The 2013-2014 Guide Book to Residency in Family Medicine

Foreword

We hope that you find this booklet useful in guiding you into, through, and beyond your residency training in family medicine. Enjoy!

Acronyms

CAHO = Council of Academic Hospitals of Ontario
CCFP = Certificate of the College of Family Physicians
CFPC = College of Family Physicians Canada
CMA = Canadian Medical Association
CME = Continuing Medical Education
CMPA = Canadian Medical Protective Association
CPSO = College of Physicians and Surgeons of Ontario
OCFP = Ontario College of Family Physicians
OMA = Ontario Medical Association
PAIRO = Professional Association of Internes and Residents of Ontario
PDA = Personal Digital Assistant
MOHLTC = Ministry of Health and Long-Term Care

Acknowledgements

Thank you to the OCFP Committee of Family Medicine Residents (2010-2012) for their foresight and hard work in bringing this booklet to fruition. Future recommendations and comments should be directed to ocfp@cfpc.ca.

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Why Family Medicine is a GREAT Career

Continuity of Care
● Potential to care for patients through all stages of life

Variety
● Potential to practice in a variety of settings (i.e. hospital wards, office, ER, home visits, etc.)
● Potential to see a variety of patients on a regular basis (i.e. pediatrics, obstetrics, women’s health, geriatrics, addictions, etc.)

Physician-Patient Relationship
● Seeing patients on a regular basis allows you to build a good rapport and level of trust that may not be developed in other specialties

Continuing Education
● Potential to generalize or specialize in many different areas of medicine depending on need and/or personal interest

Lifestyle
● Potential to create a healthy balance between professional and personal commitments

Challenging
● Maintaining competency in many areas of medicine and often dealing with complex patients

Income
● Competitive salaries compared to other specialties

Interprofessional Health Care
● Opportunity to work closely with other health care professionals (i.e. physiotherapy, social work, counselors, dietician, nurse practitioners, etc.), in modern health teams
Practice Profiles

The next few pages highlight the practice profiles of 8 different Ontario family physicians. There is incredible diversity amongst these featured practices. Family physicians are in a fortunate position to evolve their skills and experiences to cover a wide variety of medicine. We hope that in reading on, you feel inspired, and start to envision the practice you hope to have one day!

The 8 featured practices are located, as shown below, throughout Ontario:


**Pin Legend:**

- Sioux Lookout, ON
- London, ON
- Ilderton, ON
- Grimsby, ON
- Toronto, ON
- Ottawa, ON
- Rockland, ON
Dr. Claudette Chase, Sioux Lookout, Ontario and Eabametoong First Nation

**Special Interests:** Indigenous people's health, adolescent medicine, women's health

**Residency:** UBC Rural Stream  
**Practicing since:** 1994

**Practice description:** I work 2 weeks per month as a health administrator and 1 week per month as a family doctor serving a fly-in First Nation. I pick up occasional ER shifts and provide phone back-up to nursing stations.

**What you love most about your work:** The resilience of the people I serve and the variety of my work.

**What you love least about your work:** Paperwork!

**Advice to residents:** Don't narrow your practice early in your career--do OB, ER, hospital and clinic.

**Personal interests:** Reading, swimming, snowshoeing, travel

**Typical salary range:** $250-300,000
**Dr. Jessica Howard, Ilderton, Ontario**

<table>
<thead>
<tr>
<th><strong>Special Interests:</strong></th>
<th>Dermatology (including referrals), women's health procedures (i.e. IUD insertions and endometrial biopsies)</th>
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<tbody>
<tr>
<td><strong>Residency:</strong></td>
<td>UWO</td>
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<td><strong>Practicing since:</strong></td>
<td>2009</td>
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**Practice description:** Primarily office-based academic family practice with some hospital work. Most of my time is spent with residents in clinic as part of one of the newest Academic Family Medicine Centres in UWO's program. I also am the Recruitment Director for the UWO Family Medicine postgraduate program.

**What you love most about your work:** I love teaching the residents. They bring such energy to the day.

**What you love least about your work:** Filling out forms!

**Advice to residents:** Keep your options open and do some locums before you commit to a practice.

**Personal interests:** Cooking, entertaining, skiing, reading.

**Typical salary range:** $350 000 (before tax and overhead of course :))
Dr. Christine Richardson, London, Ontario

Special Interests: Education and also in third world medical service

Residency: UWO
Practicing since: 2006

Practice description: Full time emergency medicine with 3-4 shifts per week - this involves seeing patients as well as working with and teaching students and residents. Additionally spending about 4-8 hours/week on administrative duties and the same on teaching outside of the department.

What you love most about your work: The challenge of acute care medicine - it is mentally stimulating so you don't get bored of what you do.

What you love least about your work: Working "antisocial" hours (evenings, nights and weekends).

Advice to residents: Seek to get the most learning out of every rotation you do - you realize, in retrospect, how valuable it can be. Enjoy your time establishing rapport with patients, no matter how brief that interaction may be.

Personal interests: I'm one of those crazy busy people - I play in a concert band and love to get out cycling (road and mountain) and running. I love to read and belong to a great book club that has expanded my network of women physician friends (who are not in emerg). I travel as much as possible.

Typical salary range: About $300,000 per year.
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<tr>
<th><strong>Dr. Seamus Donaghy, Grimsby, Ontario</strong></th>
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<tr>
<td><strong>Special Interests:</strong> FP Anaesthesia, ER, procedural sedation, undergrad and resident education</td>
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<tr>
<td><strong>Residency:</strong> McMaster (after med school and internship in Ireland)</td>
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<td><strong>Practicing since:</strong> 1981</td>
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**Practice description:** A typical week involves a combination of office practice and FP Anaesthesia. (Editor’s Note: Dr. Donaghy’s Anaesthesia practice includes regular OR cases as well as covering for emergency OR cases, epidurals for labouring patients, and sedation for ER emergencies while on call. He is also involved in the ER, does home visits for patients, does some surgical assisting, and attends approximately 20 obstetrical deliveries a year).

**What you love most about your work:** I love the variety, the continuity of caring for patients for ‘the long haul’, delivering babies of babies that I delivered in my early years in practice, the challenge of Anaesthesia, the excitement of the ER.

**What you love least about your work:** I dislike (but accept the necessity of) paperwork - insurance, WSIB, disability. I dislike the ‘business aspect’ of practice but am grateful for a superlative office manager and colleagues who are business-savvy.

**Advice to residents:** Both undergrad and residency are a time to explore the variety of opportunities that family medicine offers. Sample as much as you can. Do not be intimidated - all areas of acute and chronic care can be mastered by an enthusiastic learner and the support of experienced mentors. Early days in ER, OB and Anaesthesia can be scary - I remember nights with the textbook under the pillow - now it’s easier with Epocrates, Dynamed, Up-to-date, etc. Comfort comes with experience. Develop supportive relationships with colleagues who have similar interests and challenges. Enjoy and make time for family activities. Daily acknowledgement of a supportive spouse/partner. Once solidly grounded, start teaching and share your knowledge and enthusiasm.

**Personal interests:** Time with 6 children (borne by spouse Mary, also a FP) and 3 grandchildren, skiing in winter, canoeing and hiking in spring, summer and fall (love the French River, Algonquin, Killarney, Quebec rivers, Nahanni), travel (since 2 grandkids are in NZ), cooking, running and biking.

**Typical salary range:** Salary range for a practice such as mine - gross billings $300 - 400K, net $200 - 300K (and then the taxman takes his cut!).
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<tr>
<th>Dr. Fok-Han Leung, Toronto, Ontario, St. Michael's Hospital</th>
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<tr>
<td><strong>Special Interests:</strong> Teaching, and low risk obstetrics</td>
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<td><strong>Residency:</strong> Toronto, St. Joseph's Health Centre</td>
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<td><strong>Practicing since:</strong> 2006</td>
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<tr>
<td><strong>Practice description:</strong> 3 days of clinic, 2 days of teaching and administration</td>
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<tr>
<td><strong>What you love most about your work:</strong> Variety and the learners</td>
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<tr>
<td><strong>What you love least about your work:</strong> Nothing!</td>
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<tr>
<td><strong>Advice to residents:</strong> Reflect regularly on your clinical encounters to make sure you are learning purposefully.</td>
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<tr>
<td><strong>Personal interests:</strong> Playing with my kids, running, food spotting and dining</td>
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<tr>
<td><strong>Typical salary range:</strong> 180K-280K. Big ranges, as there are many part time physicians in academic practice with a high level of heterogeneity in patient complexity and volumes.</td>
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Dr. Michael Kirlew, *Sioux Lookout and Ottawa, Ontario; Daquini, Haiti*

**Special Interests:** First Nations, Global Health, and medical simulation in education

**Residency:** University of Ottawa  
**Practicing since:** 2007

**Practice description:** It depends on where I am. In Ottawa, I do a fair bit of medical education as well as hospitalist work on our inpatient family medicine hospital service. In Sioux Lookout, I practice Family Medicine as well as Emergency Medicine and hospital work. In Haiti, I work mostly in HIV care and Tropical Medicine.

**What you love most about your work:** I thoroughly enjoy working with the patients. They are all truly inspiring. Also, I love the fact that my clinical practice is flexibility and diverse.

**What you love least about your work:** The least pleasant part of my work is the times I have spent away from my family. The time I spend away from them is usually as a result of the traveling I do. As such, traveling can be very taxing at times.

**Advice to residents:** First, Family Medicine is a great field of medicine and I can think of few others that offer the diversity of clinical practice that family medicine does. Second, enjoy your residency experience and relax. Third, don’t forget to spend as much time as possible with your family and friends during residency. It will set the right tone for your personal life and work after residency.

**Personal interests:** I most enjoy spending time with my Family. Additionally, I am a huge football fan. Being able to watch a game now and then is always nice.

**Typical salary range:** Here in Ontario, a Family Physician can typically make a salary within the range of 220,000 - 300,000 annually depending on scope of practice.

**Additional thoughts:** Many years ago, I heard a poignant statement from a movie about Physician, Patch Adams. It was regarding the inter-personal scope of Physician and patient care and it has stayed with me since; it was stated that “a physician is a trusted friend”. Since then, I have come to view my role in and with medicine as such. I see myself as a patient’s trusted medical friend. This has aided me well over the years, especially in heart wrenching moments when I am faced with relaying difficult information to patients and their families. Perhaps, it might also serve one of you well.

Dr. Kendall Noel, *Rockland, Ontario*
Intérêts spéciaux : Enseignement médical, actuellement inscrit au doctorat en médecine familiale à l’UWO

Résidence : Hôpital Montfort à l’Université d’Ottawa
Pratique depuis : 2002

Description de la pratique : Le lundi matin, je m’occupe des tâches administratives et je travaille l’après-midi et en soirée. La journée de mardi est dédiée à l’administration académique. Les mercredis et vendredis matins, je vois les patients et j’applique les procédures en après-midi (mes patients et ceux en consultation). Le jeudi est réservé aux soins cliniques de routine. Je suis sur appel pour le département psychiatrique de mon hôpital tous les autres jeudis.

Votre aspect favori du métier : J’aime le fait que nous jouions un rôle important dans la vie des gens dans les moments critiques. J’aime également le fait que nous ayons le droit d’entretenir un lien longitudinal avec les patients. J’aime voir un nouveau-né dans le cadre de ma pratique et je crois qu’il s’agit de mon devoir (même si cela m’effraie parfois) d’être aux côtés d’un patient en soins palliatifs au moment de son décès.
La responsabilité qui nous incombe en tant que médecins de famille de conseiller nos patients est plus importante que ce qu’on peut croire durant notre résidence. À un grand nombre de reprises, j’ai dirigé quelqu’un vers un autre spécialiste qui est revenu pour me dire : « Voici ce que l’autre médecin a dit, qu’est-ce que ça signifie et quel est votre avis à ce sujet? »

Votre aspect le moins favori du métier : Je n’apprécie pas qu’on m’incite à être « efficace » ou rentable quitte à passer moins de temps avec mes patients. Il existe des personnes qui aiment savoir que leur médecin prendra le temps de les rencontrer. Je crois qu’un grand nombre d’entre eux cherchent à recevoir des soins par des médecins qui vont prendre plus de temps pour rencontrer leurs patients en plus de fournir d’excellents soins. Je ne connais pas la réponse à cette question. Il semblerait que l’efficacité et la rentabilité soient la voie de l’avenir.

Conseils pour les résidents : Profitez de tout ce que la vie a à vous offrir. Remettez tout en question et ne prenez rien pour acquis. C’est grâce à cet esprit critique que vous aiderez la profession à avancer. Profitez de votre métier et de la vie. Prenez du temps pour votre famille, vos amis et le plaisir (congé).

Échelle de salaire : entre 200 000 et 300 000 $ par année.

Dr. Michelle Homer, Locums in Ontario
Special Interests: Low risk obstetrics, acute care and palliative care.

Residency: North York General Hospital, University of Toronto
Practicing since: July 2009

Practice description: As a locum, I don’t have a typical work week! Some weeks are very routine (i.e. office 3-4 days a week). Others are filled with urgent care/walk-in shifts. When working in northern Ontario, I have typically split my time between office, 24-hr ER shifts and in-patient care.

What you love most about your work: In terms of working as a locum, the freedom to choose where, when, and what I want to do. In terms of family medicine, I enjoy interacting with patients as well as the variety of clinical cases.

What you love least about your work: I have formed an intense dislike of paperwork over the past few months as an independent doctor. As a locum, it can be frustrating to have each patient be new to you. There is definitely something to be said for the doctor-patient relationship! I have also found it frustrating to find locums which allow me to pursue my interests, such as OB, at least in the GTA.

Advice to residents: Don’t sign up for the first staff position or locum available “just to have something”. Take your time to find out details re: clinics/staff, what is expected of you and also what compensation is being offered. Soak up as much information as possible about practice management! Also, don’t close the proverbial door too early on options within family medicine. Even if you dread a particular rotation in residency or can’t envision yourself ever using those skills again, you never know what clinical pearls you may retain that might come in handy down the line. You also never know how your practice may change over the next fifty years!

Personal interests: Travel, photography, writing, hiking, and baking. Spending time with friends and family. Making never-ending renovations to our townhouse.

Typical salary range: Working typically 3-4 days a week (and taking a couple of months off at a time once or twice a year) my annual salary would be in the range of $120K before tax, after overhead.
Preparing for Residency

Congratulations on matching to family medicine! Unfortunately, while still studying for the LMCC part 1, there are many things to do!

1. **Sign the “Letter of Appointment” (LOA)**
   Send LOA to your postgraduate medical education office (usually within 30 days).

2. **Become a member of the CPSO**
   - **Mandatory** membership for residency
   - Application: [www.cpso.on.ca/registration/](http://www.cpso.on.ca/registration/)
   - It takes approximately 12 weeks to process application so **send it in early**
   - Most schools will send in the photocopy of medical degree automatically

3. **Become a member of the CMPA**
   - Apply online: [https://www.cmpa-acpm.ca/cmpapd04/docs/oma-e.cfm](https://www.cmpa-acpm.ca/cmpapd04/docs/oma-e.cfm)
     - Type of work code: 12 (without moonlighting)
   - The MOHLTC normally reimburses 80% of the dues, however, rates were decreased for 2012 and there will be no reimbursement this year. For 2013, go to the MOHLTC web site and download and submit the following forms: Application Form #3889; Direct Deposit Authorization Form #7698

4. **Become a member of the CFPC**
   - Membership is automatic and handled by your Program Director and CFPC staff in August. PGY1 membership is free.
   - PGY2 membership is automatically renewed. You will be required to pay a $54 membership fee when you apply to write the certification examination in family medicine.

5. **Become a member of the OMA/CMA (Optional)**
   - OMA: [https://www.oma.org/Benefits/Pages/default.aspx](https://www.oma.org/Benefits/Pages/default.aspx)
   - CMA: [http://www.cma.ca/membercentre/become%20a%20member](http://www.cma.ca/membercentre/become%20a%20member), must be a member of OMA to join.

6. **Complete all hospital/program-specific requirements**
   - Online registration
   - Payroll/benefits form
   - Setting up/activating new email accounts
   - ACLS certification
   - Online trainings for EMR and other learning modules

7. **Immunization status**
   Schools will generally require evidence of tetanus, diphtheria, hepatitis B, MMR and TB testing
Preparing for Residency

8. Plan for debt repayment:
   ● Many family medicine residents missed out on over $30 000 because they were not informed. Make sure this year you are not one of them! Do not pay off or transfer your government student debt until you have become fully informed about debt repayment and programs in Ontario:
     ○ Resident Loan Interest Relief Program (RLIRP): If you sign up for a return of service in Ontario for 5 years after residency, then the government will pay all of your interest on government loans during residency. Be careful though, if you cancel the agreement there is a substantial financial penalty, plus back interest. http://www.health.gov.on.ca/en/pro/programs/rlirp/faq.aspx
     ○ Canadian Student Loan Relief: This gives you $8000 per year, for five years, off of your Canadian Student Loan debt. This can be claimed during residency and independent practice. You must spend time in an underserviced rural or remote community. http://www.gazette.gc.ca/rp-pr/p1/2012/2012-08-04/html/reg3-eng.html
   ● You should know that if you sign up for the RLIRP, or if you convert your Canadian Student Loan (OSAP in Ontario) to a private line of credit, then you are not eligible for the Canadian Student Loan Relief!

9. Update your address on driver’s license/vehicle registration
   ● This can be done online at no cost.
   ● Either visit a Service Ontario counter/kiosk or go to http://www.ontario.ca/en/services_for_residents/STEL02_040172.html.
   ● Contact your vehicle insurance company to update your address

10. Planning ahead
    ● PGY1 schedule
        – Request early if there is a particular order of rotations/electives and vacation time you would like
    ● Residency research project - compulsory
        – Start brainstorming on possible project ideas
    ● Committee involvement
        – Add balance by joining the many resident leadership positions available

11. Documents to keep handy
    ● Immunization record
    ● LMCC I/II exam results
    ● CMA/OMA/CCFP membership
    ● CPSO license
    ● CMPA registration
    ● Up-to-date CV
    ● Photocopy of medical degree
Succeeding in Residency

Most useful smart phone applications and online resources/journals by subject (as rated by over 150 Ontario Family Medicine Residents surveyed in 2011)

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<thead>
<tr>
<th>Subject</th>
<th>Smart Phone Applications*</th>
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<tbody>
<tr>
<td>Psychiatry</td>
<td>STAT Depression Score PHQ-9 (free)</td>
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<tr>
<td>Emergency Medicine</td>
<td>ERres ($3.99)</td>
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<td></td>
<td>ACLS Advisor 2012 ($2.99)</td>
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<tr>
<td>Internal Medicine</td>
<td>Pocket Medicine MGH Handbook of IM ($48.99)</td>
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<td></td>
<td>ACC Pocket Guidelines (free)</td>
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<tr>
<td>Pediatrics</td>
<td>Pedi STAT ($2.99)</td>
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<td>Pedi Safe ($0.99)</td>
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<td>Pharma</td>
<td>Epocrates (free)</td>
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<td>Lexi-comp (free)</td>
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<td>CPS Essentials (free)</td>
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<td>Family Medicine</td>
<td>BC Guidelines (free)</td>
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<td>AFP by topic (free)</td>
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<tr>
<td>Neurology</td>
<td>NeuroMind (free)</td>
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<td>Obstetrics</td>
<td>Perfect OB Wheel ($1.99)</td>
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<td>General</td>
<td>UpToDate (subscription)</td>
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<td>MedCalc ($0.99)</td>
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<td>Medscape (free)</td>
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<td>DynaMed (free)</td>
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<td></td>
<td>5-Minute Clinical Consult (subscription)</td>
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<td>PEPID (free)</td>
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<td>MD on Call ($4.99)</td>
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Helpful Reference Books

- Rx Files (Objective Comparisons for Optimal Drug Therapy): www.rxfiles.ca
- Anti-Infective Guidelines for Community Acquired Infections: www.mumshealth.com
- Canadian Drug Pocket
- Approach to Internal Medicine: A Practical Guide to Clinical Problem Solving. Author: David Hui
- Tarascon Pharmacopoeia
- Mosby’s Family Practice Sourcebook
- Bratton’s Family Medicine Board Review (USA)
- Therapeutic Choices
- The CMA offers members free access to many medical textbooks: www.cma.ca
### Succeeding in Residency

<table>
<thead>
<tr>
<th>Subject</th>
<th>Online Resources/Journals**</th>
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<tr>
<td><strong>Psychiatry</strong></td>
<td>CANMET Guidelines (<a href="http://www.canmat.org/guides.php">www.canmat.org/guides.php</a>)</td>
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<tr>
<td><strong>Emergency Medicine</strong></td>
<td><a href="http://www.emedmag.com">www.emedmag.com</a></td>
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<td><strong>Internal Medicine</strong></td>
<td><a href="http://www.respiratoryguidelines.ca">www.respiratoryguidelines.ca</a></td>
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<td><a href="http://www.dermnet.org.nz">www.dermnet.org.nz</a></td>
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<td><a href="http://www.skintherapyletter.ca">www.skintherapyletter.ca</a></td>
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<td><strong>Pediatrics</strong></td>
<td>Canadian Pediatric Society (<a href="http://www.cps.ca">www.cps.ca</a>)</td>
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<td>The Hospital for Sick Children (<a href="http://www.aboutkidshealth.ca">www.aboutkidshealth.ca</a>)</td>
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<td>ADHD Ratings Scales (<a href="http://www.adhhydratingscales.com">www.adhhydratingscales.com</a>)</td>
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<td><strong>Pharma</strong></td>
<td>Infectious Disease Society of America (<a href="http://www.idsociety.org">www.idsociety.org</a>)</td>
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<td></td>
<td><a href="http://www.cma.ca/clinicalresources/practiceguidelines">www.cma.ca/clinicalresources/practiceguidelines</a></td>
</tr>
</tbody>
</table>

* Some of the applications listed may be industry sponsored

** Need help keeping track of resources? delicious.com, dropbox.com and Google Bookmarks are great!

### Elective Planning

- If you are interested in planning electives for other schools or sites, then the Society of Rural Physicians of Canada (SRPC) has a database you can use to review or enter information about electives. Check it out at: [https://www.srpc.ca/resourcesResidents_electives_db.html](https://www.srpc.ca/resourcesResidents_electives_db.html)
Pregnancy and Parental Leave

Many residents may be contemplating a new addition to their family before their residency is complete. If so, congratulations! You may be wondering how a pregnancy or paternity leave may affect your residency and/or income.

If you read nothing more, know that a great PAIRO resource exists clarifying the PAIRO contract, and guiding you through the process. It can be found at www.pairo.org/Content/Files/Parentalleave.pdf. The PAIRO office is also very helpful for clarifying things for your particular situation.

Qualifying for Pregnancy and Parental Benefits:
- Benefits are government issued (EI)
- Service Canada requires a person to have accumulated 600 insurable hours in the last 52 weeks
- You are entitled to be credited for your actual amount of hours worked, rather than work hours recorded for payroll, as per Attachment 11 “Employment Insurance Hours of Work” in the PAIRO-CAHO Agreement.
- If you do NOT meet requirements for EI, you are still legally entitled to protected time off (albeit unpaid), up to one year, under the Employment Standards Act. The protected time off would be of the same duration as those of EI pregnancy and parental leave benefits.

Hospital’s Supplemental Unemployment Benefit Plan:
- The PAIRO-CAHO agreement also provides a supplemental income top-up for those residents who are eligible for EI, for a maximum of 25 weeks.
- The top-up will ensure you receive approximately 75% of your normal weekly earnings for those 25 weeks.
- Note: to be eligible for the top-up, PGY-1’s must have worked 13 weeks of continuous service.

<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Length of Benefit</th>
<th>When can the benefit begin</th>
<th>Who is eligible?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy Benefit</td>
<td>17 weeks</td>
<td>Up to 8 weeks before EDC</td>
<td>Birth mother or surrogate mother</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can be collected within 17 weeks of actual or EDC</td>
<td></td>
</tr>
<tr>
<td>Parental Benefits</td>
<td>35 weeks</td>
<td>Payable no later than 52 weeks after the birth</td>
<td>New Parents</td>
</tr>
<tr>
<td></td>
<td>Note: can get 37 weeks if you did not take pregnancy leave</td>
<td>For Adoptive Parents, Fathers, non birth mothers – payable no later than 52 after the child is your immediate care for the first time</td>
<td>“Parent”: a birth parent, adopting parent or person in a relationship with a parent of a child and plans to treat the child as their own</td>
</tr>
</tbody>
</table>
Pregnancy and Parental Leave

Applying for Benefits:
- Applications for benefits can be made online through Benefit Online Application, or in person through any Service Canada Centre.
- Documents Needed:
  - Social Insurance Number, Record of Employment (ROE) which can be provided through your payroll department, ID, complete bank information, expected/actual date of birth
  - There is generally a 2-week unpaid waiting period from the time of application approval by Service Canada and the first EI payment. www.servicecanada.gc.ca
- Some other good things to be aware of that are summarized in the link listed above include:
  - You do not have to do call after 31 weeks gestation.
  - Call the CMPA prior to the start of your mat leave (or soon after it starts) to put your CMPA dues on hold for the duration of your leave. You can then call them before your return to work date to restart your CMPA coverage.
  - While on pregnancy and parental leave, you accumulate vacation for the length of your leave. In other words, if you are on maternity leave for 1 year, you accumulate 4 weeks of paid holiday in addition to the regular 4 weeks per year of holiday that you receive through the PAIRO contract. If you take 6 months of mat leave, you accumulate an additional 2 weeks of holiday, etc.
  - Unused vacation can be carried over until after your leave. This vacation, along with your accumulated vacation, can be taken immediately prior to restarting work or at a mutually agreed time (between you, your preceptor/program).
  - Professional days cannot be carried over and expire with each appointment (postgraduate) year.

Other things to consider when planning your maternity leave include:
- You must give 4 weeks written notice of the intended timing of your pregnancy and/or parental leave
- Consider when you will be able to write your exams
- While on leave, ask your program director whether or not you can keep up with your academic rounds. If so, will this attendance count towards your academic requirements for graduation?
- Ask if your program allows for part-time work at any stage during your leave, (i.e. half-day backs, etc.). This seems to be program specific. If you decide to do this, remember to contact the CMPA and re-start your insurance coverage.

For further information with respect to pregnancy and parental leave benefits, consult the PAIRO-CAHO 2008-2011 Agreement (specifically Articles 11.5, 14.1 and 15). You may also wish to consult the Service Canada website (www.servicecanada.gc.ca) regarding Employment Insurance benefits.
Certification Examinations in Family Medicine

There have been recent changes to the certification examination in family medicine. Residents used to be required to successfully complete the following examinations to be eligible for practice in Family Medicine:

1. LMCC Part II: OSCE (Objective Structured Clinical Examination) format – eight 10 minute stations and eight 5 minute stations with a 5 minute post-encounter probe.
2. CCFP Examination: Two components, 40-45 SAMPS (short answer management problems) and five SOOs (simulated office orals).

As of 2013, qualifying residents will be taking a Harmonized Exam, which combines both the LMCC Part II and the CCFP exam. This exam will be offered each year in the spring and fall. Candidates will be involved in testing over a period of three days. Please refer to the CFPC website (www.cfpc.ca) for more up to date information.

Harmonized Certification Exam in Family Medicine

The written component will be comprised of approximately 40-45 short answer management problems (SAMPs) designed to test a candidate's recall of factual knowledge and problem solving abilities in the area of definition of health problems, management of health problems, and critical appraisal. This portion of the examination will be six hours in length.

The enhanced clinical skills component will be comprised of 4 simulated office orals (SOOs) and 8 objective structured clinical examinations (OSCEs). The SOOs are designed to simulate a real clinical encounter, lasting 15 minutes each. In each SOO, the patient (who is also the examiner) will present with a primary complaint as well as a secondary complaint, which the examinee must uncover. The examination will assess both the definition and management of each health problem. The scoring system has been devised to focus on the candidate's approach to dealing with patients—including their ability to understand the patient's unique experience and to establish a positive doctor-patient relationship, using a patient-centered clinical method. Getting the "right diagnosis" plays only a minor role in the scoring. The OSCEs for the LMCC Part II have traditionally used a combination of two structures—a 10 minute long station or a 5 minute long station followed by a 5 minute post-encounter probe. The exact breakdown of the stations for the OSCE portion of the Harmonized exam is not known at this time.
Certification Examinations in Family Medicine

For the Harmonized Exam starting in 2013, the SAMPS component will be written on the first day of the examination, the OSCEs will be performed on the second day, and the SOOs will be administered on the third day.

Examination fee (2013) = $4,600

Continuation of the Traditional Exam Format

For residents or practice-eligible candidates who passed the MCCQE Part II on or before spring 2011, they will have the opportunity to sit the traditional certification exam in the spring and fall of 2013. This opportunity will only be available for the 2013 sessions of the exam and after that, all candidates seeking certification in family medicine will be required to sit the new exam format.

Repeat Requirements

Candidates must successfully complete both components of the enhanced exam to be awarded their certificate. If candidates are unsuccessful on both components of the enhanced exam they will be required to re-sit the full exam on a subsequent attempt. If candidates are unsuccessful on one of the two exam components, they may re-sit that component of the exam at a reduced fee.

For preparation resources, visit www.cfpc.ca:
- 99 Topics and Key Features in Family Medicine (= exam objectives)
- SAMPS from previous examinations
- Online SAMPS web demo: Go through example SAMPS using the same software that will deliver the online exam
- Free Access to the Self Learning Program
- Example SOOS from previous examinations, and scoring templates
- Video of an example SOO
- Recommended reference books
- Future examination dates
Enhancing Skills: PGY-3 Opportunities

If you are thinking about adding a third year of residency to enhance your skills, there are a wide variety of programs to choose from across Canada.

Why do some residents choose to pursue extra training through a PGY-3 program?
- They plan to work in a community with a specific health-care need
- They have an area of special interest and plan to devote a portion of their practice to this
- They would like more experience in a specific area
- They want to pursue a Master’s Degree or do extra research in a specific area (i.e. academic family medicine)

PGY-3 Quick Facts
- Most PGY3 years begin July 1st (if you are on an alternate schedule, some programs will make accommodations)
- Deadlines for application are usually during the fall prior to the start of the program
- Emergency Medicine is currently the only program that requires a CaRMS application
- Programs generally range in length from 6 months to 1 year (some opportunities for less than 6 months are available)
- Many programs will allow you to design your own PGY-3 program tailored to your learning needs
- Some programs require a Return of Service Agreement (ROSA) which requires, in most cases, a year of service to an under-serviced area for a year of funded training

Tips for a successful PGY-3 Application
- Contact the program director by email or in person to ask questions and let them know you are interested in their program - putting a face to the application can really distinguish you from the other applicants
- Talk to current residents in your program of choice - are they happy with the structure of the program?
- Try to arrange an elective in the specialty and/or location of your choice
- Each university and program have different time-lines and requirements so start researching them early
Enhancing Skills: PGY-3 Opportunities

Emergency Medicine
For program-specific information and exact time-lines please visit www.carms.ca

- Online CaRMS registration usually begins in the August prior to the commencement of the program, with final submission of applications at the end of September
- The interview period usually spans a month, in late Fall, with the final match day sometime in mid-December
- Each program requires a personal letter plus three reference letters and a letter of good standing from your program director; some programs also require a curriculum vitae
- The number of positions at each university can vary each year

Ontario University PGY-3 Program Descriptions
Please see program websites for complete descriptions, number of positions and application time-lines:

University of Western Ontario:
www.familymedicineuwo.ca/PGY3programs.aspx

McMaster University:
www.fammedmcmaster.ca/postgraduate/enhanced-skills-program-pgy3

University of Toronto:
www.dfcm.utoronto.ca/prospectivelearners/prosres/pgy3.htm

Queen’s University:
www.dfmqueens.ca/education/enhanced_skills.php

University of Ottawa:
http://www.familymedicine.uottawa.ca/eng/pg_PGY3.html

Northern Ontario School of Medicine:
www.nosm.ca/education/pgme/general.aspx?id=490
## Ontario PGY-3 Opportunities (as of Nov 2012)

<table>
<thead>
<tr>
<th>Area of Special Training</th>
<th>NOSM</th>
<th>McMaster</th>
<th>Ottawa</th>
<th>Queens</th>
<th>Toronto</th>
<th>Western</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addictions/ Mental Health</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Academic Fellowships</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Anesthesia</td>
<td>X</td>
<td>X (r)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Breast diseases</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Care of the Elderly</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Child health</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Developmental Disabilities</td>
<td>X</td>
<td></td>
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<td></td>
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<tr>
<td>Emergency Medicine</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Enhanced Maternity Skills</td>
<td>X (and advanced skills)</td>
<td>X (r)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Family Practice Oncology</td>
<td>X</td>
<td></td>
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<tr>
<td>Global Health</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Hospital Medicine</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>HIV Primary Care</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Indigenous Health</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>X</td>
<td></td>
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<tr>
<td>Palliative Care</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Pediatrics</td>
<td>X</td>
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<tr>
<td>Sport Medicine</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Palliative Care</td>
<td>X</td>
<td></td>
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<td></td>
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<tr>
<td>Psychotherapy</td>
<td>X</td>
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<tr>
<td>Women’s Health</td>
<td>X</td>
<td>X (r)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Research</td>
<td>X</td>
<td></td>
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<td></td>
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<tr>
<td>Rural Skills</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Self Designed</td>
<td>X</td>
<td>X (r)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Wilderness Medicine</td>
<td>X</td>
<td></td>
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</tbody>
</table>

*(r) = available in rural and urban settings.*
Resident Wellbeing

Residency training can be exciting, challenging, and full of great opportunities for learning and growth. It also can have moments that are exhausting, stressful, and emotional. It is important to try to maintain a healthy balance between work and other aspects of your life, in order to maintain your personal wellbeing, AND to provide better patient care. Maintaining your pre-residency interests can help you to stay balanced.

If you find yourself struggling at any point during residency, know you are not alone and there are lots of resources available for help! The PAIRO website has a great section on Resident Wellbeing, outlining some very helpful resources available to residents: www.pairo.org/Content/Default.aspx?pg=1009.

Some highlights include:
- **24-Hour** Toll-free Help Line: 1 866 HELP DOC (1-866-435-7362)
- A confidential service to support residents, medical students, their partners and families
- OMA Physician Health Program (www.phpoma.org/)
- Confidential Toll-Free Line: 1-800-851-6606 (Monday to Friday 8:45am to 5:00pm). They have services for students and residents.
- ePhysicianHealth (www.ephysicianhealth.com)
- “Online health and wellness resource designed to help physicians and physicians in training to be resilient in their professional and personal lives”
- Family Doctor Roster
- If you are looking for a family doctor for yourself, contact PAIRO and they will find one for you in your area.

Your peers, supervisors, and program directors can be great supports along the way. The PGME (post-graduate medical education) website of each school is another great resource.

And lastly, don’t forget to take advantage of Group Benefit Health Care plan. The details of the plan are summarized on PAIRO’s website → PAIRO-CAHO agreement → Employee benefits.
PAIRO’s site describes that regarding paramedical coverage: "the annual calendar year maximum will be $500 from the first dollar for each eligible paramedical practitioner per covered person. Eligible paramedical practitioners are defined as physiotherapists, chiropractors, acupuncturists, massage therapists, speech therapists, psychologists (including MSW), and podiatrists".
Please refer to the PAIRO website for full details: www.pairo.org.
Ways to Get Involved

**Mandatory Memberships**
- CPSO and CMPA (see section “Before Starting Residency”)
- CFPC: You will need to be a paying member in order to write your certification exams as a PGY-2. Membership entitles you to receive the Canadian Family Physician Journal, have free access to “Self Learning” (a study and CME resource), and keep you up to date on the issues facing family medicine. You must maintain your CFPC membership after graduation to maintain certification.

**Committee Involvement**
There are many opportunities for involvement within each family medicine program, but here are a few Provincial and National Committees to consider (see below). Expect an email early in the year, soliciting applications for these positions.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAIRO</td>
<td>An average of 3-4 FM representatives from each Ontario University</td>
</tr>
<tr>
<td>OCFP</td>
<td>Each Ontario program has one R1 and one R2 representative</td>
</tr>
<tr>
<td>CFPC</td>
<td>Each Canadian program has one R1 and one R2 position</td>
</tr>
</tbody>
</table>

**Special Courses**
- For mandatory neonatal resuscitation, this is obtained by taking the NRP (Neonatal Resuscitation Program) which is offered at most schools.
- For extra training in obstetrics, ALARM (by the SOGC) or ALSO course (by the CFPC) is recommended.
- For extra training in emergency, ATLS (Advanced Trauma Life Support), ACLS (Advanced Cardiac Life Support) and PALS (Pediatric Advanced Life Support) are recommended.
- Most universities offer their own ACLS, ATLS, and PALS courses. Here are a few places that offer very frequent courses and flexibility.

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michener Institute, Toronto</td>
<td>ACLS and PALS (competitively priced)</td>
</tr>
<tr>
<td>Sunnybrook Hospital, Toronto</td>
<td>ACLS and ATLS</td>
</tr>
<tr>
<td>Mount Sinai and North York</td>
<td>ACLS courses</td>
</tr>
<tr>
<td>General Hospitals</td>
<td></td>
</tr>
<tr>
<td>North York General</td>
<td>An excellent Orthopedics / Fracture course called CASTED.</td>
</tr>
<tr>
<td>Hamilton Health Sciences</td>
<td>ATLS, PALS, ACLS and AMLS (Acute Musculoskeletal Limb Support) courses</td>
</tr>
</tbody>
</table>
# Ways to Get Involved

## Conferences

<table>
<thead>
<tr>
<th>Major Conferences</th>
<th>Dates and Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Medicine:</strong></td>
<td></td>
</tr>
<tr>
<td>AAFP Annual Scientific Assembly</td>
<td>September 24-28, 2013 in San Diego, CA</td>
</tr>
<tr>
<td>OCFP Annual Scientific Assembly</td>
<td>November 28-30, 2013 in Toronto, ON</td>
</tr>
<tr>
<td>CFPC Family Medicine Forum</td>
<td>November 7-9, 2013 in Vancouver, BC</td>
</tr>
<tr>
<td>Rural FM Conference (SRPC)</td>
<td>April 4-6, 2013 in Victoria, BC</td>
</tr>
<tr>
<td>Primary Care Today</td>
<td>May 9-11, 2013 in Toronto, ON</td>
</tr>
<tr>
<td><strong>Emergency Medicine:</strong></td>
<td></td>
</tr>
<tr>
<td>American ER Annual Conference</td>
<td>October 14-17 2013 in Seattle, WA</td>
</tr>
<tr>
<td>American Academy of Emergency Medicine Annual Assembly</td>
<td>February 11-14, 2014 in New York, NY</td>
</tr>
<tr>
<td>Rural Critical Care (SRPC)</td>
<td>Usually in February in Banff</td>
</tr>
<tr>
<td>CAEP Annual Conference</td>
<td>June 2014 in Ottawa, ON</td>
</tr>
<tr>
<td><strong>Specialty Conferences:</strong></td>
<td></td>
</tr>
<tr>
<td>Canadian Pediatrics Society</td>
<td>June 19-22, 2013 in Edmonton, AB</td>
</tr>
<tr>
<td>SOGC Annual Clinical Meeting</td>
<td>June 11-14, 2013 in Calgary, AB</td>
</tr>
<tr>
<td>Canadian Psychiatric Society - Annual</td>
<td>September 26-28, 2013 in Ottawa, ON</td>
</tr>
<tr>
<td>International Congress on Palliative Care</td>
<td>September 8-12, 2014 in Montreal, QC</td>
</tr>
<tr>
<td>Internal Medicine Annual Meeting</td>
<td>October 2-5, 2013 in Toronto, ON</td>
</tr>
<tr>
<td>McMaster IM Review Course</td>
<td>April 3-6, 2013 in Hamilton, ON</td>
</tr>
<tr>
<td>Canadian Geriatrics Society - Annual</td>
<td>April 18-20, 2013 in Toronto, ON</td>
</tr>
</tbody>
</table>
Continuing Medical Education and International Medicine

Continuing Medical Education (CME) on the Road
Each year, the Ontario College of Family Physicians offers several venues for continuing professional development, including the Emergency Primer for Family Physicians and many others. Please refer to the CME Event Calendar at: [http://www.ocfp.on.ca/cme](http://www.ocfp.on.ca/cme)

Online Continuing Medical Education
- Online CMEs are a great alternative to attending courses and conferences, which can be quite expensive
  - CFPC offers Self Learning, which include practice SAMPs ([http://www.cfpc.ca/sli/](http://www.cfpc.ca/sli/))
  - CFPC offers e-therapeutic highlights by email - register on their website ([www.e-therapeutics.ca](http://www.e-therapeutics.ca))
  - CMA website has Clinical Shorts, which are summaries of recent studies in major journals ([www.cma.ca/cmajpractice](http://www.cma.ca/cmajpractice))
  - Essential Evidence Plus offers daily POEMs (Patient-Oriented Evidence that Matters), which are synopses of new evidence
  - Online Canadian CME ([www.cmelist.com/cdnlist.htm](http://www.cmelist.com/cdnlist.htm))

International Medicine
- Most residency programs allow international electives as part of the global health curriculum
  - Speak to your program about specific international connections to facilitate set-up
- Many organizations offer international medical work (short or long-term) for post-residency
  - International Medical Corps: [internationalmedicalcorps.org](http://internationalmedicalcorps.org)
  - MSF/Doctors Without Borders: [www.doctorswithoutborders.org](http://www.doctorswithoutborders.org)
  - Latitudes Group International: [www.latitudes-group.com](http://www.latitudes-group.com)
  - International Medical Recruitment: [www.imrmedical.com](http://www.imrmedical.com)
- International Medical Volunteers Association ([www.imva.org](http://www.imva.org)) provides great general info and tips, as well as information about the major health aid organizations
- Key points to consider
  - Licensing requirements
  - Documentation (ex. passports and VISAs)
  - Pre-trip vaccinations and prophylactic medications (ex. malaria)
  - Insurance: professional, health, travel, disability
  - Local language and living conditions
The CFPC program for Continuing Professional Development (CPD) allows physicians to document and maintain their continuing education and provides methods for evaluating CPD programs.

**How Mainpro Works**
- When you join CFPC as a member, you start your first 5 year Mainpro cycle
- In each cycle, you must accrue a minimum of 250 credits. Minimum of 25 credits per year *(starting in 2013)*
- Of those, at least 125 must be either M1 or MC (see below) and up to 125 can be M2
- Reporting Mainpro credits is done online
- Proof of participation must be provided to CFPC for MC credits, but not for M1 or M2
- Must retain proof of participation in all types of Mainpro credits for at least 6 years, as members are randomly selected for credit validation
- Some family practice models also provide financial compensation for participation in continuing medical education ($25 per 15 minutes)

**Types of Mainpro Credits**
- **Mainpro-M1**: These credits are linked to structured learning programs that focus on enhancing knowledge and skills integral to family medicine. (e.g. accredited conferences, courses, and workshops; accredited hospital/clinical rounds and journal clubs; interactive, Internet-based continuing medical education (CME); [Self Learning](https://cfpc.ca/) from CFPC)
- **Mainpro-M2**: These credits are linked to self-directed, unstructured CPD/CME activities (e.g., journal reading, teaching, podcasts), as well as non-CFPC accredited live events
- **Mainpro-C**: These credits are linked to activities that promote performance/quality improvement and include a self-reflective component (e.g., practice audits, accredited practice-based small-group learning, such as the McMaster developed PBSLG modules)

**Mainpro and Residents**
- Residents are *not required* to participate in Mainpro
- However, many will participate in Mainpro eligible activities in residency, such as conferences and ACLS
- CFPC encourages residents to track their Mainpro activities - credits (up to 30 M1 and 5 MC) can be carried forward towards their first Mainpro cycle
- To learn more about reporting these credits visit: [www.cfpc.ca/reportcredits](https://www.cfpc.ca/reportcredits)
- Note that only activities outside of your residency program can be claimed, for example mandatory teaching at your site does not count
- The CFPC Self Learning program is free to residents, allows you to collect M1 credits, and has practice SAMPs available for exam preparation. Visit [http://cfpc.ca/sli/](http://cfpc.ca/sli/)
Preparing for Practice

Guide to getting started as a new physician:
● The URL below will bring you to an online physician manual, describing important acts and regulations, and how to submit claims to get paid: http://www.health.gov.on.ca/English/providers/pub/ohip/physmanual/physmanual_mn.html

CPSO Certificate for Independent Practice
● Needed to engage in independent, unsupervised practice upon graduation.
● Applications are usually available for download from www.cpso.on.ca, in April of your graduating year.
● Follow the Registration link from the main page, than select Applications and Forms. Ensure to download the application package titled “Final Year Residents in Ontario”.

Billing Number: In Ontario it’s known as the OHIP number
● You will need this number to get paid regardless of the type of the practice conditions (i.e. locum vs. non-locum)
● Separate applications for each Province/Territory
● Application in Ontario can be found at the following website (Form 014-3384-83): www.forms.ssb.gov.on.ca/mbs/ssp/forms/sspforms.nsf/FormDetail?openform&ENV=WWE&NO=014-3384-83

Hospital Privileges
● Call the hospital where you intend to work: ask about their application process (it varies)
● In general, you will need photocopies of medical licenses, malpractice certificates, immunization records, Curriculum Vitae, Certificate of Good Standing, Certificate of Adult Criminal Convictions

Membership to the CFPC and Your Province/Territory
● CFPC: www.cfpc.ca
● OCFP (for Ontario): www.ocfp.on.ca. Substitute your province or territory if going elsewhere

The Canadian Medical Protective Association (note: you are not limited to their services and can shop around if you desire)
● A very user friendly website. Go to the following link and complete the online membership application: www.cmpa-acpm.ca
Preparing for Practice

Application to Provincial/Territorial Medical Association
- Contact the respective organization in each Province/Territory for instructions
- In Ontario you can find information about application here: www.oma.org

Change of Address
- Remember to update your addresses at the following places: Program Director, Billing Department for Hospital and Office, Student Accounts of your University, Financial Institutions, CMPA, CFPC, OMA (or equivalent), OHIP and many others!

Workplace Safety and Insurance Board (WSIB) Number
- Visit www.wsib.on.ca. Then, go to ‘Health care practitioners’. Look to the left column and select ‘Forms’. Under ‘Forms’ you will see the form ‘Health Professional’s Registration Application’

Health Card Validation
- In order to get paid, your patients must have a valid health card. The Health Card Validation Manual (link below), tells you what to look for to ensure you are accepting patients with a valid health card: www.health.gov.on.ca/English/providers/pub/ohip/ohipvalid_manual/ohipvalid_manual_mn.html

Laboratory Registration
- Register with Life Labs, MDS labs or any other lab services you will be using

Application for GONet Electronic Data Transfer (EDT) Service
- Those billing electronically need this. Contact at 1(800) 262-6524

Electronic Medical Records
- If using EMR, visit www.ehealthontario.on.ca. Information regarding EMR systems and help setting up can be found there.
- Additionally, there is a reimbursement program to help with start-up costs through OntarioMD

Mainpro Credits
- Refer to MAINPRO section of this guide

Note: This is not an exhaustive list. Other things to think about are getting a lawyer, an accountant, whether or not to incorporate and when, insurance options, etc. For further guidance, please visit www.cma.ca/practicemanagement.
CFPC - First Five Years in Family Practice

Introducing the CFPC’s First Five Years in Family Practice initiative!

The College of Family Physicians of Canada (CFPC) is supporting new family physicians through its new First Five Years in Family Practice initiative.

Recent family medicine residency graduates from each region in Canada sit on the First Five Years in Family Practice committee, and are focusing on areas that are important for new family physicians.

A needs assessment survey was conducted, and new family physicians clearly wanted more assistance with practice management. While there is some practice management teaching in Canadian residency programs, not surprisingly, new family physicians feel that their greatest time of practice management need is when they are actually in practice.

During the early part of 2011, with the assistance of the CFPC’s Director of Library Services (Lynn Dunikowski), the First Five Years in Family Practice committee collected a large number of already-available practice management resources. A new First Five Years in Family Practice webpage was created, with links to all of these existing resources (http://www.cfpc.ca/FirstFiveYears). Province-specific resources were collected and added to the webpage in 2012.

Other areas that may be targeted by the First Five Years in Family Practice committee in future years include leadership skill development and creating a mentorship program for new physicians.

The First Five Years in Family Practice committee also serves as a resource to the Membership Advisory Committee, and other areas within the CFPC, whenever the opinions of new family physicians are sought.

Please join our Facebook group: “First Five Years in Family Practice – Canada”.

You can also send us an email with your ideas and questions at:
firstfive@cfpc.ca (English)
cinqpremieres@cfpc.ca (en français)

We look forward to hearing from you,

Dr. Jonathan Kerr

Chair – First Five Years in Family Practice committee
College of Family Physicians of Canada
Disability and Life Insurance

Disability Insurance

Disability insurance is integral for any medical student or resident. It protects your income-earning potential, which at this point in time is your greatest financial asset. It is also cheaper if you sign up when you are healthy, and enables you to purchase more insurance in the future with no further medical evidence.

There are three main types of disability insurance: any occupation, regular occupation, and own occupation. This refers to how the insurance company would qualify you as “disabled”. It is generally recommended that family physicians obtain regular occupation disability insurance or the more expensive “own occupation”. Each of these types of insurance can have “riders” including but not limited to future insurance options (FIO) and cost-of-living-adjustments (COLA).

There are generally three different sources for disability insurance as a resident: OMA insurance, PAIRO insurance, and private insurance. PAIRO insurance is group insurance and mandatory for all residents. OMA insurance is sold by a salaried consultant from OMA Insurance. It is very cheap when you are young but increases in price later on. It can be complementary to PAIRO insurance. Private insurance is more expensive now but maintains the same rates in the future. It is sold by insurance brokers who are paid a commission based on the initial sale and ongoing payments. We recommend that you educate yourself in the basics before considering whether to buy private insurance, OMA insurance, or both.

Life Insurance

There are three main types of life insurance: term, whole life and universal life. You should discuss your situation with a financial consultant or insurance expert. Remember to do your own homework and don’t let for-profit brokers take advantage of your lack of knowledge. PAIRO Life Insurance gives two times your income for life insurance. Many of you will need more just to cover your debt and funeral expenses, let alone if you have dependents.
Incorporation

In recent years, physicians have been allowed to “incorporate”. This means creating a distinct legal entity. There are many advantages to incorporating in the right circumstances. The two main advantages are that you can 1) defer taxes (and lower total tax paid) by leaving money in the corporation and taking it out when you are in a lower tax bracket, and 2) split income between family members (significantly decreasing amount paid in taxes). An additional advantage is the option of paying yourself in dividends as opposed to a salary. The main advantage of dividends is that you are taxed at a lower rate. However, the disadvantage is that because it is not a salary, you will not build up RRSP room.

As an example to illustrate both income splitting and dividends, once incorporated you can give your 18 year-old son a $40 000 dividend as a “shareholder” from the corporation. He is taxed minimally or not at all, both because he is in a low tax bracket and because he is being paid dividends. He can then “gift” the money back to you such that you have paid significantly less taxes than if you weren’t incorporated.

Tips

- Speak to an accountant or financial consultant to see when it may be right to incorporate. If you do incorporate and are considering which combination of salary and/or dividends to pay yourself, speak to a tax specialist to see the best option for you.

References

- CMA has excellent online modules. We recommend CMA Online Module #3: Personal and Professional Insurance, and CMA Online Module #4: Personal and professional accounting and taxation. The modules can be found at: http://www.cma.ca/practicemanagement_pmcmodules
- PAIRO publishes tax tips which can be found at www.pairo.org/Content/Default.aspx?pg=1452
Taxes

A good accountant can be worth his weight in gold. Whether it be regarding incorporation or navigating the system, getting an accountant who is familiar with the situation of physicians can pay huge dividends. MD Management has a list of accountants. Some accountants even offer free services to residents.

Tips

● Contact MD Management for a list of recommended accountants in your area, or speak with preceptors.
● Deduction of many expenses, and availability of tax credits, is limited when you are an employee (residents, some staff physicians) compared to being a self-employed physician.
● TD1 form: Throughout medical school and undergrad you have paid tuition and earned education tax credits. These accrue until you start earning your own income (as a resident typically), at which time these credits go against your taxes so that you don’t pay tax until you have used up all of your credits. What you should do is fill out a provincial and federal TD1 form so that you put that extra money towards loans instead of the government holding onto it until tax season in the spring. You will get ~$700 extra per month to put against loans! You are not getting extra money directly, but you are getting it sooner so that you can put it towards your debt and save on interest payments.

Taxation is not black-and-white. There is not a list per se from the Canadian Revenue Agency saying exactly what is claimable and what is not. However, based on expert resources, the following list may be helpful.

I. Claimable

● Moving expenses (if moved >40km to new site for residency). See http://www.cra-arc.gc.ca/E/pbg/tf/t1-m/t1-m-10e.pdf for more details.
● Interest on government-issued student loans can be used as non-refundable tax-credit.
● Annual dues paid to OMA, CPSO, CCFP, RCPSC. Note that PAIRO “union fees” are also tax deductible.
● “Tuition, education and textbook amounts” paid prior to residency, and during residency, can be claimed as non-refundable tax credits. The ability of residents to do this has only been in effect since 2004
● LMCC Parts I and II (new since 2011).
Taxes

II. Not Claimable
- Interest on private loans.
- Travel for interviews.

III. Potentially Claimable
- Textbooks, medical equipment, personal computer: are not deductible as residents, but if you transfer it to your business once you are self-employed as a practicing physician then they may be immediately deductible, or you can deduct the depreciation value over a number of years.
- Automobile: the only way you can claim your car expenses is if it is not to your ordinary place of work, and it is not already being reimbursed. For the ordinary resident this means that you cannot claim these expenses. However, if you are doing house-calls then you can get your employer to fill out a Tax Form T2200 and claim this travel as a percentage of your total car expenses.
- CFPC Exam: controversial, however may be considered eligible capital expenditures for which depreciation can be claimed over a number of years once you are self-employed as a practicing physician.
- CMPA dues are not deductible as a resident in Ontario, but as a practicing physician the fees paid (less reimbursement) are deductible.
- CaRMS application fees: used to be considered tax credit; however an official receipt is no longer issued by CaRMS. Discuss with an accountant if this may be claimed as a practicing physician in a similar manner to the CFPC exam.
- ATLS, ACLS, etc may qualify as tuition tax credit (provided you were not already reimbursed).
- USMLE: similar to LMCC, it was not claimable prior to 2011. We have not come across a resource discussing whether this too is now claimable.

Discuss any of these issues with an accountant, and of course be cognizant that this list is not exhaustive, but focused on the most common issues regarding tax claims for residents and physicians new to practice.
How to Find a Job

Similar to applying for residency, the prospect of finding a job, or jobs, may be daunting. Thankfully, there is help!

Some of the key things you should do:

● To find a job, visit the Health Force Ontario (HFO) website at www.healthforceontario.ca and go to the orange boxes on the left hand side:
  – Jobs for Physicians and Nurses → select "Find a Job" → scroll down to "Physician Job" → select "Click here to register!" After registering, you can search the site using your username and password, and there is also an option to have new job listings sent straight to your inbox.
  – Health Force Ontario Marketing and Recruitment Agency: For those who are Canadian residency trained this may be of interest to you. There are three locum programs called Rural Family Medicine, Northern Specialist, and the Emergency Department Coverage Demonstration Project. They have been specially set up to help cover remote locations, thus providing opportunities to new graduates who may otherwise not have pursued such jobs.

● To discover other options which may influence your choice/location of job, refer to the "Hot Topics!" box at the bottom left hand corner of the main page

● "The Resident Loan Interest Relief Program (RLIRP) was established to keep medical residents from Ontario in the province following completion of their training. This program was started in 2008. New applications will be accepted in July 2012."

● “Practice U” is another very useful tool provided by HFO. Visit www.healthforceontario.ca/practiceu:
  – "Finding your Ideal Practice" is a helpful brochure that outlines helpful resources for finding a job
  – The Community Partnership Program, which involves 14 Local Health Integration Networks (LHIN), and can be contacted at communitypartnership@healthforceontario.ca. They provide alliances between health care employers and potential employees in specific regions in Ontario.
  – Practice Ontario provides postgraduate trainees with a personal career advisor called a Community Partnership Coordinator (CPC) who helps explore locum and permanent job opportunities in Ontario, resume preparation, as well as arranging interviews and visits with potential employers. There are already established contacts at each of the medical residency training programs in Ontario, and they can be contacted via links on the webpage http://www.healthforceontario.ca/Jobs/MarketingandRecruitment/practiceontario.aspx or can be emailed at practiceontario@healthforceontario.ca.
Family Practice Models & Compensation Schemes

Family Practice Models

Comprehensive Care Model
- Fee-for-service + some incentives and bonuses
- Designed for solo primary care physicians
- Regular office hours plus one 3-hr session of extended hours
- Sign agreement to join

Family Health Groups (FHG)
- Fee-for-service + some incentives for patient enrollment and bonuses
- 3 or more physicians practicing together
- Regular office hours plus 3-5 sessions of extended hours (at least 3 hours in duration) based on number of physicians in group
- Sign agreement to join

Family Health Networks (FHN)
- Blended capitation model: i.e. age and sex adjusted base rate remuneration plus bonuses and incentives
- 3 or more physicians practicing together
- Physicians commit to enroll patients
- Regular office hours plus 3-5 sessions of extended hours (at least 3 hours in duration) based on number of physicians in group
- Sign governance and FHN agreements to join
- FHNs can apply to the MOHLTC for funding to add allied health professionals if they are successful in their application for a Family Health Team (FHT)

Family Health Organizations (FHO)
- Blended capitation model: i.e. age and sex adjusted base rate remuneration plus bonuses and incentives
- 3 or more physicians practicing together
- Physicians commit to enroll patients
- Regular office hours plus 3-5 sessions of extended hours (at least 3 hours in duration) based on number of physicians in group
- Sign governance and FHO agreements to join
- FHOs can apply to the MOHLTC for funding to add allied health professionals if they are successful in their application for a Family Health Team (FHT)
- The major difference between a FHN and a FHO is their defined basket of services for enrolled patients
Family Practice Models & Compensation Schemes

Family Health Team (FHT)
- Blended capitation model or blended salary model
- Work in interdisciplinary teams
- Patient enrollment strongly encouraged
- Regular and extended hours
- Must become a member of a primary care group (FHN, FHO) affiliated with an existing FHT to join

Rural-Northern Physician Group Agreement (RNPGA)
- Complement-based remuneration plus bonuses and incentives
- Serves rural and northern communities with a complement of 1-7 physicians
- Regular hours and 1-5 sessions of extended hours based on the size of the RNPGA
- Nurse-staffed, after-hours Telephone Health Advisory Service provides advice to enrolled patients

Community Health Centres
- Salaried model
- Interdisciplinary teams serve heard-to-serve communities and populations that may have trouble securing health services
- Focus on addressing the underlying conditions that affect people’s health, such as social determinants of health, poor diet and literacy
- Regular and extended hours

For further information on Family Practice Models, visit:
http://www.healthforceontario.ca/Work/OutsideOntario/PhysiciansOutsideOntario/PractisingInOntario/family_practice_models.aspx

Common Fee Codes and Billing

Please visit:
Family Practice Compensation Schemes

Complement-based base remuneration + bonuses and incentives
- Physicians receive base payment for a full-time equivalent "complement" in a given community/geographic area
- Patient enrollment incentives

Salaried model
- Physicians are salaried employees of a Community Health Centre which provides care to a specific patient population
- Salary based on population

Applies to:
- FHN
- FHO

Applies to:
- Community Health Centres

Applies to:
- Community Sponsored FHTs

Applies to:
Rural-Northern Physician Group Agreement

Blended payment scheme - all family practice compensation models in Ontario have a blended payment scheme. This means that although a model may use primarily one form of payment (i.e. fee-for-service) it will also have a blend of financial incentives, premiums and other types of payments.

Applies to:
- Comprehensive Care Model
- FHG

Fee-for-service
- Rewards a high visit rate
- Patient enrollment is strongly encouraged
- No defined basket of services, i.e. bill for all services rendered
- Additionally, physicians receive monthly comprehensive care capitation payments for all enrolled patients
- Plus incentives for rostering patients, new patient fee and bonuses for chronic disease management and preventive care

Blended salary model
- Physicians are salaried employees of community sponsored FHTs
- Salary based on number of enrolled patients

Adapted from:
www.healthforceontario.ca/Work/OutsideOntario/PhysiciansOutsideOntario/PractisingInOntario/family_practice_models/family_compensation.aspx#fee fors

Service
PAIRO-CAHO Collective Agreement Highlights

Disclaimer

The following information in this section is not inclusive of all of the provisions under the PAIRO-CAHO Agreement, and provides answers to commonly asked questions. A full PDF version of the PAIRO-CAHO Agreement can be found on the PAIRO website.

The details provided in this package are of a general nature and may not necessarily be applicable to all residents in all situations. Please visit the PAIRO website for updates or feel free to contact the PAIRO office with any questions.
Tel: 416-979-1182 or 1-877-979-1183; email: pairo@pairo.org; web: www.pairo.org

Call and Shift Work

Call Maximums: Based on the total days ON service (vacation and other time away are deducted from the total days, PRIOR to calculating maximum call). Residents cannot be scheduled to work two or more consecutive calls unless agreed to by the residents, the Program Director and PAIRO.

Residents who are not scheduled for call or work cannot be either expected or compelled to be available on pagers, or to be in the hospital or clinic for any reason.

In Hospital Call: The maximum is 1 in 4. In hospital call maximums for rotations greater than 1 month are averaged over the length of the rotation (maximum averaging length is 3 months) with a maximum of 9 calls in any given month. The total number of calls on a rotation longer than one month can be calculated by taking the total of number of days ON service, dividing them by 4 and rounding to the nearest whole number (.5 rounds up).

Home Call: The maximum is 1 in 3, (or 10 per 30, or 11 per 31). A resident cannot be on home call on 2 consecutive weekends. Home call CANNOT be averaged over multiple months.

Call Stipends:
Home Call: $52.50
In-hospital Call: $105
Qualifying Shift: $52.50 (shifts worked where one full hour worked on shift occurs between 11pm and 6am)

Call stipend claims must be submitted to the person(s) designated by the hospitals to receive such claims within 30 days following the end of the month in which the call was worked, save and except for circumstances reasonably beyond the control of the resident. Otherwise, untimely call stipends will not be paid.
PAIRO-CAHO Collective Agreement Highlights

Shift work: On rotations where residents are scheduled in shifts, e.g. Emergency Medicine or Intensive care, total maximum hours is 60 hours/week. This includes other scheduled responsibilities, such as academic half days. There must be a minimum of 12 hours off between shifts (unless the resident desires less time off between shifts).

Blended Call: (In Hospital and Home Call): is calculated using the following formula:
HCA: Home Call Assignments
IHA: In Hospital Assignments
(Total HCA X 3) + (Total IHA X4)=Max Blended Call
Total must not exceed 30 for a 28-day rotation. For other examples please consult the PAIRO web site.

Weekends: Each resident must have 2 COMPLETE weekends off per 28 days; including Friday night/Saturday morning as well as Saturday and Sunday. A resident cannot be on home call on 2 consecutive weekends. Residents cannot be required to round (or perform other clinical duties) on weekends when not on call.

Post Call Relief (Home after Handover): Residents must be relieved of ALL clinical and academic responsibilities post call 24+2 hours after the commencement of the working day. The following exceptions apply:
● Anaesthesia and OB/Gyn (1 hour of handover)
● ICU/CCU (1.5 hours of handover)
● Any UofT Surgical Program (Home By Noon)

Home Call Conversion for Post-Call: Residents on out-of-hospital call are required to be relieved of their duties when they are in either of the following situations:
● They are called into the hospital to perform duties between the hours of midnight and 6am.
● They are called into the hospital to perform duties for at least 4 consecutive hours with at least one hour extending past midnight.

Family Medicine + ER Shifts (New!): If a Family Medicine Resident works their normal weekly family medicine duties (ie. multiple clinics or other FM responsibilities) IN conjunction with ER shifts during the same week (either on a weekday or weekend), then they are entitled to: a home call stipend if the ER shift does not extend beyond 11pm, or In-hospital call stipend if the ER shift extends beyond 11pm. Note: these rules do not apply to family medicine residents who are only scheduled for ER shifts and have no other family medicine responsibilities in the same week. If the resident is doing purely shift work for that block, then only the qualifying stipend would be applicable.
PAIRO-CAHO Collective Agreement Highlights

Rounding on Weekends: The 2011-2013 PAIRO-CAHO Agreement states that where residents who are not otherwise on-call are scheduled or required to round on weekends, and actually attend in hospital for such rounding, they will be paid the Home Call Stipend.

Travel Allowance (Taxi and Parking)

Taxi: Residents on home call may be reimbursed up to $70 per month for taxi charges if:
- The resident is on home call and can respond within the hospital’s Medical Advisory Committee (MAC) approved response time.
- The resident does not have a parking pass.
- The resident is called in for clinical duties after 6pm and before 6am.

Parking: When residents are required to travel between sites or return to a site for CLINICAL duties, the resident will be reimbursed for the cost of parking associated with the time spent at the second or subsequent sites, provided that the distance traveled between sites exceeds 1km.

Travel Allowance: Will be provided upon presentation of appropriate receipts to the postgraduate medical education office.

Vacation and Leave

Vacation: Residents are entitled to 4 weeks of paid vacation per year. A week of vacation is defined as five (5) working days plus two (2) weekend days. Vacation time may be delayed only where necessary, having regard for professional and patient care responsibilities. All requests must be confirmed or denied in writing within 2 weeks of the request being made. If denied, alternate times for vacation must be agreed to within 2 weeks. There can be no blanket policies restricting the amount of vacation in any rotation. You cannot be post call on the first day of vacation.

Professional Leave: Maximum of 7 working days per year (Note: weekends are not considered “working days” for this purpose.) Residents DO NOT need to be attending a seminar, course or conference to take a professional leave day, and the resident does not need to provide proof of what the day was used for.

Residents are entitled to take paid leave for the purpose of taking any Canadian or American professional certification exam. This leave time shall include the date(s) of the exam and reasonable travel time to and from the exam site.

Pregnancy and Parental Leave: please visit the Contract Information section of the PAIRO web site to download Pregnancy and Parental Leave FAQs or contact the PAIRO office.
PAIRO-CAHO Collective Agreement Highlights

Holiday and lieu time

Holidays and Lieu Days: All House staff are entitled to the following recognized holidays:

- New Year’s Day
- Family Day
- Good Friday
- Victoria Day
- Canada Day
- August Civic Holiday (Simcoe Day)
- Labour Day
- Thanksgiving Day
- Christmas Day
- Boxing Day
- One Floating Holiday*

*A floating holiday is defined as a paid holiday taken at a time chosen by the resident. A program CANNOT tell a resident when to take their floating holiday.

Christmas/New Years: All house staff are entitled to 5 consecutive days off during the 12-day period encompassing Christmas Day and New Year’s Day. These 5 days account for Christmas Day, New Year’s Day, Boxing Day and two weekend days. Each resident must get either Christmas or New Year’s Day off. Residents do not get additional lieu days for working on either of the statutory holidays during the period.

Lieu Days: Where a resident works any part of one of the recognized statutory holidays, excluding, Christmas Day, Boxing Day and New Year’s Day (see above) they are entitled to a lieu day to be taken at a time mutually convenient within 90 days of the holiday worked. This includes residents working home call for any portion of the 24 hours of the date of the holiday.

Religious Holidays: If you observe religious holidays that are not specifically listed in the Collective Agreement, your program may have a duty to accommodate your religious practice to the point of undue hardship (“undue hardship” may include a number of factors, such as patient safety, the hospital’s service requirements, and the resident’s educational/training requirements). It is your responsibility to request accommodation, explain what measures of accommodation are required and allow a reasonable time for reply.

If you have any questions or concerns please call the PAIRO Office at 1-877 979-1183 or email pairo@pairo.org
Important Contact Information

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website</th>
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<tbody>
<tr>
<td>Professional Association of Interns and Residents of Ontario</td>
<td><a href="http://www.pairo.org">www.pairo.org</a></td>
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<tr>
<td>Ontario College of Family Physicians</td>
<td><a href="http://www.ocfp.on.ca">www.ocfp.on.ca</a></td>
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<tr>
<td>College of Family Physicians of Canada</td>
<td><a href="http://www.cfpc.ca">www.cfpc.ca</a></td>
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<tr>
<td>Ontario Medical Association</td>
<td><a href="http://www.oma.org">www.oma.org</a></td>
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<tr>
<td>Canadian Medical Association</td>
<td><a href="http://www.cma.ca">www.cma.ca</a></td>
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<tr>
<td>Society of Rural Physicians of Canada</td>
<td><a href="http://www.srpc.ca">www.srpc.ca</a></td>
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Your OCFP Resident Representatives

Name __________________________
Email _________________________________________ (PGY-1)

Name __________________________
Email _________________________________________ (PGY-2)

Your Chief Residents

Name __________________________
Email _________________________________________ (PGY-1)
Name __________________________
Email _________________________________________ (PGY-2)

Primary Family Medicine Clinic Number: __________________________

Professional Membership Numbers:

CPSO: __________________ CMA: __________________ OMA: __________________

CFPC: __________________ CMPA: __________________

Help Lines

- Personal: If you are in need of personal help, contact the PAIRO 24 Hour Help Line at 1 866 HELP DOC
- Professional: For professional or medico-legal issues, contact CMPA at 1 800 267-6522
## Important Dates for PGY-2

<table>
<thead>
<tr>
<th>Event</th>
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<td><strong>PGY-3 Program</strong></td>
<td>Fall of the preceding year (Fall 2013) – check specific program for details</td>
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| **Harmonized Certification**      | **Exam**  
- Spring session (May 2-5 2013): Apply between: Dec 1 - Feb 1 2013  
- Fall session (Oct 24-27 2013): Apply between: May 1 - June 30 2013  |
| **CPSO Independent License Number** | April of graduating year (April 2013): Visit www.cpso.on.ca; follow the Registration link from the main page, then select Applications and Forms. Ensure to download the application package titled “Final Year Residents in Ontario”  
**Approximate time for application processing: 3-4 months!**  
**Required documents: Copy of medical degree** |
| **CMPA Number**                   | Spring of graduating year (Spring 2013): Download the request form at: [http://www.cmpa-acpm.ca/cmpapd04/docs/membership/pdf/com_tpo_form-e.pdf](http://www.cmpa-acpm.ca/cmpapd04/docs/membership/pdf/com_tpo_form-e.pdf)  
**Approximate time for application processing: 1 week**  
**Required documents: None** |
**Approximate time for application processing: 1 month**  
**Required documents: 1) CPSO number, 2) Supporting documents for postgraduate training (residency certificate), 3) CFPC certification**  
**Note: even if you are diligent and get your OHIP number right away, you will still likely wait > 6 weeks for your first pay check** |
| **WSIB Billing Number**           | Spring of graduating year (Spring 2013): Download form at: [http://www.wsib.on.ca/files/Content/FormsHCPRegistrationForm/1890A.pdf](http://www.wsib.on.ca/files/Content/FormsHCPRegistrationForm/1890A.pdf)  
**Approximate time for application processing: 4-6 months**  
**Required documents: CPSO number** |
The OCFP Committee of FM Residents Presents:

The 2013-2014 Guide Book to Residency in Family Medicine