

**UOFT PGME GUIDELINES REGARDING REMUNERATION FOR CLINICAL ACTIVITIES
BY RESIDENTS DURING COVID**

Background

Residents have tri-partite roles within the healthcare system: they are registered learners in educational programs at the University of Toronto, they are employees of the hospital collective (governed by the PARO-CAHO agreement), and they are licensed professionals with the medical regulator (CPSO). By virtue of all three roles, and in the presence of both the professional duty to care during the pandemic and state of emergency declared by the province, residents may be redeployed as part of their residency program to duties that fall outside of their typical duties as a resident. At the University of Toronto we are committed to ensuring this is only done in a manner that is safe, and for which the resident is properly prepared and supported. When such redeployment is conducted as part of the residency program, it can be done through the resident's registration at the relevant hospital as a U of T resident under the affiliation agreement, there must be a supervisor to oversee the resident's activities and there can be no extra remuneration for this work.

Some residents have an independent practitioner's license (IP) and/or are registered in the Restricted Registration (RR) program. The former activity is done completely outside of the residency program, requires a separate engagement with the relevant hospital and physician group, may or may not involve supervision and may be remunerated through OHIP billings or alternative salary arrangements at the site. The latter requires sign-off by the program director, direct supervisor, and postgraduate dean and may be done as an additional duty outside of the residency program. This activity also requires a supervisor, and the resident can receive extra remuneration for this work.

Guidelines (applicable to COVID-related redeployments and extra duties; pre-existing arrangements for service provision may continue, provided that residency-related obligations including redeployments are prioritized)

1. During the pandemic, it is expected that **all residents will be available and eligible for redeployment** as directed by their program directors/departments and/or hospital leadership.
2. All residents who are called upon to be redeployed as residents will **not receive extra remuneration** outside of what is prescribed in the PARO contract.
3. It is expected that all residents, fellows, and staff physician groups will share the burden of response. All efforts should be made to avoid disproportionate effects on residents in some programs. Accordingly, **all residents should expect to work as residents up to the maximum allowable by the PARO contract, if required**, prior to engaging in additional commitments including call requirements that may not typically be part of their normal residency model.
4. It is expected that the aggregate total (including IP and RR) work residents undertake will not exceed the PARO maximum hours averaged over time. If a resident has capacity to work beyond what has been asked of them by their program/department/hospital, they may either apply to the RR program or, if they have an IP license, secure privileges in a hospital for work outside of their residency program. Engagement under the RR program, including each individual assignment, must be signed off as above. Engagement as an IP must be done separately by a hospital service chief and it must be made explicit that this engagement is unrelated to, and done only if, residency obligations as outlined in #3 above are met.