

State of the postgrad nation

Written by Mark Cardwell on October 14, 2011 for [The Medical Post](#)

From the fallout of Quebec's 16-hour work limit to availability of specialty posts, medical residency groups dish the dirt



STRIKES. ELEVENTH-HOUR DEALS. The struggle to stay awake. Historic firsts. These sound like plot line twists for the latest sexy TV hospital drama. But they're actually a sampling of the key issues facing medical residents across Canada in fall 2011. By all accounts, it has been an emotionally charged and action-packed year for the organizations in each province that represent the thousands of young doctors who work and train around the clock across Canada. The Medical Post spoke with the presidents of every provincial resident and intern association to hear about the hot-button issues they have been dealing with these days, and to get their take on some of the ground-shaking events that have forever altered the landscape of medical residency in Canada. Here's what they had to say.

B.C. | Stuck in second-to-last place

Dr. Joanna Oda is a fast reader. Just days after taking over as president of the Professional Association of Residents of British Columbia last month, the third-year resident in public health and preventive medicine at St. Paul's Hospital in Vancouver was already speaking with authority on some of the most pressing issues facing B.C.'s 1,100 resident physicians.



Dr. Joanna Oda

Take money, for example, or rather the efforts by her association in conjunction with the Health Employees Association of B.C. to squeeze a much-needed salary increase from a government working under a zero-increase spending mandate in ongoing negotiations for a new collective bargaining agreement. The old one expired in March 2010.

“We’ve seen a dramatic decline in salaries here over the past decade,” Dr. Oda told the Medical Post. “In 2000, B.C. was the second-best province in terms of residents’ salaries, now we’re second last.”

In addition to better salaries, she said residents want the current payment of \$400—for working anywhere between one and six 24-hour calls per month, depending on where one works and what one does—changed to \$400 per call.

She said more money is particularly needed for residents working in Vancouver, which is frequently recognized as one of the expensive cities on the planet. “But even in the periphery it can be costly to live and travel,” noted Dr. Oda. “You don’t need a car in Vancouver but you do in rural areas, and there’s no compensation for that.”

Neither is there compensation, she added, for the \$1,500 a year residents in the province must pay for malpractice insurance.

Despite the provincial government’s tight grasp on its purse strings, Dr. Oda said negotiations are going well. “We’re hoping for a settlement within the next few months.”

She said she is also hopeful that the new agreement will provide for improved resident access to personal protective and workplace exposure equipment.

Dr. Oda said her association is also working with government in an effort to improve the transition to practice, particularly in finding a position after residency. “It’s a major problem everywhere but it’s acute here, especially in surgical specialties with limited numbers of positions,” she said.

She also noted that B.C. residents are “fascinated” by the recent agreement in Quebec to limit daily on-call hours to 16—but the issue remains a delicate one. “It’s very divisive within the membership,” said Dr. Oda. “Many believe there is value in working long hours.”

Alta. | Better work-life balance lauded

The signing of a new contract in June—and the fact they earn thousands more in salary than their counterparts elsewhere in Canada—doesn't mean that life is a bowl of cherries for medical residents here.

This fall, the young doctors who lead the Professional Association of Resident Physicians of Alberta (PARA) are turning their attention to enhancing the work conditions and personal lives of the roughly 400 residents who work at provincial hospitals.

“Our big focus now is improving relationships with all the different bodies and people we deal with,” said PARA president Dr. Dave Ward, a third-year internal medicine specialist at the University of Calgary.



Dr. Ward

One important relationship, he noted in an interview, is with Alberta Health Services (AHS), the government agency that pays provincial health professionals in fee-for-service practice. PARA has doctors on joint AHS committees focused on issues such as patient advocacy and the educational environment, said Dr. Ward. “It’s big picture stuff.”

On a more grassroots level, he said, PARA is working to build better relations with the deans of Alberta’s medical faculties, as well as attending physicians, nurses and allied health professionals. The goal? To improve the quality of teaching and training of medical students.

This relationship management, added Dr. Ward, “enhances the concept of collegiality and team-based environment which is focussed on the patient.”

Another issue is resident work hours. “We are trying to find the optimal balance between training and education and patient care,” said Dr. Ward. “Health care is not a nine-to-five service.”

He noted the recent agreement in Quebec that limits daily on-call duties to 16 hours has caught the attention of residents in Alberta, where there is a 24-hour limit plus two hours on site for handover without clinical duties. “What people are saying here is that what Quebec has done is to be applauded,” said Dr. Ward. “Let’s use that to find ways to better balance needs.”

For now, he noted, Alberta residents seem satisfied with the alternative call scheduling arrangements that are being used in most hospitals. “It’s essentially a night float system or shift work that allows us to go home,” said Dr. Ward. “It’s a practical, grassroots way for people to get around long shifts (and) minimize the fatigue factor.”

Salary wise, he said residents are happy with the arbitrated settlement that made them the best-paid residents in Canada. He also lauded extras such as the fact that Alberta medical residents continue to enjoy frozen, interest-free student loans until they are finished their residency, and the fact that the number of weeks residents can be on call has been decreased from 31 to 27. “We’re leaders in that regard,” said Dr. Ward. “That helps residents with families.”

Sask. | Anger despite good pay deal

The salary increase contained in their new collective agreement has lifted the roughly 300 medical residents in Saskatchewan up from the second-lowest rung on the Canada-wide pay scale to a middle-of-the-pack place.

But the slowness of the negotiations that yielded the deal, together with the provincial government's refusal to make an offer, has both poisoned relations between government and residents and energized the latter in their demands and dealings with authorities.



Dr. Peti

"The last round of negotiations created a lot of animosity and distrust and made our members more interested and involved in the negotiating process than would normally be the case," said Dr. Nick Peti, president of the Professional Association of Internes and Residents of Saskatchewan (PAIRS).

According to Dr. Peti, that anger will likely continue into the next round of negotiations, which will begin soon since the new four-year collective agreement, which took effect in April and is retroactive to 2008, will expire in December 2012. Those discussions, he added, are always up close and personal because PAIRS negotiates with the University of Saskatchewan, which has long acted as the intermediary for the provincial government in collective bargaining with residents.

Despite appearances, Dr. Peti said the quaint negotiating arrangement is advantageous for a number of reasons. "The university is the leading training institution and they have a good understanding of residents," said the fourth-year senior resident, who spoke to the Medical Post after coming off a 26-hour shift at a Regina hospital.

Despite the strained relations with government, Dr. Peti said residents are learning to live with some positive changes in working conditions that are contained in the new collective agreement.

One is a new 26-hour limit on resident work days: 24 hours of clinical work plus two hours "to tie up loose ends," said Dr. Peti, "and do those administrative duties that are such a fun part of any job." He called that "a substantial improvement" over the old system, which was technically limited to 28 hours but could, and often did, go well between the 30-hour mark.

He also lauded the new, increased salary scale, which now pays first-year physicians an average of \$53,000—albeit for 80 to 100 hours of work in an average week.

Dr. Peti noted, however, that Saskatoon, which is where most residents live, was recently judged the most expensive city on the Canadian Prairies. "It makes it hard on the bottom line," said Dr. Peti. "And if you're married with kids, it's hard or even impossible for a spouse to work if you're working 100 hours a week."

One unpleasant fallout from the new collective agreement—and a contentious issue that angered residents and made its repeal a priority for residents in future collective bargaining negotiations—is a new requirement for them to start repaying student loans during residency.

"It was a sudden announcement for which a lot of people were unprepared," said Dr. Peti. He noted that a poll of medical residents in the province revealed the minimum average monthly payment was \$1,000, an amount equal to monthly rent in Saskatchewan.

"The average resident only makes \$3,000 a month so that doesn't leave a lot of leeway for living," noted Dr. Peti. He said talks are being held with the province "to find a long-term solution to the situation."

Man. | Consensus sought on duty hours

Tremors from the historic agreement that limits the consecutive hours of work for medical residents in Quebec to 16 are reverberating strongly among their 400 medical colleagues in Manitoba, said the co-presidents of the professional association of residents and interns in Canada's eastern-most Prairie province.



Dr. Robin Ducas and Mehrdad Golian

"Residents in Manitoba may regularly work for 26 hours consecutively while on call," said Drs. Robin Ducas and Mehrdad Golian, in an e-mail interview. "This move has been questioned due to findings in the literature that indicate increased medical error rates with excessive work hours and negative impact on resident health.

"However, the resident opinion on limiting work hours is divided, as some feel by limiting work hours on call they may not have the required exposure to cases and procedures. Currently in Manitoba we are working to poll our residents to see what the general consensus is."

According to the co-presidents, the debate over daily work hour limits is intrinsically linked to another key issue: length of training. "Residents are concerned that their already-long programs may have to be extended further, if work hours are limited to ensure adequate exposure and experience," they said.

Another hot-button issue for Manitoba medical residents: the availability of jobs after completion of residency for some specialties. "We will actively be working with (the) Manitoba Post-Graduate Medical Education office and Canadian Association of Internes and Residents with regard to this matter," they explained.

Meanwhile, they said "our current contract has expired as of June 2011. We are actively working on negotiations with Winnipeg Regional Health Authority on our new contract, to raise our salary and benefits to that of the Ontario Prairie Average (OPA)." The OPA is a negotiating tool used by the medical profession in the province to figure out how much doctors in adjoining provinces are paid.

Ont. | Focus on quality of training

Sure salary is a big issue for the 4,800 residents who work in Canada's most populous province. But as negotiations between their association and the Council of Academic Hospitals continue in an effort to reach a new collective agreement, the quality of training and the welfare of patients are the things that matter most.



Dr. Mathieu Dufour

"We are not just focusing on money," said Dr. Mathieu Dufour, a fifth-year resident in psychiatry in Ottawa and the president since June of the Professional Association of Internes and Residents of Ontario (PAIRO). "We are working to achieve optimal working conditions, optimal training environments and optimal transition support for all residents."

According to Dr. Dufour, that optimal triple play is the main focus of PAIRO's negotiating team. For example, he said PAIRO wants to see more government support for the tools and resources to teach and train both medical students and young doctors for the many important personal and professional changes that occur in their lives over a very short period.

"The transitions—from medical student to resident, from junior resident to senior resident, from resident to doctor—are very stressful because of the increased levels of responsibility," said Dr. Dufour. "Adding student debt, possibly a wife and kids, and the constant need to perform make it a very trying time in young people's lives."

In addition to increased support, he said a key issue in the collective bargaining talks is an increase in the consecutive periods of call (which are 24 hours in Ontario) that residents can be required to work from the current two periods to four.

"In the past we have succeeded in ensuring long hours don't impact on residents' lives and training," said Dr. Dufour. "But we're not just looking at the number of hours we work, but the quality of training in optimal conditions. When we are sleep deprived, the quality of training we receive may not be optimal."

Some residents feel by limiting work hours on call they may not have the required exposure to cases and procedures.

He added that Ontario residents are keeping a close eye on the new 16-hour limit in Quebec. "We're keen to see how the government and hospitals there react," said Dr. Dufour, who was raised in Montreal. "But for now our focus is trying to assess the best training model to optimize patient care and training."

That doesn't mean, he added, that money isn't an important issue. According to Dr. Dufour, Ontario residents currently rank fifth on the salary scale, trailing such provinces as Alberta, Saskatchewan and Newfoundland and Labrador. "Historically residents in Ontario have been among the best paid," he said. "We're working to keep it that way in future, not just in terms of salary but health benefits and vacation time, too."

Que. | Implementing 16-hour call begins

What a roller-coaster year it's been for Quebec medical residents.



Dr. Dussault

After months of heated negotiations with the province over a new collective bargaining agreement—talks that were strained by residents' refusal to teach medical students after the McGill University Health Centre launched a legal challenge to a June arbitrator's ruling that limits call duty for residents to 16 hours a day—a new deal was finally reached last month. The deal ended a long-threatened, short-lived, four-hour-long general strike by medical residents.

In addition to enshrining the 16-hour ruling and instituting a new monthly stipend for teaching—a first in Canada—the new agreement, which the province was expected to officially endorse next month, raises the salary of residents from a national low of 37% below the Canadian average to a more respectable 18% or 19% off par.

Though happy with the new five-year agreement, the president of the Quebec Federation of Resident Doctors said his group is not sitting on its laurels.

"It's been an extremely busy year for us but the results are very positive," said Dr. Charles Dussault. "We still have a lot of work ahead of us, though."

One big job, he added, will be to oversee the implementation of the 16-hour duty limit and to ensure that all hospitals are fully engaged in it. "We've been fighting for that for four years, so we want to make sure it goes as smoothly as possible on the ground," said Dr. Dussault.

Another issue that is coming quickly to a head, he added, is the government's new five-year plan for the distribution of medical manpower across the province. "We've been working closely with them on this," said Dr. Dussault. He noted the plans, which are known profession-wide by their French acronym of PREMS, have traditionally been based on one-year deals. Having longer plans, said Dr. Dussault, "will make it easier for both residents and hospitals to plan for the future."

Maritimes | Shift to competency-based training

To hear the president of the Association of Residents in the Maritime Provinces (PARI-MP) tell it, the most pressing issue facing the approximately 450 medical residents employed across the Maritime provinces (all affiliated with Dalhousie University) is duty hours.

"It's definitely a hot topic here these days because of the ruling in Quebec," Dr. Richard Liu, a third-year general surgery resident, said on the phone from Halifax. "It's forced the entire medical community to look at traditional models and decide how we move forward."



Dr. Liu

For Dr. Liu, the issue of duty hours strikes at the very nature of medical residency, which requires students to be both learners and care givers on the job. "Those things are not mutually exclusive," he said. "But we need to be well rested to do both well."

Dr. Liu said the issue of duty hours, which are currently 24-plus-two in the Maritimes, has been a water cooler topic of discussion for a decade. "But the Quebec decision has given a renewed sense of urgency to the issue," he added. "We need to clearly define our goals in regards to residency training (and) find a model that works in today's world. If we don't come up with a way to address it, it will ultimately be taken out of our hands."

In addition to duty hours, Dr. Liu said his association is closely following the shift to a new training system based on competency instead of time served. "The focus of training and education should always be to produce the best doctors possible while providing the best patient care," he said.

A related and equally urgent issue, he added, is the question of transition to practice and the availability of positions, particularly in surgical specialities. "We spend all this time and money and effort training physicians without making sure that we put them in systems that can support them at the end. Something needs to be done to correct that."

Then there are salary concerns. "Money is always an issue," said Dr. Liu. He explained the past PARI-MP president, Dr. Matt Smith, is currently heading the residents association's negotiating team in bargaining talks with Halifax's Capital Health Authority. The authority represents the Nova Scotia government and, ultimately, the other Maritime provinces, which traditionally follow Nova Scotia's lead on medical pay deals. "We used to be doing well," Dr. Liu said about the Maritimes' second-place salary ranking among Canadian medical residents just a year ago, although recent pay hikes for residents in Newfoundland and Saskatchewan have now relegated N.S. to fourth place. "We need to remain competitive."

N.L. | Regionally competitive again

What a year it's been for Dr. Sean Murphy.

In addition to becoming a father for the first time and keeping up with his responsibilities as a fifth-year resident in obstetrics/gynecology based out of the Health Sciences Centre in St. John's, he also led the Professional Association of Internes and Residents of Newfoundland's (PAIRN) negotiations to renew residents' collective agreement with the province.



Dr. Murphy

Dr. Murphy, PAIRN's immediate past-president, said the negotiations dragged on for more than a year and took a backseat to contract talks between the government and the Newfoundland and Labrador Medical Association for a new deal for practising physicians.

According to Dr. Murphy, residents faced a frustrating, uphill battle to reverse the province's decades-long place at or near the bottom of the national resident salary scale.

"We wear many hats during the day (but) our employers see us just as employees and students," he said in an interview.

"But . . . in order to maintain a competitive atmosphere, we need to remain competitive in regards to salary and benefits."

At the end of the day, government came to the same conclusion. In April, PAIRN signed a new deal that raised residents' salaries by as much as 20%, flirting with parity with the other Atlantic provinces.

The new four-year deal, which ends on June 30, 2013, also includes a daily work hour limit of "24-plus-2." Dr. Murphy called that a welcome change from the province's traditional system of noon-the-next-day, which often resulted in 28- to 30-hour shifts.

"We really wanted to focus on reducing working hours," he said.

"We wanted to make sure that we had those two hours of hand over time, and not have to take on new cases, to minimize the number and possibility of errors."

Dr. Murphy said the association is now focusing on what he says are the truly important issues.

They notably include working hours (in light of the Quebec decision limiting call duty to 16 hours a day) and ensuring an expanded capacity for training to keep pace with a planned expansion in the number of Memorial University medical students.

Tags: graduates, post grads, postgrads, resident physicians