

## President's message: the IMG question

The issue of international medical graduates is one that is rising in the medical world. Both nationally and provincially, the role of IMGs in the Canadian Health Care system is being reviewed and pursued. As residents, we are deeply involved as there are implications for our training and practice. We have sought, and will continue to seek an equitable stance that promotes fairness and a solution to the obvious physician shortage in the country.

However, there is growing concern in Ontario that measures taken in the last year, though helpful in the physician resource shortage, may be hurtful not only to Canadian graduates, but to the health care system as a whole. In fact, a Task Force headed by the CPSO evaluated physician resources in the province, and produced 15 recommendations regarding solutions. Fourteen of them have been heeded—the only one overlooked was limited licensure for residents.

The Ontario government has proceeded with plans to fast-track the assessment of IMGs to rapidly introduce them to the physician pool. Some of these assessments are as short as 2 days, and many of them do not require the same exams CMGs write. In fact, some will be allowed to bill as specialists prior to writing their Royal College exams. They also come at a great cost; mostly borne by the IMG who must agree to return of service in an underserved area.

There are several issues at stake here, and I want to highlight a few of them, specifically as they impact Ontario residents.

### 1. Doctor Shortages

The complexity of the physician shortage in the province requires several solutions. IMGs have always played a role in the Canadian Health Care System, and indeed should. However, the shortage of docs in this province cannot solely be replaced by IMGs. They are part of the solution, not the only solution. Canada should be a country that is self sustainable for its health care needs. While we gladly support movement of physicians across the world, we must be careful not to poach from many needy countries to solve our domestic problems. Moreover, just as we restrict the number of qualified Canadian citizens and residents that are admitted to medical school, it is reasonable for any long term physician resource policy to restrict the number of IMGs admitted to practice in Canada.

### 2. Access to Residency Spots

Once you are accepted to medical school, you join the medical life cycle continuum – a chain of training that leads to certification and practice. The system demands assurances that those who begin will have access to the training required to emerge as competent independent physicians. This involves a CaRMS match that provides enough positions for its entrants. Disrupting that continuum by introducing IMGs at the level of the first iteration of the match unfairly compromises CMGs. For this reason, guaranteeing CMGs access to residency positions through the first round of the match has been upheld against constitutional challenge by Ontario courts in the past. The high number of unmatched students and low

number of positions available this year is testimony to the importance of the oft proposed but rarely delivered 1:1.2 ratio of students to spots.

### 3. Resident Education and Training

The current IMG initiatives will lead to the introduction of hundreds of IMGs to the Ontario training system. The impact this influx will have on our education is unknown. Our training systems are already strained with underfunding, inadequate resources, and too few teachers. There is a concern expanding our training programs so radically may result in compromised training. A long term approach must be taken that will account for quality of and access to training.

### 4. Fair Treatment of IMGs

PAIRO strongly supports the principle that all qualified physicians should be treated fairly and equitably. Some of the proposed ROS programs may not match that equity and may unduly encumber the IMG. We have always advocated for incentive based measures for physician recruitment and retention, not punitive or coercive measures—we know coercion does not work.

I believe a balance must be and can be struck. We cannot be self serving, but must also protect our training. Only then will our policies result in a sustainable, equitable and high quality health care system.

Joe



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# Residents' Awareness Day: Tuesday April 15, 2003

Residents' Awareness Day (RAD) is quickly approaching! We have secured volunteers at several sites, who will inevitably be showered with praise and

experience feelings of warm satisfaction, but we still need more volunteers at many other sites (see list to left). If you are interested in helping out, please contact the PAIRO office as soon as possible.

Our primary efforts to promote RAD are focused on getting posters, banners, brochures and information booths at each site. We have also secured the support of Modrobes clothing company, which has generously donated their haute couture scrubs as the prize in what will be an informative contest. Each ballot has four true or false questions about residents which, when complete, can be submitted for entry into the Modrobes contest. Each site has the opportunity to participate (provided a resident is available to oversee its production) and those sites that have a large number of participants will be considered for additional Modrobes prizes.

The success of RAD in your city will depend on how many sites RAD can be promoted! For the hospitals where we do not already have volunteers, we are asking if you can take responsibility for the contest. In short, the job description requires someone to pick up, distribute and send back the ballots. This requires picking up the ballots from your public relations or communications department, handing them out to your colleagues and organizing a drop off location for them to be collected. We will supply a courier envelope for the ballots to be shipped back to PAIRO office. A draw will take place when the ballots are received, and the winners at each hospital will be sent their prizes.

We would like to greatly thank everyone who has already helped us in organizing RAD this year. We have received very positive feedback from the residents and Ontario's Teaching Hospitals. We hope that everyone gets an opportunity to help in creating resident awareness on April 15 and that you get a chance to celebrate your contribution to Canada's health care community.



# Process change: election of the PAIRO president

Making a change to its Executive election procedure for the position of President, PAIRO will hold elections for this position for the June 03-June 04 year at the April General Council meeting. This will facilitate the transition to the Presidency position in June. For six weeks the President-Elect will work alongside the President, learning the issues, getting exposure to important external bodies we interact with. It is hoped that this change will help the new President prepare for her/his substantial role.

# CAIR update

The major issues for discussion at the February CAIR (Canadian Association of Internes and Residents) Board of Directors meeting were international medicine graduates (see President's Message for more detailed information of this topic), flexibility in training, implementation of a 3rd year of family medicine at the University of Montreal, a common PGY1 year, and the medical stream model. This will be elaborated upon in the next issue of Progress Notes.

# Site visits

We have now completed site visits to all teaching centres, including Thunder Bay and Sudbury. Thanks to all of you for your hospitality and numerous questions. It was especially rewarding to have arrived at three of the sites on the day that the retro cheques came through!

## VOLUNTEERS STILL NEEDED:

### Hamilton:

St. Joseph's Hospital  
Henderson Hospital  
McMaster Hospital

### Kingston:

Hotel Dieu Hospital

### London:

St. Joseph's Hospital  
South Street

### Ottawa:

Montfort

### Sault Ste Marie

Sault Area Hospitals

### Toronto:

Hospital for Sick Children  
Mount Sinai Hospital  
Princess Margaret Hospital  
Centre for Addiction and Mental Health (Clarke Division)  
Scarborough Hospital



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All calls are answered by Distress Centre volunteers who are from non-medical backgrounds and not affiliated with PAIRO or any universities

## By-Law Change

As announced in the February Progress Notes, a special general meeting was held on February 28th to consider a proposed by-law change to make PAIRO's voting structure at General Council consistent with the norm of other organizations in the province. The proposal was adopted and is effective immediately. Therefore, General Council resolutions now require a 50% + 1 majority except in circumstances specified in the By-laws.

# Parental leave of absence: how do the Disability Income insurers treat it?

*Something to keep in mind when looking at a post residency plan for LTD...*

Are you contemplating having or adopting a child in the future? Do you know how Disability Income insurers handle parental leaves of absence? Under many Disability Income insurance plans, should you suffer a disability while on leave, you could potentially not even be considered disabled. Consider this scenario:

Assume you adopt a child and decide to stop practising medicine for 24 months. At the end of 24 months, you become disabled and can work only 20 hours per week. Instead of earning the \$12,000 per month (after

expenses) that you were earning prior to your leave of absence, you now earn only \$3,000 per month. If you are insured for \$5,800 per month of tax-free Disability Income insurance, how much monthly benefit would you collect?

The "Essentials" program for PAIRO members allows you to obtain up to \$5,000 per month of OMA Disability Income insurance plus a Guaranteed Insurability Benefit which will allow you to get up to an additional \$6,000 per month as your income grows – all with NO EVIDENCE OF HEALTH REQUIRED.

For details, contact OMA Insurance at 1-800-268-7215 (ext. 2918), or 416-340-2918. Check out "Essentials" on the web at [www.OMAINsurance.com](http://www.OMAINsurance.com)

With respect to the...	an individual Disability Income insurance plan may...	while the OMA Disability Income insurance plan will...
Definition of disability (disability is defined as the inability to perform the important duties you were performing immediately prior to onset of disability)	Question whether the duties you are unable to perform are those from your medical practice of 24 months ago, or those of a stay-at-home parent. The insurer could decide that you are not even disabled.	Determine disability based on your inability to perform the duties you were performing prior to the parental leave of absence.
Definition of Average Monthly Earned Income (AMEI) (an important factor used in the calculation of Residual Disability benefits)	Define AMEI as the average of the best 2 consecutive years in the 3 years prior to the onset of disability.	Define AMEI as the average of the best 12 consecutive months in the 24 months prior to the onset of disability, or prior to the onset of the Parental Leave of Absence.
Calculation of the Residual Disability benefit (a provision which bases your disability benefit on your monthly loss of income)	Use the average of the best 2 years of the last 3, where you worked for only 12 months as your AMEI. Your total income was \$144,000; \$6,000 per month when averaged over 2 years.  Your loss of income is: \$6,000 - \$3,000 = \$3,000 \$3,000/\$6,000 = 50%. You will collect 50% of \$5,800, or \$2,900 per month.	Use the average of the best 12 consecutive months in the 24 months prior to your leave of absence as your AMEI. Your total income was \$144,000 for a monthly average of \$12,000.  Your loss of income is: \$12,000 - \$3,000 = \$9,000 \$9,000/\$12,000 = 75%. You will collect 75% of \$5,800, or \$4,350 per month.



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Your comments and submissions are always welcome.  
Please send them to:

[progressnotes@pairo.org](mailto:progressnotes@pairo.org)

**Moved how long ago and you STILL DON'T HAVE A FAMILY DOCTOR?**

We have a roster of family physicians available to take on residents as patients. Contact the PAIRO office for one in your area.

# Tax tips 2003

*This article, prepared by PAIRO's auditors Rosenswig Carere McRae LLP, outlines some points to consider in preparing your income tax returns. Remember that your tax returns are due April 30, 2003.*

## Tax Rates

The combined federal and provincial marginal income tax rates for 2002, not including any tax credits except for the basic personal amount of \$7,700, are as follows:

### Taxable Income for 2002

\$7,700 to \$31,667 . . . . .	<b>20.5%</b>
\$31,678 to \$39,100 . . . . .	<b>29.6%</b>
\$39,101 to \$57,850 . . . . .	<b>31.2%</b>
\$63,355 to \$67,550 . . . . .	<b>39.4%</b>
\$67,551 to \$103,000 . . . . .	<b>43.4%</b>
Over \$103,001 . . . . .	<b>46.4%</b>

The tax rates for 2003 are not expected to be substantially different than those for 2002.

Also for 2002 the maximum CPP contribution for the year is \$1,673.20 (2003: \$1,801.80) and the maximum EI contribution is \$858(2003: \$819.00).

## Deductions From Income

In computing taxable income, Canada Customs and Revenue Agency permits the deduction of certain expenditures. However, these expenses are only deductible to the extent that you have not been fully reimbursed by your employer.

### *i) Professional and Union Dues* (Deducted on Line 213)

Mandatory annual PAIRO dues can be used as deductions on your income tax return.

### *ii) Registered Retirement Savings Plan (RRSP)*

Investing in an RRSP is a simple way to contribute towards your future, providing for tax-free growth of your money while reducing your current tax liability. The deadline for 2002 contributions was March 3, 2003. However, you should realize that it is more beneficial to contribute

to your RRSP as early in the year as possible to receive the greatest benefit from tax-free compounding of your money.

When deciding on what type of investments to hold inside your RRSP remember that you only pay tax on 50% of capital gain earnings vs. 100% on interest income. Dividends also provide certain tax advantages because they are taxed at approximately 31.3% at the top bracket vs. 46.4% for interest. Due to this favourable tax treatment given to capital gains and dividends, it can be more beneficial to hold investments yielding this type of income outside of your RRSP.

If you do not know your contribution limit, please see the pamphlet "How to calculate your RRSP Contribution Limit" or you can call 1-800-267-6999 for Canada Customs and Revenue Agency's (CCRA) calculation of your limit. Essentially, your RRSP contribution limit is the lesser of 18% of your prior year earned income and \$13,500 for 2002, with adjustments for any unused RRSP contribution room from prior years and your pension adjustment for the previous year. An over contribution of \$2,000 is permitted; however, it cannot be deducted until there is available RRSP contribution room. Be careful not to over contribute to your RRSP. The penalty for an over contribution is 1% percent for each month of the over contribution.

For 2002 the maximum foreign content that could be held in your RRSP was 30%.

Your RRSP contribution can be made to your plan or a spousal plan. However, the total of all such contributions should not

exceed your contribution limit. Contributing to a spousal plan may allow for income splitting on retirement or sooner. Withdrawals from a spousal plan are considered income of your spouse if you have not made spousal RRSP contributions in the year of withdrawal, or either of the two preceding years.

One strategy, for some individuals, may be to defer RRSP contributions (or perhaps to make a contribution towards your RRSP but not claim a deduction), until your income becomes higher. The government allows taxpayers to carry forward the unused portion of their RRSP contribution limit indefinitely. As a basic example, if your contribution limit based on earned income was \$7,000 in 2001 and \$8,000 in 2002 and you made a \$2,000 contribution in 2001, the unused contribution limit of \$5,000 from 2001 would be added to your 2002 limit so that your limit becomes \$13,000 for 2002. If your income becomes higher in the near future, it may make sense to take a larger RRSP deduction during a year in which your tax rate is higher. Contact a tax consultant if you need assistance in this area or obtain the "RRSPs and Other Registered Plans for Retirement" guide.

Introduced in the Federal Budget on February 8, 2003, was an increase in the maximum RRSP contribution limits beginning with years 2003. The RRSP limits will increase to the following amounts:

### RRSP Limits

2003	-----	-\$14,500
2004	-----	-\$15,500
2005	-----	-\$16,500
2006	-----	-\$18,000

**iii) RRSP Home Buyer's Plan (Deducted on Line 208)**

If you are buying a home in the next year there is a program available which allows you to withdraw \$20,000 from your RRSP to use towards the down payment. Each person buying the home can withdraw \$20,000 from their own RRSP. Therefore when buying a home with your spouse a total of \$40,000 can be withdrawn. The money you borrow must be returned to the RRSP in annual instalments over a 15 year period, starting with the second year after the withdrawal. The RRSP repayments made can be designated from either contributions you made during the year or from contributions you made during the first 60 days of the following year. For example, if you withdrew funds in 2002 you must begin repayment by March 1, 2005. Generally, first time buyers and their spouses are eligible to make this withdrawal. If you have owned a house in the past you may also qualify but there are very strict criteria that you must met. Please consult a professional tax advisor to help you determined if you qualify. Only contributions that have been in your RRSP for more than 90 days can be withdrawn from your RRSP and taken as a deduction on your tax returns. For example as of January 1, 2003 your RRSP balance is \$15,000. On March 1, 2003 you contribute \$2,000, On May 1, 2003 you want to withdraw \$17,000 under the home buyer's plan. The \$2,000 contribution was not contributed more than 90 days previous to May 1, 2003 and, therefore, will not be allowed as a deduction.

There are no immediate tax consequences if the simple Home Buyer's Rules are followed. Please inquiry with your accountant for these rules.

**iv) Moving Expenses (Deducted on Line 219)**

Moving to a new home can be an expensive process. Fortunately, certain moving expenses incurred to move to a new location or to attend full-time post secondary edu-

cation in Canada, are tax deductible if the individual moves at least 40 kilometres closer to the new place of work, business or study. Eligible moving expenses can only be deducted from income earned at the new location and any excess deductible expenses can be carried forward and available for deducting in the following year. A T1-M form (Claim for Moving Expenses) is available from your district tax office and on Canada Customs and Revenue Agency web site [www.ccra-adrc.gc.ca](http://www.ccra-adrc.gc.ca).

**v) Child Care Expenses (Deducted on Line 214)**

The cost of caring for children may be a deductible expense for a parent. Generally, the deduction for child care expenses is to be taken by the supporting individual with the lower income.

Maximum yearly deductions are the lesser of two-thirds of earned income and the total of \$7,000 per child under 7 and \$4,000 per child aged 7 to 16. The overriding limitation is the actual amount paid for child care in the year. There is a maximum deduction of \$10,000 available for children who are eligible for the disability credit, to \$10,000.

This deduction is also available in the following cases: (i) to individuals whose spouse is a full-time or part-time student, (ii) to single parents who are studying full-time or part-time, and (iii) to two-parent families where both parents are attending school at the same time on a full-time or part-time basis. Full-time and part-time educational programs have to meet certain specific criteria. A claim for child care expenses should be made on form T778, which is included in the "Child Care Expenses Guide", published by Canada Customs and Revenue Agency and found on their website.

**vi) Automobile and Other Travelling Expenses (Deducted on Line 229)**

The cost of driving a car to work, even when on-call, is not deductible as an automobile expense. Automobile/travelling expenses are only deductible if the employee is ordinarily required to work away from the office and is required to pay his/her own travelling expenses. The deduction is the percentage of your total kilometres you drove for employment purposes multiplied by your automobile expenses i.e. gas, maintenance, insurance, licence and registration, interest on your car loan. The maximum amount of interest you can deduction is \$300 per month. If you own and not lease your car, you can also deduct a portion of the car's purchase price each year. There are very strict guidelines that must be adhered to when you

**Additional Information from PAIRO on CMPA Dues**

*Under the Collective Agreement, residents must pay CMPA fees as a condition of employment. Revenue Canada has permitted some employed physicians to deduct CMPA fees from their taxable income under "other deductions" (found on line 232 of the return) where a completed Revenue Canada Form T2200 has been filed with the return.*

*Note that Revenue Canada Form T2200, "Declaration of Conditions of Employment", requires the employer to certify that the expense to be deducted in required as a condition of employment, and that the employee received no repayment for the amount in question. (Note that at most sites the payroll office acts for the employer.)*

*We should add, however, that our lawyers and accountants have advised us that there is no certainty that Revenue Canada will permit the deduction of CMPA fees, even though CMPA fees are required as a condition of employment.*

deduct a portion of your car. Please consult a professional tax preparer for this guidelines. In order to claim a deduction, a form T2200 must be certified by your employer. The T2200 does not have to be filed

with your tax return but should be kept on file in case Canada Customs and Revenue Agency requests a copy of the form.

**vii) Interest Expense (Deducted on Line 221)**

For interest to be deductible, the purpose of the loan must be to earn income. A good tax planning idea is to use current cash holdings to pay down debt (such as a mortgage) on non-income producing assets. If you also want to invest in income producing assets, for example stocks, you can enter into new debt, instead of using your current cash holdings, to make this purchase.

**Non-Refundable Tax Credits**

A taxpayer can claim certain non-refundable tax credits to reduce the amount of taxes they pay. The following is a description of several of these credits. A percentage of the following expenses can be used as a deduction from the tax you pay. This is unlike the expenses discussed above which are a deduction from your income.

**i) Interest on Student Loans (Claimed on Line 319)**

There is a tax credit available for interest paid on eligible student loans approved under the Canada or Provincial student loans programs. Your financial institution will issue a receipt showing the interest paid on your eligible student loans.

The credit may be claimed in the year the interest is paid or the five succeeding taxation years. Unlike the tuition fee and education tax credits, this credit is not transferable.

**ii) Medical Expenses**

A medical tax credit can be claimed on qualifying medical expenses paid for you, your spouse, or your dependants. The federal medical tax credit is calculated by taking 16% of the net of your eligible medical expenses minus the lesser of 3% of your net income and \$1,728. The combined federal and Ontario impact is approximately 22%. Total eligible medical expenses

paid within any 12 month period ending in 2002 can be claimed. So it may be optimal to choose a 12 month period in which the greatest amount of eligible medical expenses is incurred. In addition, it is generally more advantageous to have the lower income spouse claim the medical tax credit.

**iii) Charitable Donations**

Donations made to registered Canadian charities are eligible for a tax credit by you or your spouse. The credit has a combined federal and provincial effect of approximately 22% on the first \$200 and 46% on the remainder of eligible donations up to 75% of the taxpayer's net income for the year. Unused donations can be carried forward up to 5 years.

**Registered Education Savings Plans (RESP)**

RESPs are plans which enable individuals to save for a child's education. The annual contribution is limited at \$4,000 per beneficiary with the total lifetime maximum cumulative contribution of \$42,000 per beneficiary. Contributions can only be made to the plan during the first 21 calendar years of the plan's existence and the plan cannot exist for more than 26 years.

The federal government will pay a 20% Canada Education Savings Grant (CESG) on the first \$2,000 of annual contributions made to all eligible RESPs of a qualifying beneficiary, up to and including the year in which the child attains age 17. The maximum total CESG that can be paid in respect of any child born after 1997 will be \$7,200 (20% x \$2,000 x 18 years). Unlike RRSPs, there is no deduction for contributions. However, income earned on plan assets is not taxed until received as education support payments by the student. Eligible investments are the same as those for RRSPs and other deferred income plans. Contact a tax consultant if you need assistance in this area.

**Tax-free RRSP withdrawals for education**

A Canadian resident may withdraw funds from an RRSP, free of immediate income tax, in order to finance full-time training or education for the taxpayer and his/her spouse. This program is similar in concept to the RRSP Home Buyers' Plan.

Withdrawals can be made for four successive calendar years to a maximum of \$10,000 for a given calendar year. The maximum aggregate RRSP withdrawal for the four years is \$20,000. More than one withdrawal may be made in any given year from any number of specific RRSP accounts, provided the annual and maximum limits are not exceeded.

RRSP withdrawals under this plan must be repaid without interest to an RRSP in equal instalments over a period of 10 years commencing no later than 60 days after the fifth year following the withdrawal.

To qualify, the individual or his/her spouse must enrol as a full-time student in a qualifying educational program of at least three months duration at an eligible educational institution. Where funds are withdrawn before the enrolment, the enrolment must occur in the year of the withdrawal or in January of the following year. Special rules apply where funds are withdrawn and the student does not finish the qualifying program.

**Ontario Tax Credits**

Some people may be able to qualify for Ontario property and sales tax credits if their family income is not too high. Refer to your General Income Tax Forms to see if you qualify.

**Residents with Independent Practice Licences**

These residents should attempt to obtain a Business and Professional Income Tax Guide, which has plenty of useful information. They

*continued on page 7*

# PSI Foundation resident research grants

**During the first quarter of 2003 the Foundation approved 5 grants for resident research projects, totalling \$81,500.**

The investigators awarded grants during the period under review are listed below (resident is listed first in bold followed by the supervisor):

The Foundation's Resident Research Program allows residents to apply for operating funds to undertake clinical research if a physician supervises the project. Under the program, projects must not extend beyond a twelve-month period, and the maximum amount that will be provided per project is currently \$20,000.

The maximum the Foundation can award in any one year for all resident research is currently \$300,000 but as these applications are in competition with all others, the maximum amount expended could obviously be less depending on the Foundation's available funds.

Investigator	Project	Award
<b>Dr. J-D. Schwalm</b> Dr. F. Smaill McMasterUniversity	Comparative study of cytotoxin assay, enzyme immunoassays, and PCR for the detection of <i>Clostridium difficile</i> toxin	\$18,500
<b>Dr. N. Merritt</b> Dr. P. Belliveau Queen's University	Sentinel lymph node mapping in colon cancer.	\$20,000
<b>Dr. S. Minor</b> <b>Dr. J. Park</b> <b>Dr. R. Taylor</b> Dr. D. Poenaru Queen's University	Recruitment of Women into general surgery: A study of career choice patterns.	\$3,000
<b>Dr. M. Albanna</b> Dr. S. Brister Toronto General Hospital	C-reactive protein: A predictor of adverse outcome following CABG?	\$20,000
<b>Dr. G. Tang</b> Dr. S. Brister Toronto General Hospital	Intimal Hyperplasia: Will inhibition of matrix metalloproteinase inhibit it?	\$20,000

Applications are available from the Foundation – 5160 Yonge Street, Suite 1006, Toronto, Ontario M2N 6L9, 416-226-6323. Additional information about the program, as well as application forms, can also be obtained from the website, at [www.psisfoundation.org](http://www.psisfoundation.org).

## Tax Tips, continued from page 6

must complete a form T2124 on which they report their income and expenses. Prior to 2001, CPP for self employed persons was a tax credit and no portion was allowed as a deduction. For 2001 and future years half of the self employed CCP amount is treated as a deduction from total income and the other half is treated as a tax credit. The deduction from total income is made on Line 222. Sound advice for anyone with mixed income sources is to consult an accountant.

## Contract capsule

*Uniforms, where required, shall be provided and laundered at the employer's expense. Operating room greens will be made readily accessible to all housestaff, female and male. (19.4)*

Nice to know that no matter how busy you get, there's will always be one place where you're guaranteed to find some clean clothes!

## CMA Presidential Elections (or other)

Elections for the President of the CMA will be taking place amongst nominees from Ontario. It is important to note that **PAIRO does not get involved in the elections of external organizations**, including not facilitating communicating information to our members or endorsing nominees. We apply this policy to all candidates.

# ▶ Announcements, etc.

## Practice Management Tip

### *Get everything in writing*

Sign a contract agreement for every working relationship: association agreement, hospital contract, locum, staff. Do not take this for granted. Always have your lawyer review the contract. This could be the best money spent.

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## RESIDENT WELL-BEING HALF DAYS

Dates and events are still being finalized, so keep watching for announcements. Tentative details as follows:

**Hamilton:** Wednesday June 4, afternoon  
Speaker and topic tba.

**Kingston:** Thursday June 5, afternoon  
A variety of well-being sessions by local physicians; Associate Dean PGME, Dr. Sarita Verma; and other allied health professionals.

**London:** Wednesday, May 28, time tba.  
Topic: Making the best of Residency

**Ottawa:** Wednesday May 7, afternoon  
U of O Medical school  
(Roger Guindon building) auditorium  
Dr. Rose Goldstein, U of O Chair of Gender Equity  
Topic: Mentoring (emphasis but not exclusively on residency level as mentee and mentor) 3 breakout groups (1.5 hours) - on the following topics:  
1. Gender issues and mentoring  
2. How to be a mentee; how to find a mentor  
3. How to be a mentor: from a resident's perspective.

**Toronto:** Thursday, May 22, afternoon  
Speaker and topic tba.

## TIPS for Residents & Graduate Students (Teaching Improvement Project System)

**Presented by:** Faculty Development, School of Medicine  
Queen's University, Kingston, Ontario

**Date:** May 1-2, 2003

**Location:** Donald Gordon Centre, 421 Union St.,  
Kingston, Ontario

### Details:

This is an intensive workshop which includes presentations, discussions and individual work. The objectives are achieved through experience in defining objectives, planning lectures/seminars and demonstrations, preparing instructional materials and practising teaching skills. Participants prepare and present two ten-minute teaching sessions from their own lectures/seminars (microteaches). Each of these is video-taped for private viewing and evaluation followed by individual discussion with a leader.

**Note: Please RSVP asap as space is limited.**

### For More Info:

Contact the Faculty Development Office at 613 533-2540 or e-mail [cmemed@post.queensu.ca](mailto:cmemed@post.queensu.ca) or visit our website at <http://meds.queensu.ca/ce/tips.html>