



**Dear PARA Member:**

**Membership Ratification of the**  
**2007/2010 PARA Agreement**  
**98% voted in favour of the 2007/2010 Contract**  
**Agreement**

The Professional Association of Residents of Alberta (PARA) is very pleased to announce the support of Alberta's resident physicians in ratifying the new 2007/2010 PARA contract, negotiated through PARA and the Council of Academic Health Centers of Alberta.

**E-Ballot Statistics\*:**

Membership turnout:	66%
In favour:	98%
Opposed	2%
Abstain:	Negligible

\*frequently asked questions and answers attached below

PARA wishes to extend sincere thanks to the PARA Negotiating team who were instrumental in negotiating this very successful contract:

**PARA's Negotiating Team:**

**Dr. Roona Sinha** (R4 Pediatrics, PARA Past President 2006/2007)

**Dr. Milli Gupta** (R2 Internal Medicine, PARA President)

**Dr. Aleem Bharwani** (R4 Internal Medicine)

**Dr. Eric Lehr** (R6 Cardiac Surgery/Clinical Investigator)

**Dr. Jesse Pewarchuk** (R2 Internal Medicine)

**Dr. Trevor Chan** (R2 Family Medicine)

**Dr. Ryan Wright** (PARA, Negotiation Chair)

**Ms. Sarah Thomas** (PARA, Executive Director)

**Mr. Hal Zalmonowitz** (AMA, Economic Advisor)

**Mr. Jon Rossal, Q.C.** (PARA, Legal Counsel)

**A note of sincere gratitude also goes to Minister David Hancock, Alberta Health and Wellness:** David Hancock, Minister, Alberta Health and Wellness, through the Council of Academic Health Centers of Alberta, has demonstrated dedication and commitment to medical education and health care in Alberta.

## Frequently Asked Questions/Answers:

1. *When does the contract take effect?*
2. *Does a 4.5% increase in salary keep up with the cost of living in Alberta?*
3. *How does the increase in Alberta compare to increases for other residents in Canada?*
4. *How does the increase in salary compare to increases for other health care workers in Alberta in 2007?*
5. *How do call stipends in Alberta compare to those in other provinces?*
6. *How do I use my health spending account and what if I don't use my entire health spending account in a given year?*
7. *Why isn't there paternity leave in the contract anymore?*
8. *Why is 'adoption' leave different than maternity leave*
9. *How can I schedule an Alternative Religious Holiday?*
10. *Why do you have to stay one hour past midnight to be able to upgrade to in-house call? This seems especially unfair if you have worked all day in the hospital on a weekend while on home-call and leave before midnight. Please comment.*
11. *Which exams are subject to five (5) days preparation, granted with out lose of pay?*
12. *What is a day in lieu, a flex day and a floating day? How do I schedule these days off?*
13. *What is meant by 'no net loss of vacation time' if vacation is taken over the Christmas or New Year's break?*
14. *What is the timeline expectation for scheduling vacations?*
15. *What are the details of the regulations for 'back-to-back' in-house call service?*
16. *What are the taxi vouchers? How do I get reimbursed for them? When does it start?*
17. *What is the tax advantage of combining the practice stipend and the tuition stipend?*
18. *What is a compassionate benefit?*

### **1. When does the contract take effect?**

Now that the Collective Agreement has been ratified by the general membership, the PARA negotiating team will be signing off with the Health Authorities immediately. The salary increase of 4.5% will be retroactive to July 1, 2007. The retroactive payment is scheduled to take place in late July or early August. All other components of the contract including call stipends and health benefits will take effect once the contract has been signed by both parties nearing the end of the month.

The additional increases to salary, call stipends and the health spending account will take place on July 1, 2008 and again on July 1, 2009.

### **2. Does a 4.5% increase in salary keep up with the cost of living in Alberta?**

- Increases to cost of living are best measured using the Consumer Price Index (CPI). The CPI is published on a monthly basis by Statistics Canada. The following chart summarizes the percent change in CPI for the past several years in Alberta and Canada:

	<b>2004</b>	<b>2005</b>	<b>2006</b>
<b>Alberta</b>	1.4%	2.1%	3.9%
<b>Canada</b>	1.8%	2.2%	2.0%

- Increases to CPI in Alberta have been the most substantive in the past 12 months. In that period (June 2006 to June 2007), the Consumer Price Index has risen by 4.45%.

- Most economic indicators point to a ‘cooling off’ of inflation in Alberta. It is very unlikely that the CPI will remain as high for the remainder of the three-year agreement.

### 3. How does the increase in Alberta compare to increases for other resident physicians in Canada?

	Alberta	B.C.	Sask.	Manitoba	Ontario	Que	NS	Nfld
Increase: 2007	4.5%	2.45%	2.8%	1.75%	2%	2%	2%	2%
2008	4.5%	2.85%	2.8%	-	0.5%	2%	-	-
2009	4.5%	2.45%	-	-	-	2%	-	-
Average Resident Salary in 2007*	\$60,613	\$57,936	\$59,631	\$57,281	\$59,687	\$49,834	\$56,700	\$49,924

\*average of PGY1 to PGY6

### 4. How does the increase in salary compare to increases for other health care workers in Alberta in 2007?

- HSAA (PT, OT, pharmacists, etc.) 3%
- AMA (physicians) 4.5%
- UNA (nurses) 5%

PARA is unique amongst health care workers in terms of recruitment and retention. While there is a crippling shortage of licensed physicians, nurses and other health care workers in the province, there will always be a defined and limited number of positions for resident physicians, which the universities have never left unfilled. Now more than ever, recruitment and retention is one of the most influential bargaining tactics when groups negotiate for improved remuneration; unfortunately, PARA has less leverage than UNA and the AMA in this regard. Despite this, PARA has fared comparatively well with nurses, the AMA and other health care workers, with respect to salary increases. PARA has and will continue to recommend that recruiting quality applicants to train in Alberta will translate to quality physicians who practice in Alberta.

### 5. How do call stipends in Alberta compare to those in other provinces?

- Alberta is the only province to have differentiated pay for call performed on weekends and statutory holidays.
- The following are the rates for In-house and Home-call stipends across the country effective July 2007:

	Alberta	Sask.	Man.	Ont.	Queb.	N. S.	Nfld.	B.C.
In-House Call	\$104.50 (weekday) \$120 (weekend)	\$60	\$80	\$103	\$0	\$75	\$0	\$256.58 per month (flat amount)
Home-call	\$52.25 (weekday) \$60 (weekend)	\$30	\$40	\$51.50	\$0	\$35	\$0	

### 6. How do I use my health spending account and what if I don't use my entire health spending account in a given year?

The Health Spending Account may be utilized by residents for the purposes of receiving reimbursement for health and dental expenses that are eligible medical expenses in accordance with the Income Tax Act, and are not covered by the benefit

plans specified in 22.02 and 22.03. Unused money can also be used to claim reimbursement of your health benefits contributions, as deducted by payroll. The same form is used whether you are claiming payroll contributions to the premium (page one (1) of the Health Spending Account Claims form) or reimbursement for a benefit service (page three (3) of Health Spending Accounts Claims form). Any unused portion of the health spending account can be rolled forward for one year. Any amount not used within two calendar years or upon completion of residency training is forfeited. **In order to be reimbursed, a claim form must be submitted to Alberta Blue Cross.**

[www.ab.bluecross.ca](http://www.ab.bluecross.ca)

1. Click on forms
2. Choose Employer Group Plan Members
3. you will see “[click here](#) if you are a member of a group benefits plan”
4. Choose Health Spending Account Claims (ABC 30676)
5. Print form, complete and mail to the address listed

Instructions of how to complete the form are provided and further questions can be directed to the Benefits offices:

Edmonton – (780) 408-8799

Calgary – (403) 699-0732

**7. Why isn't there paternity leave in the contract anymore?**

Paternity Leave has been replaced with Parental Leave in the new contract. A parent of a child (excluding residents who qualify for maternity leave) is entitled to two weeks paid leave in the new contract; this compared to one day paid leave for Paternity Leave in the old contract.

**8. Why is 'adoption' leave different than maternity leave**

Maternity leave is specifically related to the health concerns of a mother's pregnancy and birth of the child. Parental leave is available to anyone who becomes a parent, through adoption or as the father or other parent of a newborn. In all provinces these add up to a year of Government sponsored leave benefits. In Alberta, for example, Employment Insurance (EI) covers 15 weeks maternal benefit equal to 55% of your average insured earnings (PARA has negotiated an extra two weeks of 90% coverage on top of the 15 weeks top up to 90% for a total of 17 weeks at 90% coverage), in addition to EI benefit for parental leave. Comparatively to other PHO's, PARA has the best adoption leave benefits in the country. We will continue to seek improvements in leave and benefits for residents who are choosing to have families during their residency.

**9. How can I schedule an Alternative Religious Holiday?**

A resident who is the practitioner of a recognized faith that does not celebrate Christmas Day can request that the 5 day break, which is normally taken over Christmas or New Year's, be scheduled at another time. Residents who wish to exercise this option should inform their Program Directors at the beginning of each academic year (August 1). Residents will be required to provide two dates that they

would prefer to take their break and the Program Director will grant one of the two options within two weeks of receiving the request.

Residents who do take an alternative religious holiday will be required to work regular duty hours and on-call service during both the Christmas and New Year's Break.

**10. Why do you have to stay one hour past midnight to be able to upgrade to in-house call? This seems especially unfair if you have worked all day in the hospital on a weekend while on home-call and leave before midnight. Please comment.**

Call stipends were set in place to recognize the onerous nature of **overnight** service. There is a well-established precedent for paying significantly more to health care providers when they are required to provide services late at night. The schedule of medical benefits for fully licensed physicians pays up to 80% more for a service that is provided after midnight compared to the same service provided during the day. This holds true for weekends as well.

Each of the other Canadian provinces that have introduced call stipends has similar language on 'up-grading' from the home-call rate to the in-house call rate. Alberta is currently the only province to differentiate a weekend and weekday rate. **Residents who continue to have concerns regarding the practice of call, duration, frequency or alternate call, such as evening call service, are encouraged to contact the PARA office directly**

**11. Which exams are subject to five (5) days preparation, granted with out lose of pay?**

Residents are entitled to up to five (5) working days without loss of pay to prepare and write Canadian qualifying and licensing examinations, which includes those of the Medical Council of Canada, the College of Family Physicians of Canada, and the Royal College of Physicians and Surgeons of Canada. The contracted days off may be taken in the month prior to sitting the exam, but for service provision reasons may not be necessarily scheduled in the days immediately preceding the exam

**12. What is a day in lieu, a flex day and a floating day? How do I schedule these days off?**

Residents are entitled to 11 Named Holidays and one ***Floating Day***. The named holidays include New Year's Day, Family Day, Good Friday, Victoria Day, Canada Day, August Civic Holiday, Labour Day, Thanksgiving, Christmas and Boxing Day. The ***Floating Day*** can be scheduled at any time of the year at the residents' discretion and with approval from the Program Director.

Residents who work the actual day of a Stat Holiday are entitled to a paid '***Day in Lieu***'. Where possible this should be scheduled in the same rotation as the Stat Holiday.

Residents who are required to be on-call the day before a Stat Holiday will end up working from midnight to sign-over on the Stat Holiday itself. They are *not* entitled to a *Day in Lieu*, but the contract does offer a certain number of *Flex Days* to compensate for this. The new contract awards a total of three *Flex Days* (previous contract had two). Like the *Floating Day*, *Flex Days* can be scheduled at any time of the year at the residents' discretion with approval from the Program Director. A Program Director cannot unreasonably deny a resident's request to take a *Floating Day* or *Flex Days*.

**13. What is meant by 'no net loss of vacation time' if vacation is taken over the Christmas or New Year's break?**

In the previous contract a resident who scheduled a block of their vacation over the 5 day holiday break was entitled to either an additional 2 days of vacation, if scheduled in conjunction with the Christmas block, and 1 day if scheduled in conjunction with the New Year's block. In the new agreement, a resident who takes a scheduled block of vacation over either the Christmas or New Year's Break is entitled to an additional 5 days off.

**14. What is the timeline expectation for scheduling vacations?**

Residents are now expected apply for vacations to their Program Director 8 weeks in advance to allow for resident substitution to be arranged. Program Directors will be required to confirm approval of the vacation request **within two weeks** of receiving the request. Program Directors are required to make every reasonable effort to accommodate the request of the resident.

**15. What are the details of the regulations for 'back-to-back' in-house call service?**

Residents cannot exceed 7 in-house calls in a 28 day block. Many residents have expressed concern to PARA that their calls are often stacked such that they are servicing the majority of their 7 calls in a condensed period of time. The new contract stipulates that unless requested by the resident, a resident will not be required to do more than 4 calls in a 10 day period.

**16. What are the taxi vouchers? How do I get reimbursed for them? When does it start?**

Residents who are post-call, or who are called back to the hospital after midnight while on home call and do not feel adequately rested to drive, can submit taxi receipts for reimbursement of round-trip travel to and from the Health Care Facility.

Eligible residents will be required to submit both receipts and a completed form to the PARA office and PARA will reimburse residents by mailed cheque on a quarterly basis. PARA is currently developing a Taxi Reimbursement Form to be posted on the PARA website ([www.para-ab.ca](http://www.para-ab.ca)) within the upcoming month.

**17. What is the tax advantage of combining the practice stipend and the tuition stipend?**

New regulations from Revenue Canada stipulate that a tax credit cannot be issued to students whose tuition is reimbursed. This applies to both the tuition amount and the monthly education amount for full-time students which equates to an annual tax credit of roughly \$8,000. Residents who have been audited over the past couple years have been denied their tuition amount as a result of these new regulations and the Tuition Stipend, present in the previous agreement. The total amount of the practice and tuition stipends have increased in the new agreement but are now listed under a single stipend (Practice Stipend).

**18. What is a compassionate benefit?**

The compassionate benefit program will cover one-hundred (100) per cent of the cost incurred with providing benefit to residents who are in need of assessment and/or treatment and require assistance on compassionate grounds, thus ensuring that a resident is safe to practice. An example would be for addictions treatment.