



POLICIES ON RESIDENCY TRAINING PROGRAMS

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POLICIES ON RESIDENCY TRAINING PROGRAMS

COMPENSATION

The House Officers shall be compensated according to the following schedule.

Year of Training	eff. 1/12/2025	eff. July 2025	eff. Jan. 2026	eff. July 2026
PGY 1	\$79,666	\$81,259	\$82,478	\$83,715
PGY 2	\$82,870	\$84,527	\$85,795	\$87,082
PGY 3	\$86,095	\$87,816	\$89,134	\$90,471
PGY 4	\$90,932	\$92,750	\$94,142	\$95,554
PGY 5	\$93,308	\$95,174	\$96,602	\$98,051
PGY 6	\$98,336	\$100,303	\$101,807	\$103,335
PGY 7	\$102,685	\$104,739	\$106,310	\$107,905

- a. Level Definitions: Each House Officer shall receive a salary commensurate with their PGY level. PGY level is defined as post-graduate year of approved training within the same specialty, i.e. medicine, psychiatry, surgery.

This section is not intended to enlarge or limit current practice with respect to the crediting of past training as defined above.

- b. Paychecks: The annual salary of all House Officers shall be paid based on the Commission's current practice, whereby a year is divided into 52 weeks. However, any new House Officer must receive their first check within three weeks of their first date of employment.
- c. Professional Education Stipend: A nontaxable, reimbursable professional education stipend shall be paid annually according to the following schedule:

House Officers:	\$2,000
Podiatry:	\$2,000
Dentistry:	\$2,150
Fellows:	\$2,300

- a. This stipend may be used to defray the costs of conferences, textbooks, journals, board fees, necessary computer hardware or other such items as approved by the relevant Program Director. House Officers are

responsible for turning in all necessary receipts to their department in order to be reimbursed. Any House Officer who has not turned in receipts for the total amount of the annual stipend by May 1st of that year shall accumulate the stipend for the subsequent year, unless any House Officer who would prefer to receive a payment (taxable) equal to the difference between the total annual stipend and the total reimbursable expenses claimed and documented by said House Officer. Requests for payment must be made in writing no later than April 1st of each year.

- d. Holiday Pay: The Commission will pay 1/5 of a week's pay in additional compensation for eight (8) hours worked on any eligible holiday, including work performed while on an outside rotation. House Officers required to work at least four (4) hours but less than eight (8) hours on any eligible holiday shall receive 1/10 of a week's pay in additional.

Eligible holidays shall be:

Eleven regular holidays, which may be taken on:

New Year's Day	Martin Luther King Day
President's Day	Patriot's Day
Memorial Day	Juneteenth
Independence Day	Labor Day
Thanksgiving	Day before Christmas
Christmas Day	

Holiday pay to be paid in the same pay cycle as worked.

House Officers may take time off for the observance of a special or religious holiday, subject to the approval of the Program Director. The House Officer may make use of their sick time benefit. In order to take this time off, the House Officer must request the time off at least three months in advance.

- e. PGY Level Designations: No House Officer shall be paid at a level higher than PGY VII (except as stipulated in the CIR Agreement), without special exception granted by the Training Director, approval by the Chairman of the Department, Vice President of Human Resources and the Chief Executive Officer. The Union will be given thirty days' notice and opportunity to comment prior to implementation of such higher wage.
- f. Orientation Pay: All incoming House Officers required to attend Orientation prior to July 1 of each year shall be compensated at the appropriate PGY level, as set out in the CIR Agreement.

- g. Chief Resident Allowance: The Family Medicine Chief Residents shall receive a stipend in the amount of \$3,000, paid in quarterly installments of \$750. The Podiatry Chief Residents will receive a stipend of \$500 annually, paid in quarterly installments of \$125.
- h. Retirement Plan: Employees who work twenty (20) hours or more per week will continue to participate in the City of Cambridge Retirement Plan. In the event that CHA is obligated to participate in FICA, CHA will provide as much notice to the employee as possible.

Employees will participate in the 403b retirement plan. If such employee has previously been a member of the Massachusetts State Retirement System or any applicable military service, that employee shall have the option of participating in and transferring all prior credible service to the City of Cambridge Retirement System or choosing the 403b retirement plan. All employees will have the option of moving to the 403b plan without a waiting period. CHA will not seek reimbursement or waivers for the FICA contributions by and on behalf of House Officers.

For the purposes of participation in the 403b retirement plan, such an employee who is otherwise eligible, and who has completed at least two (2) years of service with CHA in which they have worked at least twenty (20) hours per week, will participate in the plan and receive contributions from CHA. CHA will contribute 2% of an employee's gross salary, subject to the limits imposed by the Internal Revenue Code and in accordance with the 403b plan document, on behalf of all eligible employees enrolled in the 403b plan. In addition, the Commission will match up to a 2% contribution by the employee. Eligible employees may make transfers from the Plan to another Section 403b Plan (subject to the rules and requirements set forth in such Plans).

The Commission will produce documentation explaining each retirement option and the benefits of each and conduct meetings with House Officers to explain the retirement benefits available to them. The Commission will make available one staff person for House Officers to contact with questions.

- i. Emergency Child Care: The Commission shall pay the annual retainer fee for the Care.com backup child care service each year of the contract.

LIABILITY INSURANCE

Chapter 258 Coverage: All members of the CIR shall be deemed Commission employees for all purposes including while on outside rotation. They shall be entitled to all coverage provided by Chapter 258, the "Governmental Tort Claims Act." All

House Officers rotating from sponsoring institutions will be covered by liability insurance as specified in the institutional agreement.

HEALTH BENEFITS

- a. Coverage Options: The Commission agrees to offer members of the CIR full and comprehensive health insurance for inpatient and outpatient care, as described in the CIR Agreement.
- b. Part-Time House Officers: In order for House Officers to be eligible for health insurance, such House Officer must work a minimum of twenty (20) hours per week, as set out in Massachusetts General Laws Chapter 32B.
- c. Pre-Tax Contribution/Pre-Tax Flexible Spending Account: The Commission will make available a pre-tax flexible spending account for dependent care and non-reimbursable medical expenses.
- d. Domestic Partners: The provisions of the City of Cambridge domestic partners ordinance will be applied.

DISABILITY, DENTAL AND OPTICAL INSURANCE

The Commission shall annually contribute the sum of \$756.00 per House Officer for the purchase of short and long term disability, dental and optical insurance coverage provided by the House Officer Benefits Plan of the Committee of Interns and Residents. Should the aggregate cost of these benefits increase over the life of the contract, the Commission shall, upon demonstration of that increase, pay the additional cost, not to exceed a total cost of \$852.36 per House Officer per year. Terms and conditions are described in the CIR Agreement.

VACATIONS AND LEAVES OF ABSENCE

This covers personal leave, medical leave, parental leave, bereavement leave, personal days, FMLA leave and PFML. All leaves and benefit time availability will be administered in compliance with ACGME requirements. House Officers wishing to utilize their disability benefits should contact the Union directly for information and the application. All of these leaves may have accreditation and board eligibility ramifications. Any House Officers considering a leave of absence should contact the Leaves Office - leaves@challiance.org.

Section 1. Personal Leave Upon reasonable justification submitted in writing to the Chief of Service, the Chief Executive Officer or his designee may grant a House Officer a personal leave of absence for a period of time not to exceed one (1) year. At the end of the leave of absence, the House Officer may be reinstated to their former position and department.

Section 2. Medical Leave of Absence House Officers may be eligible for the federal Family and Medical Leave Act (FMLA) and the Massachusetts Paid Family and Medical Leave (PFML), depending upon the situation of the House Officer. This policy identifies the leave of absence situations that qualify a CHA House Officer for an approved leave under the FMLA or the PFML. The policy is intended to comply with the requirements of the Family and Medical Leave Act of 1993 and the Massachusetts Paid Family and Medical Leave. House Officers may be eligible for paid leave through CHA or may opt to receive pay through the PFML. House Officers may be required by the employer to use any applicable accrued benefit time during FMLA leave.

An eligible House Officer may take FMLA or PFML leave in the event of an FMLA or PFML qualifying event for up to twelve (12) weeks in any twelve (12) month period. The twelve (12) month period is the calendar year or rolling year as determined by CHA policies. If a House Officer requires more than twelve (12) weeks of FMLA leave, the House Officer may request an extension of the leave. The PFML may provide up to twenty (20) weeks of leave for an employee's own medical condition. In no case shall leave be granted for a period of more than six (6) months. The FMLA and PFML run concurrently where applicable.

FMLA and PFML qualifying events are:

- A serious health condition of the House Officer that prevents the employee from performing their job;
- A serious health condition of the House Officer's spouse, child or parent for which the House Officer is needed to provide care;
- The PFML additionally covers the serious health condition of grandparents, grandchildren and siblings;
- The birth of a child or placement of a child for adoption or foster care with the House Officer.

Upon the expiration of said leave, the employee shall be reinstated to their former position and department. Failure to return to work upon expiration of said leave will result in termination unless the House Officer had received a written extension thereto prior to the expiration date. During an FMLA/PFML leave of absence, the Commission will continue to pay for the cost of the disabled House Officer's health, dental, visual and disability insurance in accordance with contribution rates defined in this Agreement.

Section 3. Parental Leave

- a. A House Officer who gives birth or assumes care of a newborn or adopted child in their immediate household may be granted a leave of absence for a period of up to six (6) months on or about the date of delivery or adoption. House Officers may apply accrued sick and/or vacation time and/or utilize short term disability, without exceeding 100% of a regular, base pay. Upon the expiration of said

leave, the employee shall be reinstated to their former position and department. Failure to return to work upon expiration of said leave will result in termination unless the House Officer has received a written extension thereto prior to the expiration date.

- b. During a parental leave of absence, the Commission will continue to pay for the cost of the disabled House Officer's health, dental, visual, and disability insurance in accordance with contribution rates defined in this Agreement.
- c. Disabilities connected with childbirth and pregnancy must receive treatment at least as favorable as that accorded to other disabilities.
- d. House Officers must be allowed time off for medically indicated doctor's visits.
- e. While each particular department and each House Officer is different and therefore specific rules for every situation cannot be developed, the following options must be considered in developing a mutually acceptable program, with consideration to accreditation and board requirements, for an individual House Officer who is temporarily and partially disabled.
 - 1. Rescheduling to less taxing rotations or electives.
 - 2. Relief from some night call by, for example, hiring moonlighters using the sick call pay pool.
 - 3. Use of paid sick leave.
 - 4. Relief from exposures to and guidance concerning certain radiation, chemicals, diseases and hazards.
 - 5. Flexible rescheduling of vacation time.
 - 6. Part-time residencies and extended leaves of absence, at the request of the affected House Officer.

Section 4. Return To Work Notification House Officers returning from any of the leave times specified above shall notify their Department when they intend to return to work at least two (2) weeks prior thereto.

Section 5. Child Care Resource The Commission shall provide a child care resource and referral program through Care.com or any other appropriate child care agency for employees.

Section 6. Accreditation and Board Eligibility Requirements The provisions herein are not intended to alter responsibilities and obligations stipulated by accreditation or board certification oversight bodies. Failure to meet the required time for completion of the program may affect the eligibility of the resident to take the Specialty Board. House Officers returning from any leave per the CIR Agreement may be required to complete missed clinical and educational requirements in order to become board eligible. Should a department require a House Officer to complete missed requirements, the Commission shall compensate the House Officer at their current PGY level and provide malpractice coverage and all other applicable benefits. Said House Officer's schedule will be arranged to complete accreditation and board eligibility requirements as quickly as possible. When feasible, such a plan must be agreed to at least two (2) months in advance of the expected date on which the leave is scheduled to begin. Accreditation and Board eligibility requirements will be provided to affected House Staff by their Program Directors.

Section 7. Bereavement Leave

- a. House Officers will be granted a leave of absence with pay for not more than five (5) calendar days on account the death of a spouse or child; three (3) calendar days on account of the death of a father, mother, brother, sister, son-in-law, daughter-in-law, parent-in-law, grandparent or grandchild whether such relative was a member of the employee's household or not. Pay for absence not to exceed three (3) calendar days will also be allowed on account of the death of any relative who was a permanent member of the employee's household or of any other person with whom said employee made their home.
- b. Other Bereavement Allowances: Employees also will be paid full salary for absence not to exceed one (1) day to attend the funeral of a first cousin, brother-in-law, sister-in-law, aunt, uncle, nephew or niece, spouse's grandparent, brother-in-law or sister-in-law.

If additional time off is needed for either subsection a. or b. of this section, the House Officer may make use of their accrued sick leave, subject to the approval of the Program Director.

Section 8. Personal Days Each House Officer shall be entitled to two (2) personal days per year, paid by applying a portion of their sick time benefit, as described in the CIR Agreement. Personal days do not accrue from year to year and are subject to the approval of the Program Director. The House Officer shall make every effort to schedule the taking of a Personal Day at least three (3) weeks prior to the day requested and in no case will such personal day:

- occur during the weeks June 15 – July 15,

- be requested for a day that the House Officer is on-call or listed as emergency coverage.

If an emergency situation arises, House Officers may request taking a personal day with less notice. Program leadership will have discretion to approve or deny such requests.

WORKING CONDITIONS

- a. Sleeping Areas: House Officers shall be provided with adequate 24 hour/7days a week dedicated sleeping areas located in the main hospital building, including a bed for each House Officer on-call, with no more than one person per room on any night. Each room shall have an adequate supply of sheets, pillows, pillowcases, blankets and towels provided, as well as bedside lights, desk and chair, and a working telephone. On call rooms shall be adequately ventilated, heated in the winter and air conditioned in the summer.
 - i. Medical service shall be provided with five (5) rooms.
 - ii. Psychiatry service shall be provided with one (1) such room.
 - iii. Podiatry service shall be provided with one (1) such room.
 - iv. Family Medicine shall be provided with one (1) such room at CHA Cambridge Hospital, and two (2) such rooms at CHA Everett Hospital.

All on-call suites shall have a lounge/conference room space with two computers, a printer, and clean and well-stocked shower facilities with at least one bathroom/shower for every three (3) to four (4) House Officers. One bathroom/shower must be handicap accessible. A kitchen area with refrigerator, sink and microwave shall also be provided for each on-call suite. All call suites shall be adequately insulated to prevent noise disruption from patient care areas overnight, and shall be available 24 hours a day/ 7 days a week. All facilities shall be maintained with adequate housekeeping and clean linens.

- b. Text Pagers: Text Pagers shall be provided to all House Officers participating in ongoing care of patients, subject to the recommendation and approval of the respective Chief of Service. Family Medicine House Officers shall be given smart phones instead of text pagers.
- c. Medical Textbooks: Medical Textbooks will be made available on-site for use at CHA Cambridge Hospital, CHA Somerville Campus, CHA Central Street Care Center or any other primary training site.
- d. Licensing Examination Reimbursement: The Commission shall fully reimburse the exam fee cost prospectively from the date of ratification of this contract, for the term of the contract, up to \$1,000 for House Officers taking the USMLE Step 3, NBPME Part 3, or COMLEX Level 3 exam in each contract year and

annually thereafter. The Commission will reimburse up to \$550 to all Dental residents for Federal Drug Enforcement Agency registrations.

- e. Learning Center: There shall be a medical library equipped with current texts, journals and on-line educational materials, accessible to House Officers 24 hours a day/7 days a week at CHA Cambridge Hospital, CHA Central Street Care Center, CHA Malden Care Center, CHA Everett Hospital or any other primary training site. The electronic resources shall be made accessible via remote log-in via the internet.
- f. Scavenging Systems/Operating Rooms: An adequate scavenging system shall be maintained in each operating room. The adequacy of such a system shall be determined by the annual monitoring of anesthetic gases under the direction of the Chief of the Department of Anesthesiology and Respiratory Care, and the results thereof, will be made available to the CIR.
- g. Locker Space: Locked, secure space shall be provided for House Officers at all Cambridge Health Alliance facilities where they are routinely assigned.
- h. Telephone Messages: There shall be a mechanism whereby telephone messages shall be communicated or held for all House Officers.
- i. Bike Rack: There shall be a covered, secure bike rack with sufficient space, provided at CHA Cambridge Hospital, CHA Somerville Campus, CHA Central Street Care Center or any other primary training site.
- j. Crash Carts: Cahill 3 and Cahill 4 shall each be provided with a fully equipped "crash cart" to be located on each of their respective floors. In addition, a fully equipped and functional EKG machine shall be located on Cahill 3 and Cahill 4.
- k. Telephones/Outside Lines: Telephones with outside lines shall be available in all psychiatric House Officers' OPD offices and in OPD interview rooms used by House Officers on a regular basis in all CHA facilities where House Officers routinely are assigned.
- l. Security Coverage: The Commission shall provide adequate security coverage for House Officers using the psychiatric OPD building, regular patrols of the OPD building and the installation of panic buttons in all Psychiatric Out-Patient Interview rooms.
- m. Safety and De-Escalation Training: The Commission will endeavor to provide Safety and De-Escalation training for all psychiatric House Staff prior to any shift in a locked patient area or in the ED.
- n. Work Space: All House Officers must be provided adequate space for clinical and educational responsibilities consistent with ACGME requirements, as described in the CIR Agreement.
 - i. Medicine Chief Residents. The Medicine Chief Residents shall be assigned an office in the inpatient facility. The office shall be equipped with two (2) desks and chairs, two (2) computers, and two (2) file cabinets, and shall be large enough to hold meetings of up to five (5) people.
 - ii. Podiatry. The Podiatric House Officers shall be assigned an office large enough to hold six (6) people. This space shall include desk space, at

least six (6) chairs, at least five (5) file cabinets, an X-Ray view box, a dry erase board, a TV/VCR, at least four (4) telephone lines, and at least four (4) network computers. Additionally, the Hospital shall provide space for a call room in the event that a House Officer stays overnight in the hospital.

- o. IV or Technician Coverage: The Commission will provide IV & Phlebotomy coverage for CHA Cambridge and CHA Somerville and CHA Everett Hospitals 24 hours a day/7 days a week.
- p. Scrubs and White Coats: All Medicine, Family Medicine, Dental and Podiatry House Officers while on-call shall have the right to obtain scrubs. Effective June 23, 2007, the Commission shall provide House Officers in Medicine, Dental, Family Medicine and Podiatry with two (2) white coats with their name embroidered on each coat. Details are provided in the CIR Agreement.
- q. On-Call Meals: The Commission shall order and stock on a weekly basis a refrigerator (designated for House Officer use only) with a variety of nutritious, fresh, and microwave foods to satisfy the religious and dietary needs of the House Officers on call dinner, as described in the CIR Agreement.
- r. Change of Training Sites: The Commission shall notify the Union at least sixty (60) days before any proposed change in training sites outside the geographic proximity of currently utilized venues and must demonstrate the educational benefit for the proposed change. The CHA Everett Hospital campus is an existing training site.
- s. Notice and Training for New Unit/s: The Commission shall provide at least one (1) month notice to House Officers of any new units within CHA that will be staffed by House Officers and shall provide all House Officers with sufficient training in the new system before it is implemented. This includes sufficient notification of upcoming training session, as well as the release from coverage for clinical responsibilities during those times. For the purposes of this section, a new unit is defined as one that has previously not existed.

CLINICAL AND EDUCATIONAL WORK HOURS

- a. Each ACGME-accredited program must establish formal written policies governing House Officer clinical and educational work hours that support the physical and emotional well-being of the House Officer, promote an educational environment, and promote patient safety.
- b. These formal policies must apply to all participating institutions used by the House Officers.
- c. The policies must address the following required elements:
 - Educational needs of the House Officer must not be compromised by excessive reliance on House Officers to fulfill institutional service obligations.

- Programs and CHA must monitor clinical and educational work hours and call schedules, and adjustments made as necessary to address excessive service demands and/or House Officer fatigue.
 - Clinical and educational work hours must reflect the fact that continuing patient care responsibilities are not automatically discharged at specific times; therefore, programs must provide appropriate back-up support when House Officers are engaged in especially difficult or prolonged patient care responsibilities.
 - Clinical and educational work hours and on-call time periods must be in compliance with ACGME Institutional and Program Requirements, as well as with the CIR Agreement.
- d. The GMEC shall regularly monitor House Officer clinical and educational work hours for compliance with CHA policies and the Institutional and Program Requirements, using at a minimum annual reporting from program directors, including data from surveying of House Officers.
- e. The GMEC shall ensure that faculty and House Officers are educated to recognize signs of fatigue and to adopt and apply policies to prevent and counteract the potential negative effects.
- f. Programs that wish to request an exception in the weekly limit on clinical and educational work hours up to 10 percent or up to a maximum of 88 hours must submit a request to the GMEC for review and endorsement, prior to submission to the program's Residency Review Committee. The GMEC shall review such requests based on the following criteria:
- Analysis of potential impact on patient safety
 - Soundness of educational rationale - necessity for educational reasons should be described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested
 - Specification of the assignments and level(s) of training to which the proposal applies
 - Specific information regarding the program's moonlighting policies for the periods in question
 - Specific information regarding the House Officer call schedules during the times specified for the exception
 - Plan for monitoring and reevaluation
 - Evidence of faculty development activities regarding the effects of House Officer fatigue and sleep deprivation
 - Requests may be considered only at those times when CHA has a Favorable Status from its most recent review by the ACGME Institutional Review Committee and when the program is accredited in good standing, i.e., without a warning or a proposed or confirmed adverse action.

PROFESSIONAL ACTIVITIES OUTSIDE THE EDUCATIONAL PROGRAM

Professional and patient care activities that are external to the educational program are called moonlighting. Moonlighting activities may be inconsistent with sufficient time for rest and restoration to promote the House Officers' educational experience and safe patient care. Accordingly, the CHA has established the following policy on moonlighting that applies to CHA physician training programs:

- a. House Officers must not moonlight during the R-1 year.
- b. Recognizing the financial constraints on some of our House Officers, moonlighting is permitted during the R-2 year and during subsequent years of training.
- c. Moonlighting that occurs within the residency program and/or CHA as well as moonlighting that occurs outside CHA must be counted toward the 80-hour weekly limit on clinical and educational work hours.
- d. The program director must document in writing prospectively that they have granted permission for the House Officer to moonlight, and must include this information as part of the House Officer's folder.
- e. Moonlighting must not interfere with the House Officer's ability to provide patient care and should not interfere with the House Officer's ability to participate in the educational opportunities of the training program.
- f. If a House Officer experiences educational difficulty necessitating additional support or remediation, the program director may strongly discourage the House Officer from moonlighting. The House Officer's performance will be monitored for the effect of moonlighting activities. Moonlighting may be disallowed if adverse effects are documented.
- g. House Officers must never be required to engage in moonlighting.
- h. Policies relevant to specific programs are described in the CIR Agreement.
- i. All House Officers engaged in external moonlighting (defined as moonlighting outside CHA, or within CHA but not subject to the usual supervision provided to House Officers) must comply with a-h above and in addition must comply with the following:
 - i. Only PGY3 House Officers and higher are permitted to moonlight externally.
 - ii. House Officer must be licensed for unsupervised medical practice in the state where the moonlighting occurs.
 - iii. Moonlighting must be at or below House Officer's current PGY level.
 - iv. House Officer must have the approval of their Chief of Service.
 - v. House Officer must complete an *Extended Professional Liability Insurance for Moonlighting* form and checklist. This form must be signed by their Chief of Service for each rotation during which extended coverage is requested.

- vi. The completed form and checklist should be sent to CRICO/RMF as soon as reasonably possible but in any event no later than 30 days from the “sign-off” by the Chief of Service. The relevant CHA residency program office and the House Officer should retain copies as proof of professional liability insurance.
- vii. House Officers may moonlight only during research rotations, sub-specialty rotations and other rotations with lighter clinical call.
- viii. House Officers must comply with all CRICO/RMF rules governing moonlighting in Emergency Rooms.
- ix. Extended professional liability (“moonlighting”) coverage for insured House Officers outside the Harvard medical system is generally *excluded* under the CRICO policy. Chiefs of Service, however, are authorized to issue written waivers of this exclusion.
- x. There must be an exchange of letters between the CHA Chief of Service and Chief of Service where the House Officer plans to moonlight that confirms compliance and acceptance of all above stipulations.