Message from the President

Dear Residents,

It has been a pleasure serving as CAIR President for 2013-2014. I’d like to personally thank the members from this past year, and extend a warm congratulations to those who are moving on to practice.

CAIR’s Board Members, Committee Members, Liaison Representatives and Staff have worked tirelessly to ensure that the resident voice on national resident physician issues is heard. Together, we have created our 2014-2017 Strategic Plan focusing on training, wellness and representation.

It is because of such collaboration that we’ve been able to put forward position papers on Health Human Resources (HHR), handover and resident transfers, among others, as well as look into topics such as competency-based medical education and accreditation.

Moving forward as both learners and health care providers, I know CAIR will continue to help residents grow and advocate to represent our interests at the many committees and council meetings of national stakeholder organizations.

So residents, get involved with CAIR – It’s time to turn your ideas into action, and continue to evolve the future of medicine.

Dr Jennifer Meloche, President, CAIR Board of Directors
Message from the Executive Director

Colette Rivet
Executive Director, CAIR

Mission
To drive excellence in medical education as the national voice of resident physicians.

Turning Ideas into Action

Our world is evolving, and Canadians are looking to their future doctors to support them. We want to turn this opportunity into reality, and work together to advance and build a strong and healthy Canada.

Last year, CAIR sent out the National Residents Survey to over 8,000 residents in 13 universities across Canada. CAIR took these ideas and feedback and leapt into action to develop several tools including the Resident Principles on Physician Health Human Resources and the CAIR Mentorship Position Paper. It also informed the work of CAIR’s Working Group on Duty Hours.

I am excited to continue this journey as the new Executive Director for CAIR. I know we are all committed to carrying out the CAIR mission with direction from our strategic plan.

Our annual report highlights the activities from April 1st, 2013 - March 31, 2014.

We are grateful and thankful to our resident physicians, volunteers, and national and provincial stakeholders, as we work to shape the future of medicine. We’ve only just begun exploring this new pathway to the future.
# 2013-2014 Board

**Executive:**
- **Dr. Jennifer Meloche**, President
- **Dr. Simon Moore**, Past-President
- **Dr. Kaif Pardhan**, Vice-President
- **Dr. Christina Nowik**, Treasurer
- **Dr. Chris Little**, Secretary

**Board Members**

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<th>Dr. John Centofanti</th>
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<td>Dr. Philip Davis</td>
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**Advocacy & Policy Committee**
- Dr. Grace Parr, Chair
- Dr. Karen Arcot
- Dr. Joshua Gould
- Dr. Meera Rayar
- Dr. Danielle Rodin
- Dr. Nureen Sumar

**Awards Committee**
- Dr. Simon Moore, Chair
- Dr. Nick Costain
- Dr. Dilip Gill
- Dr. Samira Jeimy
- Dr. Natasha Snelgrove

**Standing Committee on Health Human Resources**
- Dr. Jesse Pasternak, Co-Chair
- Dr. Ashley Miller, Co-Chair
- Dr. Lori Anne Archer
- Dr. Catherine Dickson
- Dr. Srujan Ganta
- Dr. Winder Gill
- Dr. Jennifer Gillis
- Dr. Scott Hurton
- Dr. Natalie Logie
- Dr. Thomas McLaughlin
- Dr. Kaif Pardhan
- Dr. Matthew Sheppard
- Dr. Gillian Shiau
- Dr. Marat Slessarev

**Duty Hours Working Group**
- Dr. Kaif Pardhan, Chair
- Dr. Meera Dalal
- Dr. Maryana Duchcherer
- Dr. Safiya Karim
- Dr. Clinton Lewis
- Dr. Christina Nowik
- Dr. Meera Rayar
- Dr. Gillian Shiau
- Dr. Andrew Weiss
- Dr. Grace Yeung
- Dr. Newton Cho
- Dr. Steve Hawrylyshyn
- Dr. Maia Von Maltzahn
- Dr. Shawna Noy
- Dr. Deepti Ravi
- Dr. Taryn Taylor

**Member Outreach Committee**
- Dr. Michael Gousseau, Chair
- Dr. Karen Chu
- Dr. Maryana Duchcherer
- Dr. Christine Ibrahim
- Dr. Arun Jagdeo
- Dr. Nima Kashani
- Dr. Melanie Rodrigues

**Education & Professionalism Committee**
- Dr. Safiya Karim, Chair
- Dr. Rowena Almeida

**CAIR Staff**

- **Colette Rivet**, *Executive Director*
- **Shirley Blakley**, *Administration*
- **Nicole Boyer**, Manager, Liaison Representative
- **Maryan McCarrey**, Manager, Policy and Research
- **Rani Mungroo**, Manager, Education
- **Beth Sneyd**, Manager, Member Services
- **Laura Spragge**, Communications Officer
CAIR would like to recognize its liaison representatives and committee volunteers for their time and contributions.
Advocacy & Policy Projects

One of the most significant direct benefits CAIR delivers to its members is the work it does in concert with 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 to ensure the national consensus of residents’ views on these issues is heard. These elements are driven forward by CAIR’s Advocacy & Policy Committee (APC).

RESIDENT DUTY HOURS
Since the release of CAIR’s 2012 position paper, the hours that residents work and the broader issue of physician fatigue continue to represent a significant portion of CAIR’s work. This past year, the Working Group on Duty Hours analyzed CAIR’s National Resident Survey results for work hours, fatigue, and duty hour changes. The group also liaised with Provincial Housestaff Organizations (PHOs) on regional developments and initiatives, and served as resident representatives or observers on national stakeholder initiatives such as the Canadian Medical Association (CMA) Working Group on the Management of Physician Fatigue, and the National Steering Committee on Resident Duty Hours.

CAIR participated in the release of the National Steering Committee Report (Fatigue, Risk & Excellence: Towards a Pan-Canadian Consensus on Resident Duty Hours (RDH)) and worked towards the implementation of the report’s recommendations, including the development of a national repository of Resident Duty Hours models and accreditation standards to support RDH changes.

GLOBAL HEALTH
As a founding member, CAIR is involved in the ongoing work of the Junior Doctors Network (JDN), under the umbrella of the World Medical Association (WMA). The JDN enables CAIR to work with overseas counterparts to advocate for safe working conditions, ethical migration of health professionals, duty hours and quality medical education. CAIR representatives continue to lead several JDN projects, including the October 2013 Policy Paper on Physician Wellbeing that was distributed to the WMA Council and is now the focus of a WMA expert working group.

During the past year, the APC examined the role of global health training in residency education, not just in the context of humanitarian efforts but also in terms of providing care to marginalized and under-resourced populations within Canada. The committee explored ways to highlight the value of these experiences for our members.
HANDOVERS
Effective patient handover is essential to ensure patient safety and optimal medical care. With the increasingly widespread introduction of alternate call models and growing recognition of the risks associated with handovers, CAIR believes it is imperative that residency programs develop a formal handover curriculum, and the APC worked diligently over the past year to advance this agenda.

Highlights include:

• analyzing results from the 2013 CAIR National Resident Survey on current handover practices and education curriculum in Canada

• extensive literature and best practices review on handover methods within Canada and abroad, with an emphasis on key components and barriers to teaching effective handover to residents

• CAIR Policy Statement on Handover Education in Canadian Residency Programs with recommendations for enhancing patient safety by improved handover education

CAIR’S NATIONAL RESIDENT SURVEY
To better represent residents’ concerns about their medical education, training environment and employment prospects, CAIR conducts an annual national survey of residents to help guide and shape our work in key areas. The 2013 CAIR Survey included questions about: work hours, fatigue and handovers, residency experience and mentorship, employment opportunities and career planning.

Results from the survey were used throughout the past year in CAIR communications, presentations by CAIR representatives at stakeholder meetings such as the National Physician Employment Summit and the CCME/Association of Faculties of Medicine of Canada (AFMC) Learner Forum, and incorporated into CAIR policy and publications.
CAIR’s Education & Professionalism Committee (EPC) works on national issues that impact a resident’s educational experience. One of the most significant benefits CAIR delivers to 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. Liaison Representatives represent CAIR on committees and stakeholder boards and help relay CAIR’s vision.

**MENTORSHIP**

The *CAIR Position Paper on Mentorship*, released in June 2013, outlines the importance of having a mentorship structure in residency programs, and the need for faculty advisors who are mentors. The EPC developed a mentorship fact sheet which highlights data from the 2013 *CAIR National Resident Survey*, and is expected to be released in June 2014. A CAIR Delegate Motion on Mentorship was approved by the August 2013 Canadian Medical Association (CMA) General Council, supporting the development of more structured mentorship programs, and more formal career counselling, as part of all residency curricula in Canada.

**TRANSFERS**

The *CAIR Principles on Resident Transfers*, was released in June 2013. These national principles are intended to increase resident awareness of the inter- and intra-provincial transfer process and support transparency, consistency and efficiency in the transfer process across Canadian residency programs. A CAIR Delegate Motion on Transfers was approved by the August 2013 CMA General Council, supporting the transfer process outlined in the *CAIR Principles on Resident Transfers*. 
ACCREDITATION
CAIR Accreditation Workshops provide residents with an understanding of the accreditation standards, accreditation process and the role of residents in accreditation. Residents who participate in the workshops can volunteer as a CAIR resident surveyor on external reviews and full surveys.

In order to ensure a sufficient number of trained resident surveyors, CAIR reviewed the accreditation workshops and will be implementing a multi-pronged strategy to build awareness and expand opportunities for training.

In August 2013, CAIR updated *The Accreditation Process: Ensuring Quality Postgraduate Medical Education in Canada, A Manual for Residents*. The manual provides an overview of the accreditation process and the resident’s role in accreditation and on the survey team.

The CAIR pre-accreditation questionnaire has been recently updated. It is specifically designed to obtain the residents’ perspective on their training, as it relates to the accreditation standards.

COMPETENCY-BASED MEDICAL EDUCATION
This past year, CAIR Board and Management Committees provided resident feedback to the Royal College, on the national consultation process of Phase 1 and Series I of the CanMEDS 2015 framework.

Competency-based medical education (CBME) will result in significant changes to the assessment, credentialing and accreditation processes. CAIR will continue to be engaged with our national stakeholders to ensure that the learner point of view is taken into consideration in any proposed changes. The EPC is currently completing an information document for residents on CBME, which will be available to residents in the summer of 2014.
The CAIR Standing Committee on Health Human Resources (HHR) develops comprehensive, multi-pronged approaches to build awareness and effect change on physician health human resource issues. CAIR’s members are uniquely positioned to engage with national stakeholders and policy makers to provide the resident perspective on physician HHR. They also help shape our health care system’s overarching plan to train, employ and retain Canada’s future physicians.

In June 2013, the CAIR Resident Principles on Physician Health Human Resources to Better Serve Canadians was released. The Principles outline the critical importance of a national HHR plan and better ways to anticipate physician supply and demand. CAIR believes reliable data and better coordination between patient needs and residency training positions would ultimately result in better patient care. The Principles were formally endorsed by the CMA Board of Directors in December 2013.

CAIR is also exploring succession planning initiatives that would help new graduates transition into independent, full-time practice through pairing with physicians who are considering retirement. CAIR continues to be a strong voice for residents on the Physician Resource Planning Task Force (task force of the Deputy Ministers and Deans) and Technical Steering Committee, the latter of which is in the process of developing a pan-Canadian physician planning tool to better inform physician supply, needs and demand. CAIR will continue to be an advocate, on these national committees, for the development and sharing of reliable information to learners, to support decision-making.
CAIR HHR presentation highlights:

- Canadian Medical Association General Council’s Strategic Session, August 20, 2013: Opening speaker on *Physician resources – realigning the post-graduate system to support the future of health care delivery in Canada*, Dr. Jesse Pasternak, Co-Chair CAIR Standing Committee on HHR

- International Conference on Residency Education, September 27, 2013: CAPER workshop panel presentation on *Evidence-informed career planning: Data and strategies to help medical students and residents chart their career path*, Dr. Ashley Miller, Co-Chair CAIR Standing Committee on HHR

- Royal College Summit on Physician Employment, February 18, 2014: *Opening Remarks*, Dr. Ashley Miller

- Royal College Summit on Physician Employment, February 18, 2014: Presentation on *Transitioning into Practice. Evidence-Informed Career Planning*, Dr. Jesse Pasternak
Financial Statement
April 1, 2013 - March 31, 2014

REVENUES
Member Dues 1,374,614
(0.236% of salary per resident)
Other Revenue 183,508

EXPENSES
Administration 859,398
Board of Directors 258,686
Governance Committees 66,796
Management Committees 189,149
Liaison & Institutional Support 84,138

NET INCOME 99,955
RESERVES 1,294,550

CAIR LIAISON WORK
In 2013-2014, residents were represented at nearly 100 stakeholder meetings, teleconferences or conferences by 75+ CAIR liaison representatives. These representatives take great honour in representing the unique voice of their fellow residents on committees and boards of national stakeholder organizations, and they play an important role in postgraduate medical education innovations, advocacy and policy.

CAIR works with 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. CAIR has also recently collaborated with the Royal College CanMEdS2015 National Advisory Committee and the Physician Resource Planning Task Force.
COMMUNICATIONS & OUTREACH
CAIR’s Facebook and Twitter profiles continue to see a steady increase in followers. We encourage everyone to follow us on Facebook and on Twitter.

We recognize the importance of communications and outreach activities: they establish and maintain good relations with our members and stakeholders. The MOC is in the final stages of developing a communications plan that brings CAIR’s new strategic plan to life. This important step will allow us to review outreach activities and initiatives to ensure that members and stakeholders are getting the most out of their relationship with CAIR.

WELLBEING
CAIR was an active participant in the development of the 2013 Canadian Conference on Physician Health, and is now meeting with wellbeing stakeholders to determine areas where we can increase collaboration. In addition, the MOC has been working hard on a revised version of CAIR’s Intimidation and Harassment Prevention Paper that incorporates data gathered from academic literature and from CAIR’s National Resident Surveys.
Recognizing dedication to Canada’s resident physicians

The Dr. Joseph Mikhael Medical Education Award honours those who have contributed to improving undergraduate and postgraduate medical education in Canada. The 2013 recipients are Dr. Marika Hohol, former Program Director Adult Neurology at the University of Toronto, and Resident Physician Dr. Farhan Asrar, PGY5 Public Health and Family Medicine at McMaster University.

The Dr. Derek Puddester Resident Wellbeing Award is awarded to those who demonstrate a firm commitment to resident well-being through specific action and initiatives.

The 2013 recipients are Dr. Joanne Todesco, past Associate Dean Post-Graduate Medical Education at the University of Calgary, and Dr. Daisy Liu, PGY2 Paediatrics at McMaster University.

The Lois Ross CAIR Service to Residents Award recognizes non-physicians who contribute to the betterment of resident life in Canada. The 2013 recipient is Ms. Michelle Murray, R.N. and Skills Coordinator at the Skills Centre for Health Sciences at the Queen Elizabeth II Health Sciences Centre in Halifax.

Dr. Todesco and Mr. Peter Wilson
Dr. Phil Davis, Ms. Michelle Murray, and Dr. Grace Parr
Dr. Farhan Asrar and Dr. Marika Hohol