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QUESTIONS AND ANSWERS

BACKGROUND

1. Q: When did Residents unionize and who is affected?
   A: In fall 2014, University of Washington medical and dental residents voted for the UWHA to represent them as a collective bargaining unit. In October of 2014, the Public Employment Relations Commission (PERC) certified the UWHA as a labor union and exclusive bargaining representative for the majority of residents and fellows in the School of Medicine (SOM) and in the School of Dentistry (SOD), henceforth referred to as Residents. This is the first time UW medical and dental trainees have bargained collectively.

2. Q: What is the value of Resident training?
   A: UW believes that the education and training Residents receive is the most valuable part of a residency. Part of the value is that the training is precisely what is required for Residents to become specialty and subspecialty physicians ready for independent practice.

   The value of residency training is difficult to articulate in a dollar figure. However, beyond the obvious opportunity to provide patient care while working with some of the best faculty in the world, in a diverse patient population, Residents are afforded the opportunity to take time away from these responsibilities to learn in didactic settings, participate in education conferences, grand rounds, and Morbidity & Mortality conferences. They are able to participate in elective rotations, participating in patient care and non-patient care experiences in their individual areas of interests, often times
regionally or nationally. They have access to nationally-recognized simulation centers, library resources, wellness services, support groups, meals and online training opportunities.

**BARGAINING BASICS**

3. **Q:** Who is included in the collective bargaining unit?  
   **A:** UW and the UWHA agreed that the collective bargaining unit includes all residents and fellows in ACGME-accredited programs, Dental Residents and Research Residents in Otolaryngology, General Surgery, Urology; Anesthesiology-Emergency Medicine Critical Care Fellows, Gynecologic Oncology Fellows, Adult Congenital Heart Disease Fellows, and Maternal Fetal Medicine Fellows. Anyone with a faculty appointment is excluded, as are all other employees.

4. **Q:** Who is on the UW GME Negotiations Team?  
   **A:**  
   **Otto Klein,** JD, Lead Negotiator  
   **Andrew Berg,** JD, Assistant Director, UW Labor Relations  
   **Virginia Broudy,** MD, Professor and Harborview Service Chief  
   **Thomas Dodson,** DDS, Associate Dean, Hospitals Affairs, Professor, Chair, Maxillofacial Surgery  
   **Cindy Hamra,** JD, MA, Assistant Dean, Operations & Administration, Graduate Medical Education  
   **A.J. Hartman,** Communications Specialist, UW Labor Relations  
   **Shelley Kostrinsky,** Assistant Vice Provost for Academic Personnel  
   **Amity Neumeister,** MBA, Assistant Dean, Accreditation, Graduate Medical Education  
   **Richard Shugerman,** MD, Professor of Pediatrics (former Program Director, Pediatrics)  
   **Thomas Staiger,** MD, Associate Professor and Medical Director, UW Medical Center  
   **Barbara Van Ess,** Director of Personnel Policy, UWSOM Dean’s Office  
   **Nicholas Vedder,** MD, Chief of Plastic Surgery; Vice Chair, Department of Surgery (former Program Director, Plastic Surgery)

5. **Q:** Who is on the UWHA Union Negotiations Team?  
   **A:**  
   **Andrew Dervan,** MD, MBA, Resident, Medical Genetics; Lead Negotiator  
   **Edo Bedzra,** MD, MBA, Resident, Cardiothoracic Surgery  
   **Vivek Datta,** MD, Resident, Psychiatry  
   **Jenny Favinger,** MD, Resident, Radiology  
   **Maggie Flanagan,** MD, Resident, Pathology  
   **Andrew Korson,** MD, Fellow, Gastroenterology  
   **Nick Mark,** MD, Fellow, Pulmonary/Critical Care  
   **Roni Prucz,** MD, Resident, Plastic Surgery, UWHA Vice President  
   **Carolina Simunovic,** MD, Resident, Dermatology  
   **Graham Strub,** MD, Resident, Otolaryngology  
   **Jacob Sunshine,** MD, Resident, Anesthesiology; UWHA President
6. Q. Has the relationship between the UW and the UWHA changed?
   A: When Residents voted to form a union, it guaranteed the UWHA the legal right to participate in the collective bargaining process. Since that time, UW has diligently met and worked with the UWHA to address its concerns. UW remains committed above all else to providing world-class training to its Residents. A top priority for the Graduate Medical Education (GME) Office is to ensure a high quality and innovative learning environment for our trainees.

   Through the bargaining process, the UW has worked hard to offer proposals that would improve many aspects of Residents' lives in the areas of moonlighting, compensation during research years, leave, professional development, and grievance procedures, among others. In addition to the progress of negotiating the collective bargaining agreement (CBA) described here, UW has also engaged the UWHA in discussions regarding a number of policies and other issues that might impact Residents.

7. Q: How long will it take to negotiate a contract?
   A: First-time contract negotiations can be a slow, difficult process, as an entirely new contract (a.k.a., the CBA) needs to be created. The UW remains engaged and committed to reaching a fair and equitable agreement. Altogether, collective bargaining is a process, and UW remains committed to fully engaging the UWHA in that process.

8. Q: What is the current state of the UW-UWHA negotiations?
   A: Negotiating a first CBA can take a substantial amount of time. The parties began mediation on January 11, 2016. Mediation is a process in which a neutral state-appointed professional helps facilitate understanding and pathways toward agreement. We remain hopeful that the first CBA will be finalized in the next several months.

9. Q: What rules and policies apply before the first CBA is negotiated?
   A: We are in a “stasis” period, which lasts from the time of the PERC certification to the time that the CBA is negotiated and ratified. During this time we must maintain the status quo, meaning the terms and conditions of the existing Residency & Fellowship Position Appointment (RFPA) agreement remain in effect and no changes can be made to housestaff wages, hours, or working conditions without bargaining with the union. Existing processes remain in place, but they cannot be changed or replaced with different processes during this period.

10. Q: What counts as a “working condition?”
    A: Examples could include education/interview days off, educational funds, travel funds, books, access to sleep rooms, meals, parking, and childcare.

11. Q: What is the process for bargaining with the union regarding changes to working conditions during this stasis period?
    A: Program Directors seeking to make a change that could impact working conditions must notify the GME Office prior to initiating the change. The GME Office will present the
proposal for a change in a working condition to the UWHA, which may accept or negotiate adjustments to the proposal. Please communicate directly with Amity Neumeister or Cindy Hamra in the GME Office. They will handle all communications with the union.

12. Q: Is Internal Moonlighting considered a “working condition?”
A: UW has allowed more Internal Moonlighting opportunities since a change in policy was approved in 2013. Because this is considered “business as usual,” individual moonlighting requests are not considered a change in working condition and thus do not require bargaining with the union. Any change in the criteria used to approve or deny a request would require bargaining. The subject of moonlighting is being discussed during bargaining, and we expect the new CBA will address it. In the meantime, and in the spirit of transparency, the GME Office will communicate these approvals to the UWHA.

13. Q: Once a CBA has been signed, can programs make changes to working conditions?
A: The final CBA will hopefully be flexible enough to allow for program-level adjustments to benefits that have historically been determined at the program level, like educational days off, travel funds and book funds. However, the outcome will depend on the results of the CBA negotiation process between UW and the UWHA.

14. Q: May Residents go on strike?
A: No. Washington State law prohibits Residents or other public employees from striking.

IMPACTS ON PROGRAMS

15. Q: As a union, what purview does the UWHA have over our GME programs?
A: The scope of union activity is limited to “wages, hours, and working conditions.” The UWHA does not have the right to bargain over curricular or pedagogical issues (e.g., assignment of duties, participation in required conferences/training, development of new required courses/curricular components). Curricular and academic issues remain under the purview of the ACGME and/or the GME Office and Programs. The creation of new rotation sites does not fall under the definition of a “working condition.”

16. Q: Can programs continue to give their trainees program-specific benefits (e.g., education/interview days off, loops, educational funds, travel funds, books)?
A: Yes. While we are in this period of stasis, programs may continue to provide existing benefits at their current level. However, again, because these are considered “working conditions,” no changes (no increases, decreases, creation, or removal) can be made to these benefits during this time without bargaining with the union.

17. Q: Can programs provide Residents with dedicated didactic or other time to discuss the UWHA’s concerns?
A: No. Work time, including didactic time, is specifically reserved for work discussion and clinical learning activities. We expect that non-work discussions, including union business and other topics outside of the academic realm, will be reserved for lunches, breaks, or off-duty hours. Didactic time is essential training time and we expect that programs will continue to use such time for educational endeavors.

18. Q: What role does the UWHA have in disciplinary actions?
A: Disciplinary actions are generally characterized as “Academic Remediation” or “Professional Conduct,” and sometimes these issues overlap. In general, the impacts of unionization on academic issues, curriculum, and the clinical learning environment are relatively minimal; these things largely remain the prerogative of the GME Office and Programs. An example could include remediation for a resident performing below the expected level of performance for a trainee in his/her training level.

Conversely, disciplinary actions over professional conduct matters could involve the UWHA to some degree. Examples of this could include disciplinary actions for instances of unprofessional communications or unapproved absences from assigned duties. The UWHA’s role in these proceedings will be defined by the CBA, with the understanding that interpersonal communication skills and professionalism may also be treated as training competencies.

19. Q: What role does the UWHA union have with Resident grievances?
A: The new CBA likely will establish a new grievance procedure available to Residents, which will be used for disagreements arising under the terms of the agreement. During this stasis period, the GME Grievance Policy remains in effect. A UWHA representative would likely be involved in any grievance proceedings should they arise.

20. Q: How do ACGME requirements impact “wages, hours, and working conditions”?
A: The ACGME mandates many minimum requirements regarding wages, hours, and working conditions. The institution and our programs must, and will continue to, maintain compliance with ACGME requirements. That said, the GME Office takes its collective bargaining obligations very seriously and will engage the UWHA as necessary.

IMPACTS ON GME

21. Q: What will happen to the Residency/Fellowship Position Appointment (RFPA) agreement?
A: The current RFPA will remain in effect until the CBA is finalized. For Residents who are UWHA bargaining unit members, the RFPA will likely then be modified to exclude any provisions that overlap with articles in the CBA. The RFPA will remain the appointment agreement between the institution and the individual Resident, while the CBA will be an agreement between UW and the UWHA. The National Resident Matching Program (NRMP) requires that all Resident applicants receive details of the terms of their appointment. At this time, we recommend as a best practice that programs obtain signed...
acknowledgement from each applicant interviewed that they have been provided with a copy of the current RFPA and stipend schedule.

22. Q: **What is the role of the Institutional Resident/Fellow Advisory Committee (IRFAC) moving forward with regard to the RFPA?**
   A: IRFAC remains advisory to the Graduate Medical Education Committee, and therefore will continue to make recommendations on changes to institutional policy that impact residents and fellows. However, the UWHA may accept or negotiate adjustments to proposed changes that impact wages, hours, or working conditions.

23. Q: **What appointment agreement will Family Medicine, Internal Medicine and Pediatric Chief Residents, and Maternal Fetal Medicine fellows who hold concurrent faculty appointments sign now?**
   A: For these trainees, UW GME will craft a new appointment agreement that is based on the current RFPA, since they are not part of the collective bargaining unit.

24. Q: **How will this new CBA impact residents and fellows stationed in other states for their entire training program and/or single rotations?**
   A: Trainees located at other sites are subject to the terms of the current RFPA, and will continue to be subject to these terms until a new CBA is negotiated. The new CBA may or may not spell out unique provisions for trainees located at locations outside of Washington State.

**IMPACTS ON RESIDENTS**

25. Q: **Will membership and payment of union dues to the UWHA be mandatory for Residents?**
   A: The question of dues and union membership is currently being discussed in contract negotiations. On January 21, the UWHA delivered a proposal to make payment of union dues or a representation fee a mandatory condition of employment for Residents. We have asked the union for further clarification on the consequences of noncompliance.

26. Q: **What will be the cost of the UWHA’s union dues?**
   A: The UWHA determines the cost of their dues. Regarding dues, the UWHA Constitution states, “Membership dues will be maintained at the voluntary $10/year for the first two years. In the academic year 2016-2017, the total amount withdrawn in dues will not exceed 0.3% of the intern’s (PGY-1) salary per year.”

27. Q: **As UWHA union members, are Residents still eligible to apply for forgiveness of the remaining balance of their Direct Loans through the Public Service Loan Forgiveness (PSLF) Program?**
   A: While individuals employed by labor unions do not qualify for the PSLF Program, UW Residents remain employees of the University of Washington, regardless of their union status. They are therefore still eligible for the PSLF Program as employees of a
government organization, and may apply to this program if they qualify under the program's loan forgiveness requirements.

CURRENT STATUS

28. Q. Where are we in negotiations with the UWHA?
   A: Since negotiations between the UWHA and UW started in January 2015, we have held 20 bargaining sessions. In those sessions, we worked on a wide range of issues. While we have reached common ground with the UWHA on several issues, many issues remain open, including compensation.

29. Q. What has been accomplished in bargaining?
   A: UW and the UWHA have made substantial progress on a number of important issues. One of those issues is a proposal to expand opportunities for Residents in all programs to moonlight, either internally or externally. UW has also proposed a professional leave benefit that would allow all Residents up to 5 days of leave per year to participate in professional development opportunities such as conferences and interviews, and the parties have bargained over a new grievance procedure that gives Residents enhanced appeal rights and introduces a neutral third party as a final decision-maker on grievances arising under the bargaining agreement. We have reached agreement with the UWHA on sick, vacation, and bereavement leave, and a new paid extended leave benefit for trainees with serious health conditions.

30. Q. Where are the parties on compensation?
   A: UW pays its Residents competitively compared to the top-tier institutions in the country, adjusted for cost of living, and has proposed to improve that even further.

   On February 1, UW delivered a robust response to address the union's priorities, including a 2.5% increase to Resident stipends for each year of the contract through June 30, 2018. It also recognizes the contributions of Residents in their later R-years by adjusting the differential between years in those later R-years. These raises would take Resident pay to a range of $54,600-$74,793 per year in the first year of the contract. With these proposed raises, the UW's median compensation would be ahead of the median compensation at most comparable institutions.

   UW and the UWHA have a significant philosophical difference on how Residents should be paid, and the parties have not yet bridged that divide. The UWHA believes that institutions nationwide underpay residents. The UWHA used this argument to propose that UW entirely break from the national paradigm, and has put forth numerous proposals that are very costly. On stipends alone, the UWHA has proposed a 10% raise upon ratification (followed by 6% raises each subsequent year of the contract), in addition to a $9,000 housing supplement per Resident each year.
The UW deeply appreciates the quality, competency, and contributions of its Residents, and is committed to compensating them fairly and appropriately. At the same time, the UW believes that the UWHA proposal ignores the significant value and cost attached to the education and training that Residents receive during their appointment at UW. The opportunity to receive training in a given specialty is the fundamental purpose of a residency. UW has an established reputation as a leader in providing outstanding residency training, which benefits Residents during their training years as they prepare to become independent clinicians, and also in the long term as they draw on the skills and experience gained through the quality training at UW.

31. Q: Is it reasonable for a Resident to live in Seattle on their stipend?  
A: While Seattle is an expensive city and every Resident’s personal situation differs, Resident stipends currently range from roughly $53,000-$70,000, which is well above a living wage in the city as defined by the living wage calculator developed by MIT Faculty. In fact, when adjusted for inflation, UW Residents make about $20,000 more today than they did 30 years ago. UW’s proposal would boost stipends, keep UW competitive with the top residency programs in the country (including when adjusted for cost of living differences), and maintain the outstanding training that UW provides to its Residents.

32. Q: How is the “market” for Residents set?  
A: The “market” is set by each of the various institutions that trains residents and fellows. At some of these institutions, stipend rates are set through the collective bargaining process. UW monitors national trends annually and has benchmarked itself against other teaching hospitals in order to ensure that stipend rates remain competitive. UW has also been a leader in offering its Residents unique benefits like a fully-matched retirement plan benefit and an emergency/safe ride home program. UW is highly competitive within the market, and does not share the UWHA’s belief that Residents are underpaid.

33. Q: What has UW done about Moonlighting?  
A: As noted above, UW supports the development of more opportunities for Residents to moonlight at University of Washington Medical Center, Harborview Medical Center, the VA Puget Sound Health Care System, and Seattle Children’s Hospital. UW has also proposed an external moonlighting article that would provide Residents in all programs the opportunity to moonlight.

34. Q: Has UW done anything else to ease the financial burden on Residents?  
A: Yes. UW has proposed a new Professional Development fund for each Resident. This fund could be used to reimburse professional fees or other developmental opportunities. Furthermore, UW proposal would remove the requirement that Residents must take the USMLE by certain milestones in training.

35. Q: How has UW responded to the UWHA’s concerns about parking?  
A: UW has proposed allocating $50,000 per year toward an alternative transportation fund to develop a bike program (an idea initiated by the UWHA), to be administered primarily
by the UWHA. The UWHA has proposed that UW pay for all Resident parking at all UW training sites. Aside from the cost, UW believes that this proposal is inequitable to the thousands of other UW employees who deal with transportation difficulties every day.

UW recognizes that Residents face some unique transportation challenges as a result of their schedules but policies are in place to assist with many of these challenges, including pay for second-site parking and the Emergency/Safe Ride Home Program. UW has proposed to work with the UWHA to identify the parking challenges that remain and to partner in advocating for better parking options for all UW employees, students, and visitors.

36. Q. How has the UW responded to concerns about childcare?
   A: UW has proposed allocating $50,000 per year toward a childcare assistance fund, which would be administered and distributed by the UWHA. The UWHA proposed that UW contribute $900,000 per year to a Resident childcare fund. Much like with parking, UW believes that this is a common issue and it would not be fair to treat the members of the UWHA substantially differently than it treats all other employees.

   In addition to a childcare assistance fund, UW has proposed to give the Residents access to any new services or sites that may become available including Nanny Sharing services, emergency sick childcare services, and new on-site, UW-operated childcare centers. UW has also proposed a contribution to waitlist fees to ease the burden they create. Finally, UW has proposed to include UWHA representatives to advise a childcare work group led by the Director of WorkLife and Childcare Development, on campus-wide solutions to childcare.

COMING UP

37. Q: What should programs tell applicants?
   A: Dr. Joyner has sent correspondence to program directors and program administrators, which may be sent directly to recruits who are applying to the UW residency and fellowship programs. Please contact the GME Office for a copy.

38. Q. What will happen next?
   A: The parties have made progress with the help of a PERC-appointed mediator. The UW GME Negotiation Team is committed to ensuring that the ultimate outcome is fair to the Residents and the University.

39. Q: Where can I learn more about the UW-UWHA Contract Negotiations?
   A: UW Labor Relations provides regular updates via the UW Labor Relations website regarding the ongoing negotiation of the new UWHA union contract (see: http://www.washington.edu/admin/hr/laborrel/negotiation-updates/uwha/index.html). Check back often for more information and other items of interest to trainees and programs.