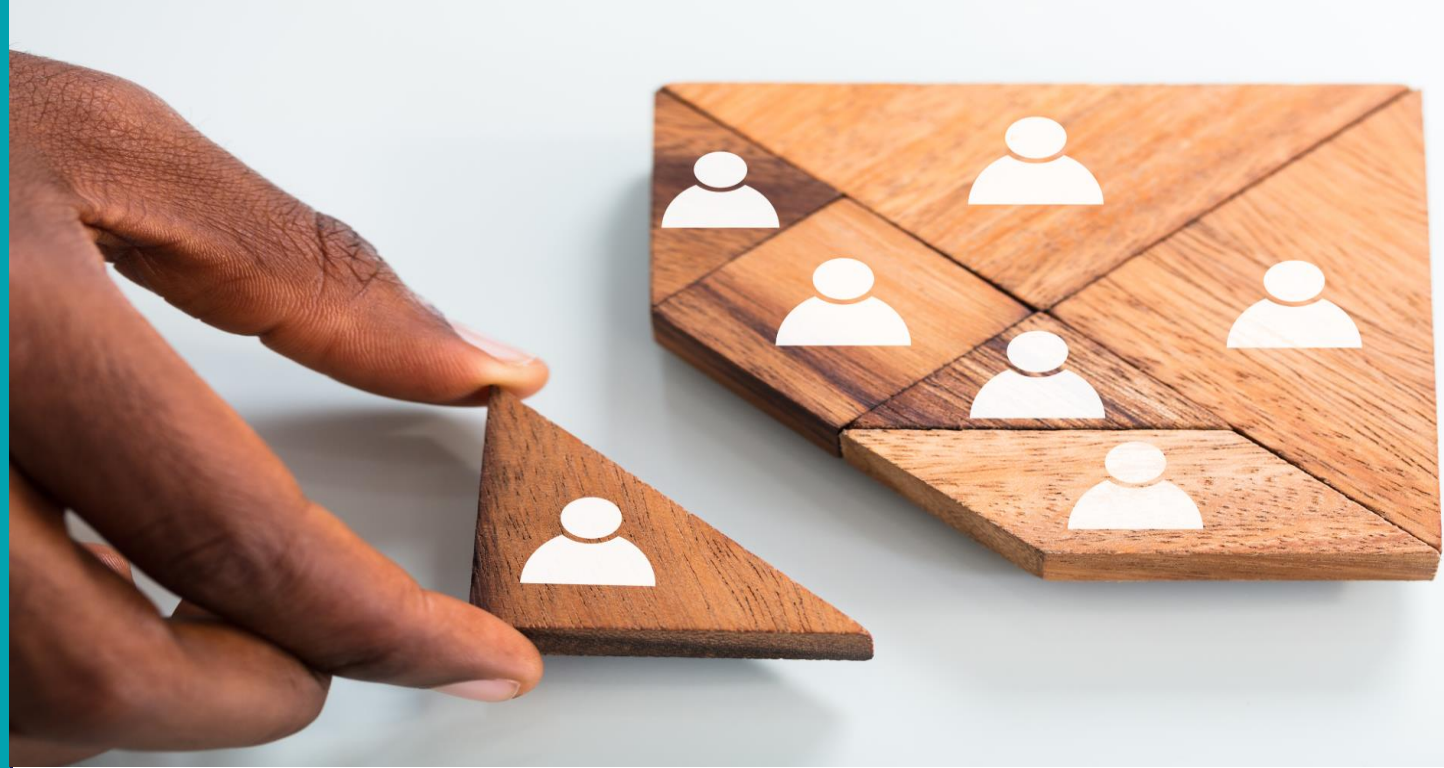


Changing the Way We Work Community of Practice for Ontario Family Physicians

July 18, 2025

Dr. Zain Chagla
Dr. Mark Soth



Infectious Disease and Retirement Planning for Physicians



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



Infectious Disease and Retirement Planning for Physicians

Moderator:

- Dr. Eleanor Colledge, CPD Program Director, University of Toronto and Family Physician, South East Toronto Family Health Team, Toronto, ON

Panelists:

- Dr. Zain Chagla, Hamilton, ON
- Dr. Dr. Mark Soth, Hamilton, ON

Host:

- Dr. Jobin Varughese, Brampton, ON

The Changing the Way We Work Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

Self-learning program

The session materials, including recordings, tools, and resources are available as self-learning modules.

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 80 credits.

To participate in this self-learning:

- Select the dates/sessions you wish to participate in. You are welcome to complete as many sessions as you wish.
- Watch the video recording of the live session.
- Review the session tools and resources.
- Complete the self-learning post-session activity, click the button below.

Complete self-learning activity 



Self-Learning Activity and Evaluation: COVID-19 Community of Practice for Ontario Family Physicians

By completing this Self-Learning Activity for the COVID-19 Community of Practice for Ontario Family Physicians, you are confirming that you have completed this activity.

*** 1. Attestation: I confirm that I have completed the COVID-19 CoP self-learning activity (video and resources).**
(If completing multiple session dates, please enter all that apply below
ENTER DATE AS Month-Day-Year i.e. December 10, 2021)

Session Date(s):

Name:

Email:

*** 2. After reviewing this COVID-19 session material (video and resources), I have a question (s) regarding the content that needs clarifying.**

☐ I have no questions

☐ Question:

Missed a session and want to earn credits?

The Self-learning Program
lets you earn credits for
watching past sessions.
Just click the link and fill
out a 60 second survey!

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

Changing the way we work

A community of practice for family physicians

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

Disclosure of Financial Support

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

Planning Committee: Dr. Jobin Varughese (OCFP), Dr. Ali Damji (DFCM), Dr. Eleanor Colledge (DFCM), Dr. Harry O'Halloran, Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM)

Previous webinars & related resources:

<https://dfcm.utoronto.ca/past-changing-way-we-work-community-practice-sessions>



Dr. Zain Chagla – Panelist

Co-Medical Director Infection Control and Head of Infectious Diseases Service, Infectious Disease Physician, St. Joseph's Healthcare Hamilton



Dr. Mark Soth – Panelist

Respirology & Critical Care, Associate Professor, Department of Medicine, McMaster University

Speaker Disclosure

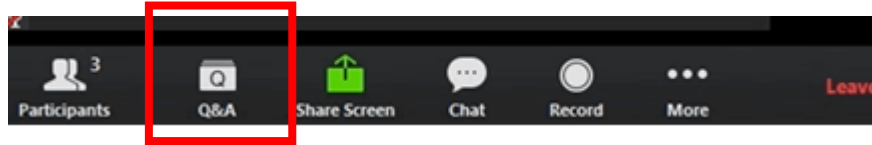
- Faculty Name: **Dr. Zain Chagla**
- Relationships with financial sponsors:
 - Grants/Research Support: Merck, Pfizer
 - Speakers Bureau/Honoraria: GSK, Avir, Ferring, Merck, Pfizer, Moderna, AstraZeneca, Takeda, Paladin, Ontario College of Family Physicians
 - Others: N/A
- Faculty Name: **Dr. Mark Soth**
- Relationships with financial sponsors:
 - Grants/Research Support:
 - Speakers Bureau/Honoraria: Qtrade Direct Investing, BMO, ETFs, PWL Capital, Ontario College of Family Physicians
 - Others: N/A

Speaker Disclosure

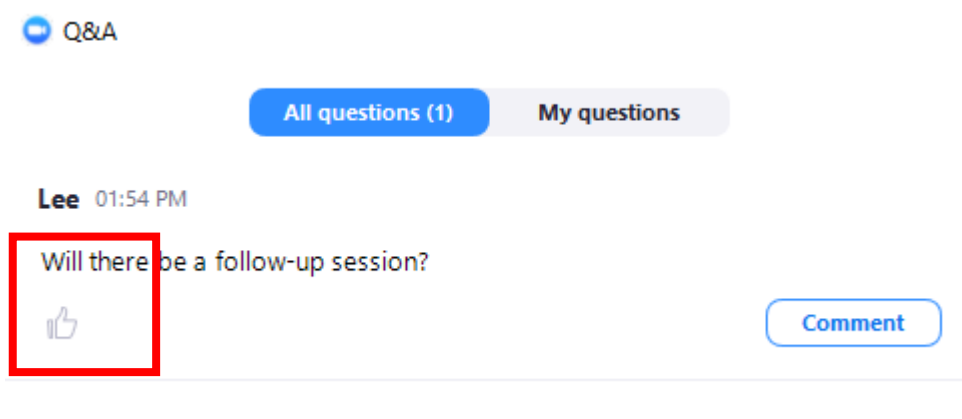
- Faculty Name: **Dr. Jobin Varughese**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Toronto Metropolitan University, School of Medicine (Interim Assistant Dean of Primary Care Education), William Osler Health System (Associate Vice President of Academics)
- Faculty Name: **Dr. Eleanor Colledge**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: The Foundation for Medical Practice Education (McMaster University)

How to Participate

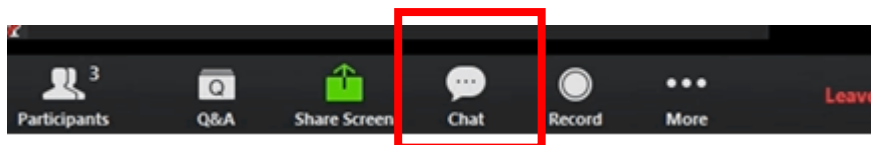
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guest's questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.





Dr. Zain Chagla – Panelist

Co-Medical Director Infection Control and Head of Infectious Diseases Service, Infectious Disease Physician, St. Joseph's Healthcare Hamilton



Dr. Mark Soth – Panelist

Respirology & Critical Care, Associate Professor, Department of Medicine, McMaster University

TB testing

Zain Chagla MD

McMaster University

Objectives



UNDERSTAND THE
SPECTRUM OF TB
DISEASE



DESCRIBE THE TESTS
FOR LATENT TB AND
OUTCOMES



CONSIDER HOW TO
COUNSEL FOR A
POSITIVE TEST



HOW TO TEST FOR
ACTIVE TB AND
PRECAUTIONS

What's new in ID?

Weekly total tests, positive tests, or percent positivity for selected viruses in Ontario (Ontario Laboratory Information System (OLIS) data)

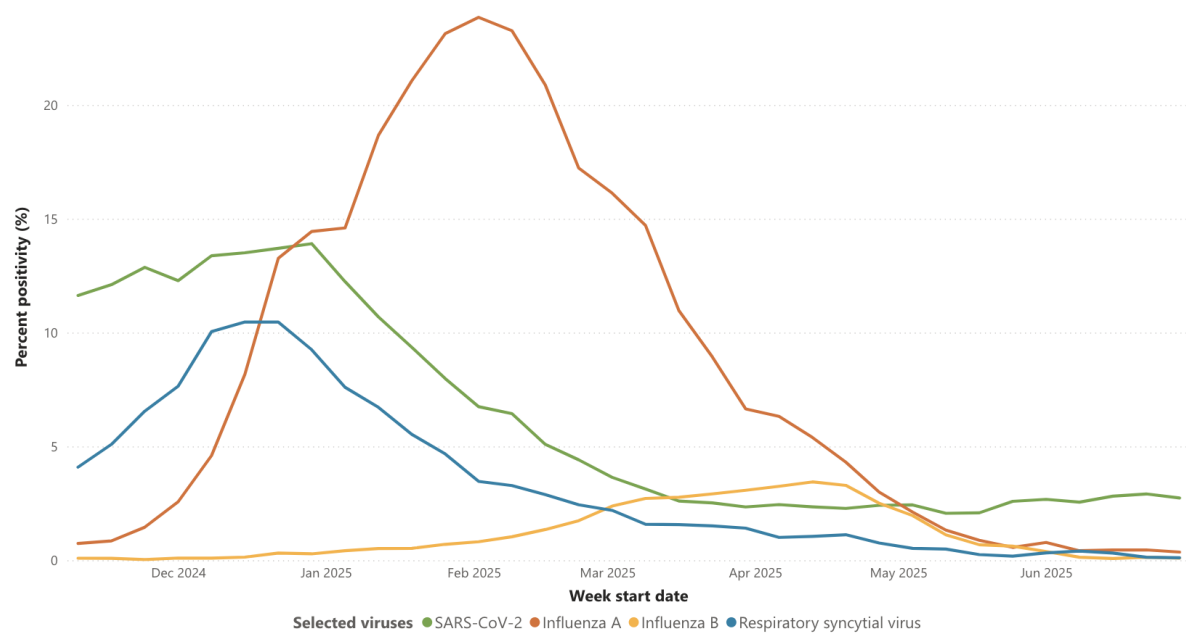
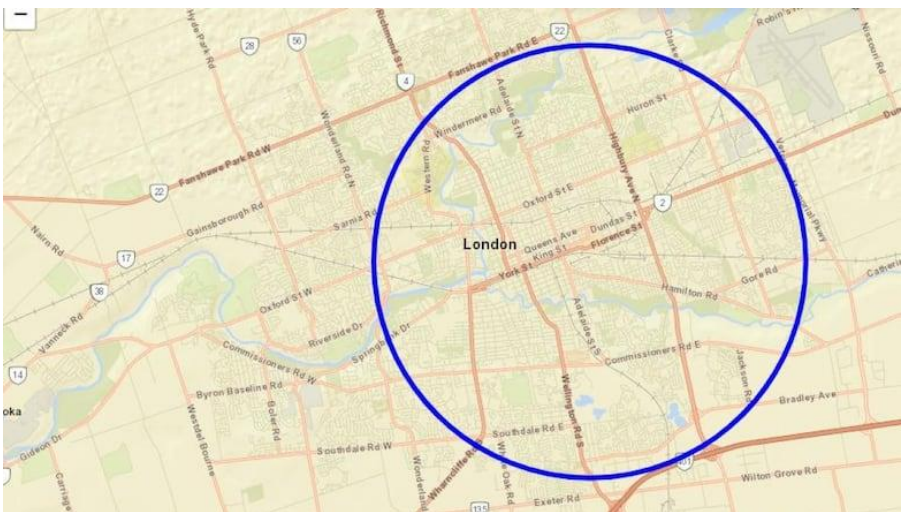
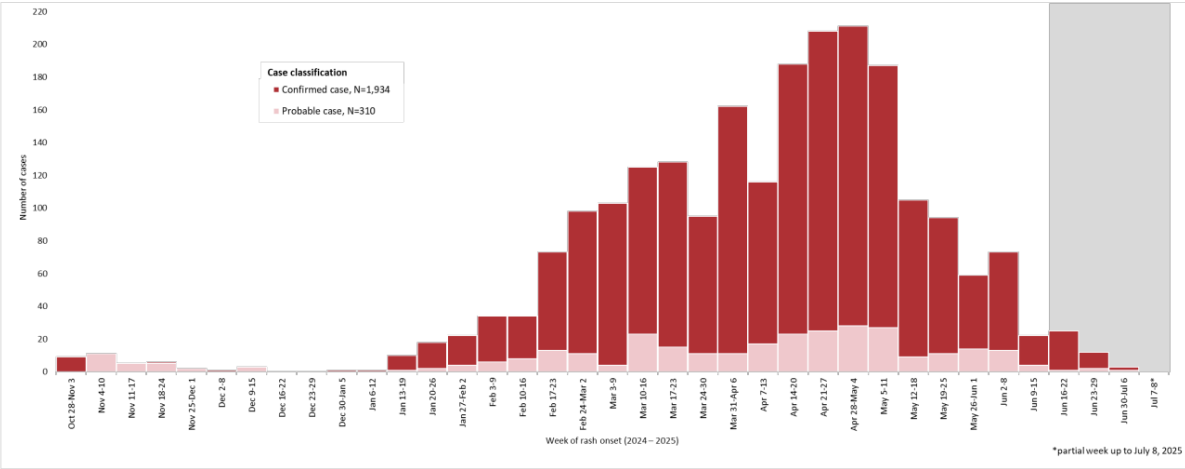
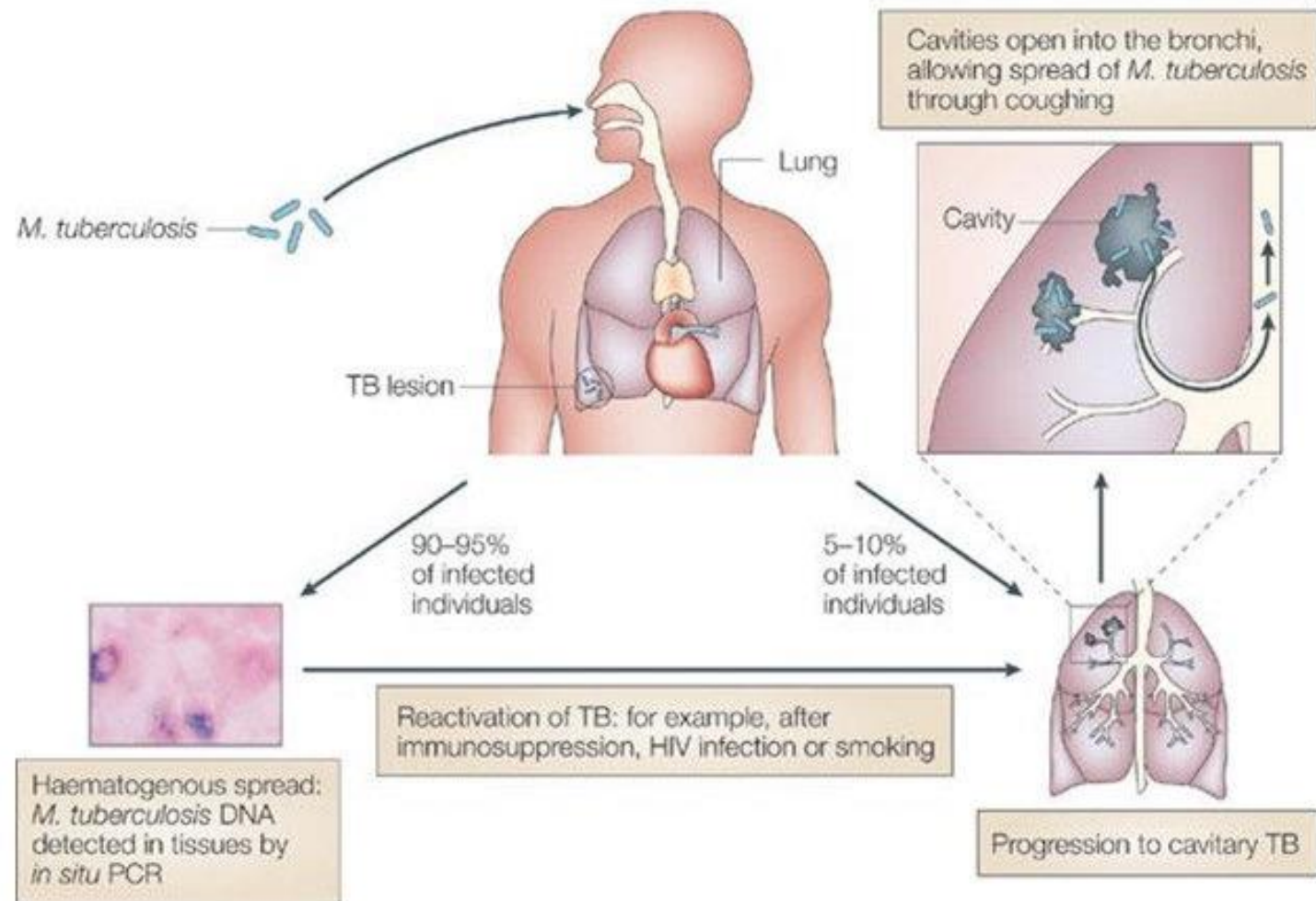


Figure 1: Number of Measles Outbreak Cases by Week of Rash Onset and Case Classification: Ontario, October 28, 2024 – July 8, 2025





Why test?

- Occupational health requirements
- Pre immunosuppression
- Other high risk settings – dialysis, indigenous health, post exposure/outbreak, homeless, congregate care settings
- General principle is those who would benefit from treatment and it would be offered

When not to test

- Ruling out active TB (other than some unique populations)

TST



Injection of purified protein derivative (cross reactive) intradermal



Looks for in vivo T cell response to TB antigens



Read at 48-72 hours post, measure induration not redness



May be affected by some degree of immunosuppression (false negative) or BCG vaccine (false positive – typically if given at >1 years of age)



Two stage test - done on first testing

Occasionally people with prior exposure may be negative on first test but “boost” their latent response

If you were to only do one stage → would look like converted on next step

Therefore – 2 stage 1-3 after first to rule this out



1

Table 1. Interpretation of TST results and cutoff thresholds in various populations ²

TST result	Situation in which reaction is considered positive
<5 mm	In general, this is considered negative
>5 mm	People living with HIV
	Known recent (<2 years) contact with a patient with infectious TB disease
	Fibronodular disease on chest x-ray (evidence of healed, untreated TB)
	Prior to organ transplantation and receipt of immunosuppressive therapy
	Prior to receipt of biologic drugs, such as tumor necrosis factor alpha inhibitors, or disease-modifying antirheumatic drugs
	Prior to receipt of other immunosuppressive drugs, such as corticosteroids (equivalent of >15mg per day of prednisone for at least one month)
	Stage 4 or 5 chronic kidney disease (with or without dialysis)
>10 mm	Recent (<2 years) conversion of TST from negative to positive
	Diabetes (controlled or uncontrolled)
	Malnutrition (<90% of ideal body weight)
	Current tobacco smoker (any amount)
	Daily consumption of >3 alcoholic drinks
	Silicosis
	Hematologic malignancies (lymphomas and leukemia) and certain carcinomas (such as cancers of head, neck, lung and/or gastrointestinal tract)
	Any population considered at low risk of disease.
Abbreviations: TST, tuberculin skin test; HIV, human immunodeficiency virus	

IGRA



Interferon Gamma Release Assay – i.e. In vitro TST



Uses separate antigens from BCG



Occasionally can have test issues from blood draw/storage/other assay issues



Currently NOT funded in Ontario \$104

Can be funded by third party insurance, sometimes through biologic companies



Must book online through third party labs (lifelabs/Dynacare)

Can fill out OHIP req but patient needs to book appt / time at right lab

Which one to use?

Either for most individuals

Consider IGRA for

- Those 2-10 years old with prior BCG
- Those > 10 year old with BCG > 1 year of age or uncertain when (bcgatlas.com canchelp)
- When facilities / product for appropriate PPD cannot be found
- High risk of not being able to return for read
- When TST is contraindicated

When to do TST followed by IGRA?

- High risk and negative with high risk of progression (ex. Severely immunocompromised and from an endemic region)
- Low pretest risk / progression and TST is positive

What to do if positive



Evaluate for active TB – (Constitutional Symptoms, Cough, hemoptysis, any other odd symptoms) + CXR



If negative consider risk and benefits of treatment – generally where benefits > risks but patient centered decision making

Therapeutic regimens

- Rif x 4 months daily
- INH x 9 months daily
- Rifapentine + INH – weekly x 3 months → Note not routinely avail but may be through certain public health clinics for high risk of failure
- All meds funded by public health – need to be reported

TSTin3d

1. Input Your Information

What is your age

40

What is the size of your TST (Skin Test)

≥10mm

What is your IGRA result (Blood Test)

Not Done

Please Check All That Applies Below:

- ☒ Habits
- ☒ TB Exposure
- ☒ Cancer
- ☒ Immune-Compromised
- ☒ Immunosuppressive Treatment
- ☒ TB-related Chest X-Ray findings

Uncheck All Selection

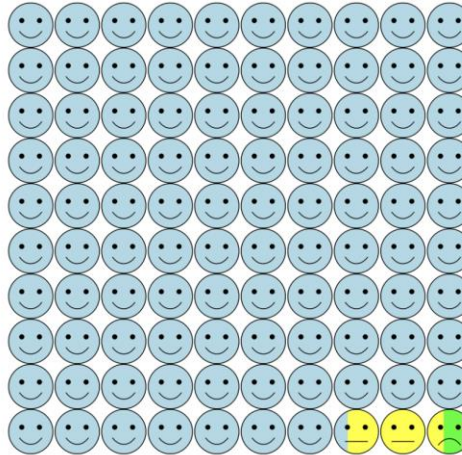
2. Your TB Risk (Over the Next 20 Years)

Healthcare Provider

Patient

FAQ

What is the risk of TB disease in the next 20 years if I recommend treatment (accounting for people who don't take it)? Out of 100 persons with the risk factors selected:



99.4% Will not develop TB disease with or without treatment



2.1% Had an adverse event that led to stopping therapy



0.5% of those prescribed therapy will prevent TB disease (accounting for overall completion rates)



0.1% of those prescribed therapy will develop TB disease despite treatment (this also accounts for possible non-adherence)



<0.1% of those prescribed therapy will develop TB disease and TB-related long-term disability or death despite treatment (accounting for overall completion rates)"

3. Input Preventive Treatment

Select one of the following treatment options:

- ☐ No Treatment
- ☒ 4 months of daily rifampin (4R)
- ☐ 9 months of daily isoniazid (9H)
- ☐ 3 months of once-weekly isoniazid plus rifapentine (3HP)
- ☐ 3 months of daily isoniazid plus rifampin (3HR)

For drug interactions, see [Medscape Drug Interaction Checker](#)

4. Summary of your TB Risk

Without Treatment

- Your risk of TB disease without treatment in the next 20 years: 0.6%
- Your risk of disability and death from TB disease without treatment in the next 20 years: 0.2%

With Treatment 4 months of daily rifampin (4R)

Accounting for possible non-adherence:

- Your risk of developing TB disease in the next 20 years despite taking treatment: 0.1% (reduced by 0.5%)
- Your risk of developing long-term disability and death despite taking treatment: <0.1%
- Your risk of having an adverse event from the treatment (leading to treatment discontinuation): 2.1%

If suspecting ACTIVE TB

Isolate immediately

Sputum for AFB x 3 – best morning if possible

If extra pulmonary needs biopsy of site

DO not give TB therapy empiracly

Avoid cross treating drugs (quinolones) as may cause false negative workup

Tips for Home Isolation

- If you need to buy food, ask a family member or friend for help or contact your public health nurse.
- You can go for short walks outside. When you are outside, you do not need to wear a mask, but stay away from other people.
- Wear a mask when you go to see your TB doctor or to get tests for TB. Speak to your public health nurse if you need transportation. Wear a mask if you take a taxi.
- Tell your public health nurse if you have any other appointments before you go.
- If you travel by ambulance, wear a mask and tell the people looking after you that you have TB.

Protect Your Family and Other People

- Young children and people with weak immune systems can get TB very easily.
- Sleep in a room that is not shared with other people.
- Open your windows to let out the TB germs.
- When you cough or sneeze, cover your mouth and nose with a tissue or your sleeve, then wash your hands.
- You do not need to wear a mask at home with the people you live with, as long as there are no visitors present.
- Do not invite visitors inside your home or visit other people.
- Do not go to public places (for example work, school, libraries, places of worship, banks, community centres, restaurants, coffee shops, movies, grocery stores and shopping malls).
- Do not ride on public transportation (for example buses, subways, trains, airplanes and boats)



Questions?

Physician Pension Plans

Dr. Mark D. Soth, MD, FRCPC



www.looniedoctor.ca

Diversified Retirement Planning

Products

- Stocks & Bonds
- Funds to diversify
- Pensions
- WLI (Probably Avoid)

Financial Accounts

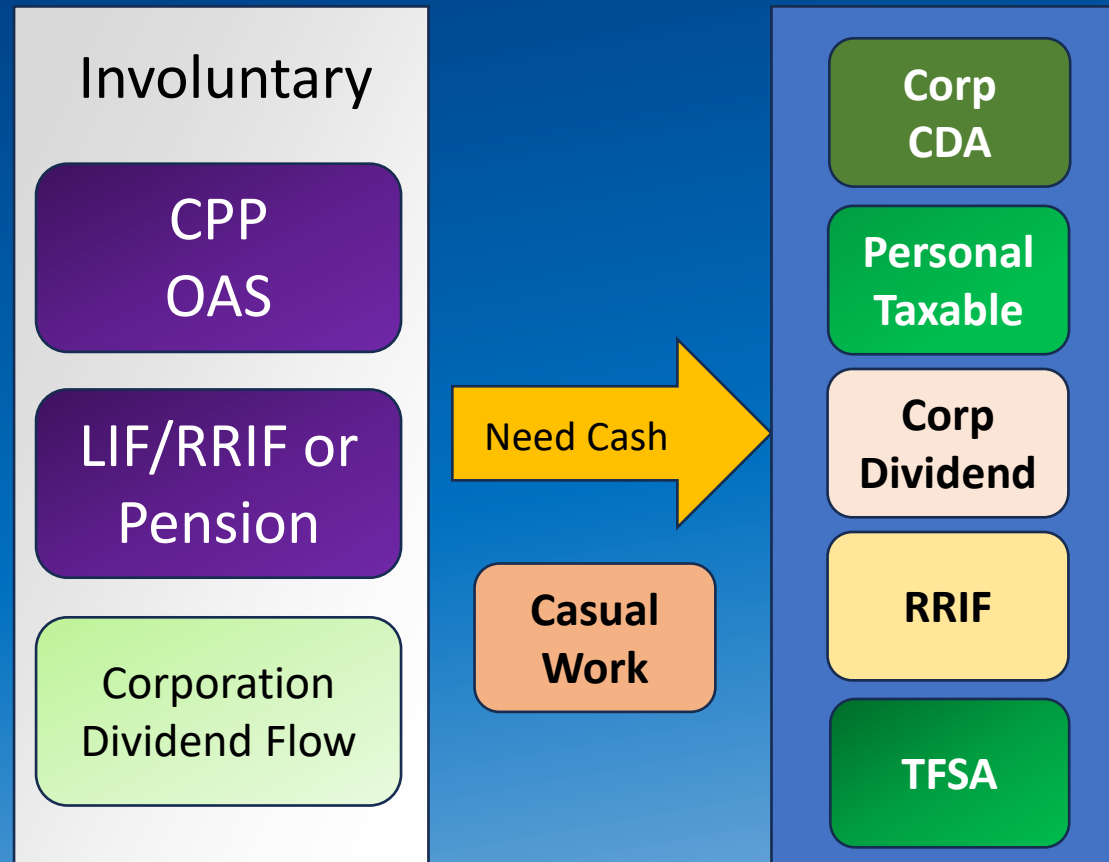
- Use TFSA & RRSP
- Individual Pension Plan
- Low-Income Spouse Invest

Human Capital Accounts

- Outside Interests
- Non-work relationships
- Physical & Mental Health
- Give while alive

How you build this over your career impacts your options later.

Multi-Pot Retirement Drawdown



Incorporation = More Options

Incorporated

- Corporate Retained Earnings
 - Dividends in Retirement

Not Incorporated

- CPP or QPP (Public DB Pension)
- RRSP (Very Pension-Like)

Paying Salary = Pension Options

- CPP or QPP
- RRSP
- Individual Pension Plan (IPP)
- Multi-Employer Pension Plan (MEPP)

Pensions vs Corporations

RRSP

or

Pension

100%
Tax Deferral



Tax-Free
Growth

**Withdrawal
Rules**

Corp

75-90%
Tax Deferral



Tax-Exposed
Growth

**Upfront Tax
Unless Flow**

Registered Pension Plans For Corps

Individual Pension Plan (IPP)

Single Corporation

(Single Risk & Management)

Defined Benefit

(usually)

Variable Contribution

(Increases with Age)

Overfunded:

Corp Contribution Holiday

Underfunded:

Increased Corp Contribution

Actuarial
every 3yrs

Multi-Employer Pension Plan (MEPP)

eg. Medicus Pension Plan™ & HOOPP

Multiple Corporations

(Pooled Risk & Management)

Defined Benefit

(variable)

Fixed Contribution

(Comparable to RRSP)

Overfunded:

Inflationary Benefit Increase

Underfunded:

Reduce Benefit or Increase Contribution



RRSP vs Pension in Retirement

	RRSP/RRIF	Pension (IPP or MEPP)
Pension-Splitting	RRIF (Age >65) Spousal RRSP (Any Age)	Age 55
Withdrawal	RRIF Minimum to Unlimited	Constant & Capped (2% of pensionable earnings)
Creditor Protection	RRSP Variable & RRIF Full	Full

What Happens to Your Pension When You Die?

	RRSP	IPP/PPP	Medicus	HOOPP
Pensioner Death	Rollover To Spouse RRSP or Offspring RDSP	Spousal Benefit or Spouse RRSP	Before Retirement: Commuted Value After Retirement: Spousal Benefit (Reduce Baseline Benefit)	Before Retirement: Survivor or Commute
No Spouse	Personal Estate	Beneficiary or Corporate Estate	Residual of 15yr Benefit to Estate	Residual of 15yr Benefit to Estate
Spouse Death			Residual of 10yr Benefit to Estate	Residual of 5yr Benefit to Estate

High Level Summary

RRSP

**More Flexibility
Low Costs**

IPP

**Potential to Shelter More
- Depending on Factors**

**Cost & Complexity
More Rules to Follow**

MEPP

**Easy & Predictable
Share Risks**

**Potential Giving Up
Some Wealth
- Depending on Factors**

Questions To Ask Yourself



Favor MEPP		Neutral		Favor RRSP/IPP	
I Prefer Automatic Income				I Prefer Flexible Income	
I Have a Hard Time Spending More When Ahead				I Splurge More When Ahead	
I Would Struggle To Trim Spending				I Can Tighten My Belt in a Bad Year	

Favor MEPP	Neutral		Favor RRSP/IPP
I Prefer To Be Hands Off With My Investments			I Prefer To Be Involved With Investments
My Portfolio Will Barely Cover Basics			I Will Have More Than Enough With Buffer
I Invest Conservatively or Have High Fees			I Invest In Higher Risk/Return & Have Low Costs

For 800 Years Have I Trained Jedi.



No Teacher's Pension.



The Loonie Doctor

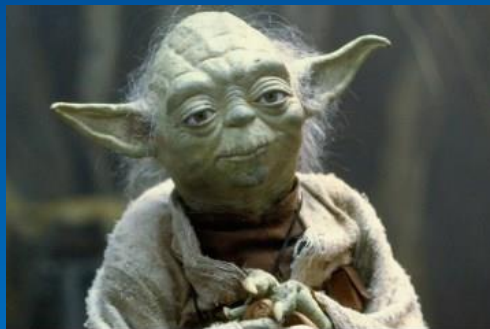
Empowering & Inspiring Canadian Professionals
To Be Financial Heroes. Not Hosers, Eh.



Pension Basics For Self-Employed Professionals



Should I Consider Buying Into a Group Pension?



Medicus & HOOPP Multi-Employer Pension Plans



The Money Scope Podcast

Shining a Light Deep Inside Personal Finance for Canadian Professionals

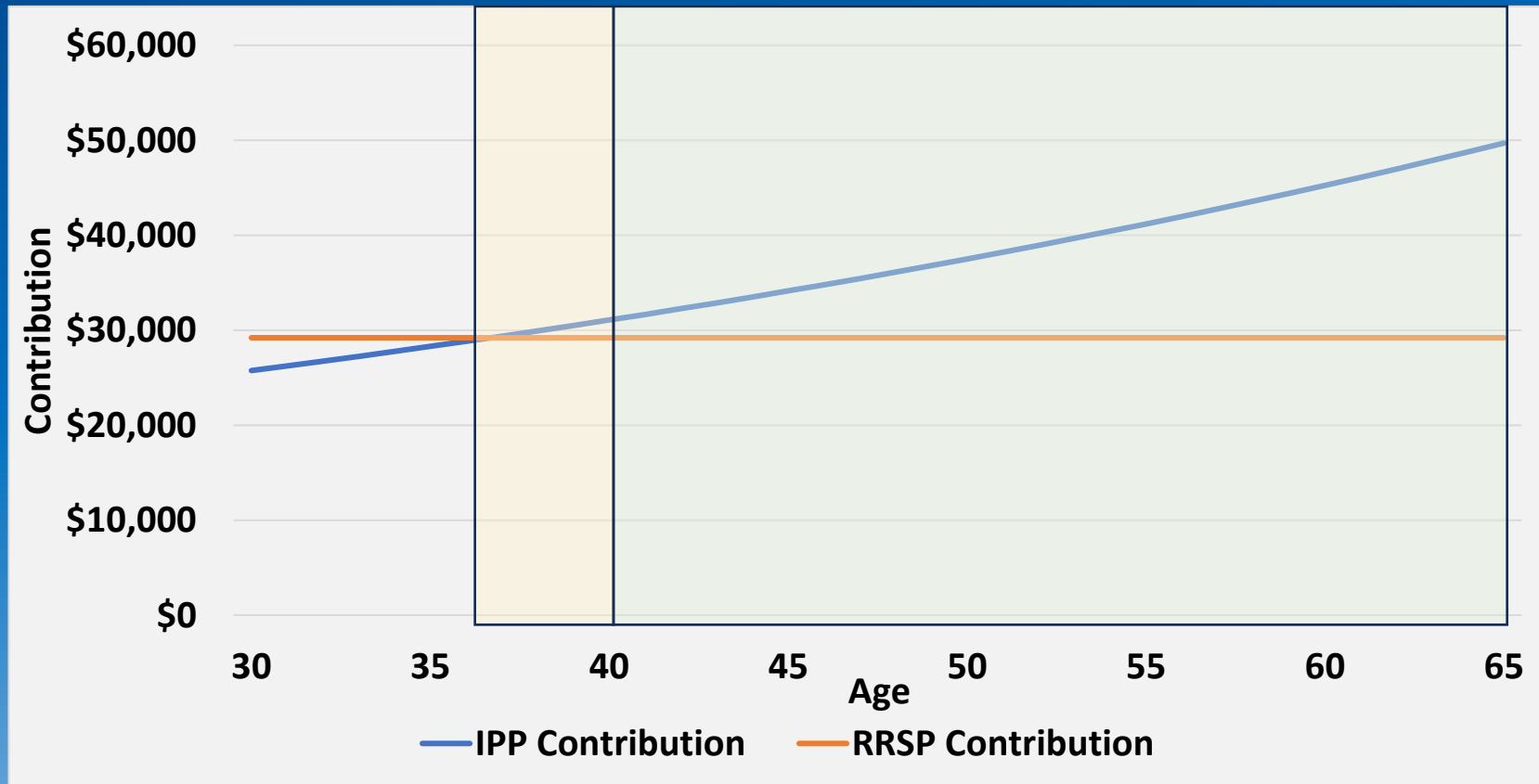
Coming Soon - Episode 18: Pensions for Business Owners (IPP Deep Dive)



www.looniedoctor.ca

Individual Pension Plans (IPP)

- T4 income to be “pensionable”
- Prior service when opening (income & RRSP)
- Annual Contribution Based on Actuarial



**“Typical”
\$200K/yr
Salary**

OCFP supports for Mental Health, Addictions and Chronic Pain

Mental health, addictions and chronic pain are challenging conditions. Find information to support the care you give patients – in a way that also considers your wellbeing.



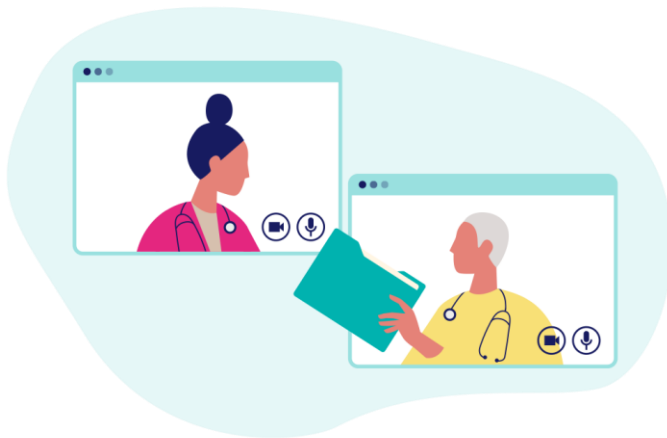
Community of Practice

Join upcoming sessions:

Best Practices for Nicotine Cessation
(July 23rd)

Social Prescribing: Addressing the Social Determinants of Health
(August 27th)

Tips and Tricks for Addressing Burnout
(September 17th)



Peer Connect Mentorship

Receive tailored support to skillfully respond to mental health issues, address substance use disorders, and chronic pain challenges in your practice.

[Join](#)

RECENT SESSIONS

April 4	Infectious Disease, Penicillin Allergy (De)labelling & Newcomer Care Resources	Dr. Daniel Warshafsky Dr. Mariam Hanna Dr. Vanessa Redditt
May 2	Infectious Disease and Management of STIs	Dr. Daniel Warshafsky Dr. Rachita Gurtu
May 23	Infectious Disease and Opportunities for Improving the Way We Work	Dr. Allison McGeer Dr. Tara Kiran
June 6	Disease and Management of STIs Part 2	Dr. Daniel Warshafsky Dr. Rachita Gurtu
June 27	AI Tools for Practice and Managing the Summer Heat	Dr. Daniel Warshafsky Dr. Mohamed Alarakhia Dr. Samantha Green

Previous webinars, Self-Learning & Related Resources:

<https://dfcm.utoronto.ca/past-changing-way-we-work-community-practice-sessions>

UPCOMING SESSIONS

Month	Date
September 2025	September 5 September 26
October 2025	October 17 October 31

SAVE THE DATE

Registration link will be emailed
to you closer to the date



Questions?

Webinar recording and curated Q&A will be posted soon:

<https://dfcm.utoronto.ca/past-changing-way-we-work-community-practice-sessions>

Our next Community of Practice: September 5, 2025

Contact us: ocfpcme@ocfp.on.ca

The Changing the Way we Work Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

Post session survey will be emailed to you. Mainpro+ credits will be entered for you with the information you provided during registration. Allow 4-6 weeks for the credits to be entered into your account.

