The Residents Committee of the Ontario College of Family Physicians Presents

The 2014/2015 Survival Guide to Family Medicine Residency

Phone: 1-800-670-6237 Fax: 416-867-9990
www.ocfp.on.ca
Foreword

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

Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CAHO</td>
<td>Council of Academic Hospitals of Ontario</td>
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<tr>
<td>CCFP</td>
<td>Certificate of the College of Family Physicians</td>
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<tr>
<td>CFPC</td>
<td>College of Family Physicians of Canada</td>
</tr>
<tr>
<td>CMA</td>
<td>Canadian Medical Association</td>
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<tr>
<td>CME</td>
<td>Continuing Medical Education</td>
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<tr>
<td>CMPA</td>
<td>Canadian Medical Protective Association</td>
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<tr>
<td>CPSO</td>
<td>College of Physicians and Surgeons of Ontario</td>
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<tr>
<td>MCC</td>
<td>Medical Council of Canada</td>
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<tr>
<td>MCCQE</td>
<td>Medical Council of Canada Qualifying Exam</td>
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<tr>
<td>MOHLTC</td>
<td>Ministry of Health and Long-Term Care</td>
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<tr>
<td>OCFP</td>
<td>Ontario College of Family Physicians</td>
</tr>
<tr>
<td>OMA</td>
<td>Ontario Medical Association</td>
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<tr>
<td>PARO</td>
<td>Professional Association of Residents of Ontario</td>
</tr>
<tr>
<td>ROMP</td>
<td>Rural Ontario Medical Program</td>
</tr>
<tr>
<td>SRPC</td>
<td>Society of Rural Physicians of Canada</td>
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Acknowledgements

Thank you to current and past OCFP Residents Committee members for their hard work in bringing this booklet to fruition. Future recommendations and comments should be directed to ocfp@cfpc.ca.

This publication is the property of the Residents Committee of the Ontario College of Family Physicians and may not be copied or reproduced without the expressed consent of the Committee Chair. Information provided is accurate to best of our ability and up to date at time of publication (May 2014).
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$ = finance related content
Important Contact Information

<table>
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<tr>
<th>Organization</th>
<th>Website</th>
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<tr>
<td>Professional Association of Residents of Ontario</td>
<td><a href="http://www.myparo.ca">www.myparo.ca</a></td>
</tr>
<tr>
<td>Ontario College of Family Physicians</td>
<td><a href="http://www.ocfp.on.ca">www.ocfp.on.ca</a></td>
</tr>
<tr>
<td>College of Family Physicians of Canada</td>
<td><a href="http://www.cfpc.ca">www.cfpc.ca</a></td>
</tr>
<tr>
<td>Ontario Medical Association</td>
<td><a href="http://www.oma.org">www.oma.org</a></td>
</tr>
<tr>
<td>Canadian Medical Association</td>
<td><a href="http://www.cma.ca">www.cma.ca</a></td>
</tr>
<tr>
<td>Society of Rural Physicians of Canada</td>
<td><a href="http://www.srpc.ca">www.srpc.ca</a></td>
</tr>
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</table>

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 PARO 24-Hour Help Line at 1 866 HELP DOC
- **Professional**: For professional or medico-legal issues, contact CMPA at 1 800 267-6522
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
Checklist Before Starting Residency

Preparing for Residency: Check List

- Letter of Appointment to postgraduate medical education (PGME) Office
- Mandatory Applications
  - CPSO
  - CMPA
  - CFPC

- Optional Applications
  - OMA
  - CMA

- Supplemental insurance: disability, life, house, car, travel
- Loan Relief Programs
  - Resident Loan Interest Relief Program
  - Canadian Student Loan Relief

- MOHLTC – CMPA reimbursement application
  - Application Form #3889
  - Direct Deposit Authorization Form #7698

- Immunization Status
- N95 Mask Testing
- Program-Specific Requirements
  - Online registration
  - Payroll information
    - Consider TD1 form completion
    (Canadian Revenue Agency)
  - Benefits Form
Paperwork BEFORE You Get Started...

1. **Sign the Letter of Appointment (LOA)** and send 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 the application so **send it in early**
   - Most schools will send in a photocopy of your medical degree automatically
   - Police and vulnerable screen check can take 8 to 10 weeks

3. **Become a member of the CMPA**
   - Apply online: [https://oplfrpd5.cmpa-acpm.ca/joining-cmpa](https://oplfrpd5.cmpa-acpm.ca/joining-cmpa)
   - Type of work code: 12 (without moonlighting)
   - The MOHLTC normally reimburses 80% of the dues. Go to the MOHLTC website (http://www.health.gov.on.ca/en/) and download and submit Application Form #3889 and 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. PGY-1 membership is free.
   - PGY-2 membership is automatically renewed. You will be required to pay a $57 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: [www.cma.ca/membercentre/become%20a%20member](http://www.cma.ca/membercentre/become%20a%20member)
     Note that you must be a member of OMA to join
   - Join SGFP (section of General and Family Practitioners) as secondary OMA group
6. **Complete all hospital/program-specific requirements**
   - Online registration
   - Payroll/benefits form
   - Setting up/activating new email accounts
   - ACLS certification
   - Online training for electronic medical records (EMR) and other learning modules

7. **Immunization status:** Schools will generally require evidence of tetanus, diphtheria, hepatitis B, MMR and TB testing, and N95 Mask Fitting

8. **Update your address on your driver’s license and vehicle registration**
   - This can be done online at no cost
   - Visit a Service Ontario counter or kiosk, or go to [http://www.ontario.ca/en/services_for_residents/STEL02_040172.html](http://www.ontario.ca/en/services_for_residents/STEL02_040172.html)
   - Contact your vehicle insurance company to update your address
Debt Consolidation

Plan for Debt Repayment

- Many family medicine residents missed out on over $30,000 because they were uninformed. 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 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.  
  - **Canadian Student Loan Relief** gives you $8,000 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. 

- 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, you are **not** eligible for Canadian Student Loan Relief!

Budgeting and Debt Management

Staying within Budget, Tracking Finances and Managing Debt in Residency

A 2012 CMA physician study revealed that one in five residents expect their debt load to surpass $160,000 by the time their training is completed. Now is the time to get your financial plan in order, set up a debt repayment plan and clearly track where you spend your money. The sooner you start, the better.

Loan consolidation is a process in which multiple loans are combined and re-established as one loan. Consolidating your student loans can lower your monthly payments, simplify your finances and free up cash flow. Consolidation also often means that you can extend the time it takes to repay your loans. You may also be able to refinance loans at lower interest rates and reduce your
monthly payments. Consolidating your debt can make your financial planning and day-to-day finances more convenient. Before deciding to consolidate, review the government interest relief and loan forgiveness programs that may be available to you. Depending on your situation, you may be eligible for thousands of dollars in relief through various programs. Talk to your financial advisor to discuss your individual circumstances.

Residents’ salaries are usually high enough to allow you to live within your means, especially if you’ve set up a realistic budget. If you have money left over at the end of the month, you have the option to invest it or to pay down debt. Typically, paying down high-interest debt, such as credit card balances, is a top priority.

Once you’ve dealt with higher-interest debts, making a Registered Retirement Savings Plan (RRSP) contribution might make sense. RRSP contributions can trigger tax refunds, which can then be used to pay down debt.

**Tips**

Financial advisors across Ontario specialize in providing residents and new in practice physicians with practical money solutions and advice. They can help you manage your cash flow, develop a budget and create a debt repayment plan.

**References**

Disability and Life Insurance

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

Insurance companies qualify people as disabled in three main categories of disability insurance: any occupation, regular occupation and own occupation. It is generally recommended that family physicians obtain regular occupation disability insurance or the more expensive own occupation. Each type 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, PARO insurance and private insurance. PARO insurance is group insurance and mandatory for all residents. OMA insurance, which is sold by a salaried consultant from OMA insurance, is very cheap when you are young, but increases in price later on. OMA insurance can complement PARO insurance. Private insurance is more expensive now but the rate stays the same over time. 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. PARO 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.

References
CMA Practice Management Curriculum (PMC) module on Personal and Professional Insurance at www.cma.ca/practicemanagement_pmcmmodules#module
International Medical Graduates (IMGs)

1. **Verifying Your Medical Degree:**
   - Open an account with physiciansapply.ca
   - Submit a source verification request (SVR) and send a copy of final medical diploma with required identification document to the MCC. If your degree is in a language other than English or French, please follow the translation requirements at mcc.ca/wp-content/uploads/translation-requirements.pdf
   - Note there is an account fee ($250) and a document fee ($140 each)
   - **Wait times:** 75 days from North America, Australia or Europe, or 105 days from Asia, South America or Africa

2. **Return of Service Agreement:** All IMGs are subject to a 5-year return of service agreement in an area of need. For regions NOT eligible for Return of Service, please refer to HealthForceOntario at http://www.healthforceontario.ca/UserFiles/file/Floating/Program/PracticeOntario/return-of-service-exclusions-in-ontario-aug-2012-en.pdf

3. **Pre-residency Program (PRP):** A mandatory program for all IMGs in an Ontario Family Medicine Residency Program.
   - **Phase 1** is a 4.5 week classroom-based program in Toronto.
   - **Phase 2** is at the family medicine residency site and content varies.
   - IMGs are allocated to one of two sessions based on medical school completion time and residency site. Those in the first cohort will start in July, but the second cohort will have a delayed start.
   **Remuneration:** Apply for the Final Year Medical Student Bursary Program through OMA. For more information and application form, please visit https://www.oma.org/benefits/pages/FYMSBP.aspx. For more information regarding PRP please visit www.cehpea.ca/programs/preResidencyTrainingProgramFAQ.htm
4. **Assessment Verification Period (AVP):** Evaluation period for IMGs prior to full acceptance into a post graduate training program.

- Must have a Pre-Entry Assessment Program Certificate of Registration.
- The current length of AVP is typically 12 weeks but can be shortened to eight weeks if not meeting the minimum standard or lengthened to 16 to 24 weeks.
- After 12 weeks, the AVP certificate expires and a Postgraduate Certificate must be issued. To allow for seamless transition, the AVP form provided by the program should be submitted to CPSO two to three days prior to the identified end date.
Planning Ahead

1. **PGY-1 Schedule**
   - Request your schedule early if there is a particular order of rotations or electives and vacation time you would like.
   - Ask upper-year residents about their experience with off-service rotations.
   - Remember to request an orientation for each rotation you do and a discussion of learning objectives.

2. **Requesting Time Off**
   - See section titled *Vacation and Leave* for details about the time off you are entitled to.
   - Plan your holidays and request time off as early as possible.
   - Most schools and services will require at least four weeks’ notice prior to starting the rotation to create the call schedule.
   - Remember vacation time is on a first-come first-served basis.
   - Most residents will want to take some time off in the first three to four months of residency, so keep that in mind so you don’t burn out.

3. **Residency Research Project**
   - This project is compulsory, so start brainstorming possible ideas!

4. **Committee Involvement**
   - Add balance to your experience by taking on one or more of the many resident leadership positions available.
   - Committees are a great way to meet people in your residency program and to get to know your program director and residents from other universities.
   - See page 20 for ways to get involved.

5. **Arranging Electives in Residency**
   - Think ahead; the earlier you arrange for your electives the better, particularly for competitive electives.
   - The process is similar to applying for your residency.
   - Competitive times are July to September, before R3 applications are due.
• Typically you book an elective with the site lead for the service you want to work for.
• Most programs require you to apply directly to the Program Director of the service you want to work in.
• The application may be online or written.
• Other documents that may be required:
  – Written permission from site Program Director at location of elective
  – Written permission from home school PD
  – Curriculum Vitae (CV)
  – Copy of medical degree
  – Immunization record
  – Proof of CMPA coverage
  – N95 mask fit
  – CPSO number

Once you’ve confirmed your elective, perform the following, as required:
• EMR training – can take hours
• Modules on personal protective equipment (PPE), fire safety, etc.
  – FYI: these can take hours
• Signed LOA – school will send you this and you send it back signed
• Other administration: ID badge, scrubs, parking, etc.
Important Considerations for International or Out of Province Electives

● Typically, there are limitations to the amount of time you are allowed to work outside of the province. Check with your home program to find out how long this is.
● Consider applying for international electives early. You often need to participate in pre-departure training from your home school prior to travel.

Resources for Finding Electives

● Other residents and upper years. Ask program and site directors about elective opportunities based on your learning goals.
● SRPC has a database you can use to review or enter information about electives. Check it out at https://www.srpc.ca/resources_residents_electives_db.html
● ROMP is a great resource for setting up electives. You can search based on discipline and location. www.romponline.com/residents/residents.cfm

Documents to keep handy for Electives and Community Hospital Rotations

● Immunization record
● Licentiate of the Medical Council of Canada (LMCC) I/II exam results
● CMA/OMA/CCFP membership cards and numbers
● CPSO license
● CMPA registration
● Up-to-date CV
● Photocopy of medical degree
# Succeeding in Residency

- Useful smart phone apps and online resources by subject.

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<thead>
<tr>
<th>Subject</th>
<th>Smart Phone Applications</th>
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<tbody>
<tr>
<td>Emergency Medicine</td>
<td>ACLS Advisor 2013 (free)</td>
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<tr>
<td></td>
<td>WikEM – Emergency Medicine (free)</td>
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<tr>
<td></td>
<td>ERes – Emergency Medicine ($4.99)</td>
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<tr>
<td>Family Medicine</td>
<td>PalliCare.Ca (free WebApp)</td>
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<tr>
<td></td>
<td>AFP By Topic (free)</td>
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<tr>
<td>General</td>
<td>Medscape (free)</td>
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<tr>
<td></td>
<td>Eye Chart Pro (free)</td>
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<td></td>
<td>Lab Values Pro ($2.99)</td>
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<td>MD on Call ($4.99)</td>
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<tr>
<td></td>
<td>MedCalc Pro ($4.99)</td>
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<tr>
<td></td>
<td>UpToDate (subscription)</td>
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<tr>
<td></td>
<td>5-Minute Clinical Consult (subscription)</td>
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<tr>
<td>Internal Medicine</td>
<td>ACC Pocket Guidelines (free)</td>
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<tr>
<td></td>
<td>Harrison’s Manual of Medicine (subscription)</td>
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<tr>
<td>Neurology</td>
<td>NeuroMind (free)</td>
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<tr>
<td>Obstetrics</td>
<td>Perfect OB Wheel ($1.99)</td>
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<tr>
<td>Pediatrics</td>
<td>Pediatric Growth Chart (free)</td>
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<tr>
<td></td>
<td>Pedi Safe ($0.99)</td>
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<td></td>
<td>Pedi STAT ($2.99)</td>
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<tr>
<td>Pharmacy</td>
<td>Epocrates (free)</td>
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<tr>
<td></td>
<td>CPS Essentials ($39.99 annually)</td>
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<tr>
<td></td>
<td>Lexi-comp (subscription)</td>
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<tr>
<td>Psychiatry</td>
<td>STAT Depression Score PHQ-9 (free)</td>
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<tr>
<td></td>
<td>Psychiatry, Understanding Disease (free)</td>
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## Helpful Reference Books

- *Hypertension Guidelines for Family Practice.* [www.mumshealth.com](http://www.mumshealth.com)
- *Tools for the Primary Care of People with Developmental Disabilities.* [www.mumshealth.com](http://www.mumshealth.com)

- **Guide to the Canadian Family Medicine Examination.** Authors: Megan Dash and Angela Arnold
- **Canadian Guidelines Online.** [http://publish.uwo.ca/~tcheung8](http://publish.uwo.ca/~tcheung8)
- **Drug Pocket: Clinical Reference Guide.** Author: Andreas Russ
- **Rx Files (Objective Comparisons for Optimal Drug Therapy).** [www.rxfiles.ca](http://www.rxfiles.ca)
- **Approach to Internal Medicine: A Resource Book for Clinical Practice.** Author: David Hui
- **Mosby’s Family Practice Sourcebook.** Author: Michael Evans
- The CMA offers members free access to many medical textbooks at [www.cma.ca](http://www.cma.ca)
- Need help keeping track of resources? Use dropbox.com and Google Bookmarks

**Online Resources**

<table>
<thead>
<tr>
<th>Subject</th>
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<tr>
<td>Family Medicine</td>
<td>● Canadian Family Physicians (<a href="http://www.cfp.ca">www.cfp.ca</a>)</td>
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<tr>
<td></td>
<td>● Clinical Practice Guidelines and Protocols in B.C. (<a href="http://www.bcguidelines.ca">www.bcguidelines.ca</a>)</td>
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<tr>
<td>General</td>
<td>● Canadian Task Force on Preventive Health Care (<a href="http://canadiantaskforce.ca">canadiantaskforce.ca</a>)</td>
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<tr>
<td></td>
<td>● Cancer Care Ontario (<a href="https://www.cancercare.on.ca">https://www.cancercare.on.ca</a>)</td>
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<td></td>
<td>● Support for cancer patients and those who care for them (<a href="http://www.wellspring.ca">www.wellspring.ca</a>)</td>
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<tr>
<td>Obstetrics</td>
<td>● The Society of Obstetricians and Gynaecologists of Canada (<a href="http://sogc.org">sogc.org</a>)</td>
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<td></td>
<td>● Drugs in Pregnancy (<a href="http://www.motherrisk.org/women/drugs.jsp">www.motherrisk.org/women/drugs.jsp</a>)</td>
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<tr>
<td>Pediatrics</td>
<td>● Canadian ADHD Resources Alliance (<a href="http://www.caddra.ca">www.caddra.ca</a>)</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>● ODB Formulary Search (<a href="http://www.healthinfo.moh.gov.on.ca/formulary/">www.healthinfo.moh.gov.on.ca/formulary/</a>)</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>● Canadian Network for Mood and Anxiety Treatments (CANMAT) Guidelines (<a href="http://www.canmat.org">www.canmat.org</a>)</td>
</tr>
<tr>
<td></td>
<td>● CBT Training Program for Patients (<a href="https://moodgym.anu.edu.au">https://moodgym.anu.edu.au</a>)</td>
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Ways to Get Involved

Mandatory Memberships
- CPSO and CMPA (see section “Paperwork BEFORE You Start…”)
- CFPC: Required to write the certification exams in PGY-2. Includes subscription to Canadian Family Physician Journal, free access to Self Learning (a study guide/CME resource) and up-to-date information on issues in family medicine. Membership must be maintained after graduation to maintain certification.

Committee Involvement
There are many opportunities for involvement within each family medicine program. Listed below are a few provincial and national committees to consider. Expect an email early in the year soliciting applications for these positions.

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<td>PARO</td>
<td>Three to four representatives per Ontario program, four meetings per year in Toronto</td>
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<tr>
<td>OCFP</td>
<td>One representative per year per Ontario program, two meetings per year in Toronto and two teleconferences</td>
</tr>
<tr>
<td>CFPC</td>
<td>One representative per year per Canadian program, two meetings per year in Mississauga and two teleconferences</td>
</tr>
</tbody>
</table>

Special Courses
- Mandatory
  - NRP (Neonatal Resuscitation Program) – offered at most schools
  - ACES (Acute Critical Events Simulation) – only at some schools
- Recommended:
  - Emergency:  ATLS (Advanced Trauma Life Support)
    ACLS (Advanced Cardiac Life Support)
    PALS (Pediatric Advanced Life support)
  - Obstetrics:  ALARM (by the SOGC), ALSO course (by the AAFP)
  - Orthopedics: CASTED, AMLS (Acute Musculoskeletal Limb Support)
- Check the requirements for your program early on
- Most universities offer their own ACLS, ATLS, NRP and PALS courses. Here are a few places that offer 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</td>
</tr>
<tr>
<td>Sunnybrook Hospital, Toronto</td>
<td>ACLS and ATLS</td>
</tr>
<tr>
<td>Mount Sinai and North York General Hospitals</td>
<td>ACLS</td>
</tr>
<tr>
<td>Hamilton Health Sciences</td>
<td>ATLS, PALS and ACLS</td>
</tr>
</tbody>
</table>
Resident Wellbeing

Residency training can be exciting, challenging and full of great opportunities for learning and growth. It can also 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 that there are lots of resources available for help! The PARO website has a great section on Thriving During Residency that outlines some helpful resources available to residents at www.myparo.ca/During_Residency.

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**: php.oma.org

- **Confidential Toll-Free Line**: 1-800-851-6606 (Monday to Friday 8:45am to 5:00pm) with 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 PARO and they will find one for you in your area.

Your peers, supervisors and program directors can be great support along the way. The PGME website of each school is another great resource. And lastly, don’t forget to take advantage of the Group Benefit Health Care Plan. The details of the plan are summarized on PARO’s website → PARO-CAHO agreement → Employee benefits and on page 28 of this book.
PARO & Call Stipends

Disclaimer
The following information is not inclusive of all of the provisions under the PARO-CAHO Agreement, and provides answers to commonly asked questions. A full PDF version of the PARO-CAHO Agreement can be found on the PARO 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 PARO website for updates or feel free to contact the PARO office with any questions. t: 416-979-1182 or 1-877-979-1183; email: paro@paroteam.ca web: www.myparo.ca

Information regarding taxation, incorporation and disability is information provided by MD Management and should not replace professional advice from an accountant or financial consultant.

Who Is PARO?
The Professional Association of Residents of Ontario is the official representative voice for Ontario’s doctors in training.

PARO’s priority is to advocate on behalf of its members, addressing professional and educational concerns in order to optimize the training and working experience of Ontario’s newest doctors thus ensuring that patients receive the best possible medical care.

Members of PARO are, by definition, postgraduate medical residents training in accredited programs that lead to certification by either the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC) in one of their recognized specialty or subspecialty programs.

Essentially, you are automatically a member of PARO and there is no need to register.
Salary, Call and Shiftwork Rules

Salary
Gross annual PGY-1 salary: $51,065
Gross annual PGY-2 salary: $59,608
Gross annual PGY-3 salary: $63,230

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).

It’s important to note that you can’t be scheduled to work two or more consecutive calls, unless you’ve agreed to it with your Program Director and PARO. Also noteworthy, if you’re not on call or scheduled for work, you aren’t expected to be available on your pager or to be in the hospital or clinic.

In-hospital Call
The maximum number of in-hospital calls is one in four. For rotations greater than one month, in-hospital call maximums are averaged over the length of the rotation (maximum averaging length is three months), with a maximum of nine calls in any given month. The total number of calls on a rotation longer than one month can be calculated by taking the total number of days ON service, dividing them by four and rounding to the nearest whole number (0.5 rounds up).

Home Call
The maximum number of home calls is one in three (or 10 per 30, or 11 per 31). A resident cannot be on home call on two consecutive weekends. Home call CANNOT be averaged over multiple months.

Blended Call (In-hospital and Home Call)
The maximum number of blended calls is calculated using the following formula:

\[ \text{Total HCA} \times 3 + \text{Total IHA} \times 4 = \text{Max Blended Call} \]

where HCA = home call assignments and IHA = in-hospital assignments

The total must not exceed 30 for a 28-day rotation. For other examples, please consult the PARO website.
Call Stipends
Home Call: $52.50
In Hospital Call: $105.00
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 hospital to receive such claims within 30 days following the end of the month in which the call was worked, except for circumstances reasonably beyond the control of the resident. Otherwise, call stipends will not be paid.

Shiftwork
On rotations where residents are scheduled in shifts (e.g., emergency medicine or intensive care), the total maximum is 60 hours per week, including other scheduled responsibilities, such as academic half days. Further, there must be at least 12 hours off between shifts (unless the resident desires less time off between shifts).

Weekends
Each resident must have two COMPLETE weekends off per 28 days, including Friday night and Saturday morning as well as Saturday and Sunday. A resident cannot be on home call on two 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 within 24+2 hours after the commencement of the working day. The following exceptions apply:
- Anesthesia 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 four consecutive hours with at least one hour extending past midnight.
Family Medicine + ER Shifts
If a Family Medicine Resident works their normal weekly family medicine duties (i.e., 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
- an 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 were doing purely shiftwork for that block, then only the qualifying stipend would be applicable.

Rounding on Weekends
The 2011–13 PARO-CAHO Agreement states that, where residents who are not otherwise on call are scheduled or required to round on weekends, and attend in-hospital for such rounding, they will be paid the home call stipend.

Family Medicine OB Call
Where a Family Medicine Resident carries a pager for obstetrics call to fulfill the requirements of the resident’s training program, the resident is only entitled to claim either the home or in-hospital call stipend depending on the time in attendance at a delivery. If the resident is required or expected to respond to the page (e.g., they can opt out of carrying the pager on certain evenings), there should be no call stipend paid. Please note that if they respond to a page and are required to go to the hospital to perform clinical care, the normal conversion rules apply for post-call days.

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 the distance between sites exceeds one kilometre.

Travel Allowance: A travel allowance will be provided on presentation of appropriate receipts to the postgraduate medical education office.

Vacation and Leave

Vacation: Residents are entitled to four weeks of paid vacation per year. A week of vacation is defined as five working days plus two 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 two weeks of the request being made. If denied, alternate times for vacation must be agreed to within two 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 seven 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 includes the date(s) of the exam and reasonable travel time to and from the exam site.
Holiday and Lieu Time

All house staff are entitled to the following recognized holidays:

- New Year’s Day
- Family Day
- Easter 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 Year’s: All house staff are entitled to five consecutive days off during the 12-day period encompassing Christmas Day and New Year’s Day. These five 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 or training requirements). It is your responsibility to request accommodation, explain what measures of accommodation are required and allow a reasonable time for a reply.
Benefits

Overall Benefit Maximum: Unlimited
Deductible: $15 individual, $25 family, per benefit year
Benefit Year: July 1st to June 30th
Benefit Percentage (Co-insurance): 100% for hospital care, drugs, vision care, professional services, medical supplies and services

Medication
Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible dependents will not incur out-of-pocket expenses for the full cost of the prescription.

Vision Care
Eye exams, to a maximum of one exam in any 24 consecutive months, purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of $250 in any 24 consecutive months

Professional Services
Chiropractor: $500 per Benefit Year
Podiatrist/Chiropodist: $500 per Benefit Year
Massage Therapist: $500 per Benefit Year
Speech Therapist: $500 per Benefit Year
Physiotherapist: $500 per Benefit Year
Psychologist/Social Worker (MSW): $500 per Benefit Year
Acupuncturist: $500 per Benefit Year

Dental
Deductible: Nil
Benefit Percentage (Co-insurance):
- 85% for Basic Services - Level I
- 85% for Supplementary Basic Services - Level II
Benefit Maximums: Unlimited for Level I and Level II (some restrictions apply, check website for more details)

Dental Recall: Dental recall examination every nine months except for eligible dependent children age 18 and under, one examination every six months.

How do I get reimbursed?
At the beginning of every year, a $25 processing fee will be deducted from the first claim. This is standard and not negotiable. All required forms must be completed and signed. Option for direct bank deposit is possible.

Please refer to the PARO website for full details (www.PARO.org) or to Manulife Group Benefits (log in required). Benefits are administered by a resident’s pay centre. Residents can obtain detailed benefits booklets from their pay centre.

Sick Leave and Accidents
As outlined in the PARO contract, a resident shall not suffer loss of salary or employee benefits because work cannot be performed due to illness or injury.

The contract allows for continuation of salary up to six months of the end of the appointment year. In essence, this time covers anything from a single sick day up to the end of the six-month time period. Benefits will be maintained and continued until the end of the appointment during such medical disability. For further information, please refer to Article 14.1 of the PARO-CAHO Agreement.

If you feel you are unable to report to work due to illness or injury, you should notify the appropriate team members on your rotation in sufficient time.

What Do I Do If I Have a Needle Stick Injury?
The majority of these cases are handled through the hospital / clinic you are working with. Protocols are usually in place through occupational health. Be sure to contact them immediately in such instances. You and the patient may be required to complete blood work.
What About a Work Place Injury?
Again, it would be important to report such injuries to the health centre’s occupational health department. In the event of a long-term illness or injury, the PARO contract guidelines outlined above also apply.

Pregnancy and Parental Leave
Many residents may contemplate having a child before their residency is complete. If so, congratulations! You may be wondering how a pregnancy or parental leave may affect your residency and/or income.

If you read nothing more, know that a great PARO resource exists that clarifies the PARO contract and guides you through the process: www.myparo.ca/PARO-CAHO_Agreement#Pregnancy and Parental Leave

The PARO office is also very helpful for clarifying questions related to 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 previous 52 weeks.
● You are entitled to be credited for actual number of hours worked, rather than work hours recorded for payroll, as per Attachment 11 “Employment Insurance Hours of Work” in the PARO-CAHO Agreement.
● If you do NOT meet requirements for EI, you are still legally entitled to protected time off (albeit unpaid) 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 PARO-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.
Pregnancy and Parental Leave

<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&lt;br&gt;Can be collected within 17 weeks of actual or EDC</td>
<td>Birth mother or surrogate mother</td>
</tr>
<tr>
<td>Parental Benefits</td>
<td>35 weeks&lt;br&gt;Note: can get 37 weeks if you did not take pregnancy leave</td>
<td>Payable no later than 52 weeks after the birth&lt;br&gt;For adoptive parents, fathers, non-birth mothers – payable no later than 52 weeks after the child is in your immediate care for the first time</td>
<td>New Parents&lt;br&gt;Parent is defined as the birth parent, adopting parent or person in a relationship with a parent of a child and plans to treat the child as their own (Employment Standards Act)</td>
</tr>
</tbody>
</table>

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, and expected or actual date of birth

- There is generally a two-week unpaid waiting period from the time of application approval by Service Canada and the first EI payment. [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca)

- Some other useful 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 maternity 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.
– Residents who take pregnancy and parental leave (e.g. biological mothers) accumulate vacation for the entire length of their leave, up to 52 weeks.
– Unused vacation can be carried over into the following appointment year. 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.

Another thing to consider when planning your maternity leave is that you must give four weeks written notice of the intended timing of your pregnancy and/or parental leave.

For further information about pregnancy and parental leave benefits, consult the PARO-CAHO 2011–13 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.
Remediation

No one plans for remediation to be a part of his or her career path. When it does happen, it can be extremely stressful. Fortunately, Ontario PGME programs are well equipped to deal with the process, as should you be. Below is a list of school-specific links to remediation policies outlining the process, who is involved and requirements. Also included are links to each program’s support services for residents, which may include how to obtain a family doctor and how to access wellness and mentorship programs. Many schools also offer Resident Guide Books that include useful information.

School-Specific Remediation Policy and Support Links

**McMaster**: fhs.mcmaster.ca/postgrad/policies.html
Support: fhs.mcmaster.ca/postgrad/resident_well_being.html

**Northern Ontario**: www.nosm.ca/education/pgme/general.aspx?id=13215
Support: www.nosm.ca/about_us/general.aspx?id=4022

**Ottawa**: www.med.uottawa.ca/postdoctorales/eng/evaluation_policy_forms.html
Support: www.med.uottawa.ca/postdoctorales/eng/wellbeing_program.html

**Queens**: meds.queensu.ca/education/postgraduate/policies
Support: meds.queensu.ca/education/postgraduate/wellness

**Toronto**: www.pgme.utoronto.ca/content/policies-guidelines
Support: www.pgme.utoronto.ca/content/resident-wellness

**Western**: www.schulich.uwo.ca/medicine/postgraduate/policies
Support: www.schulich.uwo.ca/medicine/postgraduate/supportcounselling

**Professional Association of Residents of Ontario**
PARO is another great resource for residents undergoing remediation: www.myparo.ca/During_Residency#Academic%20Appeals

Whether it’s offering strategic advice or acting as an intermediary, PARO can play a key role in an appeal process if necessary. While PARO won’t take sides in an academic dispute on its clinical or academic merits, we will take a position on procedural matters, helping you through the process of appealing a clinical
assessment that you believe is incorrect or unfair, as well as providing some related advice.

In some cases, where PARO believes that the underlying issues raise matters of general importance to our membership, we may independently intervene on your behalf.

**Five Ways PARO Can Help**

1. Identify the hierarchy of people to appeal to, such as the clinical supervisor, program director, director of postgraduate education, associate dean of postgraduate education, chairman of the university, faculty of medicine appeals committee, and the governing council of the university.

2. Advising you about who to approach, and in consultation with our law firm, provide preliminary and, in some cases, ongoing tactical and strategic advice, including assisting you with the preparation of written materials.

3. Providing informal advice or acting as an intermediary in answering certain questions or obtaining information on your behalf. For example, PARO may phone the Royal College or CPSO for advice to ensure your anonymity.

4. Keeping records of conversations, advice and correspondence and maintaining confidentiality.

5. Generally, a preliminary consultation and related follow-up with our lawyers is paid for by PARO. However, save in those few cases where PARO determines the matter is one of general importance, PARO will advise you that you are responsible for any additional legal fees incurred once any formal appeal process is initiated. In other words, if PARO or its counsel have not been able to assist the resident to resolve the matter informally, without the need to formally appeal and request a hearing, further costs are the responsibility of the resident.
Certification Examinations in Family Medicine

There have been recent changes to the certification examination in family medicine. Residents will be taking a Harmonized Exam, which combines both the MCCQE 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/FMExam) for more up-to-date information.

Harmonized Certification Exam in Family Medicine

The written component comprises approximately 40 to 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 is six hours.

The enhanced clinical skills component comprises four simulated office orals (SOOs) and eight objective structured clinical examinations (OSCEs).

- The SOOs are designed to simulate a real clinical encounter, and each lasts 15 minutes. In each SOO, the patient (who is also the examiner) presents with a primary complaint and a secondary complaint, which the examinee must uncover. The examination assesses 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 MCCQE Part II (QE2) have traditionally used a combination of two structures: a 10-minute station or a 5-minute station followed by a 5-minute post-encounter probe.

For the Harmonized Exam, the SAMPs component is written on the first day of the examination, the OSCEs are performed on the second day and the SOOs are administered on the third day. As of Spring 2014, all candidates, regardless of whether they have previously written or passed the QE2, will be required to sit the new exam format. Examination fee (2014) = $4,750
Repeat Requirements
Candidates must successfully complete both components of the enhanced exam to be awarded their certificate. If a candidate is unsuccessful on both components of the enhanced exam, they will be required to re-sit the full exam on a subsequent attempt. If a candidate is unsuccessful on one of the two exam components, they may re-sit that component of the exam at a reduced fee. A candidate who fails the CCFP portion but passes the QE2 is required to rewrite the exam but will retain certification regardless of score on the second attempt. Many provinces will grant licenses to residents that pass the QE2 but not the CCFP.

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
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 ocfp.on.ca/cme/calendar

Each university also offers local CME workshops:

**McMaster University:** [www.fhs.mcmaster.ca/conted/calendar.html](http://www.fhs.mcmaster.ca/conted/calendar.html)

**Northern Ontario School of Medicine:** [www.nosm.ca/cepd/](http://www.nosm.ca/cepd/)

**Queen’s University:** [healthsci.queensu.ca/education/cpd/programs](http://healthsci.queensu.ca/education/cpd/programs)

**University of Ottawa:** [events.cmeuottawa.ca/searchevent/event_search](http://events.cmeuottawa.ca/searchevent/event_search)

**University of Toronto:** [cpd.utoronto.ca/](http://cpd.utoronto.ca/)

**Western University:**
[www.schulich.uwo.ca/continuingprofessionaldevelopment/continuing_medical_education/index.html](http://www.schulich.uwo.ca/continuingprofessionaldevelopment/continuing_medical_education/index.html)

Online Continuing Medical Education

- Online CMEs are a great alternative to attending courses and conferences, which can be quite expensive
  - CFPC offers *Self Learning* programs, including practice SAMPs ([http://www.cfpc.ca/sli/](http://www.cfpc.ca/sli/))
  - CFPC offers e-therapeutic highlights by email; register on their website at [www.e-therapeutics.ca](http://www.e-therapeutics.ca)
  - CMA website daily emails of Info POEMS, which are a synopsis of new evidence. Requires Login info at [www.cma.ca](http://www.cma.ca)
  - Online Canadian Continuing Professional Development: [www.cfpc.ca/cpd/](http://www.cfpc.ca/cpd/)
# Conferences

<table>
<thead>
<tr>
<th>Major Conferences</th>
<th>Dates and Location</th>
</tr>
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<tbody>
<tr>
<td><strong>Family Medicine</strong></td>
<td></td>
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<tr>
<td>Rural FM Conference (SRPC)</td>
<td>TBA, ~likely March/April 2015</td>
</tr>
<tr>
<td>AAFP Annual Scientific Assembly</td>
<td>September 21–25, 2014 in Washington, DC</td>
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<tr>
<td>CFPC Family Medicine Forum</td>
<td>November 13–15, 2014 in Quebec, QC</td>
</tr>
<tr>
<td>OCFP Annual Scientific Assembly</td>
<td>November 27–29, 2014 in Toronto, ON</td>
</tr>
<tr>
<td>Primary Care Today Conference</td>
<td>May 6–9, 2015 in Toronto, ON</td>
</tr>
<tr>
<td><strong>Emergency Medicine</strong></td>
<td></td>
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<tr>
<td>Rural Critical Care Conference (SRPC)</td>
<td>Typically annually in February in Banff, AB</td>
</tr>
<tr>
<td>American College of Emergency Physicians</td>
<td>October 27–30, 2014 in Chicago, IL</td>
</tr>
<tr>
<td>Scientific Assembly</td>
<td></td>
</tr>
<tr>
<td>American Academy of Emergency Medicine</td>
<td>February 28–March 4, 2015 in Austin, TX</td>
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<tr>
<td>Assembly</td>
<td></td>
</tr>
<tr>
<td>CAEP Annual Conference</td>
<td>May 30–June 3, 2015 in Edmonton, AB</td>
</tr>
<tr>
<td><strong>Specialty Conferences</strong></td>
<td></td>
</tr>
<tr>
<td>McMaster Internal Medicine Review Course</td>
<td>TBA, ~likely Mar/Apr 2015 in Hamilton, ON</td>
</tr>
<tr>
<td>Canadian Geriatrics Society Annual Meeting</td>
<td>TBA, ~likely April 2015</td>
</tr>
<tr>
<td>International Congress on Palliative Care</td>
<td>September 9–12, 2014 in Montreal, QC</td>
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<tr>
<td>Annual Canadian Psychiatric Society</td>
<td>September 11–13, 2014 in Toronto, ON</td>
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<tr>
<td>Conference</td>
<td></td>
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<tr>
<td>Canadian Society of Internal Medicine</td>
<td>October 1–4, 2014 in Calgary, AB</td>
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<tr>
<td>Annual Meeting</td>
<td></td>
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<tr>
<td>SOGC Annual Clinical Meeting</td>
<td>June 5–13, 2015 in Quebec, QC</td>
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<tr>
<td>Canadian Pediatrics Society Conference</td>
<td>June 24–27, 2015 in Toronto, ON</td>
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</table>
International Medicine

- Most residency programs allow international electives as part of the global health curriculum. Speak to your program coordinator about specific international connections to facilitate setting up an opportunity.
- Many organizations offer international medical work (short or long term) for post-residency:
  - **International Medical Corps**: [https://internationalmedicalcorps.org](https://internationalmedicalcorps.org)
  - **MSF/Doctors Without Borders**: [www.msf.ca](http://www.msf.ca)
  - **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 (e.g., passports and Visas)
  - Pre-trip vaccinations and prophylactic medications (e.g., malaria)
  - Insurance: professional, health, travel, disability
  - Local language and living conditions

MAINPRO (Maintenance of Proficiency)

The CFPC program for continuing professional development (CPD) allows physicians to document and maintain their continuing education and provides methods for evaluating CPD programs.

Please note that the MAINPRO CPD program will be undergoing changes in 2015, please visit [www.cfpc.ca](http://www.cfpc.ca) for up-to-date details.

**How MAINPRO Works**

- When you join CFPC, you start your first five-year MAINPRO cycle.
- In each cycle, you must accrue a minimum of 250 credits, with a 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 credits.
• You must retain proof of participation in all types of MAINPRO credits for at least six years because members are randomly selected for credit validation.
• Some family practice models also provide financial compensation for participation in CME ($25 per 15 minutes).

Types of MAINPRO Credits
• **M1** credits are linked to structured learning programs that focus on enhancing knowledge and skills integral to family medicine, such as accredited conferences, courses and workshops; accredited hospital and clinical rounds and journal clubs; interactive, Internet-based CME; and Self Learning from CFPC.
• **M2** credits are linked to self-directed, unstructured CPD/CME activities, such as reading journals, teaching and podcasts, as well as non-CFPC accredited live events.
• **MC** credits are linked to activities that promote performance and quality improvement and include a self-reflective component, such as practice audits and accredited practice-based small-group learning (e.g., McMaster developed Problem Based Small Learning Group (PBSLG) modules).

MAINPRO and Residents
• Residents are *not required* to participate in MAINPRO; however, many residents participate in MAINPRO-eligible activities, such as conferences and ACLS.
• CFPC encourages residents to track their MAINPRO activities because credits (up to 30 M1 and five MC) can be carried forward for their first MAINPRO cycle.
• To learn more about reporting credits visit [www.cfpc.ca/reportcredits](http://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 [cfpc.ca/sli/](http://cfpc.ca/sli/)
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 residents choose to pursue extra training through a PGY-3 program?
- They have an area of special interest
- They plan to devote a portion of their practice to a specific area
- They would like more experience in a specific area
- They plan to work in a community with a specific health-care need
- They want to pursue a Master’s Degree or do extra research in a specific area (e.g., academic family medicine)

PGY-3 Quick Facts
- Most PGY-3 years begin July 1st (some programs will make accommodations).
- Applications usually open near the end of the summer of PGY-2.
- Requirements typically include a cover letter, references, an up-to-date CV, an application form and a letter of support from your program director.
- Deadlines for application are usually the end of September of PGY-2.
- Emergency Medicine is currently the only program that requires a Canadian Resident Matching Service (CaRMS) application.
- Programs generally range from three months to one year.
- Many programs 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 underserviced area for a year of funded training.

Tips for a Successful PGY-3 Application
- Each university and program has different timelines and requirements, so start researching them early.
- Try to arrange an elective in the specialty and/or location of your choice.
- Talk to current residents in your program of choice. Ask them if they are happy with the structure of the program.
- 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 other applicants.
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 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 CV.
- The number of positions at each university can vary each year.

Certification Programs
Certifications at the end of PGY-3 year (12 months) are offered for the following specialties:

- GP Anaesthesia
- Palliative Care
- Emergency Medicine
- Care of the Elderly

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

Western:  www.schulich.uwo.ca/familymedicine/postgraduate-program/pgy3-programs

McMaster:  fammedmcmaster.ca/residency-applicants/pgy3-enhanced-skills

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

Queen’s:  www.familymedicine.queensu.ca/education/enhanced

Ottawa:  www.familymedicine.uottawa.ca/eng/pg_PGY3.html

### Ontario PGY-3 Opportunities (as of January 2014)

<table>
<thead>
<tr>
<th>Area</th>
<th>NOSM</th>
<th>McMaster</th>
<th>Ottawa</th>
<th>Queens</th>
<th>Toronto</th>
<th>Western</th>
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</thead>
<tbody>
<tr>
<td>Addictions/mental health</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
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<tr>
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<tr>
<td>Breast diseases</td>
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<tr>
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<td>X</td>
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<tr>
<td>Chronic disease management</td>
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<tr>
<td>Developmental disabilities</td>
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<tr>
<td>Emergency medicine</td>
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<td>Enhanced maternity skills</td>
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<tr>
<td>Hospital medicine</td>
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<tr>
<td>HIV primary care</td>
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<tr>
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</tr>
</tbody>
</table>

* = available in rural and urban settings
+ = advanced skills
Checklist for Exiting Residency

Apply and Obtain
- CPSO number (at least six weeks before starting your practice)
- CMPA number
- OHIP number (must have your CPSO number to apply)
- Hospital privileges
- Workplace Safety and Insurance Board (WSIB) number

Explore These Resources
- Practice U (HealthForceOntario)
- CMA Practice Management tools
- Mentors, preceptors and graduated residents

Find and Contact the Following People
- Find an accountant
- Find a financial planner
- Find a lawyer (to review contracts, etc.)
- Find a billing agent
## Important Dates

<table>
<thead>
<tr>
<th>Event</th>
<th>Application Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY-3 Program</td>
<td>Fall of PGY-2; check specific program for details</td>
</tr>
<tr>
<td>Harmonized Certification Examination</td>
<td><strong>Spring session (PGY-2)</strong></td>
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<tr>
<td></td>
<td>Apply between Dec 1 and Feb 1 of PGY-2</td>
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<tr>
<td></td>
<td><strong>Fall session (PGY-2)</strong></td>
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<tr>
<td></td>
<td>Apply between May and June of PGY-2</td>
</tr>
<tr>
<td>CPSO Independent License Number</td>
<td>April of PGY-2:</td>
</tr>
<tr>
<td></td>
<td>Visit <a href="http://www.cpso.on.ca">www.cpso.on.ca</a>; 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 and police check.</td>
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<tr>
<td>CMPA Number</td>
<td>Spring of PGY-2:</td>
</tr>
<tr>
<td></td>
<td>Download the request form at <a href="https://oplfrpd5.cmpa-acpm.ca/web/guest/membership-application-form">https://oplfrpd5.cmpa-acpm.ca/web/guest/membership-application-form</a> Approximate time for application processing: 1 week Required documents: None</td>
</tr>
<tr>
<td>Registration for OHIP Billing Number</td>
<td>Spring of PGY-2:</td>
</tr>
<tr>
<td></td>
<td>Download form from <a href="http://www.health.gov.on.ca/en/pro/publications/ohip/ohip_billing.aspx">www.health.gov.on.ca/en/pro/publications/ohip/ohip_billing.aspx</a> Approximate time for application processing: 1 month Required documents: 1. CPSO number 2. Supporting documents for postgraduate training (residency certificate) 3. CFPC certification <strong>Note:</strong> Even if you are diligent and get your OHIP number right away, you will still likely wait &gt; 6 weeks for your first pay check.</td>
</tr>
<tr>
<td>WSIB Billing Number</td>
<td>Spring of PGY-2:</td>
</tr>
<tr>
<td></td>
<td>Download form from <a href="http://www.wsib.on.ca/files/Content/FormsHCPRegistrationForm/1890A.pdf">www.wsib.on.ca/files/Content/FormsHCPRegistrationForm/1890A.pdf</a> Approximate time for application processing: 4-6 months Required documents: CPSO number</td>
</tr>
</tbody>
</table>
Transition to Practice

Guide to Getting Started as a New Physician

- The following URL will bring you to the Online Resource Manual for Physicians, which describes important acts and regulations and how to submit claims to get paid, among other things: www.health.gov.on.ca/English/providers/pub/ohip/physmanual/physmanual_mn.html
- CMA’s New In Practice Guide, published annually, provides residents with the information they need to know before entering practice. The guide covers topics such as evaluating practice opportunities, selecting an EMR system, insurance basics and more. There is also CMA’s Practice Hotline, where CMA members get a free 60-minute consultation with a practice management expert. Find more information about both at http://www.cma.ca/practicemanagement/transitioning-to-practice
- Missed a CMA PMC session at your school? Start your practice off on the right foot by consulting a series of 15 Practice Management modules. Learn more about contract negotiations, staffing, insurance basics and much more at www.cma.ca/practicemanagement_pmcmodules

CPSO Number (Certificate for Independent Practice)

- Needed to engage in independent, unsupervised practice upon graduation.
- Applications are usually available for download from wwwcpsoon.ca in April of your graduating year.
- Follow the Registration link from the main page, then select Applications and Forms. Under the section Applications for Certificate of Registration Authorizing Medical Practice, ensure to download the application package titled “Final Year Residents in Ontario”.
- Cost: Application Fee - $780, Membership Fee - $1550 (2013).

CMPA Number (Canadian Medical Protective Association)

- You can download the application from the website; it is very user friendly.
- Go to www.cmpa-acpm.ca and complete the online membership application.
- Cost: Fee is based on practice type.

WSIB Number

- Apply: www.wsib.on.ca/files/Content/FormsHCPRegistrationForm/1890A.pdf
- Your CPSO number is required and processing time is 4–6 weeks.
OHIP – Ontario Billing Number
- You must have your CPSO number to apply for your OHIP number.
- The good news is that you can start working without your OHIP number and bill retroactively (up to six months) but you will need this number to get paid, regardless of the type of the practice conditions (i.e., locum vs. non-locum).
- Application (Form 014-3384-83):
  Cost: Free
  Processing time: approximately one month

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, CV, Certificate of Good Standing and Certificate of Adult Criminal Convictions.

Other Things to Consider
- To make the transition to practice as smooth as possible, it is important to build a team of individuals that will help you navigate through the transition (ask around to get a few suggestions):
  - Find an accountant
  - Find a financial planner
  - Find a lawyer (to review contracts, etc.)
  - Find a billing agent
- Membership in Canadian and Provincial/Territorial Medical Association (CMA, OMA)
- Membership in the CFPC and OCFP
- Change of Address – keep your address current

Useful Resources
Practice U (HealthForceOntario): Information on transition to practice, finding work etc. www.healthforceontario.ca/en/M4/Practice_U
CMA Practice Management tools: step-by-step guides to practice management separated into high yield modules. www.cma.ca/practicemanagement
CFPC — First Five Years in Family Practice

Since 2009, the First Five Years in Family Practice (FFYFP) Committee has been working to address the interests and concerns of residents and new family doctors who, at the end of their training program, experience an “off-the-cliff” feeling. Like many others, you will have lots of questions about starting to practice and being out on your own as an independent practitioner in the ever-changing world of family practice.

As a new family physician, let us know what you need to help support your career

Last year, we asked the FFYFP Committee members what they needed from us, and where they wanted the committee to dedicate its efforts. They told us that they want more practice management and leadership training in residency, and more support in these areas during the early years of practice. With that information, we are now developing new programs to best meet your needs. We’re excited to be establishing FFYFP provincial chapters that will provide province-specific programs for you at the CFPC’s Annual Scientific Assemblies. The schedule of 2014 ASAs is available at www.cfpc.ca/Annual_Scientific/. The committee is also expanding its presence at Family Medicine Forum (FMF) to provide more sessions and events for new family physicians. We hope you will join us at FMF 2014 in Quebec City November 13–15.

How can you get involved?

The full membership of the FFYFP Committee is our most valuable resource. Together, we work to support one another. Our Facebook group has over 1,100 members, including many residents and medical students. We have lots of active discussions on a number of practical topics.

Here are a few examples:

“I am taking over a retiring doctor’s practice in an Ontario FHN with a FHT in 6 months. Does anyone have any advice or any leads on how to do this (i.e., how many patients should I roster, should I do income stabilization, any stipulations I should put on the practice as I start up)? Any advice would be appreciated!”
“I’m planning to start my own practice. What are the things I have to look out for? And how much should I put aside for start-up expenses? Any ideas/suggestions are welcome.”

“Just wondering if anyone has any suggestions/tips on personal health insurance. I’m debating between OMA group (individual) vs. OPIP extended health presently. Any experiences with either of these or other good options out there? Thanks!”

“Quick poll – I’m wondering what the average starting panel size is for family docs around the country. Particularly for salaried practice +/- inpatient coverage.”

Our Facebook page is a great way to get quick answers to your questions from someone who has been through it before. Search “First 5 Years in Family Practice – Canada” and join the discussion today!

Great Practice Management Resources
Our webpage includes some great resources for starting up your practice, as well as links to clinical practice tools and guidelines. Think about making First Five Years your browser homepage in clinic for easy access to these tools!

Find us on Facebook, email and the FFYFP website
F: www.facebook.com/groups/FirstFiveYearsinPractice.Canada/
E: firstfiveyearsCanada@cfpc.ca
W: www.cfpc.ca/FirstFiveYears

We hope to hear from you!

Scott MacLean, MD, CCFP
Chair, First Five Years in Family Practice Committee
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 HealthForceOntario website at www.healthforceontario.ca and click on “HFOJobs”
  - Click on "Physician Jobs" → select "Not Registered? Click here to register!" After registering, you can search the site and have new job listings sent straight to your inbox.
  - HealthForceOntario Marketing and Recruitment Agency: For those who are Canadian residency trained, this may be of interest to you. There are three Ontario Physician Locum Programs: Rural Family Medicine, Northern Specialist and the Emergency Department Coverage Demonstration Project. They have been 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 that may influence your choice or location of job, click on “Practice Ontario | Where in Ontario do you want to practice?” at the bottom left hand corner of the main home page.

- Practice U is another very useful tool provided by HealthForceOntario. Visit www.healthforceontario.ca/en/M4/Practice_U
  - Finding your Ideal Practice is a brochure that outlines helpful resources for finding a job.
  - Regional Advisors work with communities and local health-care organizations within Ontario’s 14 Local Health Integration Networks (LHIN) regions. They can be contacted at practiceontario@healthforceontario.ca

- Practice Ontario is a free career-planning service for postgraduate medical residents that was created by HealthForceOntario Marketing and Recruitment Agency. They can help explore locum and permanent job opportunities in Ontario (from urban to rural settings), assist with resume preparation and arrange visits to interviews with potential employers. They can also be contacted at 1-800-596-4046 ext. 3697.
The Resident Loan Interest Relief Program was negotiated as part of the 2008 Physician Services agreement. It provides eligible Ontario medical residents with repayment assistance on government student loans during their residency program. For more information, visit www.oma.org/MEDICALSTUDENTS/Rlirinfo.aspx

Family Practice Models and Compensation Schemes

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

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

Family Health Networks (FHN)
- Blended capitation model: age- and sex-adjusted base rate remuneration plus bonuses and incentives
- Three or more physicians practicing together
- Physicians commit to enroll patients
- Regular office hours plus three to five sessions of extended hours (at least three 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: age- and sex-adjusted base rate remuneration plus bonuses and incentives
- Three or more physicians practicing together
- Physicians commit to enroll patients
• Regular office hours plus three to five sessions of extended hours (at least three 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 FHT
• The major difference between an FHN and an FHO is their defined basket of services for enrolled patients

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 one to seven physicians
• Regular hours and one to five 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 hard-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:
www.healthforceontario.ca/Work/OutsideOntario/PhysiciansOutsideOntario/PractisingInOntario/community_health_centres.aspx
**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 that provides care to a specific patient population
- Salary based on population

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

**Applies to:**
- Rural-Northern Physician Group Agreement
- Community Health Centres
- Community Sponsored FHTs
- Comprehensive Care Model FHG
- FHN
- FHO

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

**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 capitation model**
- Rewards low visit rate
- Capitation based on a defined basket of services for enrolled patients, e.g. general assessment A003
- Fee-for-service paid for services outside of the basket, e.g. IUD insertion G378 (fee-for-service ceiling of ~$56,000 per MD per year)
- Additionally, MDs receive monthly comprehensive care capitation payments for all enrolled patients
- Plus incentives for rostering: new patient fee, premiums for chronic disease management, preventative care, prenatal care, home visits (for rostered patients), hospital visits, obstetrical care and palliative care for all patients

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

In recent years, physicians have been allowed to incorporate, meaning they create 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 to pay 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 of 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 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.
- The decisions to incorporate and manage the affairs of a corporation are complex matters. Financial advisors have the knowledge and experience to help you maximize the wealth-generation potential of your corporation and can ensure that your corporation is integrated with your overall wealth management plan. Financial professionals can also provide referrals to tax, legal or other advisors you need to realize the maximum benefits of your corporation. One available option is an MD Management advisor. Information about MD incorporation services for physicians can be found at https://mdm.ca/wealth-management/incorporation/index.asp.

References

CMA PMC module on Personal and Professional Accounting and Taxation at www.cma.ca/practicemanagement_pmcmodules#module_4

MD management at www.mdm.ca
Taxes & Salaries

A good accountant can be worth their 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 (typically as a resident), 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 provincial and federal TD1 forms so that you put that extra money toward loans instead of the government holding onto it until tax season in the spring. You will get approximately $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 toward 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.

Claimable

- Moving expenses (if you moved more than 40 kilometres to a new site for residency). See www.cra-arc.gc.ca/E/pbg/tf/t1-m/t1-m-13e.pdf for details.
- Interest on government-issued student loans can be used as non-refundable tax-credit.
- Annual dues paid to OMA, CPSO, CCFP and RCPSC. Note that PARO 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).

**Not Claimable**
- Interest on private loans
- Travel for interviews

**Potentially Claimable**
- *Textbooks, medical equipment and personal computer:* Not deductible as residents, but if you transfer them 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, 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 it 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 is also now claimable.

**References**
CMA PMC module on *Personal and Professional Accounting and Taxation* at [www.cma.ca/practicemanagement_pmcmmodules#module_4](http://www.cma.ca/practicemanagement_pmcmmodules#module_4)

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.

**Investing in Residency**

As you move forward in your career, you’ll need to continue to repay your debts while keeping in mind the tax and investment opportunities now available to you. Your MD Advisor can help you develop a total wealth management plan that includes a well-diversified investment portfolio.

You may want to consider contributing to a RRSP or a Tax Free Savings Account (TFSA) or both. Contributions to your RRSP grow tax free and reduce your taxable income. TFSA allows Canadian residents to contribute up to $5,500 annually. Although the contributions are not tax deductible, the investment income earned within a TFSA, as well as any dividends or capital gains, are tax free.

If children are part of your family, you’ll want to consider a Registered Education Savings Plan (RESP). An RESP offers generous government grants and tax-deferred growth to help maximize education savings.

A financial advisor can help you identify your financial goals, risk tolerance and capacity and determine your financial priorities. Together, you can decide how much you should be allocating to debt repayment, building an investment portfolio and planning for life events such as purchasing a home or starting a family.

**Tips**

Many financial advisors are available to guide your investments, including those from MD Management. Find out more about what services MD Management offers residents at [https://mdm.ca/career-stages/resident/index.asp](https://mdm.ca/career-stages/resident/index.asp)

**Resources**

MD Management: [www.mdm.ca](http://www.mdm.ca)
CMA Practice Management Curriculum (PMC)

Find out about the next CMA PMC session at your school. Click www.cma.ca/pmcresources and go to Schedule of Events. These sessions are an introduction to practice management issues you will face as you navigate through job opportunities and transition to practice.

Physician Salaries

Calculating the average physician salary is very complex and is influenced by many factors. Although there is no clear data on physician salaries, some studies have attempted to estimate average salaries.

A study by Petch et al. (2012) used data from the 2010 National Physician Survey as well as public data from the Institute for Clinical Evaluative Sciences (ICES) Report on Payments to Ontario Physicians from the Ministry of Health and Long-term Care Sources 1992/93 to 2009/10 (CFPC et al., 2010; Henry et al., 2012). You can find this study at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3517870/

Petch et al. estimated that “Family physicians and general practitioners had a mean net income of $207,600. The means that family physicians made on average $207,600 after accounting for overhead costs, but before taxation. The mean net income from public payments for all physicians in Ontario, after adjusting for overhead, was $240,400.”

The authors cautioned that “self-reported overhead varies substantially both within and between specialties, and has a substantial effect on physician income. Mean net income from public payments varies more than twofold between specialties. Given the lack of comprehensive data, it is difficult to construct a complete account of physician income in Ontario.”

A second available estimate published by the CMA used Canadian Institute for Health Information (CIHI) data (Buske 2004; CIHI 2004). This study estimates net average physician income (all specialties) nationally at $148,700 in 2004, which is much lower than the $240,400 estimated by Petch et al. in 2010. There are several methodological reasons for this discrepancy, as outlined by Petch et al. in their study.
A third source includes data from the CIHI Information National Physician Database Table A.5.A: “Average gross fee-for-service payment per family physician in Ontario for 2011–11.” This data suggests that the average gross fee-for-service payment per family physician in Ontario for 2011–12 was $240,615, which represented 47.3% of total physician clinical payments. It should be noted that this data did not include alternative forms of reimbursement, such as salary and capitation.

The past few years have seen the emergence of novel compensation models, such as the blended salary model or blended capitation model, where payment can vary greatly based on the number of patients, complexity of patients and ability of a physician to meet a wide variety of applicable bonus incentive payments. Information on these types of payment models is available through the Ontario government at www.health.gov.on.ca/en/pro/programs/fht/docs/fht_compensation.pdf

Additional information is available through HealthForceOntario at http://www.healthforceontario.ca/en/Home/Physicians/Training_%7C_Practising_Outside_Ontario/Physician_Roles/Family_Practice_Models/Family_Practice_Compensation_Models#ffs

Given the variability and limitations on currently available data regarding physician compensation, it is clear that it is difficult to calculate a true physician salary. Factors that influence physician income include, but are not limited to:

- Type of compensation scheme (e.g., fee-for-service or blended capitation or blended salary)
- Revenue from other clinical work (e.g., obstetrics, emergency room coverage or hospitalist)
- Private (e.g., non-OHIP, WSIB, private billings) revenue

The proportion of total income derived from clinical work (e.g., funds for teaching and administrative work). These include:

- Applicable incentives for practicing in rural areas
- Applicable incentives for preventative care
- Applicable incentives for care of chronic diseases
- Total time worked (part-time vs. full-time)
- Overhead costs
Sources


Practice Profiles

The next few pages highlight the practice profiles of four 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 four featured practices are located, as shown below, throughout Ontario:
Dr. Christine Richardson, *London, Ontario*

**Special Interests:** Education and third world medical service

*Residency:* UWO  
*Practicing since:* 2006

**Practice description:** Full-time emergency medicine — three to four shifts per week — 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.
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 both Family and Emergency Medicine as well as 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.
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.

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 workweek! 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.

*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.

Written and updated annually by the Ontario College of Family Physicians Residents Committee, this is a comprehensive guide of relevant information for family medicine residents. It includes tips and checklists for starting, during and exiting residency. This edition has a special focus on finance related content: including how to claim call stipends and information related to taxes and funding models that are distinctive to family medicine in Ontario.

Written by residents for residents, this guide aims to assist in preparation for residency, provide resources to succeed in residency and help graduates to transition seamlessly into practice.

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