Annual Performance Results
2012-2013

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CAIR’s Mission

CAIR is the national representative body of over 8,000 resident physicians in Canada. CAIR works collaboratively with other national health organizations to continuously improve patient care and explore new approaches in the delivery of health care. CAIR facilitates discussions amongst Provincial Housestaff Organizations, achieving consensus on policy and advocacy issues of a national interest. CAIR delivers improvements to the lives of residents in such areas as personal wellbeing, quality of medical education, and professionalism.
From the President

What are the issues affecting Canadian resident physicians? Last year we conducted a national survey to learn how CAIR, as your national organization, can best serve you. Here’s what you told us, and I’m thrilled to report how CAIR has delivered!

Residents without jobs: Over 30% of residents (and 86% of surgical residents) lack confidence in finding a job. Many organizations are talking about health human resources (HHR) planning but there is no national solution. CAIR launched Transition Into Practice Service (TIPS), a free program that provides a physician recruiter working for you. CAIR has also created a HHR working group whose “Principles on Physician HHR to Better Serve Canadians” will position CAIR to be at the forefront to help our healthcare system to better target its resources.

Resident fatigue: Over 76% of residents said they had made errors at work due to the consecutive number of hours worked. CAIR successfully advocated with the CMA General Council for their support of CAIR’s recommendations regarding duty hours reform. CAIR is continuing to work on fatigue management and researching effective handover.

CAIR is addressing mentorship, transfers, global health, and outreach to our members. CAIR volunteers have worked diligently over the past year in many areas affecting resident education and wellbeing. Details about CAIR’s policy papers, position statements, and conference presentations can all be found in the body of this Annual Report.

CAIR Voting Rights at the Royal College: Many residents will soon be members of the Royal College of Physicians and Surgeons (Royal College). The Royal College has an effect on the daily lives of many residents, and there was much concern raised when, CAIR’s representative voting positions on three key Royal College committees were withdrawn. CAIR volunteers quickly coordinated a response, resulting in over 800 letters being sent directly to the Royal College leadership, with the message: “CAIR speaks for me.” Members from CAIR’s Royal College Working Group collaborated with senior members of the Royal College on reversing the decision and restored CAIR’s vote for residents on these committees.

CAIR’s Executive Director, Cheryl Pellerin, will retire shortly, after providing exceptional leadership at CAIR for over 17 years. Cheryl’s dedicated efforts on behalf of Canadian residents are appreciated and she will be greatly missed. CAIR’s Executive Director Search Committee has been working diligently to find the next ED for CAIR.

Finally, I am deeply grateful to the residents of Canada for providing me with the incredible responsibility of serving you this year. It has been a huge privilege to speak to resident physicians, students, the media, and medical organizations from coast to coast, and to share the exciting accomplishments that CAIR has made on all these issues that affect Canadian resident physicians. This work has all been done by CAIR’s board members, staff and volunteers, and they deserve all the credit for an outstanding job this year.

Best regards,
Dr. Simon Moore MD CCFP
2012-2013 CAIR President

From the Executive Director

“On the Wings of History go the Leaders of Tomorrow”

Dear Members,

2012-2013 was another banner year for CAIR. Our Annual Report and the President’s Message highlight just some of the important work that CAIR’s volunteers have undertaken to build on past successes and current strengths to improve the lives of Canadian residents for today and tomorrow. Read on.

Such growth does not happen by accident or overnight. The culture of collaboration at CAIR unites us in becoming a vibrant progressive organization with the ability to adapt, grow and move with the times.

From CAIR’s beginnings in the early seventies, CAIR volunteers have accomplished much for residents. Some of these successes include:

- The right to practice (billing restrictions);
- CAIR’s successful amendment to the Canada Health Act;
- Tuition fees support to Saskatchewan; change from the rotating internships;
- 2004 First Ministers’ Conference on Health;
- Happy Docs paper on Resident Wellbeing;
- Resident Debt Survey;
- Task Force I and II on Health Human Resources;
- National Physicians Survey;
- IMG National Symposium Steering Committee;
- 2008 CAIR Resident Conference & competition;
- Strengthening from Within – CAIR Governance Review 2006-7

CAIR has been very fortunate both today and in the past to have a group of talented volunteer leaders supported by a dedicated, mature, and loyal staff, that work on behalf of all residents.

As we look to the future, resident engagement and energy will be required to address the many areas which continue to affect resident training and wellbeing, including the areas of resident fatigue, health human resources, the future of the medical profession and the role of the physician in the milieu of multiple health providers.

This is my last report to CAIR’s members. I want to thank the many resident volunteers for their dedication and support and to express my appreciation for having had the privilege to work with you all.

It is with fondness and pride that I look over the past years I have worked at CAIR. It has truly been an honour to support CAIR’s now over 8,000 members across our great country.

Au revoir and best wishes,
Cheryl Pellerin

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Strengthening from Within – CAIR Governance Review 2006-7

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Au revoir and best wishes,
Cheryl Pellerin
The 2012-2013 CAIR Board of Directors & Staff

EXECUTIVE
President: Dr. Simon Moore
Vice-President: Dr. Mathieu Dufour
Treasurer: Dr. Ruban Gnanakumar
Secretary: Dr. Matthew Frey
Past President: Dr. Adam Kaufman

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Dr. Angela Bussey
Dr. Jonathan DellaVedova
Dr. Paul Dhillon
Dr. Maryana Duchcherer
Dr. Safiya Karim
Dr. Chris Little
Dr. Jennifer Meloche
Dr. James Michael
Dr. Jesse Pasternak
Dr. Gillian Shiau
Dr. Kristjan Thompson
Dr. Jason Wong
Dr. Alec Yarascavitch

CAIR STAFF
Cheryl Pellerin, Executive Director
Maryan McCarrey, Manager, Policy and Research
Rani Mungroo, Manager, Education
Beth Sneyd, Manager, Member Services
Shirley Blakley, Administration

BOARD MEETINGS
CAIR held its Spring Board Meeting and Annual General Meeting on June 16-17 in Saskatoon. CAIR invited all Saskatchewan residents out to the Friday night hospitality suite to learn more about CAIR, and there was a great turnout. Items on the agenda included transition reports from all Board Committees, appointment of the 2012-2013 Board of Directors, election of the 2012-2013 Executive and Committee chairs and an orientation session for all Board members.

During the AGM, the membership approved a change in CAIR’s end of fiscal year so that it will now end March 31 instead of June 30. The change was implemented to bring CAIR into compliance with the Canada Not-for-Profit Corporations Act.

Dr. Sasha Ho Farris Nyirabu, CAIR’s outgoing Past President, was bestowed with honorary life membership in CAIR in thanks for her leadership.

The CAIR Board next met in Ottawa August 25-26, 2012. This meeting provided an opportunity for the Board and members of CAIR’s Committees to meet and develop workplans for the year. Additionally, Jacques Lefebvre and Steve Wharry of the CMA made a presentation about the CMA’s ongoing Physician Reputation Campaign.

The emphasis for the November 3-4, 2012 Board meeting, also held in Ottawa, was strategic planning. Former CAIR Board Members Dr. Jason Kur and Dr. Joe Mikhail and former CAIR President Dr. Jerry Maniate each gave presentations on trends and issues facing health care and residents. The Board then discussed potential priorities for CAIR for the next 5 years followed by a review of CAIR’s Critical Success Factors. A Special General Meeting was also held to approve the 2011-2012 Financial Statements and confirm the addition of four new Board members since the AGM.

The CAIR Board met again in Ottawa February 9-10, 2013. In addition to the regular Committee reports, there were discussions regarding required changes to CAIR’s bylaws to ensure full compliance with the Canada Not-for-Profit Corporations Act. There were also presentations by Dr. Ian Bowmer and Pierre Lemay from the Medical Council of Canada and Dr. Fleur-Ange Lefebvre of the Federation of Medical Regulatory Authorities of Canada on their organizations’ latest initiatives.

Policy & Advocacy Projects
One of the most significant direct benefits CAIR delivers for its members is the work it does in concert with the national medical organizations on national issues that impact residents. CAIR sends representatives to these organizations’ Boards and committees to ensure the advancement of quality health care in Canada and that the national consensus of residents’ views on these issues is heard. These elements are driven forward by CAIR’s Advocacy & Policy Committee (APC), and handled on a day-to-day basis by staff.

ADVOCACY AND POLICY COMMITTEE
Dr. Jennifer Meloche, Chair
Dr. Sarah Fung
Dr. John-Paul Harmon
Dr. Chris Little
Dr. Meera Rayar
Dr. Grace Yeung

CAIR’S NATIONAL RESIDENT SURVEY
To better represent residents’ concerns about their medical education, training environment and employment prospects, CAIR collaborated with Nanos Research to conduct a national survey of residents in Spring 2012 and again in Spring 2013. The Summary of Key Findings from the 2012 CAIR Survey (response rate 29.1%) was released in November and highlighted several important issues impacting residents across Canada, including:
Policy & Advocacy Projects (continued)

Work hours and safety risks: An important number of residents feel that work-related fatigue is contributing to errors on the job and is a factor behind involvement in dangerous incidents in motor vehicles. When long work hours are combined with minimal sleep, the likelihood of safety risks for patients and residents is increased.

Job prospects: Overall, residents are more likely to be confident than not about finding work in Canada after their residency. Despite this, residents in some specialties are noticeably less confident about their job prospects than others, and a significant number of residents nearing the end of their training and still looking for employment for after graduation were in a specialty training program.

Need for more mentorship: A third of residents say they do not have a formal or an informal mentor to provide support during their residency. With more than half saying they intend to take further training beyond their primary specialty, demand for mentorship on careers and specializations is likely to increase.

Dedicated resources for advising on inappropriate behaviour: Beyond their program director, many residents remain unsure as to who or what they can turn to as a resource for dealing with inappropriate workplace behaviour. There may be a need for more visible, confidential and dedicated resources to help residents in this area.

Results from the survey have been used throughout the past year in CAIR communications and press releases, presented by CAIR representatives at various stakeholder meetings such as the Royal College Human Resources for Health Dialogue (Dec 2012) and the CCME/AFMC Learner Forum (April 2013), and incorporated into CAIR policy and publications, including the 2012 literature review on Intimidation and Harassment in Residency, the 2013 Position Paper on Mentorship, and the 2013 Principles on Transfers in Residency. To view the full Summary of Key Findings from CAIR’s 2012 survey please click here.

The 2013 iteration of the CAIR National Resident Survey was fielded March 19th – May 1st (response rate 22.8%), and a preliminary report will be presented at the CAIR AGM in June in Halifax. Topics for 2013 include: work hours and fatigue, residency experience and mentorship, employment opportunities and career planning. Results from the 2013 survey will continue to guide and shape CAIR’s work in these important areas.

RESIDENT DUTY HOURS

The hours that trainees work is an ongoing issue of critical importance both within the medical profession and with the public. Last April, CAIR released its position paper Canadian Patient and Physician Safety and Wellbeing: Resident Duty Hours to help guide discussion on regulation of duty hours for residents. In August 2012, CAIR’s representatives lobbied delegates at the Canadian Medical Association annual General Council meeting to successfully pass a motion of support for the six recommendations pertaining to in-house duty calls put forward in the CAIR paper.

Building on that momentum and support, a CAIR Board Working Group on Duty Hours was created to explore strategies to further promote CAIR’s position with relevant stakeholders so that changes to resident duty hours are managed in a manner that ensures patient safety, protects the safety and wellbeing of all physicians, and provides an optimal education for Canada’s residents. Highlights of the CAIR Board Working Group’s activities over the past year include: developing questions on duty hours and work-related fatigue for the CAIR 2013 survey and communicating the results of the 2012 survey, liaising with PHOs on regional developments and initiatives (including commenting on the March 2013 PARI-MP Arbitration Award), and serving as resident representatives or observers on national stakeholder initiatives such as the CMA Working Group on Physician Work Hours and the Royal College’s national collaborative project Towards a Pan-Canadian Consensus on Resident Duty Hours.

CAIR resident contributions to the latter project also involved providing blog posts, membership on six expert working groups, sending a delegation of 11 residents to represent CAIR and PHOs at the March 2013 Canadian Consensus Conference on Resident Duty Hours, and providing feedback on the final project report to be released late June 2013.

Over the past year, CAIR representatives also have made a number of presentations on duty hours including the recent debate on “Duty Hours and the Implications for Rural Training” hosted by the CAIR President at the April 2013 Rural and Remote Conference in Victoria.

HANOVERS

In Fall 2012 members from the APC formed a joint working group to further examine the issue of patient handovers in light of proposed changes to resident work hours and expected increase in handovers. Resident physicians can help enhance handover practices by examining, evaluating and developing best practices in this area. To advance this agenda, the joint working group completed a comprehensive literature review of handover training in PGME as the basis for developing a policy paper and toolkit on handover basics and best practices, as well as preparing a workshop on handovers that will be presented at the September 2013 International Conference on Residency Education (ICRE). Moving forward on these initiatives will help to support future changes and enhance both patient and resident safety.
Policy & Advocacy Projects (continued)

GLOBAL HEALTH
As a founding member, CAIR continues to be heavily involved in the ongoing work of the Junior Doctors Network (JDN). Established in 2011 under the auspices of the World Medical Association (WMA), the JDN is a forum that enables us to work with our overseas counterparts to advocate for safe working conditions, ethical migration of health professionals, duty hours and quality medical education.

CAIR representatives Dr. Jennifer Meloche (Advocacy and Policy Committee Chair) and Dr. Jean-Marc Bourque attended the October 2012 JDN/WMA meetings in Bangkok, Thailand – where Dr. Bourque was elected Deputy Chair of the JDN (taking over from former CAIR representative Dr. Laurence Loh) – as well as the April 2013 JDN/WMA meetings in Bali, Indonesia.

Over the past year, the JDN has expanded its structure and launched the JDN website to assist with member recruitment and communication. CAIR representatives have continued to lead and co-lead several JDN projects, including the October 2012 White Paper on Social Media and Medicine, as well as draft policy papers on Physician Wellbeing and Global Health and its Ethical Implications (anticipated completion October 2013), and a soon-to-be-launched Global Survey of Postgraduate Medical Education.

2012 CAIR Awards
The CAIR Awards, given out annually, honour those who have contributed to improving resident wellbeing, medical education, and resident life in Canada. CAIR presented the 2012 CAIR Awards on November 3, 2012 at the Side Door restaurant in Ottawa.

AWARDS COMMITTEE
Dr. Adam Kaufman, Chair
Dr. Ruban Gnanakumar, Vice Chair
Dr. Paul Dhillon
Dr. Arun Jagdeo
Cheryl Pellerin
Dr. Ian Pereira

THE DR. JOSEPH MIKAEL CAIR MEDICAL EDUCATION AWARD
The Medical Education Award is named after Dr. Joseph Mikhail, a former member of the CAIR Board of Directors, who worked tirelessly to represent the interest of all residents in Canada. His efforts re-focused CAIR’s role in medical education. For the first time, CAIR has established separate categories for staff and resident winners.

Dr. Keith Goulden, Neurodevelopment Pediatrician and outgoing Program Director for the Development Pediatrics Subspecialty Residency Training Program at the University of Alberta, is the Staff recipient of the 2012 Medical Education Award. Dr. Goulden has been a leader in the establishment of Developmental Pediatrics as a subspecialty. It was his work with the Royal College that led to the accreditation of the University of Alberta program, the first in Canada. He has encouraged the creation of this program across the country. In addition, Dr. Goulden has been heavily involved in mentoring, particularly in trainee research, mentoring fellows to help them get their work published.

Dr. Charles Kassardjian, a PGY5 Neurology resident at the University of Toronto, is the 2012 Resident recipient of the Medical Education Award. Currently serving as Chief Resident for Adult Neurology, Dr. Kassardjian took the lead on the implementation of an informal hand-over session between the outgoing senior and incoming junior Neurology Residents. This new-annual session encourages the exchange of critical experiential knowledge in a relaxing and social environment, and has been highly rated by Resident participants. As the Education Committee’s resident representative, Dr. Kassardjian worked hard to improve Resident

THE DR. DEREK PUDDESTER CAIR RESIDENT WELL-BEING AWARD
The Resident Well-being Award is named after Dr. Derek Puddester, a former CAIR Board Member and past CAIR President, who helped re-focus CAIR’s role in resident wellbeing. For the first time, CAIR has established separate categories for staff and resident winners.

Dr. Kathryn Dong and Dr. Erica Dance of the Emergency Medicine Department of the University of Alberta are the Staff recipients of the 2012 Well-being Award. Drs. Dong and Dance have spent countless hours working toward the goal of providing resident physicians with tools and information to help them balance the stresses of postgraduate medical training with the multitude of other facets of life. Together, they developed and currently maintain a resident physician wellness program for the Emergency Medicine program at the University of Alberta. This in turn led to the development of the University of Alberta Resident Well-being Committee, followed by the creation of the Learner Advocacy and Wellness Office, part of the Deanery of the University of Alberta Faculty of Medicine and Dentistry.

Dr. Amy Robinson is the 2012 Resident recipient of the Resident Well-Being Award. Dr. Robinson is presently pursuing an Adolescent Medicine Fellowship at Montreal Children’s Hospital after completing three years of Pediatrics Training at the Children’s Hospital of Eastern Ontario (CHEO). While at CHEO, Dr. Robinson initiated a project entitled “Help us help you”: A Needs-Based Assessment of Pediatric Residents Knowledge of Physician Health Resources and Barriers to Access to address a general lack of awareness of the specific resources available. This project included the establishment of a Wellness Board for the residents’ lounge and the creation of the position of Resident Wellness Officer.
identified the following types of mentorship as important: career mentorship. According to the 2012 CAIR National Survey, residents happening in Canadian residency programs with regard to 2013 CAIR national surveys to find out from residents what is how to maintain a healthy work physicians. Residents often regard mentors as essential resources as a priority area for CAIR this year. Mentorship is a key component The CAIR Board of Directors identified mentorship during residency MENTORSHIP

Education Projects
CAIR’s Education and Professionalism committee (EPC) works on national issues that impact a resident’s educational experience. One of the most significant benefits CAIR delivers for its members is the work it accomplishes in concert with stakeholders and key partners in medical education. A large part of the EPC’s mandate is to develop consistent messaging in education. This may involve developing position statements and ensuring that liaison representatives who sit on committees at these stakeholder organizations are well-briefed on the issues and relay CAIR’s views in all settings.

EDUCATION & PROFESSIONALISM COMMITTEE
Dr. Alec Yarascavitch, Chair
Dr. Tarek Ezzat
Dr. Eric Hui
Dr. Jasbir Jaswal
Dr. Shawna Noy
Dr. Aleksandra Paliga
Dr. Jesse Pasternak

MENTORSHIP
The CAIR Board of Directors identified mentorship during residency as a priority area for CAIR this year. Mentorship is a key component of the educational, training and professional development of resident physicians. Residents often regard mentors as essential resources for advice and guidance pertaining to topics outside of the regular academic curriculum, such as research, career planning, networking, how to maintain a healthy work-life balance and transition into practice. Questions on mentorship were developed in the 2012 and 2013 CAIR national surveys to find out from residents what is happening in Canadian residency programs with regard to mentorship. According to the 2012 CAIR National Survey, residents identified the following types of mentorship as important: career planning and professional development (40%), educational and research (32%), and work-life balance (16%). However, 33% of respondents stated they did not have a mentor, 13% had both a formal and informal mentor and 23% had a mentor provided by their program.

Residents in Canadian training programs place great value on mentorship, which signifies this as a vital component of a successful residency experience and satisfaction in their future careers. Yet a significant number of residents do not have an identified mentor. CAIR’s Education and Professionalism Committee therefore worked on the development of a position paper on mentoring that highlights the importance of having a mentorship structure in residency programs and the need for faculty advisors who are mentors. CAIR highlighted this topic in our presentation to the council of deans and postgraduate deans at the 2013 Canadian Conference on Medical Education and in an oral presentation to conference attendees. The Committee is also evaluating the feasibility of developing a mentor-mentee database for residents and this work will be carried over to the newly installed 2013-14 Education and Professionalism Committee. By increasing the awareness on the importance of mentorship in residency we hope to improve the quality of the residency experience and the satisfaction of residents in their future careers. We advocate that program directors consider establishing formal or informal mentorship programs as part of their residency curricula.

TRANSFERS
Medical education as well as the job situation in Canada has changed significantly over the past few years. At the undergraduate level, medical students are required to make decisions about which career path they will take very early in their medical education experience. Consequently, it is difficult for medical students to predict the long-term viability and employment prospects of specialties at the time of their decision, or to understand the breadth of opportunities that are present in a multitude of specialties.

The impact of this requires flexibility in residency for those who end up having to go through the transfer process. The intention behind CAIR having a position on this issue is to advocate for and support an element of consistency and uniformity in the transfer process across Canadian residency programs. CAIR’s Education and Professionalism Committee evaluated the official resident transfer policies of postgraduate medical education at Canadian faculties of medicine. Some areas the committee considered is the standardization of the procedure itself, encouraging appropriate and timely forms of communication, timelines that are acceptable as well as alternative options and opportunity for appeals.

The research revealed that resident transfer policies differ significantly between faculties of medicine offering postgraduate medical education and that the total number of transfer requests (including successful and unsuccessful formal transfer requests and informal enquiries) has not been consistently documented. To promote flexibility, consistency and efficiency in the transfer process across Canadian residency programs, CAIR developed national principles on transfers. This is intended to increase resident awareness of the inter- and intra-provincial transfer process and promote transparency amongst educators, residents and programs. The principles were presented to the postgraduate deans at the 2013 Canadian Conference on Medical Education and an oral presentation was also given on this topic to all Conference attendees.
Education Projects (continued)

ACCREDITATION WORKSHOPS AND SURVEYS

In 2012, CAIR, in collaboration with the Royal College, continued to host Accreditation workshops across the country to train residents in the accreditation standards, process and the residents’ role on the survey team. The most recent workshop was held in Saskatoon on October 10, 2012. CAIR is thankful for the support of the postgraduate medical education institution and all residency programs in providing residents with the opportunity and time to attend the workshop and participate on accreditation surveys and internal and external reviews. It is important for residents to recognize the opportunity they have to strengthen and ensure quality postgraduate medical education in Canada through their active participation in the accreditation process. Over this past year, CAIR has also provided a full complement of resident surveyors for the University of Toronto full survey as well as and external reviews at the University of Calgary, Memorial University, Western University, the University of Manitoba, the University of Alberta and McMaster University. Additional accreditation workshops will be scheduled in 2013-2014.

UPDATE ON PROPOSED CHANGES TO EXAMINATIONS TIMING

The Royal College is continuing to work towards the decentralization of all written components of the certification examinations to the regional centres. In addition, discussions are ongoing on pilot changes to move the written component of the Pediatric, Internal Medicine and Diagnostic Radiology exams to earlier in training. The Royal College had identified a need to consider changing its certification examinations model back to separate written and oral components, with a requirement to pass the written before being eligible to challenge the oral exams.

CAIR surveyed residents in these three specialties in January of 2013 to gather their views on their exam timing. General themes of focus included: satisfaction with the current timing of the certification exams, the gap of time between the written and oral/OSCE exams and the preferred timing of examinations for each specialty. After evaluating the survey results, the CAIR Board of Directors continues to advocate and recommend the following principles, with respect to certification exams:

- There should continue to be a short time interval (of no more than 4 months) between examination components.
- The examination components should be scored separately. This will avoid residents having to retake the successfully completed component of the exam.

- The written component should be electronic and offered more than once per year.
- Specialist certification should be granted only a) after all rotations have been completed and b) the Royal College final certification exam has been passed.

The survey results were shared with the Royal College Assessment Committee and Office of Education in the Spring and CAIR also brought this issue forward in our presentation to the council of deans and the postgraduate deans at the 2013 Canadian Conference on Medical Education.

CAIR LIAISON WORK

In 2012-2013, residents were represented at nearly 100 stakeholder meetings, teleconferences or conferences by over 40 CAIR liaison representatives. CAIR liaison representatives take great honour in representing the unique voice of their fellow residents on the committees of national stakeholder organizations, playing an important role in postgraduate medical education innovations, advocacy and policy. CAIR works with many organizations including the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada, the Canadian Medical Association, the Canadian Resident Matching Service, the Association of Faculties of Medicine of Canada, the Canadian Federation of Medical Students and the Fédération des médecins résidents du Québec, amongst others. Other recent collaborations include the National Steering Committee on Resident Duty Hours and the Royal College Task Force examining the overall timing and philosophy of exams for all specialties.

Many thanks to CAIR liaison representatives for dedicating their time to ensure the voice of all residents are heard. Thanks in particular to those volunteers who have worked with CAIR for several years and are now moving on.

Health Human Resources Project

Given the large impact that physician health human resources (HHR) continues to have on the training, retention and employability of Canada’s future physicians to ultimately provide efficient and accessible care to patients, it was identified by the CAIR Board of Directors as a priority area of focus for CAIR; and in August 2012, the CAIR Board moved to create a Standing Committee on Health Human Resources. The committee’s key deliverables this year have been the development of resident physician principles on physician health human resources, a Resident Dialogue on physician HHR, strategic assessment, expert consultations with the top 15 experts worldwide and a national membership survey on HHR.

These activities are essential components of developing and articulating the resident perspective on physician health human resources to our stakeholders, governments and the public and to identify innovative solutions based on best practices. Over the coming months, the resident physician principles on HHR, a summary of the international expert consultations and a focused summary of the HHR results from our national membership survey, will be released. The CAIR HHR Standing Committee will review and leverage each of these deliverables, including the strategic assessment, to chart a path forward on HHR this coming year. This path will include considering a variety of options for communicating the resident perspective on HHR and advancing on areas of collaboration with our stakeholders on this important topic.
In January 2013, the MOC held a Key attends ICRE and it was also posted on Facebook and Twitter. A formal invite was circulated to all PHOs to distribute to their residents International Conference on Residency Education in October 2012. A CAIR social event/networking reception took place during the and its work. Residents were in attendance, many of whom heard about the event while at ICRE. There was positive feedback from all attendees. The event included informal presentations and updates from the CAIR president and members of the CAIR Board on a variety of issues that CAIR advocates for on behalf of residents at the national level.

CAIR has successfully hosted a booth at Family Medicine Forum for several years now, and is now looking at sending CAIR Board members and staff to major specialty conferences to engage Royal College residents in the same manner.

CAIR has invested in new promotional materials, including CAIR-branded penlight/styluses, silly putty, and gel ice packs, all of which have been well received by members and stakeholders alike.

OUTREACH TO INCOMING MEMBERS
CAIR once again handed out call bags to new residents at their orientation sessions. The call bags included CAIR-branded glass cleaning cloths and information about the Medical Post. There was also an opportunity for first-year residents to win an iPad by “liking” CAIR’s Facebook page.

Throughout the spring of 2013, CAIR Board members and liaison representatives hosted lunches at 12 out of 13 medical schools as a way of informing graduating medical students about CAIR, its work and how to become involved.

INTIMIDATION & HARASSMENT PREVENTION
Informed by the results of the 2012 National Resident Survey, the MOC completed a literature review of Intimidation and Harassment in Residency Education. This review has been submitted to various medical education journals and to the 2013 International Conference on Residency Education. The MOC is also looking forward to the results from the I&H questions included in the 2013 National Resident Survey.

RESIDENT WELLBEING
CAIR’s MOC Chair attended the 2012 International Conference on Physician Health in Montreal in October 2012. CAIR also arranged for several residents to act as workshop and session moderators for the conference, an excellent way for them to become more actively involved in discussions on physician health on several levels. CAIR is actively involved in planning for the next Canadian Conference on Physician Health, which will take place in Fall 2013.

To mark National Resident Wellbeing Day, CAIR collaborated with The Medical Post to produce an ad outlining CAIR’s recommendations for enhancing resident work schedules to optimize

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**HHR Project (continued)**

**HEALTH HUMAN RESOURCES STANDING COMMITTEE 2012-13**

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<th>Chair</th>
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<td>Dr. Jesse Pasternak</td>
<td>Dr. Ashley Miller</td>
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<td>Dr. Jean Chen</td>
<td>Dr. Keith Neufeld</td>
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<td>Dr. Catherine Dickson</td>
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<td>Dr. Natalie Logie</td>
<td>Dr. Gillian Shiau</td>
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**Member Outreach Projects**

The work of CAIR in the areas of member and public communications, Resident wellbeing and intimidation/harassment prevention initiatives is led by the Member Outreach Committee. The MOC works with the other CAIR Committees to engage members in order to contribute to CAIR policy development, messaging, and the development of member benefits, programs and services.

**MEMBER OUTREACH COMMITTEE**

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<th>Chair</th>
<th>Dr. Safiya Karim</th>
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<td>Co-Chair</td>
<td>Dr. Arun Jagdeo</td>
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<td>Dr. Dr. Winder Gill</td>
<td>Dr. Kaif Pardhan</td>
</tr>
<tr>
<td>Dr. Dr. Matt Hudson</td>
<td>Dr. Matthew Sheppard</td>
</tr>
<tr>
<td>Dr. Dr. Ashley Miller</td>
<td>Dr. Keith Neufeld</td>
</tr>
<tr>
<td>Dr. Dr. Daniela Volochniuk</td>
<td>Dr. Gillian Shiau</td>
</tr>
</tbody>
</table>

**eCOMMUNICATIONS**

The number of followers of CAIR's Facebook page and Twitter feed continue to steadily increase. The MOC developed a Social Media and Online Content Policy that establishes the principles that will assist CAIR, its staff, representatives, and members in utilizing social media to promote and celebrate CAIR's work. The complete policy can be downloaded here. In January 2013, the MOC held a Key Messaging Session to determine what CAIR wants to relay to members via the website and other social media. This will involve a full overhaul of the CAIR website in the coming year.

**RESIDENT AWARENESS DAY**

As in previous years, CAIR Resident Awareness Day posters were distributed and displayed in hospitals across Canada. CAIR also partnered with the Canadian Medical Association to create a joint national campaign that featured Dr. Alan Bates, PGY4 Psychiatry Resident from UBC. Dr. Bates was featured on a poster that was distributed to all PHOs as well as reproduced in Metro newspapers in 9 of Canada’s major cities. Dr. Bates was also featured in a Resident Spotlight on the CAIR website.

**OUTREACH TO CURRENT MEMBERS**

There has been a significant increase in communication with grassroots members. This has included site visits and outreach dinners for local resident leaders and chief residents at the University of Manitoba and Memorial University. These events give local resident leaders the opportunity to meet with CAIR representatives to discuss issues of mutual interest and boost their awareness of CAIR and its work.

A CAIR social event/networking reception took place during the International Conference on Residency Education in October 2012. A formal invite was circulated to all PHOs to distribute to their residents attending ICRE and it was also posted on Facebook and Twitter. 65
Patient safety, education, and provider wellbeing. The ad included a link to CAIR’s website where the full recommendations can be found.

**Transition into Practice Service (TiPS)**

The Transition into Practice Service (TiPS) was established to address the increasing difficulty residents are having in finding permanent employment post residency. The service is in line with the mission and vision of CAIR and satisfies a very real need of CAIR members.

TiPS aims to be a valuable tool in assisting resident physicians make the transition into practice in Canada, directly introducing Canadian trained resident physicians to practice options and employment opportunities based on their prerequisites. It also assists residents through the contract negotiation process of an employment opportunity.

**Program Awareness**

There are currently approximately 250 residents registered for the Transition into Practice Service.

TiPS staff has continued to promote the service through various means and has made numerous face to face contacts with residents at medical conferences and University seminars.

There is an increased awareness of the employment difficulties facing resident physicians, particularly in certain specialties, and a significant increase in interest from physician recruiters. While everyone agrees an HHR strategy is needed, at the moment, TiPS is the only service that is trying to address the need, resulting in media attention giving TiPS visibility and viability as one of the solutions.

**Fundraising**

Since October of 2011, TiPS has partnered with Scotiabank. We have a new partnership with Alberta Health Services (AHS). We are in discussions to renew our partnership with Callian and have been approached by Northwest Properties as a possible partner. A strategy to approach private sector companies to become TiPS partners will become operational shortly.

**Future Strategy**

TiPS’ strategic goals and objectives are:

- Assist resident physicians – bridge the gap between Canadian resident physicians seeking opportunities and communities seeking physicians. Aid undecided physicians in finding attractive opportunities
- Fulfill our commitments with our partners/sponsors
- Obtain additional partners & sponsors
- Identify and take advantage of opportunities to promote TiPS

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**CAIR Financial Summary**

The new Not-for-Profit Corporations Act requires holding an annual meeting within six months of the end of the financial year. CAIR held a special meeting in November 2012 for the following:

**12 Month Financial Summary (July 1, 2011-June 30, 2012)**

**REVENUES**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members Dues</td>
<td>1,267,631</td>
</tr>
<tr>
<td>(0.236% of salary per resident)</td>
<td>174,044</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>174,044</td>
</tr>
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</table>

**EXPENSES**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>700,520</td>
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<tr>
<td>Board of Directors</td>
<td>201,292</td>
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<tr>
<td>Governance Committees</td>
<td>65,613</td>
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<tr>
<td>Management Committees</td>
<td>257,860</td>
</tr>
<tr>
<td>Liaison &amp; Institutional Support</td>
<td>151,736</td>
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</tbody>
</table>

**Net Income**

64,654

**Reserves**

1,364,905

CAIR’s fiscal year end has changed to become compliant with the new Not-for-Profit Corporations Act and as of 2013 will run from April 1 to March 31.

**9 Month Financial Summary (July 1, 2012-March 31, 2013)**

**REVENUES**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Members’ Dues</td>
<td>1,003,618</td>
</tr>
<tr>
<td>(0.236% of salary per resident)</td>
<td>119,736</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>119,736</td>
</tr>
</tbody>
</table>

**EXPENSES**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>662,571</td>
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<td>Board of Directors</td>
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<tr>
<td>Governance Committees</td>
<td>95,157</td>
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<tr>
<td>Management Committees</td>
<td>194,595</td>
</tr>
<tr>
<td>Liaison &amp; Institutional Support</td>
<td>79,457</td>
</tr>
</tbody>
</table>

**Net Income (Expenditure)**

(42,823)

**Reserves**

1,332,143
The future of medicine is here

Voici l’avenir de la médecine