# Annual Performance Results
2011-2012

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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

Dear Fellow Residents:

What a great year it’s been! The Board of Directors, resident volunteers, and office staff of your national residents’ association have been working tirelessly on your behalf. The results of that hard work have been extraordinary.

Two months ago, in our paper, Canadian Patient and Physician Safety and Wellbeing: Resident Duty Hours, CAIR became the first national medical organization to take an official stance on this controversial topic. Working closely with resident representatives from the whole of specialties and regions across Canada, CAIR developed a position that calls for significant reform not only for residents but also for staff physicians and non-resident learners. Rejecting a simple one-size-fits-all solution and working closely with your Provincial Housestaff Organizations, CAIR is actively promoting local solutions that will optimize both patient and physician safety and wellbeing, and residents’ training and educational opportunities.

As reports grow of newly graduating residents facing difficulty finding employment, CAIR has responded with its very successful Transition into Practice Service (TiPS), connecting residents directly with employment opportunities that fit both their training and personal goals.

Our volunteers have been instrumental in founding the first international body of Junior Doctors at the World Medical Association (WMA), known as the Junior Doctors’ Network, where they have forged links with residents from across the globe and influenced policy on topics ranging from social media to resident work and training conditions.

Through the addition of our Facebook and Twitter pages, contests and prizes for our members, and financial deals such as discounted subscriptions to PEPID’s electronic medical suite, CAIR continues to strive to keep our members informed and to see the benefits of their membership on a day to day basis.

To better represent residents’ concerns about their medical education, training environment, and employment prospects, last year CAIR embarked on its first national member survey. What we learned then has influenced all of our subsequent activities. This year in collaboration with Nanos Research, CAIR has again surveyed our full 8,000 members to determine the issues that are most important to you. With 2,300 residents responding, this survey will ensure that our members’ views remain central to every decision we make.

I have been privileged this year to see firsthand the hard work and dedication of my fellow volunteers in the CAIR Executive, Board of Directors, management committees and liaison positions. I have been humbled by the extraordinary experience and skills each brings not only to his/her clinical work but also to improving our medical system for our colleagues and our patients.

It has been an honour to serve on your behalf this year. To those making the transition into staffhood, I wish you every possible success. To all my fellow residents, I wish you a happy summer and an excellent year to come!

All the best,

Adam Kaufman
President 2011–2012,
Canadian Association of Internes and Residents

From the Executive Director

Dear Members,

As resident physicians, you are the future of medicine in Canada. As your representative body, CAIR continues to ensure that your issues and interests are prominent at a national level with the broader goals of improved education for residents and enhanced health care for Canadians. With your active participation, 2011-2012 has been a very productive year at the CAIR office. I will mention a few highlights here but encourage you to review the more detailed CAIR Performance Results included in this report.

CAIR has been represented at more than 100 national stakeholder meetings, ensuring that the resident perspective is included in all major committees and initiatives.

A few highlights:

- CAIR released a position paper, Canadian Patient Safety and Physician Safety and Wellbeing: Resident Duty Hours at the Canadian Conference on Medical Education in Banff in April 2012.
- We conducted our second annual CAIR National Resident Survey to capture the national landscape of resident views on a number of key issues.
- In conjunction with the Royal College of Physicians and Surgeons of Canada, CAIR hosted very successful accreditation workshops for resident surveyors in Halifax and Vancouver. With an interactive mock survey team, participants learned about the accreditation process, standards and the Resident’s role on the survey team.
- We continued to increase awareness of our organization, building upon past successes and seeking new ways to engage members.
- The office was strengthened from within with a new Human Resources plan that has resulted in two new positions being added to the CAIR staff. Investing in additional staff will enhance the work of our Resident volunteers and permit us to strengthen our relationships with our national stakeholders as well as to work closely with our Provincial Housestaff Organizations.

CAIR will have challenges to face in the coming year. We will build, improve and innovate, in all areas, not just some at the expense of others. We will move forward with the national debate on duty hours. We will focus on the CAIR National Survey results to inform future directions and to identify new research, policy and education issues in order to continue to meet the needs and reflect the interests of our membership. CAIR will develop a strategic position on the 2014 Health Accord. Global health issues in Canada and overseas will continue to be part of our agenda.

Steps have already begun to bring CAIR into compliance with the new Canada Not-for-Profit Corporations Act. We have moved our AGM to the month of June and will be transitioning to a new fiscal year ending March 31 in 2013. CAIR’s by-laws will be updated to reflect these changes and ensure that we are compliant with this mandatory federal legislation.

I would like to extend a personal thank you to all Board Members, committee chairs, members, liaison representatives and especially to the CAIR Executive for their time and dedication in strengthening CAIR for all residents today and in the future. The work of CAIR would not have been possible without the talented and committed support from all members of the CAIR staff. A big thank you to each of you.

It has been an honour to work with all of you to accomplish our mutual goals to improve the education and training for all residents across the country.

Respectfully,

Cheryl Pellerin
The 2011-2012 CAIR Board of Directors & Staff

EXECUTIVE
President: Dr. Adam Kaufman
Vice-President: Dr. Gillian Shiau
Treasurer: Dr. Stephen Tilley
Secretary: Dr. Jonathan DellaVedova
Past President: Dr. Sasha Ho Farris Nyirabu

BOARD MEMBERS
Dr. Vishal Bhella
Dr. Angela Bussey
Dr. Paul Dhillon
Dr. Mathieu Dufour
Dr. Matt Frey
Dr. Ruban Gnanakumar
Dr. John-Paul Harmon
Dr. Carla Holinaty
Dr. Richard Liu
Dr. Mark Masterson
Dr. Simon Moore
Dr. Joanna Oda
Dr. David Ward
Dr. Markus Zeismann

BOARD MEETINGS
CAIR members gathered in St. John’s, Newfoundland and Labrador, on June 18, 2011 for CAIR’s Annual General Meeting and for the transition from the 2010-2011 Board of Directors to the new Board. At the Annual General Meeting, honorary Life Membership in CAIR was bestowed upon outgoing Past President Dr. Noor Amin. After the appointment of the 2011-2012 Executive and Committee Chairs, all attendees participated in an exciting bird and whale watching trip off the coast of Bay Bulls. An orientation for the new Board was held on June 19, 2011, facilitated by Drs. Deborah Danoff and Jerry Maniate. The session provided the Board with an opportunity to identify key issues for strategic planning, confirm board roles and responsibilities, and learn how CAIR activities are grounded in key leadership competencies.

At Camp Fortune, Québec, August 2011

The Board held its Strategic Planning Meeting in Ottawa on August 26-27, 2011. The session began with a teambuilding exercise at Camp Fortune in the Gatineau Hills, and was followed by a detailed discussion of CAIR’s priorities and projects for the year. The meeting was followed by a consultation with Dr. Sarita Verma regarding the Future of Medical Education in Canada Postgraduate Project recommendations.

The fall Board Meeting was held November 26-27, 2011 in Ottawa. Highlights of the meeting included a presentation on Physician Work Hours, Health and Patient Safety by Dr. Charles A. Czeisler of the Harvard Medical School. This was followed by a presentation by Dr. Joseph Dahine of the Fédération des médecins résidents du Québec (FMRQ), who spoke to the CAIR Board about the new call models being introduced in Quebec.

The winter Board Meeting was held February 11-12, 2012 in Ottawa. The guest speakers were Ms. Barbara Anderson, former Assistant Deputy Minister of the Federal-Provincial Relations and Social Policy Branch of the Department of Finance, Government of Canada on “Next Steps in Health Renewal” and Mr. Glen Brimacombe, CEO Association of Canadian Academic Healthcare Organizations, who gave the Board “A primer in the lead up to the 2014 Health Accord”. The February meeting also featured the presentation of the 2011 CAIR Awards.

CAIR STAFF
Cheryl Pellerin, Executive Director
Rani Mungroo, Manager, Education
Beth Sneyd, Manager, Member Services
Shirley Blakley, Administration

In the Spring of 2012, two new staff members joined the CAIR team:

Catherine Moffatt, Director of Programs. Catherine comes to CAIR following four and a half years as a project manager with the Association of Faculties of Medicine of Canada, where she was charged with overseeing the Future of Medical Education in Canada MD Education and Postgraduate Projects.

Maryan McCarrey, Manager, Policy and Research. Maryan worked at the Canadian Medical Association for 15 years on a variety of physician advocacy and policy issues including the use of technology in practice, health information privacy, medico-legal and practice issues, professionalism and medical education.

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, contract and volunteer resources.
RESIDENT DUTY HOURS

The hours that trainees work is a matter gaining increasing attention within the medical profession and with the public. To help guide discussion on regulation of duty hours for residents, CAIR released a position paper, *Canadian Patient and Physician Safety and Wellbeing: Resident Duty Hours* in April 2012 that takes into account the safety and educational issues and the changing health care and educational realities across Canada. Providing patient care in a safe and ethical manner is intrinsic to professionalism and one of the core values of the medical profession. CAIR is therefore fully supportive of regional, provincial, and national efforts to ensure patient safety, safe working conditions, and an optimal educational experience for residents across Canada, and makes the following key recommendations:

1. Resident physicians' duty hours must be managed such that they do not in any way endanger their health or the health of patients. In particular, limits are required on the number of continuous uninterrupted hours that residents are on duty. In keeping with current evidence, CAIR urges that all provinces and regions in Canada work towards a system that limits continuous uninterrupted duty hours to 16 hours or less at a time. Additionally, the scheduling of duty hours must allow for adequate time in-between work periods to eliminate the effects of sleep deprivation. This limitation will enhance residents' ability to provide safe, high quality patient care, while protecting their own personal health and safety.

2. Resident duty hours must be such as to allow for an optimal educational experience. Specifically, trainees' duty hours must not impair their ability to learn or to train others.

3. Residents must be formally trained in handover skills, the ability to transfer care appropriately when going off duty.

4. Resident duty hours should be flexible enough to accommodate the specific context of the resident's role and the service needs on particular rotations.

5. The management of duty hours should parallel a change in the culture of medicine that addresses the effects and consequences of uninterrupted consecutive duty hours for the medical profession as a whole, including staff physicians and non-resident learners.

6. Where a violation of Federal or Provincial ethical, legislative, or legal standards has occurred, including but not limited to those related to the Canadian Charter of Rights and Freedoms, CAIR calls upon all stakeholders to address and remedy the situation as swiftly as possible.

CAIR'S NATIONAL RESIDENT SURVEY

CAIR held its first National Resident Survey in 2011. Members were asked questions on a range of issues including Distributed Medical Education, Global Health, Duty Hours and Handover, Wellbeing and Career Planning. Results from this survey have helped to shape CAIR's work in these areas. Dr. Ashavinder Lamba, a PGY2 Family Medicine at McMaster University, was the winner in the draw held for all residents who participated in the 2011 National Resident Survey.

The 2nd National Resident Survey was distributed for CAIR by Nanos Research in April 2012 and a report on the results will be presented at the CAIR AGM in June in Saskatoon. Topics for 2012 include: Global Health, Education Issues (e.g., evaluation and mentorship), Residency Experience, Duty Hours, Employment Opportunities, and the 2014 Health Accord. As with the 2011 survey, a draw will be held for all residents who participate.

GLOBAL HEALTH

Dr. Adam Kaufman, CAIR President, and Dr. Jean-Marc Bourque represented CAIR at the inaugural meeting of the Junior Doctors Network (JDN) of the WMA held in Montevideo, Uruguay in October 2011. CAIR has been instrumental in the creation of the Junior Doctors Network. This forum permits 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 has completed a systematic review of global health in PGME and the results were presented at the 2011 Association of Medical Education Annual Conference in Europe. The CAIR Board has adopted the statement *Guidelines for Resident Physician Participation in Global Health Elective placements*, available in the Electives section of the eLibrary on CAIR’s website under International Electives.

An oral presentation "Global Health in Postgraduate Medical Education: Results of a National Survey and a Literature Review" was made at the 2012 Canadian Conference on Medical Education (CCME) held in Banff in April 2012. This presentation earned an Honourable Mention for Best Oral Presentation (Trainee Category) at the 2012 Canadian Association of Medical Educators Research Awards.
Policy & Advocacy Projects (continued)

DISTRIBUTED MEDICAL EDUCATION (DME)
The face of residency is evolving with more and more training occurring in diverse distributed settings. Distributed training adds greatly to the breadth and depth of educational experiences, but also carries its unique challenges. CAIR is speaking to residents across the country to identify the key academic and non-academic requirements for training in a distributed site.

2011 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 2011 CAIR Awards on February 11, 2012 at the Courtyard Restaurant in Ottawa.

AWARDS COMMITTEE
Dr. Sasha Ho Farris Nyirabu, Chair
Dr. Sinziana Avramescu
Dr. David Flamer
Dr. Ruban Gnanakumar
Dr. Carla Holinaty
Dr. David Ward

THE DR. DEREK PUDDESTER CAIR RESIDENT WELL-BEING AWARD
The 2011 recipient is Dr. Steve Beerman, Nanaimo Site Director for the UBC Faculty of Medicine, Postgraduate Family Medicine Residency Program. Dr. Beerman has been practicing Family Medicine in Nanaimo, British Columbia since 1987. He has been the Nanaimo Site Director for the UBC Faculty of Medicine, Postgraduate Family Medicine Residency Program since 2006. He is chair of the University of British Columbia Department of Family Medicine Residency Resilience Committee. His initiatives within the program include: ensuring residents are able to familiarize themselves with the Nanaimo area from the start with a month-long family medicine rotation; the implementation of academic weeks in place of academic half-days; Replacing 24-hour call with a call model designed to better balance call/clinic requirements with rest periods; and the promotion of a culture of wellness by ensuring residents look after themselves.

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.

THE DR. JOSEPH MIKHAEL CAIR MEDICAL EDUCATION AWARD
The 2011 recipient is Dr. Lara Cooke, Assistant Professor, Department of Clinical Neurosciences at the University of Calgary. Dr. Cooke has a strong and positive impact on Resident Physician Medical Education in terms of both her own clinical teaching and the education she offers to help others teach better. She organized a “Resident as Teachers” workshop which introduced skills and tips that empower resident physicians to feel comfortable teaching learners with different needs in a wide range of settings. Dr. Cooke also works to encourage preceptors to offer targeted teaching around the CanMEDS roles through “CanMEDS Moments” and through a neurology book club where resident physicians read and discuss books written about leadership and management. At the 2011 International Conference on Residency Education (ICRE), Dr. Cooke presented seminars focused on understanding the strengths and weaknesses of the assessment tools that are available to medical educators.

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.

THE LOIS ROSS CAIR SERVICE TO RESIDENTS AWARD
The 2011 Recipient is Carmen Frese, Post-graduate Program Coordinator for the University of Calgary Family Medicine Residency Program. Ms. Frese is considered by many to be a “permanent fixture” in the Department of Family Medicine at the University of Calgary. She began her long journey of service to the Department of Family Medicine in 1974. She later became the program coordinator for the Calgary General Hospital Family Medicine Program (one of three residency programs in Calgary). When the three existing residency programs merged in the early 1990s, Ms. Frese was appointed program coordinator for the combined program. Serving resident physicians and the department in this capacity, Ms. Frese continues to be an extremely competent, experienced, hard-working, enthusiastic, nurturing, and passionate member of the family medicine team.

The Service to Residents Award recognizes non-physicians who have contributed to the betterment of resident life in Canada, and is named after Lois Ross, who served for many years as Executive Director of CAIR and of the Professional Association of Internes and Residents of Ontario (PAIRO).
Education activities

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 the national Medical Colleges in ensuring that each of Canada’s medical residency programs meets both established standards and advances upon residency education. Liaison representatives of CAIR serve on the boards and committees of these organizations and work through these forums to specifically advance the policies and goals of CAIR. 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. Vishal Bhella, Chair
Dr. Mark Ballard
Dr. Jonathan Bush
Dr. Jonathan DellaVedova
Dr. Shirmee Doshi
Dr. Waqas Jalil
Dr. Jasbir Jaswal
Dr. Neeraj Narula

PROPOSED CHANGES TO THE TIMING OF THE PEDIATRIC AND INTERNAL MEDICINE ROYAL COLLEGE CERTIFICATION EXAMINATIONS

CAIR has worked hard this past year to ensure that the resident voice is heard on major changes that will be impacting certain specialties. The Royal College of Physicians and Surgeons of Canada (Royal College) is continuing to work towards the decentralization of all written components of the certification examinations to the regional centres. In addition, pilot changes are being proposed to move the written component of the Pediatric and Internal Medicine exams to earlier in training, with a requirement to pass the written before being eligible to challenge the oral exams. CAIR gathered feedback from Internal Medicine and Pediatric residents who had just completed their Royal College certification examinations in 2011 and consulted with the Education and Professionalism Committee and the CAIR Board.

As a result of our advocacy efforts the Royal College postponed the pilot and began discussions with the national resident organizations to explore other possible models. Members of CAIR’s Board of Directors have been part of these discussions; various models have been proposed and discussions are continuing. Over the coming months, CAIR will be invited to participate in a formal working group and we are planning to consult all medical residents in these specialties and in the subspecialties of Internal Medicine and Pediatrics. We rely on your feedback to ensure that the proposed models meet your needs.

ACCREDITATION

Over the past three years, CAIR, in collaboration with the Royal College, has held a number of interactive workshops across the country to train residents in the accreditation standards and processes.
At the 2011 International Conference on Residency Education (ICRE) in Québec City, CAIR co-presented a workshop, *Transitions in Medical Education, Practical Strategies for Coping*. This workshop informed discussions around the transition from medical school to residency, residency to senior residency and from senior residency to full-time practice by providing the opportunity for participants to work through practical examples of challenges in making such transitions. The workshop also highlighted pertinent resources available to residents. CAIR was also a guest blogger on the 2011 ICRE website. Our posts addressed Global Health, Distributed Medical Education and Patient Safety.

**Liaison Work**
A major part of CAIR’s role is to represent residents’ interests at meetings held by our stakeholders, which include:

- The Association of Faculties of Medicine of Canada (AFMC)
- The Canadian Association of Internal Medicine Program Directors (CAIMPD)
- The Canadian Post-MD Education Registry (CAPER)
- The Canadian Association of Medical Education (CAME)
- The Canadian Federation of Medical Students (CFMS)
- The Canadian Medical Association (CMA)
- The Canadian Resident Matching Service (CaRMS)
- The College of Family Physicians of Canada (CFPC)
- The Federation of Medical Regulatory Associations of Canada (FMRAC)
- Medical Council of Canada (MCC)
- The Royal College of Physicians and Surgeons of Canada (RC)
- The Society of Rural Physicians of Canada (SRPC)
- The World Medical Association Junior Doctors Network (WMA JDN)

In 2011-2012, CAIR was represented at more than 100 stakeholder meetings, teleconferences or conferences by 41 liaison representatives. Many thanks to all of them for dedicating their time to ensure the voice of CAIR’s members are heard.

**Member Outreach**
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 other Committees to engage CAIR members in order to contribute to CAIR policy development, CAIR messaging, and the development of member benefits, programs and services.

MEMBER OUTREACH COMMITTEE
Dr. Simon Moore, Chair
Dr. Matt Frey
Dr. Carla Holinaty
Dr. Suzanne Ryan
Dr. Adam Tunis
Dr. Daniela Volochinouk

WEBSITE
CAIR established a Facebook page (facebook.com/CAIRACMR) and a Twitter feed (twitter.com/ResidentsCAIR) to engage members directly and to broadcast the latest information.

The *Resident Spotlight*, a feature on the CAIR website which highlights the residents who volunteer for CAIR, was revived this year, with new posts featuring Board Members. CAIR plans to extend this to members of Management Committees and liaison representatives. More changes will be coming to the CAIR website to make sure it continues to be a useful resource for our members.

OUTREACH TO CURRENT MEMBERS
CAIR knows the importance of communication and interaction with members. In addition to the website and social media, CAIR publishes its newsletter *CAIR Update* quarterly. The Spring 2012 edition of CAIR Update features a new layout and design.

CAIR also works with the Provincial Housestaff Organizations (PAR-BC, PARA, PAIRS, PARIM, PAIRO, PARI-MP and PAIRN) to forward crucial information from the Colleges on training matters. CAIR continues to seek ways to engage members, including contests and outreach events.

CAIR’s booth at the 2011 Family Medicine Forum (FMF) was a great success, with many people dropping by to find out more about CAIR and to pick up promotional materials. We asked FMF participants to fill out ballots telling us what they love about Family Medicine. These ballots were then entered into a random draw for a pulse oximeter. The winners were

- Dr. Ian Kirby (PGY1, McGill),
- Dr. Jamie McIntyre (PGY2, University of Alberta),
- Dr. Tesha Casella (PGY2, University of Toronto)

Plans are already being put in place for CAIR’s booth at the 2012 FMF, which will be held in Toronto.

CAIR is seeking out new opportunities to provide more benefits to our members. CAIR is working with PEPID to offer discounts on their software suites to residents. CAIR will also be working with *The Medical Post* to promote their free registration for residents.

The future of medicine *is here*. 
OUTREACH TO INCOMING MEMBERS

CAIR Vice-President Dr. Gillian Shiau and Board Member Dr. Matt Frey visited the 2011 CFMS AGM, held in Calgary in September. Dr. Shiau gave a presentation on CAIR and its work, and Dr. Frey interacted with attendees in the exhibit area. Plans are being developed for the 2012 AGM in Winnipeg.

In the first half of 2012, CAIR hosted information sessions for graduating medical students at the University of British Columbia, University of Alberta, University of Calgary, University of Saskatchewan, Northern Ontario School of Medicine, Western University, McMaster University, the University of Toronto, Queen’s University, the University of Ottawa, and Dalhousie University.

RESIDENT AWARENESS DAY (RAD)

The 11th National Resident Awareness Day (NRAD) was marked on February 21, 2012, with the theme of “What is a Resident Physician?” CAIR created and distributed a poster (see below) across Canada for display in hospitals.

As a tie-in to NRAD, CAIR held its inaugural Facebook contest, asking members to “like” our Facebook page. The response was very positive, boosting our number of followers from just over 100 to over 300 by the time the contest closed. As an incentive, CAIR entered members who joined into a random draw. The winners were:
Dr. Jeff Kerrie (PGY4 General Medicine, UBC),
Dr. Sandra Bromley (PGY3 Anesthesiology, University of Ottawa),
Dr. Glennie Lane, (PGY1 Obstetrics & Gynecology, University of Saskatchewan)

RESIDENT WELLBEING

As part of CAIR’s Field Guide to Residency, CAIR has developed the Learn from the Masters Series, which features contributions from role models who have achieved those delicate balances of work, health and wellness or who have advice to offer about personal and professional development. Entries include:

Ten Strategies for Staying Human During Residency
Writing and Submitting Your Manuscript
The Art of Using Art to Create Balance
Food & Nutrition Tips for Residents on Call/Shift
Seven Basics for I Need a Job
A Few Teaching Tips for Residents

CAIR will be seeking more entries in the coming year including some from former CAIR presidents.

National Resident Wellbeing Day fell on May 24, 2012. To celebrate, CAIR held a blogging contest asking residents to tell us how they have learned to manage worklife balance. The winning entries were:
Dr. Kelly Anderson (PGY2 Family Medicine at the University of Toronto), for “Create Meaning”.
Dr. Sean Udow (PGY2 Neurology at the University of Manitoba) for “Too Many Things”.
Dr. Susan Lee (PGY5 Anaesthesiology at the University of Western Ontario) for “You can’t treat yourself”.

The winning posts can now be viewed as part of the Learn from the Masters Series.

Transition into Practice Service (TIPS)

Launched in 2011, TIPS is a program designed to help residents find suitable job opportunities anywhere in Canada. TIPS facilitates contact between resident job-seekers and recruiters and provides opportunities that meet individual resident’s criteria. Over 100 applicants are now registered for this free service, and some have already found their new job. The CAIR/TIPS staff are have been attending recruiting fairs across the country and are looking for sponsors to help pay for a fulltime project manager. Scotiabank, Calian, and over 150 members of the Canadian Association of Staff Physician Recruiters have welcomed and recognized the need for this service.
Financial Summary for FY 2010-2011 (June 30, 2011)

REVENUES
- Members Dues: 1,210,153
  (0.236% of salary per resident)
- Other Revenue: 88,206

EXPENSES
- Administration: 630,225
- Board of Directors: 152,668
- Governance Committees: 18,589
- Management Committees: 158,350
- Liaison & Institutional Support: 75,369

NET INCOME: 263,158

RESERVES: 1,132,768

ERRATUM
It has come to our attention that there is a typographical error in the 2009-2010 and 2010-2011 CAIR Annual Reports in the Financial Report, under expenses. The line for the Board of Directors should say: "$147,155" not "$47,155". Both reports have been updated to correct this error, and can be found at: [http://www.cair.ca/en/elibrary/documents.php?s=22](http://www.cair.ca/en/elibrary/documents.php?s=22)

Please note that in 2011, CAIR's Annual General Meeting was moved to June 18, 2011. Therefore the audited financial statements presented at this meeting were from the fiscal year July 1 2009 to June 30, 2010. These were the same financial statements presented at the 2010 Annual General Meeting. Thus, the typo in the Annual Report, Finance Report, was repeated.

The 2010-2011 audited financial statements for CAIR were approved by the CAIR Board at the November 26-27, 2011 Board Meeting. Note that these audited financial statements will be presented at the June 16, 2012 Annual General Meeting in Saskatoon. The Financial Report in the 2011-2012 Annual Report will reflect the 2010-2011 audited financial statements.

We sincerely regret this error, and apologize for any confusion that has occurred.

Changes coming to CAIR
Recently enacted regulations, from Industry Canada’s new Canada Not-for-Profit Corporations Act, require CAIR to hold its annual meeting within six months of the end of its financial year. CAIR sought legal council on the timing of its AGM and the end of its fiscal year, June 30th. CAIR must now change its fiscal year end so that it accords with the timeline of the AGM. A motion to change CAIR’s end of fiscal from June 30 to March 31 requires a by-law change and will be put before the members at the 2012 Annual General Meeting on June 16 in Saskatoon. Once approved, the change must receive consent from the Minister of Industry before enforcement.