FAQS FOR RESIDENT ON-CALL STIPENDS

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Q: What is the Resident On-Call Stipend system and who pays the residents?

A: The University of Toronto acts as paymaster for the Ministry of Health. PGY residents submit their monthly On Call dates for evenings, overnights, and weekends directly into POWER's *Data Entry* module. As Paymaster for the Ministry, we adhere to the rules of the *PARO-OTH Collective Agreement*.

Q: What browser versions are accessible, and can I use my mobile device to log calls?

A: Call Stipend submission is compatible with Chrome and Firefox while Safari functionality is <u>not</u> guaranteed. Mobile devices are not currently recommended for data input and may result in a loss of data and no payment.

Q: What if I am a Clinical Fellow or Sponsored Resident?

A: The Ministry does not compensate Clinical Fellows, so no recording of call is necessary. All others, including those sponsored by governments and external sources, should enter their calls in the online system. If required by the sponsor, the call record will be forwarded for payment on a quarterly basis.

Q: Do UofT residents doing electives at hospitals outside of Ontario submit call?

A: Yes, enter your call in the online system, as usual, but edit the *On-Call Hospital* or the *Service* column on the far right of your screen, if applicable. If your rotation is missing completely, select the "*click here to add another scheduled rotation*" and key in the required fields and then input your call.

Q: Do I enter call if I am a visiting resident on elective at the University of Toronto?

A: No, even though you may be completing call at the University, report your call to your home hospital, as they are responsible for payment. They may require your call schedule for verification.

Q: How do I enter my call when I am on a *13-block* schedule?

A: Because residents are paid monthly, residents must input all calls for the *entire* month even though there may be several blocks included in any single month. Click on the *Add Date* icon for each rotation and enter all completed call dates and then select the appropriate category of call. If your rotation continues to the next month, use the next month's calendar.

Q: Is a call stipend the same as working late?

A: No. To claim a stipend, you must be included in the On-Call schedule. Working late hours on your regular rotation is a program-related issue and covered by your salary. Similarly, you do not record a call for academic activities, teaching sessions, seminars, weeknight clinics, or volunteer call.

Q: How exactly do I enter my stipends each month?

A: In POWER, you will see On-Call Stipends listed on the left. Select *Data Entry* and then click on the top bar to begin. Choose the *Add Date* button and a calendar will appear. Select your call date from the calendar AND then select 1 of the 6 call categories, repeating this step for each call completed. If you had a *Home Call* which was converted, claim a *Converted Call* (confirm both criteria in the dialogue box). Click on the SAVE button near the top right of your screen after entering all calls. You will receive a prompt stating *"Your call(s) have been successfully saved"*. If you do <u>not</u> see this, nothing is saved and you will not be paid, nor will the system allow you to enter beyond the following month. While inputting dates into your *Data Entry* module, you can access PGME's *Interpretation Chart* and our *FAQs* by clicking on either link near the top right corner of your screen.

Q: Why are weekend calls recorded separately from weeknight calls?

A: Residents are paid 10% more for calls between Friday evening and Sunday night.

Q: How do we record a Weekend Call?

A: If you were on the call schedule anytime between Friday evening and Sunday night, select *Weekend Hospital/Converted Calls,* <u>or</u> *Weekend Hospital Day/Home/Other*, which covers all other categories: Home Calls, Daytime Hospital Calls (9am-6pm, or similar hours on Saturday or Sunday), Back-Up, Buddy Call, Weekend Rounding (when not already on call), Weekend Clinics, and Qualifying Shifts in ER (you must have worked at least 1 hour between midnight and 6 a.m.).

Q: What happens if I forget to ENTER and SAVE my call?

A: It is your responsibility to ENTER and SAVE your calls within the deadlines in order to be paid. If you forget to enter your monthly calls, you will not be paid. If you forget to click on SAVE, or the system times out, your call disappears, you will also not be paid. If you receive the system prompt *"Are you sure you want to leave this page?"* you need to SAVE your data first so that it gets forwarded by POWER each month. You will receive 3 email prompts per month <u>noting specific deadlines</u> but nothing more. Do not ignore these emails. You cannot enter your call after the 2nd deadline. See *Section 3*.

Q: What if I make a mistake while entering?

A: You can add, delete, or adjust all dates and call categories any time before the monthly deadline. You can also delete any line by selecting the trash can icon on the righthand side.

Q: What happens if my rotation is at the main site, but I completed call at a different site?

A: The system defaults to the rotational site on the left. If you complete your call elsewhere, hover your cursor over the "On-Call Hospital" column on the far right and key in the correct call site.

Q: What if one of my rotations is incorrect or missing in POWER?

A: If your rotation is incorrect or missing, contact your Program Administrator. This is important as your ITERs are tied to your rotations. For call stipends, however, edit an incorrect rotation by hovering your cursor over the "Service" column on the far right and keying in the correct site. If you cannot find your exact rotation, select the rotation name, or program that is the closest so payment is not delayed.

To add a missing rotation, go to the bottom of your screen and select "*click here to add another scheduled rotation*". This blank template prompts you to select your rotation and location. Key in 3 letters to search the closest rotation/location and SAVE after entering your dates. Once you've used this option, there is no need to re-enter calls if your Program Administrator has corrected the issue.

Q: What if the dates on the calendar are unavailable/greyed out?

A: You cannot select future dates or any dates you have claimed in the previous month/s. Check your *Call Statement* module and click on the previous month to show all dates already claimed.

SECTION 3: DEADLINES AND EMAIL REMINDERS

Q: When do I need to enter my call stipends?

A: You will be able to start entering your stipends on the 1st day of each month but only up to the current date. For example, on August 15th, you can enter call up to and including August 15th and any July dates that you missed submitting. You can also enter the month's calls at the end of each month. Be sure to enter and SAVE all calls before the deadline; you will not be paid for missed input. If you do not have time to open reminder emails, you may want to create your own reminder system.

Q: Can I enter late stipends, for example, 3 months previous?

A: No, you can only claim the *previous* month's call, according to the *PARO OTH Agreement*. Any earlier call is *not* eligible for payment and your *Data Entry* screen in POWER will not allow access to earlier months. If you forgot to claim your September dates in your September calendar, you can claim them in your October calendar by clicking the calendar icon back a month. Both Sept and Oct, will be paid together, however, at the end of November. In your *Call Statement* module, your September calendar would remain 'Not Paid' and both months would appear in October. Be diligent about entering your monthly call as there is no recourse for missed call beyond one month.

Q: What happens if I forget to enter stipends for 2 consecutive months? Will PGME enter missed dates for me?

A: This will result in non-payment with no option to submit late calls if you have missed both deadlines. PGME cannot enter dates for you and you will forfeit all missed payment amounts.

Q: Are there any reminders to the residents to enter call stipends?

A: Yes, you will be sent 3 email reminders per month to your email address on POWER: on the first and last day of each month plus a final reminder on the 6th of the following month. For example, on July 1st, you will get an email saying you can begin entering your July call. On July 30th, you will get a second reminder saying you have one week left and on August 6th, you will get a final reminder that you only have one day left, until midnight on August 7th to enter July call and any missed June call. Any month before this is no longer accessible on POWER and you would not be paid for the missed call dates.

Q: What if I cannot enter my stipends at the end of the month due to technical problems, being out of town, or an emergency?

A: You have an extra 30 days, as described above, to enter your call from the previous month.

Q: If I end my residency in June, will I have access to the July calendar to input late call?

A: No, non-returning residents will not be able to access the On-Call Stipend system. Therefore, you will need to enter June call by June 30th or, if exiting earlier, the last day of your final month.

SECTION 4: TYPES OF CALL - 4 MAIN CATEGORIES + 2 WEEKEND CATEGORIES

Q: What are the types of call that residents claim?

A: The 4 main categories are defined below with 2 extra categories for Weekends only but you can also view the Interpretation Chart here or on your *Data Entry* screen to check specific scenarios.

1. <u>In-Hospital Call</u>: A resident is scheduled to begin the In-Hospital call sometime after a regular rotation and the call extends beyond 11 pm on a weekday or weekend. See further below for Weekend In-Hospital call and *Section 5* for other examples of Hospital call.

2. <u>Home Call/Shortened Hospital Call</u>: this covers several categories:
   - A resident is scheduled for Home call at home with pager and access to the hospital
   - A resident starts the In-Hospital call sometime after the regular rotation but is relieved of duties at or before 11 pm ("Shortened Call") and the resident must have been on rotation before the call to qualify; Weeknight clinics scheduled to 8pm are not eligible for a stipend
   - A resident is scheduled for Back Up, Buddy, or Weekend Day call (further below in Weekend categories). See other examples in *Section 6*.

3. <u>Converted Call</u>: A resident is scheduled for Home call (at home) but comes in to the hospital and works a) more than 4 hours in hospital (must be during the call period), AND b) at least 1 hour between midnight and 6 am. Residents enter a short note in the pop-up comments box, for example, 'I confirm for all converted calls'. If you do *not* confirm both conditions, your payment may be delayed. You do not need to specify any clinical activities or other details.

4. <u>Qualifying Shift - EM Residents or ER Rotations</u>: This stipend relates only to residents on shiftwork (EM residents, for example) who work 1 full hour between midnight and 6 a.m. on a weeknight or weekend. There is no payment for 12-hour (ER) daytime shifts or working up to midnight on weeknights or weekends as regular ED salaries cover this. See #6 below in this section re how to claim on weekends. (FM residents on ER rotations, see *Sections 5 + 6 on next page for other examples*).

   NOTE: Weekend call (on call between Friday evening and Sunday night) pays an additional 10%. This refers to residents on call and not working late hours, teaching sessions, seminars, etc.

Hospital Calls	Home Calls / Shortened Calls	Qualifying Shifts	Converted Calls	Weekend Hospital/Converted	Weekend Hospital-Day-Call / Home / Other

5. <u>WEEKEND In-Hospital or Converted</u> between Friday evening and Sunday night (EM residents see #4 above):
   - In-Hospital call after regular rotation where the call extends beyond 11 pm
   - In-Hospital call on Saturday or Sunday (12 hours or more – does not incl Split Weekend call)
   - Converted call where a resident works at least 4 hours in hospital during the call period AND at least 1 hour beyond midnight

6. <u>WEEKEND Hospital Day/Home/Other</u> between Friday evening and Sunday night:
   - Home call (at home); Back Up call; or Buddy call; FM weekend clinic
   - In-Hospital Day call ending at or before 11 pm (8am-6pm, for example, or similar hours)
   - Qualifying Shift (EM residents or Emerg shift rotations) which extend 1 hour beyond midnight (all other Qualifying EM shifts are covered by salaries)
   - Split weekend call with 12-hour shifts instead of 1 overnight (for example, DR and Psych)
   - Weekend Rounding on Saturday/Sunday ONLY IF a resident is <u>not already scheduled for call</u> but attends in hospital. This cannot be claimed after working the previous overnight. 16.1.

   NOTE: Post Call/Home after Handover is not to exceed 24 hrs +1 for Anesthesia and Ob/Gyn; 1.5 for ICU and CCU; and home by noon for Surgery. **Weekend Rounding** cannot be claimed in conjunction with the previous overnight call. 16.4 Handover.

SECTION 5: IN-HOSPITAL CALL – OTHER EXAMPLES

If completed on a Friday evening to Sunday night, In-Hospital calls and Converted calls are Weekend Hospital/Converted calls:

Weekend Hospital Call: Saturday or Sunday where resident is scheduled beyond 11 pm <u>or</u> works 12 hours or more, for example, 8 am to 9 pm, and it is <u>not</u> a split weekend call (i.e., no resident to cover after 9 pm). See *Section 6* below for Hospital Day calls (under 12 hours on a Saturday or Sunday).

Half-Day Clinic + ER Shift: When a resident is required to work a half-day clinic or other formally scheduled duties, followed by working a regularly scheduled shift on the same day where that shift extends *beyond* 11 pm, for example, a clinic from 8 am to 1 pm and an ER shift from 4 pm to midnight.

Weekly Clinical Duties + ER Shift: When a resident works a normal 5-day week of clinical duties AND then works a shift on a weekday or weekend, which extends beyond 11 pm.

<u>NOTE</u>: When a resident does NOT work a full 5-day week of clinical duties but works an ER shift <u>only</u> INCLUDING 1 full hour between midnight and 6 am AND no other clinical responsibilities that day, a **Qualifying shift** can be claimed weekdays or weekends as this relates to sleep disruption, for example, FM residents on Emerg shifts).

<u>NOTE</u>: When a resident does NOT work a full 5-day week of clinical duties and works an ER shift <u>only</u> but NOT one full hour between midnight and 6 am, (for example, from 4 pm-12 pm), during the week or on a weekend, **no stipend will be paid** as salaries cover these hours, for example, FM residents on Emerg shifts).

SECTION 6: HOME CALL – OTHER EXAMPLES

If completed on a Friday evening to Sunday night, these are Weekend Hospital Day/Home/Other calls.

Saturday or Sunday In-Hospital Day Only: Resident is scheduled from 8 am to 6 pm or similar hours, i.e., you are *not* scheduled beyond 11 pm <u>or</u> you are not scheduled for more than 12 hours.

Weekend Rounds - Saturday or Sunday: Resident is NOT already on call but is required to round on weekends and attend in hospital. Rounds are included in the maximums set out in the Collective Agreement and <u>cannot be claimed after working an overnight weekend call,</u> for example, after a Friday or Saturday night. 16.4 Handover

Back-Up Call or Home Call over a full weekend: Back-Up calls are considered Home Calls unless they are converted (based on the conditions in Section 4, #3). Residents can claim 3 Home Calls over a full weekend (Friday to Monday morning) as these are considered non-intensive and not likely to convert. Residents can claim up to a full week of Home Call without exceeding the maximum (9 Home Calls per 28-day block or 10 per 30-day month).

Half-Day Clinic + ER Shift: When a resident is required to work a half-day clinic or other formally scheduled duties, followed by working a regularly scheduled shift on the same day, where that shift ends *at or before* 11 pm, for example, a clinic from 8 am to 1 pm and an ER shift from 4 pm to 11 pm.

Weekly Clinical duties + ER Shift: When a resident works a normal 5-day week of clinical duties AND then works a shift on a weekday or weekend, which *does not* extend beyond 11 pm.

<u>NOTE</u>: When a resident does NOT work a full 5-day week of clinical duties and works an ER shift <u>only</u> INCLUDING 1 full hour between midnight and 6 am AND no other clinical responsibilities that day, a **Qualifying shift** can be claimed weekdays or weekends as this relates to sleep disruption.

<u>NOTE:</u> When a resident does NOT work a full 5-day week of clinical duties and works an ER shift <u>only</u> but NOT one full hour between midnight and 6 am, (for example, from 4pm-12pm), during the week or on a weekend, **no stipend will be paid** as salary covers these hours.

Split Call: (Psychiatry/Diagnostic Radiology – 12-hour shifts) Where 24-hour weekend In-Hospital call (or 24-hour statutory holiday call) is split into 2 shifts.

Buddy Call: (Radiology and Psychiatry or other) Junior Resident (PGY1) accompanies Senior Resident on an In-Hospital call for a portion or the full call period.

OB Family Medicine Call: Resident carries a pager for obstetrics call and is <u>required to respond</u> to the page by providing medical care or attendance – before 11 pm; or resident is <u>expected to respond</u> while on a Research Day or half day when off site and still carrying the pager. The postpartum check-up is considered part of weekend rounds to check on the patient.

Family Medicine Saturday Half-Day Clinics: (twice a month) are eligible when on FM block. You do *not* receive a stipend for weeknight evening clinics scheduled up to 8pm.

SECTION 7: MAXIMUM CALL, EXCEEDING MAXIMUMS (NO PAYMENT) AND BLENDED CALL

Q: What are the Block and Monthly maximums defined in the *PARO OTH Agreement*?

A: The maximum for each type of call is listed below, basically '1 in 3 days' or '1 in 4 days'. However, many residents do a combination of Home/Hospital call (Blended Call), and that formula is listed further below. Those doing electives, community rotations, FM-Enhanced, Junior Attending or self-scheduling must also adhere to all maximums as MOH does not pay calls done in excess of maximums.

<u>In-Hospital call</u> is **1 in 4 days**, for example 7 calls for a 28-day block. Other maximums are:

19-22 Days = 5 calls	30-34 Days = 8 calls
23-26 Days = 6 calls	35-38 Days = 9 calls
27-29 Days = 7 calls	

Home Call is **1 in 3 days**, not more, which means 9 calls per 28-Day block or 10/11 per month and *cannot* be averaged over multiple months. *Non-traditional* call models are the exception. A resident cannot be on Home Call 2 consecutive weekends. *Weekend rounding* contributes towards maximums.

17-19 Days=6 calls	**26-28 Days=9 calls**
20-22 Days=7 calls	29-30 Days=10 calls
23-25 Days=8 calls	31 Days=11 calls

Converted Call: Since a converted call begins as a Home Call, the maximum for both Home and Converted calls combined remains at **1 in 3 days** or 9 calls per 28-day block or 10/11 per month.

Qualifying Shifts: The guideline for determining Maximum Duty Hours of work is a sixty (60) hour week including other scheduled responsibilities such as academic half days *or alternately* five (5) shifts of twelve (12) hours each, or not more than 31 shifts per 3 months.

Blended Call: This refers to the combination of In-Hospital and Home Calls and uses the following combined formula: Number of Home Call **x 3** *PLUS* Number of In-House **x 4** = not more than 30 over a 28-day block, for example: 4 Home Calls (x3) PLUS 4 Hospital Calls (x4) = 28 (acceptable).

Q: Won't I exceed the maximum if I have 2 blocks occurring in the same month?

A: Probably not. You are still permitted the usual per-block/month maximums, (for example, 9 Home Calls for 28-day blocks). Chief Residents are aware of the block and monthly maximums and the *Data Entry* module also indicates rotational dates for each month. If you are scheduled beyond the maximum, however, alert your Chief Resident or your Preceptor <u>before</u> you complete the call. For those who volunteer to do more call or those who self-schedule, you must be sure not to exceed the maximums. Residents should use the comments section at the bottom of the screen to explain any overages as payment is not guaranteed. Also, certain programs have *non-traditional* schedules where call averaging over several months is approved in advance by PARO and the Program Director.

Q: What should I enter if I am asked to cover for another resident due to illness or absence?

A: You should enter a note in the comments section. However, be mindful of exceeding maximum calls and speak to your Chief or Preceptor <u>before</u> you complete the call as they may distribute calls differently to avoid this. Every effort is made by your Chiefs not to exceed maximums but the responsibility rests with the resident.

Q: If I volunteer to do extra call, not related to covering for another resident, will I be compensated?

A: No. Although residents may wish to optimize their training opportunities, the Ministry's budget covers payment to scheduled call only, no extended daytime hours, teaching sessions, etc.

SECTION 8: AUTHORIZATION/VALIDATION

Q: Do I need to obtain authorization or validation from my Chief Resident or other person?

A: No signature or authorization is required beyond the call schedule. However, this is an honour system, which means you are responsible for submitting all calls honestly and accurately. Your stipends are reviewed and validated by the hospital Medical Education staff and PGME. Discrepancies will be investigated when necessary and incorrect entries or categories will be corrected by PGME.

SECTION 9: COMPENSATION AND CALL STATEMENT MODULE

Q: What is the Ministry's pay scale for Call Stipends?

A: The amounts listed below are as of September 2023. Note that weekend calls pay 10% more than weeknight calls. For both weeknight and weekend categories there is either a half or a full stipend.

In-Hospital + Converted Calls: $161.86
Home Call: (Home Call, Shortened Hospital Call, Qualifying shifts, Back-up Call, Buddy Call) $80.93
Weekend In-Hospital + Converted Calls: $198.49
Weekend Home Call/Other: (Home Call categories above + Wkend Rounding + Wkend Clinics) $99.24

Q: When do I receive payment for my call?

A: Stipends are paid once a month ONLY on the 2nd pay at the end of the month following call. For example, July calls are paid at the end of August.

Q: Will I see my stipends itemized on my pay slip?

A: Yes, each type of call for the previous month is listed below your regular pay.

Q: Will taxes be deducted for call stipends?

A: Yes, like salaries, call stipends are subject to deductions.

Q: Where can I access all my past Call Stipend data and payments?

A: In the POWER menu, select the *Call Statement* module, below *Data Entry*. Click on any month to open and review call dates and payment. Your status indicates: PAID, PROCESSING FOR PAYMENT (the call will be paid at the end of the month) or NOT PAID (calendar not reviewed yet or no calls recorded).

Q: What if I see "NOT PAID" for a month that I submitted call?

A: You probably submitted call 1 month late. For example, if you input all September dates in your October calendar, these dates will appear in your October calendar and your September calendar will be empty (NOT PAID). To verify, click on any month in your *Call Statement* module to display all dates. If you submitted a date but forgot to select the type of call, the system records '0' calls resulting in no payment for that date. Email callstipends@utoronto.ca directly to remedy this.

Q: What if I notice errors, like selecting the wrong type of call, <u>after</u> I have been paid?

A: Contact callstipends@utoronto.ca immediately to make the adjustments. Once adjusted, you will see PARTIALLY PAID for that month on your *Call Statement* until the call is paid at end of the month.

SECTION 10: STATUTORY HOLIDAYS AND CALL STIPENDS

Q: When I work a Statutory Holiday can I claim a Weeknight or Weekend Call stipend?

A: If the statutory holiday falls on a weekday, and you completed call in the evening or night, claim the appropriate weeknight stipend. However, if you work regular daytime hours *only* and are not scheduled for call in the evening or night (even though it is staffed as a weekend), you do *not* get a stipend as your salary covers daytime hours. You are, however, automatically entitled to a lieu day.

If the statutory holiday falls on a weekend, you receive the normal stipend <u>and</u> the lieu day. If you are the "rounding resident" or if you work during the day, for example, 8 am to 6 pm, claim the Weekend Hospital Day/Home/Other stipend.

Q: Will I receive a stipend if I am scheduled for call over Christmas and New Year's?

A: Yes, if you are <u>scheduled</u> for call, you receive the appropriate stipend but <u>not</u> a lieu day. The *Agreement* states that: "all house staff shall be entitled to at least five (5) consecutive days off during a twelve (12) day period that encompasses Christmas Day, New Year's Day and two (2) full weekends. These five (5) days off are to account for the three (3) statutory holidays (Christmas Day, Boxing Day, New Year's Day), and two (2) weekend days. If a resident is scheduled to work on a recognized holiday, he/she shall be entitled to a paid day off in lieu of the holiday to be taken at a time mutually convenient within ninety (90) days of the holiday worked."

*NOTE: Access our **FAQs** and the **Interpretation Chart** near the top right corner of the Data Entry screen.*

<p align="center">THANK YOU!</p>

** **END**