

**GENERAL SURGERY CALL POOL RESIDENT AGREEMENT  
TERMS OF REFERENCE  
(Prepared July 8, 2015)**

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1. General Surgery call pool residents (CPRs) are defined as:
  - a. Residents in the Surgeon Scientist Training Program (SSTP)
  - b. Residents completing elective non GS rotations where the call requirement are minimum: research electives, other clinical electives or academic (study) electives
  - c. Residents in situations other than regular clinical rotations (this group to be determined by the Program Director's Office and the Postgraduate Education Committee)
2. CPRs may take call at any of the University of Toronto teaching Hospitals to maintain their clinical skills and fill service needs.
3. The General Surgery Residency and Surgeon Scientist Training Programs must be PARO compliant. Teaching sites may have vacant call shifts due to vacation requests, illnesses or other extenuating circumstances. As such, it is sometimes not possible for Residents on that specific service to cover all the call shifts in a month and remain PARO compliant.
4. Given #2-3, the Division has developed a process whereby all CPRs are regularly informed of opportunities to cover general surgery call at the teaching sites.
5. CPRs participate in on-call activities on a voluntary basis. There is no minimum mandatory call requirement, however the General Surgery Residency Training Program at the University of Toronto, recommends 1-2 calls/month.
6. Junior CPRs (*entered from PGY1-2*) may take junior or solo call. Senior CPRs (*entered from PGY3 and above*) may take junior, senior or solo call.
7. On weekdays (Mon-Fri), call shifts start at 5:00pm and end at handover the following morning. On weekends (Sat-Sun) and holidays, call shifts start at morning rounds and end after rounds the following morning. CPRs must receive proper handover, and this is the responsibility of the senior residents at each site to ensure that handover is completed.
8. CPRs will receive a stipend of \$250 per weekday call and \$500 per weekend call. The specific sites will provide these stipends. Eligible CPRs (*i.e. first year SSTP or elective residents*) will receive their PARO stipend, and each site will cover the balance.
9. CPRs must track their on-call activities. Whether these calls may count toward the clinical time requirements of the American Board of Surgery, will be decided by the Program Director on a case-by-case basis.

10. An SSTP Chief is designated to assist the Program Director's Office in coordinating the SSTP program and the call pool. Responsibilities of the SSTP Chief include the following:
  - a. Communication with the clinical chief residents
  - b. Informing the CPRs of call requests
  - c. Addressing issues that arise
  - d. Ensuring documents are up to date
  - e. Assisting with the organization of the research night
  - f. Updating the research compendium
11. All call requests must be communicated from the clinical chiefs to the SSTP Chief. Disagreements should be brought to the Program Director.
12. Fellows will fill vacant call shifts at teaching hospitals. It is the responsibility of each site to arrange this independently of the SSTP Chief.
13. PGY5's in their last 4 months of residency will be added to the call pool and are expected to take call as per the Royal College and the Residency Program requirements. PGY5's will be reimbursed at a PARO rate through the THPPA.
14. Despite CPR support, call shift(s) in any month at any site may not be covered. It is not the responsibility of the SSTP Chief to find alternative means of filling these calls.
15. The SSTP Chief receives an administrative stipend from the Division of \$200/month, approximately equal to 2/3<sup>rd</sup>s the amount received by clinical chief residents under the PARO-CAHO agreement. The SSTP Chief will send an invoice to the Division Chair and a copy to the Program Director upon completion of their term.
16. CPRs may also voluntarily participate in elective surgeries. It is the responsibility of each CPR to ensure that their research productivity is not adversely affected. The Division Head or clinical chiefs at each site will inform the SSTP Chief of these opportunities, who will then, distribute the requests to the CPR. There is no financial reimbursement to the CPR for participating in elective surgical procedures.
17. CPR have the following obligations with respect to these elective surgical opportunities:
  - a. To review the patient(s) chart(s) prior to the surgery
  - b. To provide immediate perioperative care, including: seeing the patient in the preoperative area, reviewing the pre-operative checklist, writing post-operative orders, seeing the patient in post-operative area, and handing over the patient to the clinical team before leaving the service
  - c. Participation in in-patient rounds is not necessary.

**GENERAL SURGERY CALL POOL RESIDENT AGREEMENT**  
**OPERATIONAL ASPECTS**  
**(Prepared July 8, 2015)**

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1. The Residency Program Coordinator will provide the names of the clinical chiefs and CPR-eligible residents to the SSTP Chief on a monthly basis.
2. SSTP Chief will solicit call requests from the clinical chief residents on a monthly basis. Clinical chief residents also request call coverage spontaneously, and they should make these requests 4 weeks in advance of the start of the call block.
3. Sites cannot give preference to specific CPR.