/he exceeded the \$1,000 bi-weekly maximum income from other sources by \$500 ($\$1,500 - \$1,000 = \500).

Board of Directors, June, 2002

Amended January, 2005, May, 2005, March, 2007, June, 2007, May 2008, Jun 2009

**APPENDIX “D”
ELIGIBLE TUITION**

<u>PROGRAM</u>	<u>COURSE</u>	<u>LOCATION (if known)</u>
Anatomical Pathology	Introduction to Pathology (PATH 7020 - audit course) Gynecologic Pathology (HSC run course 4wk course)	University of Manitoba
Allergy & Clinical Immunology - Adult	IMMU 7070 Introductory Immunology IMED 7190 Medical Immunology	University of Manitoba
Anesthesia	ATLS ACLS NRP PALS TIPS Course (Core Curriculum - Faculty PGME)	University of Manitoba
Cardiac Surgery	CHSC 7470 Biostatistics I ACLS / ATLS TIPS Course (Core Curriculum - Faculty PGME) Procedural Sedation	University of Manitoba
Cardiology	CHSC 7470 Biostatistics I	University of Manitoba
CCFP-EM	ACLS ATLS PALS	University of Manitoba
Community Medicine	Masters Program in Public Health	University of Manitoba
Critical Care	CHSC 7470 Biostatistics I Biostatistics II ATLS PALS MCCCKAP TIPS Course (Core Curriculum - Faculty PGME) General Critical Care Ultrasonography	University of Manitoba
Developmental Pediatrics	CHSC 7520 Principles of Epidemiology 1 CHSC 7470 Biostatistics 1	University of Manitoba

	TIPS Course (Core Curriculum - Faculty PGME) Professional Boundaries (Core Curriculum) Practice Management (Core Curriculum)	
Diagnostic Radiology	Armed Forces Institute of Pathology (\$1,500 US) Sacramento Physics Course (2008 cost was \$925 US)	
Emergency Medicine	ACLS ACLS Instructor's Course ATLS ATLS Instructor's Course PALS or APLS AIME or equivalent Emergency Department Ultrasound AIME (3rd year CCFP Emerg Med Residents) approved June 2013	University of Manitoba
Endocrinology & Metabolism	CHSC 7470 Biostatistics I	University of Manitoba
Family Medicine	ATLS (non-urban streams only) BLS / ACLS Certification (before Year 1) BLS / ACLS Recertification (before Year 2 expiry date) NRP (in Year 1) ALARM (Effective July 2014)	University of Manitoba
Gastroenterology	Procedural Sedation Course	University of Manitoba
General Surgery	ACLS ATLS FLS (Fundamentals of Laparoscopic Surgery) Surgical Skills Courses Procedural Sedation Course Conscious Procedural Sedation Course TIPS Course (Core Curriculum - Faculty PGME) General Surgery Review Course Update in General Surgery	University of Manitoba Mississauga, Ontario Toronto, Ontario
Hematology - Adult	Cancer Biology Basic Sciences review Course in Hematology and Oncology	University of Manitoba Harvard Medical
Hepatology	Good Clinical Practice Training	Clinical Research Office, SBGH

Maternal Fetal Medicine	CHSC 7470 Biostatistics I Nuchal Translucency Certification TIPS Course (Core Curriculum - Faculty PGME)	University of Manitoba
Medical Genetics	BGEN 3020 - Intro to Human Genetics BGEN 7090 - Principles and Practices of Human Genetics BGEN 7180 - Clinical and Molecular Cytogenetics BGEN 7130 - Genetic Epidemiology of Human Populations TIPS Course (Core Curriculum - Faculty PGME) Professional Boundaries (Core Curriculum) Practice Management (Core Curriculum) Public Speaking Course (Core Curriculum)	University of Manitoba
Medical Oncology	CHSC 7470 Biostatistics I Harvard Review Course in Hematology and Medical Oncology	University of Manitoba Harvard
Neonatal-Perinatal	CHSC 7470 Biostatistics I (by 2nd year) CHSC 7520 Principles of Epidemiology 1 (by 3rd year) NRP Provider NRP Instructor CAMMATA (Canadian Aerospace Medicine and Aeromedical Transport Association) Air Medical Training Course) -arranged by Neonatal Transport program PICC (precutaneously inserted central catheter) Certification TIPS Course (Core Curriculum - Faculty PGME) Professional Boundaries (Core Curriculum) Practice Management (Core Curriculum)	University of Manitoba
Neurosurgery	ACLS Course ATLS Course BCLS Course Basic Skills Course Procedural Sedation Course Surgical Skills Course Professional Boundaries (Core Curriculum) Practice Management (Core Curriculum)	University of Manitoba
Obstetrics/Gynecology	NRP Certification	University of Manitoba

	<p>Core Curriculum (Faculty PGME) Public Speaking (Faculty PGME) Practice Management (Core Curriculum)</p>	
Oral Surgery	<p>DDSS 7220 - Essay/Research Project DDSS 7230 - Advanced Oral Pathology DDSS 7240 - Advanced Oral and Maxillofacial Surgery Seminar I DDSS 7250 - Clinical Advanced Oral and Maxillofacial Surgery I DDSS 7260 - Advanced Oral and Maxillofacial Surgery Seminar II DDSS 7270 - Clinical Advanced Oral and Maxillofacial Surgery II DDSS 7280 - Clinical Advanced Oral and Maxillofacial Surgery III DDSS 7290 - Clinical Advanced Oral and Maxillofacial Surgery IV ANAT 7060 - Advanced Human Macroscopic (Gross) Anatomy CHSC 7470 - Biostatistics I</p>	University of Manitoba
Orthopaedics	<p>ATLS AO Basic Course Canadian Orthopaedic Association Basic Science Course ACLS Procedural Sedation</p>	
Otolaryngology	<p>Iowa Basic Sciences Course (\$1200US) Pediatric Airway Endoscopy Course (\$375US) Temporal Bone Dissection Course (\$2,300) Endoscopic Sinus Course (\$1750 Vancouver, Wpg, Calgary) ACLS Cochlear Implant and Bone Anchored Hearing Aid Course (\$2,000) Osseointegration/Fixation Plating Course (\$3,000 - but resident would only have to pay \$300) TIPS Course (Core Curriculum - Faculty PGME) ATLS Procedural Sedation</p>	<p>University of Iowa Ann Arbor, Michigan</p>

Pediatrics	<p>PALS - Pediatric Advanced Life Support / Recertification</p> <p>NRP - Neonatal Resuscitation Provider Course/Recertification</p> <p>ATLS (Advanced Trauma Life Support)</p> <p>TIPS Course (Core Curriculum - Faculty PGME)</p> <p>Professional Boundaries (Core Curriculum)</p> <p>Practice Management (Core Curriculum)</p> <p>Public Speaking Course (Core Curriculum)</p> <p>Quality and Scorecard Workshop</p>	University of Manitoba
Pediatric Allergy and Clinical Immunology	<p>IMMU 7070 - Introductory Immunology</p> <p>IMED 7190 - Medical Immunology</p> <p>TIPS Course (Core Curriculum - Faculty PGME)</p> <p>Professional Boundaries (Core Curriculum)</p> <p>Practice Management (Core Curriculum)</p>	University of Manitoba
Pediatric ER	<p>PALS provider or instructor OR recertification (only one of these will be selected for each resident)</p> <p>ATLS provider or instructor OR recertification (only one of these will be selected for each resident)</p> <p>NRP recertification</p> <p>ACLS recertification</p> <p>CHSC 7520 Principles of Epidemiology 1</p> <p>WRHA Conscious Sedation Course</p> <p>TIPS Course (Core Curriculum - Faculty PGME)</p> <p>Professional Boundaries (Core Curriculum)</p> <p>Practice Management (Core Curriculum)</p>	University of Manitoba
Pediatric Hem/Onc	<p>CHSC 7520 Principles of Epidemiology 1</p> <p>CHSC 7470 - Biostatistics 1</p> <p>CHSC 7480 - Biostatistics 2</p> <p>TIPS Course (Core Curriculum - Faculty PGME)</p> <p>Cancer Biology</p> <p>Basic Sciences review Course in Hematology and Oncology</p> <p>Professional Boundaries (Core Curriculum)</p> <p>Practice Management (Core Curriculum)</p>	University of Manitoba
Pediatric Infectious Diseases	<p>TIPS Course (Core Curriculum - Faculty PGME)</p> <p>Professional Boundaries (Core Curriculum)</p>	University of Manitoba

	Practice Management (Core Curriculum)	
Pediatric Nephrology	CHSC 7470 - Biostatistics 1 TIPS Course (Core Curriculum - Faculty PGME) Professional Boundaries (Core Curriculum) Practice Management (Core Curriculum) Renal Biopsy Course (\$2,500 US - \$3,000 US/Fellow)	University of Manitoba University of Columbia
Pediatric Respiriology	CHSC 7470 - Biostatistics 1 CHSC 7520 Principles of Epidemiology 1 TIPS Course (Core Curriculum - Faculty PGME) Professional Boundaries (Core Curriculum) Practice Management (Core Curriculum) Pediatric Sleep Course	University of Manitoba Stanford University
Plastic Surgery	ACLS ATLS TIPS Course (Core Curriculum - Faculty PGME) Professional Boundaries (Core Curriculum) Practice Management (Core Curriculum) Public Speaking Core Curriculum Courses Procedural Sedation	University of Manitoba
Physical Medicine and Rehabilitation	CHSC 6810	University of Manitoba
Psychology - Clinical Health	Psychology Internship Psychology Postdoctorate	University of Manitoba
Rheumatology	CHSC 7520 Biostatistics I Advanced Clinical Immunology	University of Manitoba
Urology	ATLS Procedural Sedation Course Basic Sciences of Urology QUEST/Advanced Urology Course Montreal Oncology Course Canadian Society of University Urology Residents ACLS	University of Manitoba University of Virginia Queens University McGill University Conference not paid for

Vascular Surgery

ACLS
ATLS
Procedural Sedation

**APPENDIX “E”
ON-CALL REQUIREMENTS**

Program	Facility	Position Name	In-House Designation	Home Call Designation
Anesthesia	SBGH	Anesth Surgical Call / Maternity	Yes	
Anesthesia	SBGH	Anesth Cardiac		Yes
Anesthesia	HSC	Anesth General Surgical	Yes	
Anesthesia	HSC	Surgical SCU		Yes
Anesthesia	VGH/GGH/CGH/ SOGH	Anesth Community	Yes	
Anesthesia	HSC	Anesth Maternity	Yes	
Anesthesia	HSC	Anesth Neuro		Yes
Anesthesia	HSC/SBGH	Anesth Pain / Acute		Yes
Anesthesia	HSC	Anesth Ped		Yes
Anesthesia	Regional	Anesth Pain / Regional		Yes
Anesthesia	HSC/SBGH	Anesth Pain / Chronic		Yes
Cardiac Sciences	SBGH	Cardiac Surgery	Yes	
Cardiac Sciences	SBGH	Cardiology / Junior	Yes	
Cardiac Sciences	SBGH	Cardiology / Senior	Yes	
Cardiac Sciences	HSC	Cardiology	Yes	
Child Health	HSC	Neonatology #1	Yes	
Child Health	HSC	Neonatology Transport		Yes
Child Health	HSC	Neonatology #2	Yes	
Child Health	SBGH	Neonatology	Yes	
Child Health	HSC	Pediatric Resident / Screening	Yes	
Child Health	HSC	Pediatric Resident / Screening	Yes	
Child Health	HSC	Pediatric Resident / Elm	Yes	
Child Health	HSC	Pediatric Resident / Oak	Yes	
Child Health	HSC	Pediatric Resident / Pine	Yes	
Child Health	HSC	Pediatric Resident / Maple	Yes	
Child Health	HSC	PICU	Yes	
Child Health	HSC	Ped Nephrology		Yes
Child Health	HSC	Pediatric Haematology, Oncology		Yes
Child Health	Thompson	Ped Resident Call		Yes
Child Health	Brandon	Ped Resident Call		Yes
Child Health	HSC	Ped Resident Call		Yes
Child Health	HSC	Pediatric Neurology		Yes
Child Health	HSC	Pediatric Respiriology		Yes

Program	Facility	Position Name	In-House Designation	Home Call Designation
Child Health	HSC	Pediatrics night float	Yes	
Critical Care	SBGH	MSICU-Resident	Yes	
Critical Care	SBGH	MSICU- Backup Resident	Yes	
Critical Care	HSC	MICU-Resident	Yes	
Critical Care	HSC	MICU - Backup Resident	Yes	
Critical Care	HSC	SICU-Resident	Yes	
Critical Care	HSC	SICU-Backup Resident	Yes	
Diagnostic Imaging	HSC	Radiology / Junior		Yes
Diagnostic Imaging	HSC	Radiology / Senior Backup		Yes
Diagnostic Imaging	HSC	Radiology/Late (Friday)		Yes
Diagnostic Imaging	SBGH	Radiology		Yes
Diagnostic Imaging	HSC	Nuclear Medicine/ Weekends & Holidays		Yes
Family Medicine	GGH	ICU	Yes	
Family Medicine	KMC	Family Med		Yes
Family Medicine	SBGH	Family Med		Yes
Family Medicine	Interlake	Hodgson		Yes
Family Medicine	Interlake	Gimli		Yes
Family Medicine	Interlake	Family Med – Pinawa		Yes
Family Medicine	Parkland	Family Med / St. Rose Call		Yes
Family Medicine	Parkland	Family Med / Dauphin Hospital Call	Yes	
Family Medicine	Parkland	Family Med / Dauphin Obstetrics		Yes
Family Medicine	Parkland	Family Med / Dauphin Surgery		Yes
Family Medicine	Parkland	Family Med / Brandon ICU/CCU		Yes
Family Medicine	Parkland	Family Med / Brandon ICU Pediatric		Yes
Family Medicine	Parkland	Family Med/ Brandon Peds		Yes
Family Medicine	Parkland	Family Med / Brandon Obs		Yes

Program	Facility	Position Name	In-House Designation	Home Call Designation
Family Medicine	Parkland	Brandon Surgery		Yes
Family Medicine	Parkland	Family Med / Dauphin Int Med Rotation		Yes
Family Medicine	Parkland	Family Med/Winkler		Yes
Family Med	Parkland	Boundary Trails - Obs		
Family Med	Parkland	Boundary Trails - Surgery		
Family Medicine	Parkland	Family Med/Beausejour		Yes
Family Medicine	Parkland	Grandview	Yes	
Family Medicine	Centre de Sante	Bilingual Program – Notre Dame du Lourdes		Yes
Family Medicine	Centre de Sante	Bilingual Program – Ste. Rose		Yes
Family Medicine	Centre de Sante	Bilingual Program Winnipeg Rotation		Yes
Family Medicine	Regional	Palliative / After Hrs 1 st		Yes
Family Medicine	Regional	Family Med /Pine Falls		Yes
Family Medicine	Regional	Palliative / After Hrs 2 nd		Yes
Family Medicine	Regional	Selkirk Surgery		Yes
Family Medicine	Rural	Hamiota		Yes
Family Medicine	Rural	NMU Morden		Yes
Family Medicine	Rural	Portage la Prairie		Yes
Family Medicine	Rural	Portage District General Hospital		Yes
Family Medicine	Rural	Ste. Anne		Yes
Family Medicine	Rural	Family Med / Beausejour		Yes
Family Medicine	Northern Remote	Beren's River – Fly in		Yes
Family Medicine	Northern Remote	Bloodvein – Fly in		Yes
Family Medicine	Northern Remote	Cambridge Bay, Nunavut		Yes

Program	Facility	Position Name	In-House Designation	Home Call Designation
Family Medicine	Northern Remote	Churchill		Yes
Family Medicine	Northern Remote	Easterville – Fly in		Yes
Family Medicine	Northern Remote	Flin Flon		Yes
Family Medicine	Northern Remote	Garden Hill – Fly in		Yes
Family Medicine	Northern Remote	Grand Rapids – Fly in		Yes
Family Medicine	Northern Remote	Inuvik, NWT		Yes
Family Medicine	Northern Remote	Iqaluit, Nunavut		Yes
Family Medicine	Northern Remote	Little Grand Rapids – Fly in		Yes
Family Medicine	Northern Remote	Norway House		Yes
Family Medicine	Northern Remote	Nunavut – Ranklin Inlet		Yes
Family Medicine	Northern Remote	Pauingassi – Fly in		Yes
Family Medicine	Northern Remote	Poplar River – Fly in		Yes
Family Medicine	Northern Remote	Pukatawagan – Fly in		Yes
Family Medicine	Northern Remote	Red Sucker Lake – Fly in		Yes
Family Medicine	Northern Remote	St/ Theresa Point – Fly in		Yes
Family Medicine	Northern Remote	The Pas		Yes
Family Medicine	Northern Remote	Thompson – Anaesthesia		Yes
Family Medicine	Northern Remote	Thompson – ER		Yes
Family Medicine	Northern Remote	Thompson – Obs		Yes
Family Medicine	Northern Remote	Thomspson – Peds		Yes
Family Medicine	Northern Remote	Thompson- FMBT		Yes
Family Medicine	Northern Remote	Yellowknife, NWT		Yes
Family Medicine	Northern Remote	Wasagamach – Fly in		Yes

Program	Facility	Position Name	In-House Designation	Home Call Designation
Family Medicine	Southern RHA	Boundary Trails/Morden/Winkler		Yes
Family Medicine	Southern RHA	Carman		Yes
Family Medicine	Urban - FMBT	ACCESS Downtown- 640 Main		Yes
Family Medicine	Urban - FMBT	ACCESS River East – 975 Henderson		Yes
Family Medicine	Urban - FMBT	ACCESS Transcona – 845 Regent		Yes
Family Medicine	Urban - FMBT	Aikin St. Community Health Centre – 601 Aikins St.		Yes
Family Medicine	Urban - FMBT	Clinique St. Boniface – 343 Tache		Yes
Family Medicine	Urban - FMBT	Family Matters Medical Centre – 730 Ste. Anne’s Rd.		Yes
Family Medicine	Urban - FMBT	Family Medical Practice – 453 Selkirk Ave.		Yes
Family Medicine	Urban - FMBT	Mount Carmel Clinic – 866 Main		Yes
Family Medicine	Urban – FMBT	Klinik – 870 Portage		Yes
Family Medicine	Urban	Pritchard Farm Med Clin		Yes
Family Medicine	Rural - FMBT	Northern Connection – 425 Elgin St		Yes
Family Medicine	Rural - FMBT	Brandon Medical Clinic- 620 Dennis St.		Yes
Family Medicine	Rural - FMBT	Western Medical Clinic – 144 – 6 th St.		Yes
Family Medicine	Rural -FMBT	Eveline St. Clinic – 66 Eveline St.		Yes
Family Medicine	Rural - FMBT	Steinbach Family Medical Centre - #10 333 Loewen Blvd.		Yes
Family Medicine	SOGH	Family Med Surgery		Yes
Family Medicine	SOGH	Clinical Teaching Unit		Yes
Genetics	HSC	Genetics / Genetics		Yes
Genetics	HSC/ST. B	Genetics/Metabolic Genetics		Yes
Genetics	HSC	Genetics / Metabolic Rotation		Yes
Laboratory Medicine	HSC	General Pathology		Yes
Medicine	HSC	Endo		Yes
Medicine	SBGH	Endo		Yes

Program	Facility	Position Name	In-House Designation	Home Call Designation
Medicine	HSC/SBGH	GI		Yes
Medicine	HSC	Hepatology		Yes
Medicine	HSC/SBGH	ID / Fellows 2 nd Call		Yes
Medicine	HSC/SBGH	ID / Elective Rotation		Yes
Medicine	VGH	Internal Medicine	Yes	
Medicine	HSC	Internal Med A Service	Yes	
Medicine	HSC	Internal Med D Service	Yes	
Medicine	HSC	Internal Med H Service	Yes	
Medicine	HSC	Internal Med / Night Screener	Yes	
Medicine	HSC	Internal Med / Junior	Yes	
Medicine	HSC	Internal Med / Senior		Yes
Medicine	GGH	Internal Med / PGY1	Yes	
Medicine	SBGH	Internal Med / Junior	Yes	
Medicine	SBGH	Internal Med / A Service	Yes	
Medicine	SBGH	Internal Med / B Service	Yes	
Medicine	SBGH	Internal Med / Night Screener	Yes	
Medicine	HSC	Nephrology / Adult		Yes
Medicine	SBGH	Nephrology / Adult		Yes
Medicine	HSC	Neurology / Adult		Yes
Medicine	SBGH	Neurology / Adult		Yes
Medicine	HSC / SBGH	Respirology / Adult		Yes
Medicine	HSC	Rheumatology		Yes
Medicine	HSC	Toxicology		Yes
Mental Health	HSC	Psychiatry / Resident	Yes	
Mental Health	HSC	Psychiatry / PGY1	Yes	
Mental Health	HSC/CRC	Psychiatry	Yes	
Mental Health	SBGH	Psychiatry / Resident		Yes
Mental Health	SBGH	Psychiatry / PGY1		Yes
Oncology	HSC	BMT		Yes
Oncology	HSC	Hematology		Yes
Oncology	SBGH	Hematology		Yes
Oncology	HSC	Medical Oncology		Yes
Oncology	SBGH	Medical Oncology		Yes
PhD	HSC	Pediatric Dentistry		Yes
PhD	HSC	Oral Surgery / First		Yes
Phd	HSC	Oral Surgery / Second		Yes
PhD	HSC	Clinical Chemistry / On Call Chemist		Yes

Program	Facility	Position Name	In-House Designation	Home Call Designation
Rehab/Geriatrics	SBGH	Geriatric		Yes
Rehab/Geriatrics	HSC	Physical Medicine		Yes
Surgery	HSC	ENT (Paired)		Yes
Surgery	HSC	Neurosurgery		Yes
Surgery	HSC	Orthopedic Spine		Yes
Surgery	HSC	Orthopedic / Junior		Yes
Surgery	HSC	Orthopedic / Senior		Yes
Surgery	HSC	Orthopedic / Pediatric		Yes
Surgery	CGH	Orthopedic		Yes
Surgery	PAM	Orthopedic		Yes
Surgery	HSC	Pediatric General Surgery		Yes
Surgery	HSC	Plastic / Junior		Yes
Surgery	HSC	Plastic / Senior		Yes
Surgery	HSC	Surgery / Junior Gold	Yes	
Surgery	HSC	Surgery / Senior Gold		Yes
Surgery	HSC	Surgery / Senior Orange & Green		Yes
Surgery	HSC	Surgery / Junior Orange	Yes	
Surgery	HSC	Surgery / Junior Green	Yes	
Surgery	SBGH	Surgery / First Call (1700-0700)	Yes	
Surgery	SBGH	Surgery / A Housestaff (1700-0700)		Yes
Surgery	SBGH	Surgery / Senior Second Call (1700-0700)		Yes
Surgery	Brandon	Surgery		Yes
Surgery	Dauphin	Surgery		Yes
Surgery	Selkirk	Surgery		Yes
Surgery	HSC	Thoracic Surgery		Yes
Surgery	HSC/SBGH	Urology / Resident HSC		Yes
Surgery	HSC/SBGH	Urology / Backup		Yes
Surgery	HSC	Vascular Surgery		Yes
Surgery	SBGH	Plastic / Housestaff		Yes
Surgery	SBGH	Vascular Surgery		Yes
Surgery	GGH	Acute Care Surgical Services		Yes
Surgery	MHC	Ophthalmology		Yes
Surgery	Misericordia	Ophthalmology		Yes
Women's Health	HSC	Ob/Gyn – Gyn Oncology		Yes
Women's Health	HSC	Ob/Gyn – Obs Resident	Yes	
Women's	HSC	Ob/Gyn – Obs PGY1	Yes	

Program	Facility	Position Name	In-House Designation	Home Call Designation
Health				
Women's Health	HSC	Ob/Gyn – Gyn Resident	Yes	
Women's Health	HSC	Ob/Gyn – Jr Gyn Resident		Yes
Women's Health	HSC	Ob/Gyn – Gyn PGY1	Yes	
Women's Health	SBGH	Ob/Gyn – Obs Resident	Yes	
Women's Health	SBGH	Ob/Gyn – Obs PGY1	Yes	
Women's Health	SBGH	Ob/Gyn – Gyn Resident	Yes	
Women's Health	SBGH	Ob/Gyn – Obs Junior		Yes
Women's Health	SBGH	Ob/Gyn – Gyn PGY1	Yes	
WRHA Other	Regional	Community Health Sciences		Yes
WRHA Other	HSC	Radiation Oncology / First		Yes
WRHA Other	HSC	Radiation Oncology / Second		Yes