**PGME CIP Funding Policy**

Funding Source

1. Split CIP Funding
   * CIP provides 0.5 FTE funding (salary + benefits). This is termed MOH-CIP funding.
   * Trainee’s home dept/division provides 0.5 FTE funding (salary + benefits). Funds can come from any source (eg practice plans, billings, awards, scholarships, etc) except the MOH TPA.
2. Non-CIP Funded (Canadian Trainee)
   * Residents may be admitted to the CIP without MOH-CIP funding.
   * Trainee’s home dept/division provides 100% FTE funding (salary + benefits). Funds can come from any source (eg practice plans, billings, awards, scholarships, etc) except the MOH TPA.
3. CIP Fractionated Pathway
   * For residents in the CIP fractionated training pathway, CIP will only provide 0.5 FTE MOH-CIP funding for those years where the resident spends at least 6 or more months in research.
   * For non-research months, the resident continues in clinical training and is paid through the MOH-TPA for their clinical training program.
4. Non-CIP Funded (Visa Trainee)

* Residents may be admitted to the CIP without MOH-CIP or Dept/Division funding.
* Trainee’s funding agency provides 100% FTE funding (salary + benefits).
* This policy will not apply to this group of trainees.

Flow of funds

* PGME/uOttawa paymaster pays CIP trainees directly their full salary + benefits (100%) as per the PARO-CAHO contract.
* PGME invoices the trainee’s dept/division monthly for 50% FTE salary + benefits for split funded residents and 100% FTE salary + benefits for non-CIP funded residents. (ie PGME recoups funds)
* The trainees’ sponsoring dept/division and PGME finance are responsible for setting up the transfer of funds to PGME. Dept/division heads are very strongly encouraged to meet with PGME finance to ensure appropriate payment mechanisms are in place. PGME finance will provide a plan for invoicing the partner dept/division at least 2 months before the trainee starts in the CIP. These financial arrangements are not the responsibility of the CIP Program Director.

PARO Salary caps

* Resident salaries throughout their time in the CIP are held at the PGY level of their prior clinical year. Salary promotion occurs commensurate with clinical promotion.

eg. Resident completes PGY2 year in general surgery and then enters the CIP to complete a 2-year MSc. While in the CIP, the resident is paid as a PGY2 for both years. The salary is increased to PGY3 when the resident re-enters clinical training as a PGY3 in general surgery.

eg. Resident completes subspecialty training in hematology as a PGY5 and then enters the CIP as continuation of training to complete a 2-year MSc. While in the CIP, the resident is paid as a PGY5.

* Resident salaries while in the CIP cannot surpass the maximum PGY level for their specialty clinical training program.
* The maximum PARO salary for any resident is PGY9.

Income/funding caps

* While the salary paid by PGME to CIP residents is capped as above, there are no income/funding caps for trainees in the CIP. Scholarships, awards, billings, etc received by or paid to the resident (a) may be used by their dept/division to make up the 50% dept/division salary + benefit contribution paid to PGME, or (b) may be held by the resident over and above their PGME-paid salary + benefits. How these additional funds are managed is negotiated and arranged between the resident and their dept/division. PGME simply pays the resident their full PGY salary as above without deducting any scholarships, awards, etc. Any income/funding cap over and above the PGY salary is at the discretion of the trainee’s dept/division.
* Note on clinical billings.
  + If a resident enters the CIP immediately following their clinical training, they must hold a restricted license or a license for independent practice and may bill the MOH for their clinical work (within the 20% time allowed by the CIP). Billings paid directly to the resident by the MOH are the responsibility of the resident including for CRA tax remittance purposes.
  + If the resident’s billings are intended to contribute to the dept/division’s 50% share of funds paid to PGME, those billings must be directly received by their Academic Department’s Business Group or Office and then transferred to the dept/division. If these billings are paid first to the resident, the resident may inadvertently be taxed twice for the same income.

Important Additional Information

All resident salaries and benefits, including those in the CIP, are defined by the PARO-CAHO contract which must be adhered to. Depts/divisions should be prepared to continue to provide funding for residents during approved leaves such as parental leave. In addition, because of the nature of labour contracts, trainees may receive from time to time, retroactive payments, salary increases or other bonuses.

* Though PGME and the CIP recognize that it is difficult for Academic Departments/Divisions to financially plan for these, contractually the trainee must be paid these funds.
* PGME will pay the trainee any such funds as required and then invoice the Dept/Division for its share of these additional funds for that time the CIP trainee was being supported by their Dept/Division for which the retroactive payment would apply.