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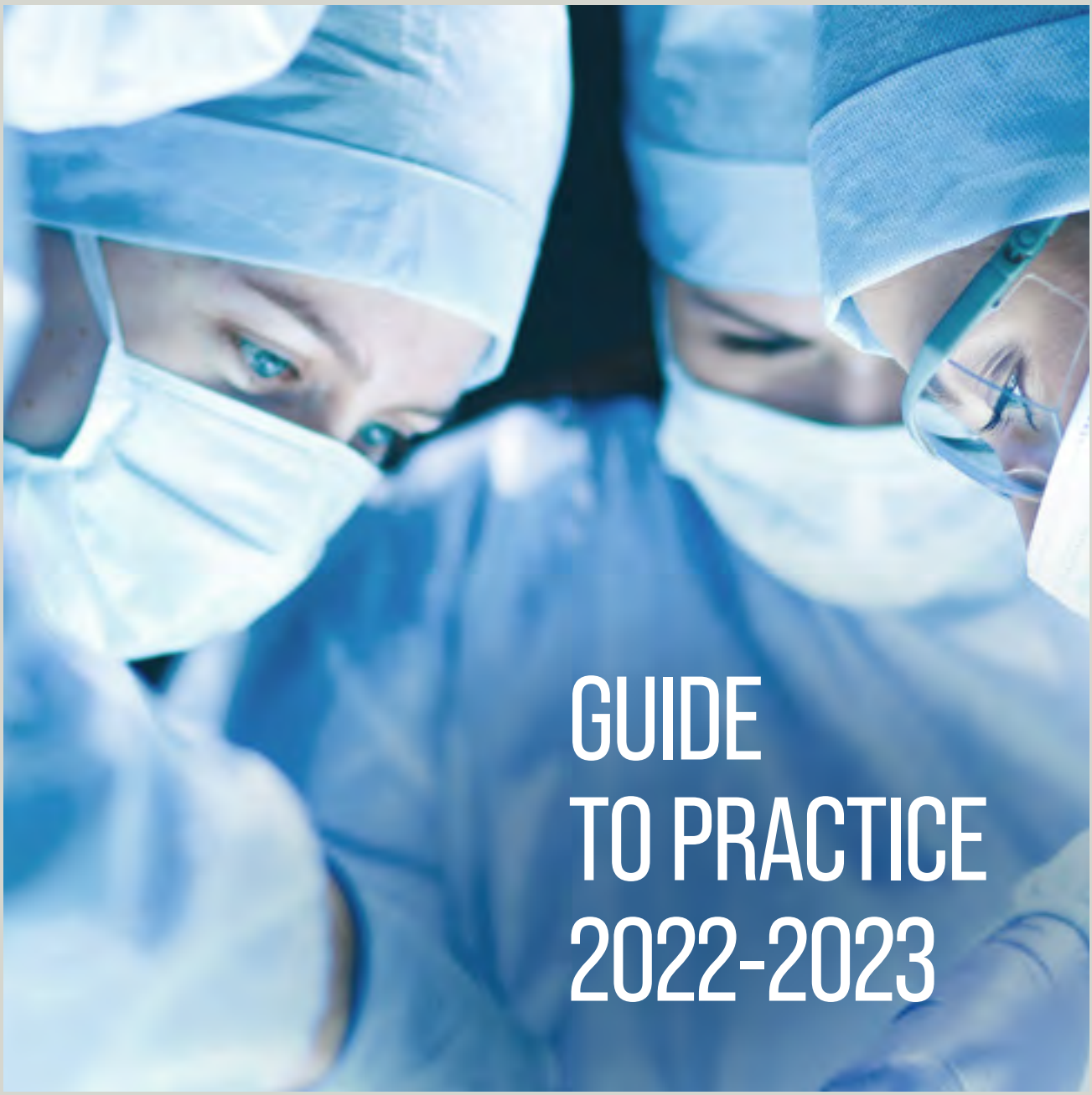

GUIDE TO PRACTICE 2022-2023

FÉDÉRATION DES MÉDECINS RÉSIDENTS DU QUÉBEC

AVAILABLE POSITIONS

PAGES 40 TO 52

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ACCESS TO QUALITY POSITIONS FOR ALL OUR MEMBERS: OUR PRIORITY

Dear Colleagues,

I am honoured to continue representing you for this, my second year as FMRQ President. While several issues were resolved over the past year, numerous challenges remain, with respect both to academic matters and to work conditions, so we will keep on defending and promoting your rights with Board members. This fall should see the start of negotiations for renewal of our collective agreement.

For many years, the FMRQ has lobbied to ensure that all Quebec-trained physicians can find positions in Quebec that match their competencies and meet their expectations once they have completed their residency. We are active on all bodies where physician resource planning is discussed, in both family medicine and other specialties, to uphold your rights and foster ever more transparent and effective processes for assigning positions.

The following pages contain comprehensive information to help you obtain positions associated with PREMs and PEMs, or positions linked with advanced competencies in family medicine. They also present information on the requirements for being awarded fellowships, on the procedure for obtaining a permit to practise, on malpractice insurance and certification exams, and on questions of remuneration and other aspects of the autonomous practice of medicine.

In addition, so you can benefit from special contacts with healthcare establishments, we will be holding our traditional FMRQ Career Day—in person—at Montreal's *Palais des congrès*, on Friday, September 16, 2022. Representatives from healthcare establishments from all Quebec regions will be there, and you will be able to talk with future colleagues and recruiters about their needs, as well as your expectations and aspirations.

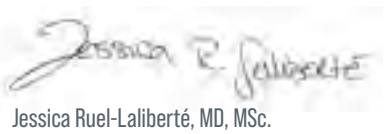
We remind you that you are released with no financial penalty and no absence noted from your rotation with respect to the universities' 75% rule, under an agreement between the FMRQ and the Quebec Conference of Associate Deans for Postgraduate Medical Education. So you have no reason to miss this one-of-a-kind date with your future career!

Representatives of different FMRQ partner groups, including the *Fédération des médecins spécialistes du Québec* (FMSQ), *Fédération des médecins omnipraticiens du Québec* (FMOQ), and Quebec Ministry of Health and Social Services (MSSS), will also be taking part, and will be able to answer your more specific questions. The FMRQ will have a booth on-site, too.

The FMRQ offers personalized service at all times if you have questions concerning your personal situation. So you may get in touch with Federation staff to obtain a consultation on PREMs and PEMs by emailing prem-mf@fmrq.qc.ca for family medicine, or pem-sp@fmrq.qc.ca for other specialties.

Remember that at the FMRQ, we are always there to listen to your needs. Indeed, we invite you to contact us to share your concerns, not only with respect to seeking a position, but for any issue associated with your work and learning conditions.

All the best for 2022-2023!



Jessica Ruel-Laliberté, MD, MSc.
President

1.

FAMILY MEDICINE

This section contains information on the process for granting PREMs in family medicine. It begins with a glossary, to make the rules easier to understand, and includes full details on the procedure for obtaining a PREM in a university FMG or a PEM in an establishment, the 55%-45% rule, specific medical activities (AMPs), and locums.

GLOSSARY 101

Special medical activity (*Activité médicale particulière,* or AMP)
Medical activities listed in the *Act respecting health services and social services* as having a priority dimension. Conditions for physicians' participation in AMPs have been determined through a special agreement between the Minister and the FMOQ.

Upon obtaining a notice of compliance with the regional physician resource plan (PREM), a physician with 15 years of practice or less must choose an AMP offered by the region to meet local needs. This AMP will be performed in one of the services named, for the equivalent of 12 hours per week.

Compliance notice (*Avis de conformité*)
Family physicians practising under the Quebec health insurance plan are subject to the Special agreement on compliance with regional physician resource plans (PREMs). Under that agreement, the physician has to obtain a notice of compliance with the PREM from the Regional department of general medicine (DRMG) of the practice region in question. Obtaining this compliance notice implies the physician's commitment to maintaining the majority of his practice, i.e., 55% or more of his billing days, in a sub-area (local services network, or RLS) of that region. The frequently used expression "to have a PREM" actually means holding a notice of compliance with a given region's PREM.

University needs (UFMG PREM) (*Besoins universitaires (PREM GMF-U)*)
Compliance notice reserved for doctors wishing to teach. This involves teaching positions set aside to meet priority academic needs.

WARNING

For this type of PREM, it is the director of the family medicine program of the faculty concerned who selects the candidate and confirms his choice with his region's DRMG and the Ministry of Health and Social Services (MSSS) by October 31.

Selection criteria (*Critères de sélection*)
When the number of candidates exceeds the number of positions available in the PREM, a selection is made via interview. This selection is made primarily on the basis of the physician's interest in practising in the priority needs identified by the DRMG.

Locum (*dépannage*)
Part-time locum (*Dépannage à temps partiel*)
A physician who holds a compliance notice but wants to perform locums part-time. Note that this practice is included in the 55%-45% ratio.

PREM exclusively for locums (*PREM dépannage exclusif*)
A doctor wishing to practise exclusively under the locum mechanism can obtain a waiver in lieu of a compliance notice if positions are available. This has to be applied for on registering for locums with the provincial *Centre national médecins-Québec*. To register for locums, the physician has to hold a permit to practise from the *Collège des médecins du Québec* and malpractice insurance corresponding to the areas of activity covered by his locum practice. A practice is considered exclusive when it includes 95% or more of the physician's total billing days.

Opting out of a PREM (*Désistement à un PREM*)
You may opt out of a PREM at any time if you have not started your practice.

Regional department of general medicine
(*Département régional de médecine générale*, or DRMG)
Each region has a regional department of general medicine (DRMG) consisting of all the general practitioners in the region who receive compensation from the Quebec Health Insurance Board (RAMQ). The DRMG's responsibilities are carried out by a Steering Committee consisting of physicians who belong to the department. In particular, the DRMG's mandate is to make recommendations concerning PREMs, general medical services, and AMPs. It defines and proposes a regional organization plan for general medical services and a network of access to general medical care.

Head of Regional department of general medicine (DRMG)
(*Chef du département régional de médecine générale [DRMG]*)
The Head of the Regional department of general medicine is in charge of authorizing and signing compliance notices.

Healthcare establishment (*Établissement de santé*)
A healthcare establishment is a group of healthcare facilities (hospital, local community services centre [CLSC], long-term care facility [CHSLD], etc.) which covers services for a given region. Following the adoption of Bill 10 (2015), the Minister grouped the 182 existing healthcare establishments into 34 establishments. Rounding out the network are the university health centres, and institutes.

Facility (*Installation*)
A facility is a physical site where healthcare is delivered. Facilities are hospitals, CLSCs, residential and long-term care facilities (CHSLDs), rehabilitation centres, etc., which are grouped together under a healthcare establishment within the meaning of the law.

Billing day (*Journée de facturation*)
A billing day is counted only if the compensation (pay) associated with that day is equal to or greater than $523. A half day can be counted if the compensation associated with that half day is equal to or greater than $261.50 and less than $523.

Interregional mobility (*Mobilité interrégionale*, or MIR)
Status of a physician who has worked a minimum of 200 days (synonymous with "doctor already practising").

Non-compliance with compliance notice conditions
(*Non-respect des conditions de l'avis de conformité*)
A physician who does not meet his commitment to perform 55% or more of his billing days in the geographical area covered by his PREM compliance notice is subject to a 30% cutback of his total compensation for the year in question, i.e., from March 1 to February 28-29. The physician is notified by the Quebec Health Insurance Board (RAMQ) around September 1 of the following year. He may, however, request an exemption; his file will then be reviewed by the MSSS-FMOQ Parity Committee responsible for the Special Agreement concerning compliance with PREMs.

New biller (*Nouveau facturant*)
New billers are physicians who have not yet completed at least 200 days of practice under Quebec's public health insurance plan. During those 200 days of practice, the physician must have held a valid notice of compliance with the region's PREM or obtained a waiver in lieu of a notice of compliance with the PREM.

Physician resource plan (*Plan d'effectifs médicaux*, or PEM)
Physician resource plan of a facility, healthcare establishment
In family medicine, the term "PEM" is used to designate positions in hospitals. You need a PEM to be able to work in a hospital setting.

Initial application period (*Période initiale d'application*)
The initial application period runs from October 15 to October 31 each year.

Practice without a compliance notice (*Pratique sans avis de conformité*)
Physicians practising under the Quebec Health Insurance Plan (RAMQ) without having obtained a notice of compliance with the PREM from the Head of the Regional department of general medicine (DRMG) of a region will have their total compensation cut back by 30%. A five-year waiting period will also be imposed on them before they can apply for a compliance notice in that region.

Regional physician resource plans
(*Plans régionaux d'effectifs médicaux*, or PREMs)
Regional physician resource plans (PREMs) in family medicine authorize, for each of Quebec's administrative regions, a quantitative target for recruitment of family physicians designed to distribute additional physician resources equitably. These plans are updated yearly on the basis of the differences observed between the resources in place and the needs to be met in each region. They take into account the mobility of physicians already practising and the expected number of new doctors. Since Quebec's regions do not all enjoy the same level of access to healthcare services, PREMs aim to provide Quebecers with more equitable access to medical services.

In family medicine, the term "PREM" is used to designate positions allocated in one of the 18 administrative regions, with priority hiring in a local services network (RLS). Obtaining a compliance notice implies that the doctor undertakes to maintain the majority of his practice, i.e., 55% or more of his billing days, in a sub-area (RLS) of the region where he holds a PREM.

PREMs are associated not with a type of practice but with a practice location.

Region (*Région*)
Quebec is divided into 18 administrative regions. When you apply for a compliance notice, you do so to one of these regions:
Region 1 – Bas-Saint-Laurent
Region 2 – Saguenay–Lac-St-Jean
Region 3 – Quebec City (*Capitale-Nationale*)
Region 4 – Mauricie–Centre-du-Québec
Region 5 – Estrie
Region 6 – Montreal
Region 7 – Outaouais
Region 8 – Abitibi-Témiscamingue
Region 9 – Côte-Nord
Region 10 – Nord du Québec
Region 11 – Gaspésie–Iles-de-la-Madeleine
Region 12 – Chaudière-Appalaches
Region 13 – Laval
Region 14 – Lanaudière
Region 15 – Laurentides
Region 16 – Montérégie
Region 17 – Nunavik
Region 18 – James Bay Cree Territory

Local services network (*Réseau local de service*, or RLS)
Each region is divided into sub-areas. So you have a notice of compliance with a region's PREM, with priority hiring in a sub-area (RLS).

SCOPE OF A PREM COMPLIANCE NOTICE

Positions in a PREM have a geographical scope and are not in any way associated with a facility, doctor's office, or specific activity. None the less, the DRMG must, under its mandate, identify its region's priority needs, both primary and secondary. Identification of needs should guide the DRMG in the selection of candidates when there are more applications than positions in the PREM. Also, the needs identified in a sub-area will guide candidates in their choice of location and activities.

EFFECTIVE DATE OF PREMS

The PREM for a year comes into effect on December 1 of the previous year and ends on November 30. So, for instance, the 2023 PREM will take effect on December 1, 2022 and terminate on November 30, 2023.

OBTAINING A PREM IN FAMILY MEDICINE

Submitting a compliance notice application
The initial period for reception of PREM compliance notice applications runs from October 15 to 31 of the current year, inclusive. All applications received during that period are deemed to be received on October 31.

Candidates may not submit their compliance notice applications for the following year's PREM before October 15 of the current year.

All compliance notice applications are made by the candidate on the electronic form (available on the MSSS website), which he forwards to the MSSS. The form is the sole document to be sent in.

The MSSS sends each applicant an acknowledgment of receipt.

Any response from a DRMG following the submission of a compliance notice application has to be made in writing.

Processing of a compliance notice application by the DRMG
Between November 1 and November 11, inclusive, the MSSS forwards the applications to the DRMGs in the regions stated as candidates' first choice.

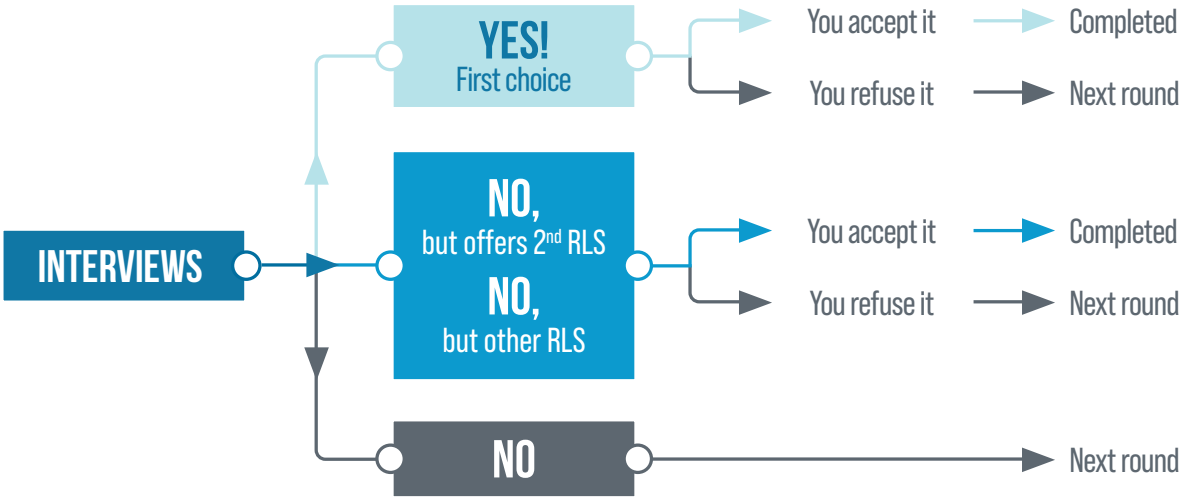
Applications received between October 15 and 31 inclusive are processed in two rounds between November 1 and April 1. Applications submitted after October 31 are dealt with at the end of the process, i.e., following the second round, as of April 1.

When the number of positions available in the PREM of a sub-area which candidates have marked as their first choice is lower than the number of applications received for that sub-area, no selection is carried out, and the DRMG has to issue the compliance notice.

When the number of applications received for a sub-area exceeds the number of positions available in that sub-area's PREM, all applications are evaluated by the DRMG via interview. This evaluation must comply with the following selection process.

EXAMPLES

1. There are fewer applicants than positions – automatic selection – all these individuals receive their PREM:
   - 110 candidates apply with RLS de Verdun as their 1st choice
   - RLS de Verdun has 12 PREMs available
   - All 10 candidates receive their PREM automatically
2. There are more applicants than positions – selection by interview:
   - 15 candidates apply with RLS de Verdun as their 1st choice
   - RLS de Verdun has 12 PREMs available
   - All these individuals are interviewed



Selection process

First round

- From November 1, 2022 to January 20, 2023, only applicants' first choice as entered on the compliance notice application is forwarded by the MSSS to the respective DRMGs.
- No later than November 11, the compliance notice applications in question are forwarded by the MSSS to the DRMGs.
- No later than December 20, interviews are conducted by the DRMG, and the candidates to whom the DRMG will be offering PREM compliance notices are identified.
- No later than January 10, the DRMG responds to the applicants by email (with c.c. to the MSSS), confirming the area corresponding to their first choice, offering another sub-area that has remained vacant, or informing them that their application has been denied.
- **WARNING**: You have 10 days to respond to the DRMG in writing. Should an applicant fail to respond within 10 days, the compliance notice is withdrawn.

Second round

From January 21 to March 31, the names of candidates not selected in the first round will be forwarded to the DRMGs identified by the applicants in the second round section of their compliance notice application forms.

* If all the positions in the PREM are filled in the regions identified by candidates for this second round, the MSSS notifies candidates not selected that the processing of their application has been terminated. The MSSS informs the candidates that they may contact the DRMGs of regions for which positions are available. Nevertheless, if the candidates wish to be granted a compliance notice in a region that was not identified in their application, they will have to forward another compliance notice application form to the MSSS. This application will be processed in line with the first come, first served principle, once the second round is completed.

Candidates who did not identify any regions for the second round on their compliance notice application forms cannot be granted compliance notices by the DRMGs until the application process is complete, as of April 1.

- No later than February 2, the MSSS forwards applicants' information to the DRMGs in the regions concerned. The MSSS will inform applicants of the positions available in the regions they identified in the second round section of their compliance notice applications.
- No later than February 19, interviews are conducted by the DRMG, and the candidates to whom the DRMG will be offering PREM compliance notices are identified.
- No later than March 5, the DRMG notifies the applicants and the MSSS by email, confirming the geographical area or specifying that the candidates' application has been denied.

Following the two rounds

When positions are available in the PREM, the first come, first served principle is applied.

Nevertheless, if the number of applications received on the same date exceeds the number of positions available in the PREM, the DRMG has to conduct candidate selection, in line with the following principles:

- A selection committee must be formed;
- The selection criteria have to be limited to matters within the DRMG's jurisdiction;
- All candidates are interviewed;
- No letter of recommendation from a medical clinic may be considered in determining the choice of candidate.

Interview and selection criteria

Interviews are conducted in person, but could in exceptional cases be carried out remotely by means of a medium permitting visual contact (e.g., ZOOM).

The objectives of the interview are the following:

- Evaluate the level of knowledge of special regional features, approach carried out, reason for this choice;
- Evaluate experience acquired, career path, achievements, challenges, and goals;
- Find out intentions in terms of professional interests and activities envisaged;
- Evaluate level of knowledge of the healthcare system;
- Evaluate personality, capabilities and behaviour through scenarios whereby candidates can show their qualities;
- Provide relevant information on the region;
- Answer candidates' questions.
- Interviews must be conducted in keeping with the hiring conditions established by the Quebec Human and Youth Rights Commission (*Commission des droits de la personne et de la jeunesse*).

WARNING

With respect to patient management, it is your interest in that type of practice that questions should be asked about, and not your interest in a specific clinic.

The choice of clinic where you will be performing your patient management is yours to make.

Acceptance and withdrawal

Candidates who accept the compliance notice offered by the DRMG are removed from the process.

Candidates who refuse the compliance notice offered by the DRMG continue the process.

Candidates who do not respond within 10 days are deemed to have refused, and so continue the process.

Candidates who first accepted and then withdrew from their compliance notice will have to submit a new application. This will be processed in the order in which applications are received at the MSSS after October 31, once the second round has been completed.

OBTAINING A PREM IN A UNIVERSITY FAMILY MEDICINE GROUP (UFMG PREM)

For this type of PREM, it is the director of the family medicine program of the faculty concerned who selects the candidate.

As soon as a candidate is identified to fill one of these positions, but no later than October 31, the director of the family medicine department of the medical faculty concerned must confirm his choice to the MSSS and the DRMG responsible for issuing the selected candidate's compliance notice.

If, as of October 31, no UFMG applicant is recommended for the priorities identified, the sub-area PREM compliance notice is then released and returns to the regional pool. The position in the PREM is then no longer set aside for a UFMG position, and can be attributed to another candidate, who will meet other available priorities.

When an academic applicant comes forward during the year to meet a UFMG priority recruitment recognized by the MSSS, hiring will be possible provided the candidate is selected by the director of the family medicine department of the medical faculty concerned and a position is available in the sub-area's PREM. If no sub-area target is available, but positions remain vacant in the regional pool, the DRMG will have to use positions from the regional pool to meet this need.

When a recruitment is used to meet priority academic needs, the DRMG may, on certain conditions and subject to approval from the Physician Resource Management Committee – Family Medicine (COGEM), grant a compliance notice over and above its regional target for authorized recruitment. The physician contemplated by the recruitment must:

- Qualify with respect to inter-regional mobility and have accumulated at least three years' active practice within the meaning of the agreements (i.e., 600 billing days at $523 per day);
- Have obtained the recommendation of the director of the university family medicine department of the medical faculty concerned;
- Have the expected practice profile in line with the guidelines recognized by COGEM;
- Carry out all his patient registrations within the UFMG concerned.

EARLY-CAREER FAMILY PHYSICIAN INVESTIGATOR

A family physician researcher may, upon the recommendation of the Joint Evaluation Committee, be considered, over and above the positions authorized in the PREM by the Minister, as an early-career clinical investigator, provided the following conditions are met:

- They must undertake to maintain this profile for five years, notwithstanding the occurrence of a major event or pregnancy;
- They must devote a minimum of 50% of their professional activities to research;
- As long as this level of research activity is maintained, their professional clinical investigation activities will be substituted for specific medical activities (AMPs);
- The number of these positions will be four per year, i.e., one per university or medical faculty;
- Positions unfilled in the PREM of one year cannot be carried forward to a subsequent year;
- Compliance notice applications are submitted upon the nomination of the candidate by the university concerned.

To make an application, the head of the university department must submit to COGEM an application for authorization to hire over and above the target authorized by the Minister. The following documents must be attached to the application:

- Letter of support confirming the doctor's commitment to performing his percentage of activity devoted to research;
- Hiring letter from the university;
- Favourable recommendation from the Joint Evaluation Committee.

Once the hiring has been authorized by COGEM, the person selected must apply to the AMP Parity Committee to be exempted from the application of the penalties set out in the AMP Special Agreement. If the percentage of professional activities in research is below 50%, the doctor will have to sign up for AMPs on the basis of the AMPs available in the region.

BURSARY RECIPIENTS

In late May, the MSSS forwards to the eligible DRMGs a list of bursary recipients to be designated for the upcoming year, along with the form to be completed to show their interest in obtaining bursary recipients for their regions.

In late June, the DRMGs have to inform the MSSS, by means of the duly completed form, of the number of bursary recipients being requested, the areas targeted for them to set up in practice, and the applications identified.

Bursary recipients are notified of the regions' lists and the geographical areas accessible to them. They then have until September 30 to express their preferences as to the designated area.

In early October, the MSSS-FMOQ Advisory Committee will analyse the applications and make its recommendations to the Minister for the designation of bursary recipients.

No later than October 15 of the current year, the DRMG is informed of the list of bursary recipients whose designation is officially recommended for its region and for whom a position will have to be set aside in the PREM.

No later than October 15, bursary recipients are informed of the recommendation with respect to their designated region and their obligation to submit an application for a notice of compliance with the PREM for that region between October 15 and 31 of the current year. After October 31, bursary recipients who have not submitted their compliance notice application for the recommended region are deemed to have withdrawn from their commitment as bursary recipients.

The DRMG is required to grant a PREM compliance notice to bursary recipients recommended for its region who have submitted their compliance notice within the prescribed time frame. The DRMG then informs the MSSS of the location where it will be deploying the services of the bursary recipients recommended for its region, to ratify the designation officially.

Failing an adverse decision from the MSSS, the applicant's designation as a bursary recipient remains valid, even in the event that the start of practice is deferred. In such a situation, and in order to comply with the requirement provided for in the Special Agreement to set up in practice within 12 months, the candidate is required to submit an application for a notice of compliance with the following year's PREM, thus freeing up a position for a non-bursary recipient applicant who would set up in practice in the meantime.

OBTAINING A PEM IN AN ESTABLISHMENT (for family physicians)

Identification of sectors of activity authorized to recruit, and priority needs

The DRMG, in conjunction with the directors of professional services (DPSs) of its region and its area partners, draws up a list, by sub-area, of the sectors of activity with recruitment needs in its region.

The DRMG posts on its website a list of recruitment needs in establishments, and a list of priority needs for delivering front-line care to patients in doctors' offices.

These lists must be released before the initial application period, and must be updated during the year. A list of all medical clinics in the region should be drawn up, highlighting clinics that have shown they are actively recruiting family physicians.

As the situation evolves, new needs in an establishment can be submitted to COGEM during the year for approval.

To seek privileges in an establishment:

- You must send your appointment application form to the executive director of the establishment;
- You will receive a letter from the executive director confirming the status of the establishment's PEM;
- Your application will be reviewed by the Executive Committee of the Council of Physicians, Dentists and Pharmacists (CPDP);
- The Credentials Review Committee will study your file and report to the Executive Committee;
- The Executive Committee will make a positive (or negative) recommendation concerning your application to the establishment's Board of Directors;
- The Board of Directors will accept (or deny) your application, subject to approval from the DRMG.

YOUR OBLIGATIONS WITH RESPECT TO YOUR PREM COMPLIANCE NOTICE

Deadline for setting up in practice

To be eligible for obtaining a notice of compliance with a region's PREM, a candidate has to undertake to start his practice in that region **within 12 months following the receipt of his compliance** notice application by the MSSS.

The physician may, however, ask for his start of practice to be deferred for a maximum of six additional months. It is up to the DRMG to agree, or to deny the deferral request for reasons it deems fair and equitable

55% - 45% rule

Doctors must devote at least 55% of their annual billing days to the sub-area where they hold their PREM compliance notice.

A day is considered to have been worked as soon as the physician has billed at least $523 in the geographical area, and a half day with billing between $261.50 and $523.

The distribution of the doctor's practice is evaluated on an annual basis with regard to days worked, from March 1 to February 28-29 of the following year, from the date of issue of the PREM compliance notice.

If the physician begins during the year, the calculation is prorated, from the date of issue of the compliance notice.

A doctor may therefore devote up to 45% of his billing days to practising outside the area where he holds his compliance notice, either in another RLS in the same region, in one of Quebec's 17 other regions, or on part-time locums. WARNING: Currently, only the Quebec City (*Capitale-Nationale*) region (except for the Portneuf and Charlevoix sub-areas) is subject to the following rule: a doctor who has no compliance notice from that region may not perform more than 5% of his billing days there.

SPECIFIC MEDICAL ACTIVITIES (AMPs)

Specific medical activities (AMPs) stem from the Act respecting health services and social services, and physicians with 15 years' practice or less are required to sign on to them. Non-compliance with the AMP Special Agreement can lead to a 30% cutback in compensation.

It is the DRMG that manages the AMPs of doctors in its region. It assigns them according to an established order and in line with its region's priority needs. If several AMPs are available, an agreement may be reached with the DRMG. Such an agreement must be signed no later than the end of the first complete quarter following the start of your practice in the region.

AMPs are grouped together in three priority blocks:

1st BLOCK: I – Emergency/Super-clinic (GMF-R)

2nd BLOCK: II – Primary-care delivery of medical services, including registration and patient
III – Short-term hospitalization with on-call duty
IV – Obstetrics
V – Long-term care facility [CHSLD], rehabilitation centre, or home support, all with on-call duty

3rd BLOCK: VI – Any other activity established by the Minister (a list of these activities is available in Appendix 1). Each such activity must, however, be approved as an AMP by the Parity Committee before being authorized by the DRMG.

You must perform one of these activities for the equivalent of 12 hours, 44 weeks per year. Below is a list of recognized equivalences for each of the areas of activity identified:

- **Emergency:** 16 call shifts of 8 hours per week.
- **Patient management:** 500 registered patients (vulnerable and non-vulnerable).
- **Hospitalization:** 18 active beds per day, one week in five, including on-call duty.
- **CHLSD:** 50 beds on a weekly basis, including on-call duty.
- **Home support:** 10 home visits per week to patients enrolled in the CLSC's home support program.
- **Obstetrics:** 15 deliveries per quarter, including on-call duty.
- **Palliative care:** 10 beds on a weekly basis, including on-call duty.
- **Intensive functional rehabilitation unit (URFI):** 20 beds on a weekly basis, including on-call duty.

* Note that the DRMG may choose exclusive AMPs, i.e., the equivalent of 12 hours per week in a single area of activity, or mixed AMPs, i.e., two types of activities, therefore the equivalent of six hours a week for each type of activity.

IF YOU PRACTISE WITHOUT A PREM (in the public system, not private practice)

- Your compensation will be cut back by 30%;
- You will have to wait five years before applying for a compliance notice in that region;
- You will retain new biller status;
- But, if you obtain a compliance notice in another region and work there for three years, you will subsequently be able to apply for a position in the region where you practised without a PREM.

PHYSICIANS RETURNING FROM REMOTE REGIONS AFTER THREE YEARS' CONTINUOUS PRACTICE

A PREM compliance notice cannot be denied to a doctor who has practised continuously for at least three years in one of the areas listed in Appendix XII of the FMOQ-MSSS Agreement, even if the PREM is full:

- The doctor must undertake to practise principally in a sub-area;
- Practice carried out under the locum mechanism is not considered in the calculation of principal practice in a remote region;
- Principal practice is deemed to be continuous if it is carried out without interruption of more than 24 months in one or more regions contemplated in Appendix XII of the Agreement.

The granting of compliance notices to physicians returning from remote regions evolves in line with the PREM implementation period and status (whether it is full or not).

1. A doctor returning from a remote region after three years' continuous practice who applies during the initial application period will be given priority by the DRMG for obtaining a position in the sub-area of his choice in which inter-regional mobility positions (*places MIR*) are posted.
2. If the number of doctors returning from a remote region exceeds the number of positions available in a given sub-area, the DRMG will have to make a selection. Unselected physicians returning from a region will be offered a sub-area in which positions are available, on a priority basis.
3. Following the initial application period, and as long as a region's PREM is not full, a physician returning from a remote region must obtain a notice of compliance with the PREM of a sub-area not filled via inter-regional mobility.
4. When all positions in a region's PREM are filled, the DRMG submits to physicians eligible for this rule a list comprising at least three sub-areas among which they may choose to obtain a compliance notice.

As long as the region's PREM is not full, a doctor returning from a remote region cannot be counted as being surplus to the PREM.

OPTING FOR LOCUMS

The locum mechanism enables a doctor to come to the assistance of sites designated by the MSSS-FMOQ Parity Committee in four sectors of activity, i.e., Emergency, short-term, Anesthesiology, and Obstetrics.

There are two situations where a doctor may practise under the locum mechanism:

I. PREMs EXCLUSIVELY FOR LOCUMS (*PREM DÉPANNAGE EXCLUSIF*)

He holds a waiver in lieu of a compliance notice for practising exclusively on locums with a commitment to practising on locums for at least 95% of his annual billing days.

II. PART-TIME LOCUM (*DÉPANNAGE À TEMPS PARTIEL*)

He holds a compliance notice from a region and registers as a locum (*médecin dépanneur*). In this scenario, the doctor has to maintain his commitment for the majority of his practice (55% of his billing days) to be carried out in the area where the PREM compliance notice is signed.

Information handbook for general practitioners performing locums:
h38.pub.msss.rtss.qc.ca/Fichiers/H38_Depannage_20181011132054.pdf

Locum mechanism registration form:
h38.pub.msss.rtss.qc.ca/Fichiers/H38_Depannage_20190830142914.pdf

FINANCIAL INCENTIVES ON ENTERING PRACTICE/ ESTABLISHMENT AND MAINTENANCE (RETENTION) BONUSES AND PREMIUMS IN FAMILY MEDICINE

In remote or designated regions

Family physicians setting up in practice in remote or designated regions have their pay increased. They receive availability and professional development premiums. In remote regions, allowances are provided for remote area bonuses, home leave expenses (with or without dependants), and food transportation expenses. Establishment and maintenance premiums are also awarded by the region. Premiums vary depending on the remote sector in question.

For more information, contact the Regional department of general medicine of the region concerned.

If you are looking for information on **PREMs, locums, fellowships, or waivers**, get in touch with the person responsible for physician resources in your Association, or email the FMRQ at prem-mf@fmrq.qc.ca for family medicine or pem-sp@fmrq.qc.ca for other specialties.

2.

OTHER SPECIALTIES

Holding a position in an establishment's physician resource plan (PEM) is a prerequisite for delivering care there, in all medical, surgical, and laboratory specialties. Doctors may obtain privileges in more than one establishment, but will be counted only in the PEM of the establishment where they perform most of their practice. So it is possible to obtain associate member privileges in another establishment's PEM, with the agreement of the directors of professional services of both establishments. The purpose of this measure is to ensure compliance with physicians' obligations in the establishment where they hold their PEM, while enabling them to help offset a physician resource shortage or offer expertise specific to this other establishment.

In December 2020, the Quebec Ministry of Health and Social Services (MSSS) released its five-year plan for positions in specialties other than family medicine, for 2021-2025. This plan enables terminating residents to check where there are vacant positions. PEMs are posted according to the year in which they come into effect, by specialty and establishment, on the Ministry website, which is updated monthly. You may consult the table under *Plans régionaux d'effectifs médicaux/pour la médecine spécialisée/postes disponibles*, at: www.msss.gouv.qc.ca/professionnels/medecine-au-quebec/plans-d-effectifs-medicaux-pem-en-specialite/#postes-disponibles-medecine-specialisee.

Positions will still be posted by establishment in the MSSS table this year. The FMRQ and the *Fédération des médecins spécialistes du Québec* (FMSQ) continue to demand a return to the posting of positions by facility. Unfortunately, the pandemic has led to a change in priorities in that regard.

Also, it is important to know that it is possible for the establishment granting you a position to require you to practise in two of its facilities in the same PEM, on the basis of needs identified in the different geographical areas covered by the establishment.

Finally, if an establishment considers that it has needs exceeding the number of positions allocated to it in the plan, it will be able to apply for a waiver to add a position to its physician resource plan (PEM). The rules concerning waiver applications are available on the FMRQ site: *click on the Positions (PEMs/PREMs) tab, then on Management Rules* fmrq.qc.ca/en/pems-prems/other-specialities/pems-in-an-establishment/management-rules.

RULES CONCERNING RETIREMENT

Beneficial for terminating residents

In March 2021, new rules for managing physician resources in non-FM specialties were announced by the MSSS, following negotiations between the FMSQ and the Ministry. These rules were made retroactive to January 1, 2021. Below we list the rules affecting end-of-career conditions for specialist physicians belonging to the FMSQ, which have the effect, at the same time, of freeing up PEMs, notably for recently terminated residents.

End-of-career management

- Specialist physicians **aged 63** may reduce their practice to 50% in an establishment for two years.
- Specialist physicians **aged 65 and over** may reduce their practice in an establishment for three years by contributing 20% of their usual practice in an establishment (equivalent to 1 day per week).
- Signing on to these terms and conditions is voluntary, and requires the agreement of the head of service/department.
- This measure has the effect of freeing up 1 full-time PEM for a terminating resident or any other physician already in practice.
- Note that physicians taking advantage of the 63-year-old rule (50% of their practice for two years) will subsequently be able to apply for the program offered to those 65 and over (20% of their practice for three years).

RULES CONCERNING RETIREMENT

Retirement

- Practising physicians may confirm their retirement to their establishment **three years** before the date on which their association with the establishment ends. **The overlap with a successor is still only six months, though**.

Early-career practice without PEM

- Newly certified doctors may practise in hospitals with major needs without a PEM for up to two years.
- These positions are often in remote or isolated regions.
- After these two years, it is still possible to continue one's career without a PEM, but for this there is a requirement of 32 weeks (160 days) of practice in a single establishment with major needs.

Moonlighting

- It is still possible for resident doctors with a regular permit in a first specialty to perform moonlighting, but this rule normally holds for regions with major needs (usually where the PEMs are not full).

PROCESS FOR OBTAINING A PEM IN A NON-FM SPECIALTY

- First, make yourself known in the establishment where you are seeking a position. If you have the opportunity ahead of time, include a rotation in the facility;
- Get in touch with the head of department and the deputy director or director of professional services (DPS);
- When you have made your choice, send the appointment notice application form to the Director of Professional Services of the establishment concerned (this form is available from the DPS's office);
- The application will then be evaluated by the Credentials Review Committee, which makes a positive or negative recommendation concerning your application to the Council of Physicians, Dentists and Pharmacists (CPDP), which follows the same procedure with respect to the establishment's Board of Directors;
- If your application is accepted, the establishment's Board of Directors submits an application to fill this position to the MSSS to obtain confirmation that this appointment is in compliance with the establishment's PEM;
- If the MSSS agrees, it issues a notice of compliance with the establishment's physician resource plan (PEM) and forwards it to the establishment;
- The establishment (CISSS, CIUSSS, Institute, etc.) must, as early as possible or within no more than 90 days following receipt of an appointment notice application, send the applicant a written decision setting out his privileges;
- The grounds for any refusal must also be given in writing;
- The physician must confirm his decision and acceptance of his conditions of appointment in writing within 60 days following the notification date in order for his privileges to be validated.

For positions in university settings, candidates must perform a fellowship of at least 3 to 12 months' duration. A second year is possible, but requires justification from the establishment to the Ministry. Note that the medical faculties with which the establishments are linked often require at least a 1-year fellowship to award those positions, owing to the teaching responsibility associated with them. **Some non-university establishments** may also require a fellowship in order to cater to a specific need that will meet the requirements of the population in their territory. Furthermore, **training of 6 months** or less does not require MSSS approval, and is negotiated with the department concerned and the Office of the faculty Associate Dean. For further information on fellowships, and extensions of training, consult the section on that topic on page 16.

TO START YOUR PRACTICE, YOU MUST AT LEAST:

- Have your specialist certification (have passed the Royal College exam);
- Have confirmation of your participation in an ALDO-Quebec information session from the *Collège des médecins du Québec* (CMQ);
- Have your permit to practise;
- Have your proof of malpractice insurance coverage;
- Have paid your annual membership fee (be registered on the CMQ membership roll);
- Have finalized your registration with the Quebec Health Insurance Board (RAMQ) for billing purposes (this may be carried out subsequently, online).

RECRUITMENT IN ANTICIPATION OF A DEPARTURE DURING THE YEAR (retirement or other)

Even when an establishment's PEM is full, a compliance notice may be issued for a recruitment in anticipation of the departure of a physician who has provided written notice of his intention to cease practising in the establishment and whose resignation will take effect within three years. The recruited physician may not, however, take up his duties until six months prior to the departure date of the incumbent doctor.

LOCUMS

The purpose of a locum (temporary replacement) is to enable a doctor to take on the clinical and administrative duties of another physician who holds a PEM, who has to take time away from his or her position (illness, sabbatical leave, maternity, etc.). **This does not constitute a permanent position** for the replacing doctor, who loses his privileges once the locum is over, and has to find another position. It is also possible in an emergency to obtain authorization to practise in an establishment without a position in the PEM. But this measure is valid for no more than three months, and cannot be renewed, barring exceptional circumstances determined by the establishment and accepted by the MSSS.

NETWORK POSITIONS (PROs/PRFs)

Some agreements allowing for positions to be added are associated with a network position. These positions may be used to recruit a specialist physician in the establishment holding a position, or to recruit a specialist physician in another establishment, i.e., an optional network position (known by its French acronym, PRF, for *poste en reseau facultatif*), provided a service agreement has been reached between two establishments. Some establishments have a mandatory network position (PRO, for poste en réseau obligatoire). These positions are generated when a service corridor is created permanently between two establishments (e.g., MUHC and Nunavik).

IMPORTANT

These positions cannot be based on a single individual, and have to demonstrate a commitment from the establishments' entire medical team and their administrations to fulfil the associated undertakings (service corridors).

RESEARCH SCIENTIST POSITIONS

There are certain situations where a doctor can be hired outside the PREM. Research scientists are a case in point. It is, however, necessary in such cases for the candidate to obtain a PEM ahead of time from the establishment where he wishes to practise. When the person concerned has obtained research grants, his position can be recognized by the Ministry as being outside the PREM, for the purpose of hiring other candidates in the department. Research scientists must then sign on to the *Memorandum of understanding concerning the establishment of special pay terms and conditions for research scientists* (*Protocole d'accord concernant la mise en place de modalités de rémunération particulière pour les chercheurs-boursiers*).

In the event of a change in a research scientist's career, he will be able to remain in his facility to practise there even if he withdraws from the *Memorandum of understanding*. He will then be deemed to be surplus to the PEM, the status of which will be corrected upon the departure of a colleague in that specialty. The same rule applies to those with an exclusive practice in palliative care and intra-operative assistance. For further details, please consult the management rules for physician resource plans in specialties (*Règles de gestion des plans d'effectifs médicaux en spécialité*) on the FMRQ website, in the PEMs in SP section.

RETURNING FROM THE REGIONS (three-year rule)

After three years' continuous practice in a remote or isolated region, a physician cannot be refused entry to another region on the grounds that the region's PREM or establishments' PEMs are full. Nevertheless, to obtain a position in a university hospital, he will have to meet the fellowship requirements and receive the agreement of the region's medical faculty. A physician taking advantage of this rule will be able to do so once only, within no more than 12 months from the date on which he left the establishment in the regions. To obtain a position in a new region, he will first have to fill the positions available in the PEMs of the new region where he will be setting up in practice. If all the PEMs in his discipline are full, he will be sent a list of five establishments determined according to Ministry priorities, from among which he may choose. In such cases, the MSSS may authorize the PEM of the establishment concerned to be temporarily exceeded. To obtain the list of remote or designated regions, please email the FMRQ at pem-sp@fmrq.qc.ca.

RECRUITMENT VIA WAIVER

When an establishment's needs warrant, the Director of Professional Services (DPS) may apply for its physician resource plan (PEM) to be exceeded temporarily via waiver. A PEM waiver is an exceptional measure, and requests to that effect have to meet strict criteria: candidate's specific expertise; volume of establishment's activity; waiting lists; development (addition of equipment); stabilization of teams (age of practising physicians); establishment of a service agreement; and, in very rare cases, humanitarian grounds. **The waiver confers a permanent position on the candidate**. The PEM will then have been exceeded, and the next departure in the specialty concerned will not be replaced. Waiver applications are reviewed by the members of the Physician resource management committee for specialties (COGEMS), which includes the *Fédération des médecins spécialistes du Québec* (FMSQ) and the Ministry of Health and Social Services (MSSS). The *Fédération des médecins résidents du Québec* (FMRQ) also sits on COGEMS as an observer.

WATCH OUT FOR VIRTUAL PEMs

If you come across virtual positions, i.e., positions available in the physician resource plan on the Ministry site but that the establishment tells you have already been filled or it has no intention of filling, we advise you to take the following steps:

1) Send in a formal appointment notice application anyway;

2) Wait for the establishment's response;

3) If the response to your application is negative and the letter specifies that the establishment does not intend to recruit for the position allocated by the MSSS, get in touch with the FMRQ so we can investigate the situation and lobby the Ministry to have the position moved elsewhere, as applicable.

WATCH OUT FOR PROFESSIONAL SUICIDE PEMs

Some positions are located in regions where practice in a given specialty is limited, owing to the excessively low quantity and limited diversity of cases, or because the doctor will be practising on his own. These positions are seen as professional suicide, because they could mean the physician is unable to return to practise in another setting owing to loss of expertise, which is known to occur rather quickly in medicine, depending on the conditions. In such cases, the FMRQ recommends that service corridors (network positions) be established instead, to enable candidates for these positions to maintain their knowledge and technical skills, by sharing responsibility for delivering care with the other doctors in the partner hospital department.

PRACTISING EXCLUSIVELY IN AN OFFICE/NO PEM REQUIRED

Practice in an office in specialties other than family medicine is not governed by establishments' physician resource plans (PEMs). Doctors wishing to practise exclusively in an office have no steps to take to obtain a PEM, but in such cases they will be unable to obtain hospital privileges, however limited. This does not prevent them, though, from billing the Quebec Health Insurance Board (RAMQ). We are referring here to working in a private office, not to withdrawing from RAMQ. This option applies to a limited number of specialties, such as dermatology, psychiatry, and rheumatology, among others.

FURTHER TRAINING/FELLOWSHIPS IN QUEBEC

NEW
Obligation to practise for three years on your PEM

Since July 1, 2021, performing a fellowship in Quebec has carried with it a rule whereby the candidate will have to practise for three years in the setting that granted him a position (PEM) in connection with his fellowship. Indeed, a clause to that effect on page 3 of the fellowship application form must be signed by the applicant. In the same perspective, the establishments undertake not to solicit a candidate who already has a commitment with respect to his fellowship/further training for three years following that training.

To obtain a position in a university setting

To obtain a position in a university setting, 3 to 12 months' further training/fellowship is required, but the duration of this training is usually from at least 1 year and up to 3 years, depending on the requirements of the faculty concerned. The purpose of fellowships is to acquire ultraspecialized clinical expertise surpassing the usual requirements of training in the specialty or subspecialty, along with the development of competencies in teaching, research, and evaluation of technology and intervention methods. Any proposed fellowship to be carried out in Quebec required for a position in a university setting must be supported by the recruiting establishment (Director of Professional Services [DPS]) and the medical faculty concerned.

IMPORTANT

- Your fellowship must be carried out in a facility of a university network other than the network where you performed your residency.
- In the case of a fellowship for recruitment in an establishment with university designation, the faculty submitting your application is the one where you will be recruited once the fellowship is completed.
- You may also perform a fellowship in the university network that offered you a position, although usually the practice sites want you to bring different expertise to meet the needs in the team.

Fellowships in specialties paid by RAMQ — in brief

- **Complete the** fellowship application form (available on the FMRQ site under *Positions (PEMs/PREMs)* then *Other specialties*);
- **Before having it signed**, email the form to the Office of the Associate Dean for Postgraduate Medical Education of the faculty concerned for validation and confirmation that everything is complete and in order;
- Once it is validated, **print out the form and obtain the necessary signatures**;
- **In the case of an application for university or non-university recruitment**, the MSSS requires that your PEM be confirmed, and that **your application be accompanied by the letter of confirmation from the DPS for your recruitment and from the Board of Directors of the establishment recruiting you**. Failing this, your application could be denied;
- **In the case of a PEM linked to the retirement** of a physician, a letter from that doctor confirming the effective date of his retirement is required;
- **When you have all the signatures, email the form, in a single PDF file, with the letter and other required documents**;
- **Incomplete applications will not be considered**;
- **Confirmation** of your fellowship will be emailed to you by the MSSS early in March preceding the start of your fellowship;
- **Upon receipt of this positive response**, you will be invited by the Office of the Associate Dean for Postgraduate Medical Education to complete your application for admission online and, as applicable, to forward the documents required for your admission file;
- **The deadline for submitting your application to the Office of the Associate Dean concerned is December 1, 2022, for fellowships starting July 1, 2023. Keep an eye on your emails or consult your Faculty's site for further details**.

Time frame for applications for fellowship positions for July 2023 (2022-2023)

- Deadline for submitting applications to faculties
  December 1, 2022, 23:59
- Review of all applications and transmittal to MSSS by associate deans for postgraduate medical education
  mid-December 2022
- Transmittal of files to MSSS
  December 31, 2022
- Review of files by MSSS and emailing of results to candidates by Ministry
  no later than March 1, 2022
- Start of fellowship
  July 1, 2023

For obtaining a position in a non-university setting/1 year and less than six months
Fellowships for obtaining a position in a non-university setting may be of less than 12 months' duration. They must be supported by a medical faculty, and the candidate must hold a position in a PEM to be able to perform such training in Quebec. In the case of a fellowship for recruitment in a non-university setting, the faculty submitting the application is the one where the candidate will be performing his training, and not the recruiting establishment. Training of less than six months' duration does not require confirmation of a PEM, and is negotiated directly with the faculty authorities (program directors, associate deans). We invite you to consult your Faculty for the rules concerning the process for obtaining such extensions of training.

Time frame for applications for fellowship positions of less than six months' duration

- Deadline for submitting applications to faculties
  February 1, 2023, 23:59
- Meeting of associate deans to review files
  mid-February 2023
- Confirmation of positions to candidates
  March 2023

EXTENSIONS OF TRAINING

Any application for an extension of training other than a fellowship must be sent to the Office of the Associate Dean for Postgraduate Medical Education of the medical faculty where you intend to perform your extension of training and, as applicable, the home medical faculty of the hospital establishment that will be recruiting you when you have completed that extended training. It is not necessary to hold a PEM to be authorized to perform this training, but a position must be available for you in line with the quotas imposed by the MSSS, without exceeding the maximum number of positions authorized in each program, category, and subcategory, as determined by the government decree to that effect.

Exceptions

Extensions of training targeting advanced competency in Emergency Medicine and Adult Critical Care Medicine, and specialized training in Pediatrics whose matching is handled by CaRMS, are not subject to this procedure.

To access the instructions and application form for fellowships and extension of training, you may consult the following sites:

Fédération des médecins résidents du Québec
www.fmrq.qc.ca

University of Montreal
https://medpostdoc.umontreal.ca/etudiants/reglement-et-politiques/poursuites-de-formation-et-demandes-de-formation-complementaires/

McGill University
www.mcgill.ca/pgme/residency-programs/admissions/poursuite-de-formation

Laval University
Email the **Adviser, Postgraduate Medical Education** at gestionempd@fmed.ulaval.ca

University of Sherbrooke
Email **Jean-François Duval**, Co-ordinator of Postgraduate Medical Education, in the Office of the Secretary of the Associate Dean for Postgraduate Medical Education at jean-francois.duval@usherbrooke.ca

No fellowships not paid for by RAMQ may be performed in Quebec

Physicians having done their pre-MD or postgraduate (residency) training in medicine in Quebec who wish to perform a fellowship in Quebec have to obtain a position from among those authorized by the MSSS for which the pay is covered by RAMQ. Failing that, those doctors will have to look for fellowships in another province, the United States, or elsewhere. This rule is contained in the Ministry's Terms and conditions for determining resident physician positions (*Modalités de détermination des postes de résidents en médecine*). It reflects the MSSS's wish that the Quebec government limit fellowships performed in Quebec in line with the population's needs and encourage training outside the system where candidates have already undergone their training. Note, however, that as is the case elsewhere, Quebec establishments may offer fellowships to candidates trained outside Quebec, but without any funding from RAMQ in such cases. Those undertaking such training cannot be hired by a Quebec establishment within three years after completing their extension of training/fellowship. For more information on this topic, email the FMRQ at pem-sp@fmrq.qc.ca.

CAREER IN RESEARCH

Royal College Clinician Investigator Program

Applications for admission to the Royal College of Physicians and Surgeons of Canada (RCPSC) Clinician Investigator Program do not require the DPS's signature or confirmation of a position in a PEM. But they are subject to a specific process, the rules for which vary slightly from one faculty to another. This program offers integrated, structured, rigorous research training during residency, with a view to a career as a clinician investigator. **There are three possible streams or pathways:**

- *Continuous* training pathway, involving 24 months of continuous research starting in the final year of the specialty program (R5 for a 5-year program, R6 for a 6-year program) and running for 1 year after the end of the specialty program;
- *Discontinuous* training pathway, involving research distributed over a 27-month period that can begin from the first year of residency, for resident doctors who already have an MSc or PhD;
- *Fractionated* training pathway, involving 24 months of training in blocks of 3 months or more starting in the second or third year of residency, and one continuous 1-year block after the end of the specialty program.

Research fields do not concern only the traditional aspects of clinical and laboratory-based biomedical research, but also cover such disciplines as the economy, management, social science, and behavioural and information science as they apply to health and disease. Resident doctors successfully completing this program receive **Diploma of Specialized Studies** (*Diplôme d'études spécialisées*) from the university and a Certificate from the Royal College of Physicians and Surgeons of Canada. Candidates have to register in an MSc or PhD program, unless they have already obtained such a degree in the past. Resident doctors are paid normally during the specialty program and during the year of extended training.

Procedure (example)

- Complete the admission form for the RCPSC's Clinician Investigator Program;
- Forward the form and the required documents to the Office of the Associate Dean for Postgraduate Medical Education by the deadline (January 15 for the academic year beginning the following July 1);
- The documents will be sent on to the program concerned;
- The program Admissions Committee will review the application, determine whether it grants an interview, and make its recommendation to the faculty, which will notify the candidate of the decision;
- Required documents for a clinician investigator fellowship application include:
  - a letter of intent;
  - an application form for admission to the Clinician Investigator Program;
  - a letter from the specialty program director;
  - a letter from the professor who undertakes to direct the candidate;
  - a copy of the candidate's up-to-date Canadian Common CV (CCV); and
  - an official transcript of university courses taken, excluding the MD.

For further information, consult the Royal College site at www.royalcollege.ca/rcsite/documents/ibd/clinician_investigator_program_str_e.

***Fonds de recherche du Québec – Santé* (FRQS) research scientists**

Research scientist positions are intended for specialist physicians signing onto the Memorandum of understanding concerning the establishment of special pay terms and conditions for research scientists (*Protocole d'accord concernant la mise en place de modalités de rémunération particulière pour les chercheurs-boursiers*). Any doctor wishing to perform a fellowship to obtain such a position must hold a compliance notice in the establishment where he wishes to practise. Should the doctor withdraw from the *Memorandum of understanding*, he must take a position available in his original specialty or subspecialty. If the PEM is full, he will be considered surplus to the PEM until the next departure of a resource in the same specialty. The deadline for submitting a form is October 14, 2022, at 4 pm, and the annual salary during the training ranges from $60,000 to $85,000. The results are announced in April, and funding is for a maximum of five years.

For full details concerning the **FRQS/MSSS training program for specialty medicine residents with an interest in pursuing a research career**, consult the FRQS site at https://frq.gouv.qc.ca/trouver-un-financement/?fond=sante&programme=bourses-et-stages-de-formation&statut-recherche=autres&date=2023-2024.

FELLOWSHIPS OUTSIDE QUEBEC

The MSSS does not fund fellowships outside Quebec, because doctors on such fellowships do not deliver care to Quebecers during this additional training. Candidates for that type of fellowship must obtain funding through their own devices (establishment where they will be training, hospital department where they intend to return to practise, bursaries from organizations and foundations, bank loans, etc.). Nevertheless, although obtaining a position is not a prerequisite, it is preferable to obtain a PEM prior to your departure confirming that you will be joining an establishment in Quebec. Otherwise, you cannot be guaranteed a position on your return.

Fellowships elsewhere in Canada

Those planning to pursue further training in another province enjoy certain benefits, though. Such training may be paid, either through non-taxable bursaries from the establishment or from funds awarded by the fellowship director. It is also much easier to obtain a permit to practise in the province in question, as Royal College specialist certification is recognized Canada-wide. So you can practise part-time, by moonlighting, and that provides an additional source of funding. Moreover, health insurance coverage for you and your family is much simpler to confirm, as provincial health insurance programs are recognized across Canada, and the school system is more easily accessible for children.

Fellowships in the United States

To perform a fellowship in the United States, you must find out from the Medical Board (College of Physicians) of the state concerned what the requirements are for doctors from outside the United States. If you have to perform medical acts, you will have to make sure you have the permit appropriate to this practice, and the malpractice insurance coverage that will enable you to practise without any concern.

USMLE

The basic exam you must pass to obtain a permit to practise medicine in the United States, the United States Medical Licensing Examination (USMLE) can be required of doctors performing further training in the U.S., but is not mandatory in all states. For more information on the requirements concerning the exam, consult the 2022 Bulletin of Information on the USMLE site at www.usmle.org/sites/default/files/2021-08/2022bulletin.pdf.

To find out the requirements for practising in the U.S. state where you will be performing your fellowship, you may get in touch with the Medical Board (College of Physicians) of the state concerned (see list on the Federation of State Medical Boards website: https://www.fsmb.org/contact-a-state-medical-board/).

Fellowships in France

The procedure for performing a fellowship in France involves steps specific to that country. Training is usually of 3 months' to a maximum of 2 years' duration. The official procedure for obtaining temporary authorization to practise from the French authorities is carried out by the host establishment. No applications from individuals directly to the French authorities are accepted.

The application for the specialist physician's temporary authorization to practise file consists of:

- the commitment to host from the French host establishment;
- a photocopy of his/her ID;
- a copy of his/her training credentials;
- his/her resumé;
- certification from the competent authorities in his/her home country specifying that his/her credentials entitle him/her to practise the specialty in that country;
- his/her fellowship proposal, in which the link with the specialty is stated;
- an extract from his/her criminal record or equivalent document, issued less than three months earlier by a competent authority in his/her home country or country of origin;
- an extract from his/her police record in France;
- certification of successful completion of the French-language test (unless exempted).

For more information, consult *Le fellowship : se former en France* www.cng.sante.fr/procedures-dautorisation-dexercice/venir-exercer-se-former-en-france#:~:text=Le%20Fellowship%20consiste%20%C3%A0%20offrir,mois%20%C3%A0%202%20ans%20maximum.

You may also consult the Social Affairs, Regional World Health and/or Cooperation and Cultural Action Counsellors at the French Consulate General in Montreal or the French Embassy in Ottawa.

Fellowships in other countries

We suggest you initiate matters well ahead of time if you want to perform a fellowship abroad, including the United States. Each venue has different rules. Ideally, you should visit ahead of time, to meet with the fellowship director and the team you would have to work with in the context of your further training. That being said, a growing number of interviews can be conducted via Skype, ZOOM, or other platforms.

For further details, **consult the personal accounts on our website (fmrq.qc.ca/en/postgraduate-training/extension-of-training-other-specialties/outside-quebec/personal-accounts) from colleagues who have completed or are performing fellowships outside Quebec**.

Other aspects to consider

Permit to practise/malpractice insurance

To deliver care in another jurisdiction, you will first have to obtain a permit to practise there. Contact the Medical Board or College of Physicians in the state or country concerned, or the establishment, to find out the requirements in this regard. You will also have to take out malpractice insurance coverage that meets the requirements of the state or country concerned. The medical authorities in the country or the establishment will be able to guide you in this. Unfortunately, the Canadian Medical Protective Association (CMPA) does not cover medical acts performed outside Canada.

Health insurance coverage

Find out from the Quebec Health Insurance Board (RAMQ) whether you will be covered during your stay outside Canada. Although RAMQ's coverage is insufficient, it is still necessary. To cover any additional costs, you can take out health insurance coverage on-site, through the department or establishment where you will be pursuing your training. They can usually include you in the insurance programs in effect for resident doctors or staff physicians on-site, as applicable.

Work visa

You will need a work visa in the country where you perform your fellowship. Make sure you apply in advance to the consulates concerned. Also, if your spouse is to accompany you on your fellowship, make sure they have a visa allowing them to stay there with you beyond the period allowed for a tourist—six months in the USA, for instance. You will have to find out, too, about the rules concerning the possibility of you or your spouse working during this visit. Some countries, such as the U.S., are very strict about this, and a job that does not comply with the rules could lead to your expulsion from the program, and the country.

Home and automobile insurance

To insure your property in the host country, check with your insurance company whether there are comparable firms in the host country, or get in touch with FMSQ subsidiary SOGEMEC Assurances, who offer special services in such cases. You can reach them at 514 350-7070 or 1 800 361 5303, or consult their website at www.sogemec.qc.ca/res/autres/medecin-resident-accueil.html.

Driver's licence

As a general rule, you will also have to obtain a driver's licence from the jurisdiction where you will be pursuing your further training. You could be asked to pass a new driving test. You may check, too, whether obtaining an International Driving Permit (available from the CAA, for example) is sufficient for compliance with the rules in effect where you will be doing your training.

Bank account/power of attorney

You will need a bank account in Quebec to perform transactions toward your host country, especially if your remuneration comes from Quebec and is paid directly into your account here. You are also advised to identify someone close to you to whom you will give power of attorney to manage some of your affairs in Quebec, as necessary.

Alternative funding sources

Funding sources for those pursuing further training outside Quebec include the following:

- Training or research grants
  - Specialist physician associations in Quebec and Canada
  - Canadian Medical Association
  - Royal College of Physicians and Surgeons of Canada (RCPSC)
  - Medical product and equipment companies
  - Specialist physician association foundations
  - Private medical foundations (particularly in connection with research)
  - Quebec health research fund (*Fonds de recherche du Québec – Santé*, or FRQS)
  - Hospitals hosting you (department or other)
  - Canadian Institutes of Health Research (CIHR)
  - Universities
- Grants from the department to which you will be returning after your fellowship
- Bank loans

Some further tips

- Obtain confirmation of your notice of appointment (PEM) before you leave, if possible;
- Plan prior visits to the team with whom you hope to perform your fellowship;
- Take steps to agree on funding sources available here and abroad;
- Acquire certified true copies of your diplomas and other academic documents. You might have to demonstrate that you are a licentiate of the Medical Council of Canada and, in some cases, that you have passed the United States Medical Licensing Examination (USMLE), depending on the requirements of the state concerned;
- Ensure you have an up-to-date passport, and obtain your visitor's visa;
- Obtain your permit to practise from the country or U.S. state concerned;
- Take out malpractice insurance coverage consistent with the requirements of the further training site.

FINANCIAL INCENTIVES IN NON-FM SPECIALTIES ON STARTING OUT IN PRACTICE

Specialist physicians who choose to set up in remote and isolated regions have their remuneration increased. Availability premiums are also offered. In addition, professional development and retention premiums, enhancement bonuses, and establishment and maintenance premiums are awarded by the Ministry. These vary depending on the practice location. The annual maintenance premium cannot exceed the amount of an annual bursary and varies in line with the length of retention, the isolated area in question, and available regional budgets. Each establishment and maintenance premium comes with the obligation for the physician to practise for one year in an area with an insufficient supply of physician resources. Some enjoy additional benefits, such as annual remote area/isolation bonuses depending on the physician's personal situation—spouse, number of children, etc.—home leave expenses, and moving expenses.

Isolated areas

Specialist physicians at all times receive 145% of their basic remuneration for the services they provide in these areas, whether in a context of itinerancy, support, or replacement, in an office, or in an establishment in isolated areas defined as sectors 3, 4 and 5 in Appendix 20 of the Master Agreement, and at the Chibougamau health centre.

Remote areas

A more advantageous increase over the basic remuneration is provided for specialist physicians who practise primarily in an establishment on a regular, ongoing basis in the different territories (as specified in Article 1.2.4 of Appendix 19 of the FMSQ-MSSS Master Agreement). To access this, go to: www.ramq.gouv.qc.ca/fr/professionnels/medecins-specialistes/manuels/Pages/brochure-1.aspx

3. PRACTICE

REGULAR PERMIT

If you are planning to complete your training on June 30 of the current year, you must submit your permit to practise application to the *Collège des médecins du Québec* **no later than May 1, 2023**. The Collège requires applications to be submitted early enough to ensure it is able to issue permits to practise to all terminating residents in time for their start of practice, July 1. This application is completed online.

Steps

Permit application

- Complete the form available at www.inscriptionmed.ca;
- Send the *Collège* all the documents required on the form, along with a cheque for the permit to practise application ($800 in 2022);
- An additional $150 fee is added if you receive a second specialist certificate (Internal Medicine + Cardiology), and if you hold a regular permit in family medicine and obtain a specialist certificate;
- For further details, consult the *Collège* website at www.cmq.org/page/en/grille-tarifs.aspx.

Registration on the Collège membership roll

- You will receive your permit number by email;
- When you have received it, you must complete the notice of assessment form (First registration on the membership roll) available online at www.cmq.org/page/en/premiere-inscription-au-tableau.aspx;
- Include payment (by cheque or credit card) in the amount of the annual membership fee ($1,735.00 as at July 1, 2022). Those registering after July 1 will pay reduced fees. For more information, visit www.cmq.org/page/en/premiere-inscription-au-tableau.aspx;
- Your permit will be forwarded to you no less than one week before the scheduled date for completion of your training;
- In the event you fail the exam, the *Collège* will reimburse you for the payment made to have the permit issued;
- Certificate of professional conduct, where required ($80);
- For any question concerning the permit to practise from the *Collège des médecins du Québec*, **email demandepermis@cmq.org or call 514 933-4253**.

Malpractice insurance

- You absolutely must take out malpractice insurance when you start out in practice;
- To do so, you must get in touch with the Canadian Medical Protective Association (CMPA) via www.cmpa-acpm.ca. Tariffs are established on the basis of your specialty and the region (Quebec-Ontario-Other) where you will be practising;
- The insurance coverage you had during your residency terminates when you have completed your training, but you are still covered for any legal action associated with a medical act performed during your residency, for your entire career.

ALDO-Quebec (mandatory training)

To obtain your permit, you also have to have attended a three-hour ALDO-Quebec training session, given by the *Collège des médecins du Québec*, on the legal, ethical, and organizational aspects of medical practice in Quebec. This training is mandatory for doctors wishing to practise in Quebec. It is available in English and French, and can be taken at any time during residency. It is given twice a month, in the three university cities (Montreal, Quebec City, and Sherbrooke). The cost of this training is $80 (2022). For a list of dates and locations and to register, visit the *Collège* site at www.cmq.org/page/en/activite-aldo-quebec.aspx. You must register at least one month prior to the training activity to avoid additional fees.

Billing

For billing purposes, you must register with the Quebec Health Insurance Board (RAMQ). When you have obtained your permit number, the *Collège* will send that information to RAMQ, which will then send you a letter with a personal identification number (PIN) that you will be able to use to register online for the Board's fee payment services. To complete your registration, you will also have to provide them with a copy of your malpractice insurance certificate.

For those deferring the start of their practice (fellowship or other)

You can obtain your regular permit to practise as soon as you complete your training, if you wish, without registering on the Membership Roll or paying your membership fees, if you do not intend to practise in Quebec immediately. In that case, the only fees you will have to pay will be those associated with obtaining the permit to practise. The permit is paid for only once, at the start of practice.

For further information and to access the forms, go to the *Collège des médecins du Québec* site at www.cmq.org and click on *To Obtain a Permit to Practise*. You may also get in touch with Isabelle Desrochers in the Permits Section of the *Collège* by calling 514 933-4253 or 1 888 MEDECIN, or emailing info@cmq.org

MOONLIGHTING

Moonlighting is reserved for resident doctors holding a first certification for which they can seek a regular permit to practise. **That means R3s in Family Medicine, R5s in Internal Medicine and Pediatrics, and R6s and higher who have completed their residency and are on fellowships**. To obtain their regular permit to practise, eligible resident doctors should apply to the Permits Section of the *Collège des médecins du Québec*.

Resident doctors holding a regular permit who take advantage of this opportunity can perform moonlighting in all Quebec establishments with a PEM that is not full, except the establishment where they are on rotation at that time. This rule stems from the *Act respecting health services and social services*, which stipulates that a doctor cannot have dual status in a healthcare facility. Furthermore, if you perform a fellowship and already hold a PEM in a Quebec healthcare facility, you may perform moonlighting on your own PEM, provided it is in effect before the date on which you ultimately start your practice.

In addition to the permit to practise, you must take out **supplementary malpractice insurance** with the Canadian Medical Protective Association (CMPA) if you perform moonlighting, because the insurance coverage you have for your residency is not valid for moonlighting. You will find information about this on the CMPA site at www.cmpa-acpm.ca (click on the My Membership tab). You will also have to register with the Quebec Health Insurance Board (RAMQ), which you will bill for medical acts performed and other charges, in line with the tariffs in effect for physicians in your specialty and the billing mode agreed upon within the department (fee-for-service, mixed, etc.). For further information on establishments' needs if you are in family medicine, consult the provincial *Centre national Médecins-Québec* (CNMQ) website or call the *Fédération des médecins omnipraticiens du Québec* at 514 878-1911 or 1 800 361-8499 for information concerning locums. If you are training in another specialty, call the *Fédération des médecins spécialistes du Québec* at 514 350-5037 or 1 800 561-0703 for information on the replacement bank.

IMPORTANT

When you have received your permit to practise, you must use this practice number when you perform moonlighting. When you are on rotation, you use your resident doctor registration number (R-XXXXX).

4.

CERTIFICATION EXAMS

FAMILY MEDICINE

For information concerning family medicine exam dates and fees, consult the College of Family Physicians of Canada (CFPC) site at www.cfpc.ca/en/home under *Education & Professional Development/Examinations and Certification*. Keep an eye on the site and your electronic inbox for more information in that regard.

OTHER SPECIALTIES

To find out the deadlines for registering for non-FM specialty exams and forwarding your applications for preliminary assessment or an application for final assessment, go to the Royal College of Physicians and Surgeons of Canada (RCPSC) site at www.rcpsc.ca and click on the Exams tab halfway down the home page. First, you will have to submit to the RCPSC an application for assessment of your postgraduate education. To do so, you must contact the Royal College Credentials Unit at least one year before sitting the exams. Submit your application well before the deadline for your specialty, so as to avoid late payment fees. The assessment usually takes six months, but can take longer, and there are fees associated with it. On the Royal College website (www.rcpsc.ca), click on the Exams tab, then on the appropriate link. The fall 2022 exam schedule is available on the site, and the schedule for 2023 should be up soon.

Exam accommodation

The Royal College will attempt to accommodate candidates with specific requirements for the examination provided that the validity of the examination is maintained. Accommodations will be granted on an individual basis and depend on the nature and extent of the special requirement, documentation provided, and the requirements of the examination. **Applicants who require particular consideration or accommodation at the examination must notify the Office of Specialty Education by November 4, for the spring examinations, or April 15, for the fall exams**. For more information, click on www.royalcollege.ca/rcsite/credentials-exams/exams-accomodations-e, or email examaccommodation@royalcollege.ca.

For access to exam accommodations, candidates must provide the following documents to the Royal College by the registration deadline:

- A signed letter with a description of your need for accommodation and its severity, along with a description of the type of accommodation required;
- Documentation of the accommodations provided by your university or other medical education programs, if you have been granted previous accommodations;
- Supporting documentation from a qualified treating professional confirming the need for accommodation, its severity, your functional limitations and specific recommendations for the accommodation. All supporting documentation must be provided on office letterhead, from your fully licensed practising physician, clinical psychologist, or other appropriate licensed health care provider (the practitioner cannot be a relative or spouse);
- Written confirmation from a qualified professional that your functional limitations are still valid should the supporting documentation be more than two years old.

PREGNANCY LATE IN RESIDENCY AND FINAL EXAMS

Maternity or paternity leave involves extending the residency program by a period of time equivalent to the duration of the leave. In such a case, we suggest you bear in mind the specific rules of the *Collège des médecins du Québec* and the Canadian colleges concerning exam dates for certification in family medicine and other specialties.

Time frame for taking exams

In family medicine, you are eligible to take the exam in the last six months of your training, and the exam is given twice a year.

In other specialties, female resident doctors whose training is to end no later than February 28 may sit the certification exams the previous fall. Those completing their residency no later than December 31 can take the certification exams in spring the same year.

N.B. Please check the Royal College site for potential schedule changes, as some exam dates have been changed in certain CBD programs.

MAINTENANCE OF PROFICIENCY

Since July 1, 2007, Quebec physicians have been required to choose one of the continuing professional development (CPD) programs available to them. The *Collège des médecins du Québec* (CMQ) has set up a self-management plan for this, and offers a user-friendly approach and accessible tools on its site at www.cmq.org, under *Pratiques professionnelles/Formation continue*. Doctors have to inform the Collège of their choice of CPD plan when they renew their annual membership. Once a year, the *Collège* will ask some 3% of its members to provide it with proof of enrolment in a CPD program.

- Specialist physicians can sign up instead for the Royal College of Physicians and Surgeons of Canada plan on the RCPSC site at www.royalcollege.ca/rcsite/cpd/maintenance-of-certification-program-e, under *Continuing Professional Development/The Maintenance of Certification (MOC) Program*;
- Family physicians can sign up for the College of Family Physicians of Canada (CFPC) continuing medical education program by accessing the CFPC's site at www.cfpc.ca and clicking on the *Exams, Education and CPD* tab, or the Self-administered Continuing Professional Development Plan (PADPC) site (padpc.fmoq.org), a CMQ-approved one-stop portal for all FMOQ platforms.

HELPFUL TIP: BEWARE OF PROMISES

Do not count on positions promised by your staff physicians or department heads. Even if these promises are made in good faith, if there is no PEM available in the facility or establishment concerned, you will not have access to the position you seek.

In line with the principles set out in our **Policy for Socially and Ecologically Responsible Action**, *Le Bulletin* de la FMRQ is no longer mailed automatically to all members. An electronic version will be accessible at all times via the mobile app and on the website.

If you do not wish to continue receiving *Le Bulletin* by mail, write us at **bulletin@fmrq.qc.ca**.

5.

REMUNERATION AND BILLING

MODES OF REMUNERATION

Different modes of remuneration have been adopted in Quebec, both in family medicine and in other specialties: **fee-for-service, fixed fee, hourly rate, lump sum, per diem, mixed (fee-for-service + per diem), and salary**. There is also remuneration geared specifically to **research scientists** in specialties. Normally, you will be subject to the remuneration mode in effect in your chosen practice setting. For instance, salary is the mode in effect in CLSCs, while mixed remuneration is seen in certain specialties, depending on the establishment. Make sure that the mode of remuneration in effect in the establishment or clinic you wish to be associated with suits you.

REGISTRATION WITH RAMQ

In order to receive this remuneration, you will have to register with the Quebec Health Insurance Board (RAMQ) as a new biller. When the *Collège des médecins du Québec* grants you your permit to practise, you will receive a note from RAMQ with a personal identification number (PIN) to register online with the RAMQ fee payment department.

If you already hold a regular permit associated with a first certification, you will have to modify your status so you can bill in your subspecialty. You can register or make changes by completing the French-only form available on the RAMQ site at www.ramq.gouv.qc.ca, in the *Services aux professionnels* section. This registration serves to confirm your practice location and your address for correspondence for payment purposes.

FMOQ AND FMSQ MASTER AGREEMENTS

The amounts allocated for family doctors and specialist physicians are established on the basis of the Master Agreements between the Ministry and the *Fédération des médecins omnipraticiens du Québec* (FMOQ) and *Fédération des médecins spécialistes du Québec* (FMSQ), respectively. You may consult the billing guide and all the associated letters of understanding on the RAMQ site: go to *Services aux professionnels*, click on *Médecins omnipraticiens* or *Médecins spécialistes*, and then on *Facturation*.

BILLING AGENCIES

Most practising physicians use the services of billing agencies to help them in this regard. A list of such agencies is available on the RAMQ site, in the section reserved for professionals. You may also consult colleagues in your department, who will be able to advise you on this.

RESEARCH SCIENTISTS IN SPECIALTIES

The conditions of remuneration for research scientists in specialties take into account the average annual remuneration in the research scientist physicians' specialties. This remuneration is equivalent to the percentage of time devoted to research (50% of time devoted to research = 50% of average annual remuneration in the specialty concerned). The doctor can also bill RAMQ for clinical activities on a fee-for-service basis. But the total remuneration that can be received by a physician for his clinical and research activities is limited to 110% of the average for his specialty. For further details, contact the FMSQ by calling 514 350-5000 or 1 800 561-0703, or emailing info@fmsq.org.

MALPRACTICE INSURANCE

Upon completion of your residency, you will cease to be covered by the malpractice insurance included in the FMRQ's collective agreement, so you will have to take out coverage with another organization. Most physicians in Canada are insured by the Canadian Medical Protective Association (CMPA). You can sign up with the CMPA by telephone, fax or email. Registration procedures and forms along with a list of current tariffs for each specialty are to be found on the CMPA site at www.cmpa-acpm.ca, under *Membership*. We suggest you take steps at least one month before the end of your residency, to make sure you are covered as soon as you start your autonomous practice. Note that, while premiums are high, on the basis of risk, particularly in certain specialties, part of this cost is reimbursed by the Quebec Health Insurance Board (RAMQ) under clauses in the FMOQ and FMSQ Master Agreements.

Coverage for acts performed during residency

We remind you that the malpractice insurance you had during your residency will cover you for life for any medical act performed during residency for which legal action is taken against you in the future. Only complaints of an administrative nature filed with the *Collège des médecins du Québec* or a hospital are not covered by this insurance after the end of your residency.

INCORPORATION

Physicians wishing to incorporate their practice are subject to different rules that are explained in the *Guide on Practising the Medical Profession Within a Partnership or a Company*, which is available on the *Collège* site at www.cmq.org, under *Physicians/Practice within a company*. But that guide does not cover the accounting, legal, and fiscal aspects in any depth, in view of the endless variety of situations that can arise. Incorporation offers two main advantages: tax deferral through a corporation, since the tax rate on operating revenues is beneficial; and income splitting, notably payment of a dividend to the spouse and children 18 or over, leading to taxation in a lower bracket. For further information, get in touch with Professionals' Financial and ask to speak with one of the advisors dedicated to young professionals. To contact them, send an email via www.fprofessionnels.com/en/contact-us or call one of the numbers below:

Montreal	514 350-5050 or 1 888 377-7337
Quebec City	418 658-4244 or 1 800 720-4244
Sherbrooke	819 564-0909 or 1 866 564-0909

EXTENDING LIFE, HEALTH, AND DISABILITY INSURANCE COVERAGE

Your group insurance coverage as a resident doctor with Beneva (formerly La Capitale Insurance) **will be deactivated at midnight on your last day of residency**. In order to comply with the *Act respecting prescription drug insurance*, you are **required thereafter to take out insurance coverage with any organization or federation (FMOQ or FMSQ) offering a group insurance plan for which you become eligible**.

For **specialist physicians**, SOGEMEC Assurances offer a group drug insurance program along with life insurance, disability insurance, and office overhead insurance, without proof of good health, if you take out coverage within 180 days after you receive your permit to practise. For further information, call **SOGEMEC Assurances** at 514 350-5070 or 1 800 361-5303. **Family physicians** can take out group insurance through the FMOQ by calling 514 878-1911 or 1 800 361-8499 or emailing info@fmoq.org.

AUTOMOBILE AND HOME INSURANCE

Through our agreement with **TD Insurance**, you enjoy beneficial group rates as well as high-quality home and automobile insurance products. These services can be maintained or modified to suit you once you have completed your residency. For further information, call 514 384-1112 or **1 800 339-1847** or visit their site at www.tdinsurance.com/melochemonnex.

FINANCIAL SERVICES

The banking packages offered by RBC and Desjardins were specially designed to meet your needs during residency, but also in a perspective of continuity for the future. Those of you taking advantage of the package for resident doctors or any other benefit offered by these banking institutions will be able to maintain those services or modify them. To do so, you will have to contact your banking institution directly.

For RBC, call 1 800 80-SANTE (1 800 807-2683). You can also consult their website at www.rbcroyalbank.com/healthcare/en/plans/advantage/index.html.

For Desjardins, call 514 875-4266 or 1 877 875-1118 or consult their website at www.desjardins.com/fmrq.

INCOME TAX

During residency, tax on your income was deducted at source by the employer. But during your first year of practice, you will receive pay from two different sources, owing to your change in status, part as an employee and part self-employed. So you must plan on setting aside an amount to cover the income tax for the second part of this first year of practice, where generally speaking you will be paid on a fee-for-service basis or through a hybrid formula. In addition, new deductions will be added, notably for books and scientific journals, participation in conferences, certification exam fees paid in the final year of training, and so on, and this could reduce your taxable income. In this context, we strongly suggest you call upon specialized resources, who will be able to advise you in this regard.

MATERNITY, PATERNITY, AND ADOPTION LEAVE WHILE IN PRACTICE

When you start out in practice, you will have access through the FMOQ and FMSQ to a maternity leave program with benefits.

For family physicians

Any family physician paid for all or part of his or her practice on a fee-for-service, hourly-rate, fixed-fee or per-diem basis who has been practising for at least 20 weeks under the Quebec health insurance plan for services delivered in Quebec and expects to give birth or adopt is eligible for a maximum of 21 weeks' leave. Different conditions apply for doctors paid on a fixed honorarium. To find out more, you may consult the French-only FMOQ site at www.fmoq.org under *Programme d'allocation de congés de maternité et d'adoption* or the FMOQ Master Agreement on the RAMQ site at www.ramq.gouv.qc.ca: click on *Professionnels/Médecins omnipraticiens/Manuels et guides de facturation* then *Entente générale (Brochure no 1)/Ententes particulières* and scroll down to *Droits parentaux*. If you have any other questions, call the FMOQ at 514 878-1911 or 1 800 361-8499.

For specialist physicians

The FMSQ has offered a parental leave compensation program since 2011. The doctor has to have practised for a minimum of 10 weeks over the 12 months preceding the start of the leave. The benefit payable is applied over a maximum period of 12 weeks for maternity leave and 6 weeks for adoption leave. For more information on the benefits offered to specialist physicians on the birth or adoption of a child, you may get in touch with the FMSQ by calling 514 350-5003 or visit the RAMQ site (*Accord-cadre [Brochure no 1]* at www.ramq.gouv.qc.ca/fr/professionnels/medecins-specialistes/manuels/Pages/brochure-1.aspx and take a look at *Annexe 43*.

Specialist physicians are entitled to a basic weekly benefit equivalent to 67% of their average weekly earnings from practice, up to a maximum of $2,400 per week. For specialist physicians with an active practice in a private office, there is an additional weekly benefit equivalent to 33% of their average weekly earnings from practice in an office, up to a maximum per week of $1,000. This does not apply to resident doctors with a valid R5 or higher training card who hold a regular permit, since they are covered by the terms and conditions of the FMRQ collective agreement through the Quebec Parental Insurance Plan. Information on this is available on our site at www.fmrq.qc.ca and is explained in detail in the Interpretation Guide to the FMRQ-MSSS Collective Agreement.

INFORMATION SOURCES

FMRQ Career Day

The FMRQ holds its Career Day in the fall each year. **In 2022, the event will be held on September 16, at Montreal's *Palais des congrès* convention centre**. All resident doctors are released to attend this medical employment fair, which brings together most Quebec healthcare establishments, with no financial penalty and no penalty with respect to the validity of their current rotation (75%), pursuant to our collective agreement and an arrangement with the Quebec Conference of Associate Deans for Postgraduate Medical Education.

Symposium on PREMs in Family Medicine

The Symposium on PREMs in Family Medicine is a yearly gathering designed to tell R1s about the procedure for obtaining a PREM or PEM. Resident doctors are released for this Federation-wide activity, which is held in the spring.

FMRQ Presentation Tour on positions (PEMs) in specialties

The FMRQ also offers presentations for resident doctors in specialties other than family medicine, in their training sites, on the positions available and the procedure for obtaining a PEM. To confirm a presentation, email Johanne Carrier at pem-sp@fmrq.qc.ca.

Ministry of Health and Social Services (MSSS) **website**

Information on all positions contained in the regional physician resource plans (PREMs) is available at all times on the MSSS website, which is accessible through the FMRQ site at www.fmrq.qc.ca, by clicking on the *Positions (PEMs/PREMs)* tab, then on *Family Medicine* or *Other Specialties*. The information on the MSSS site is updated at the beginning of each month. The five-year plan for non-FM specialties which came into effect in December 2020 is posted on the Ministry website at www.msss.gouv.qc.ca/professionnels/medecine-au-quebec/plans-d-effectifs-medicaux-pem-en-specialite/#postes-disponibles-medecine-specialisee.

***Fédération des médecins résidents du Québec* site**

All information about obtaining a position in Quebec may be found on the FMRQ website at www.fmrq.qc.ca, by clicking on the *Positions (PEMs/PREMs)* tab, then on *Family Medicine* or *Other Specialties*.

Personalized service from the FMRQ

Resident doctors seeking a position or looking for information concerning positions available in Quebec and the process for obtaining a PEM or PREM in their discipline can get in touch with the FMRQ directly, by email.

For positions in family medicine, email Geneviève Coiteux at prem-mf@fmrq.qc.ca;

For positions in other specialties, email Johanne Carrier at pem-sp@fmrq.qc.ca.

LOOKING FOR A PREM/PEM? WANT MORE INFORMATION ON MANAGEMENT RULES?

Consult the Ministry site at www.msss.gouv.qc.ca/PREM.

Positions available in family medicine
www.msss.gouv.qc.ca/professionnels/medecine-au-quebec/prem/places-disponibles-medecine-de-famille

Positions available in other specialties
www.msss.gouv.qc.ca/professionnels/medecine-au-quebec/plans-d-effectifs-medicaux-pem-en-specialite

If you are looking for information on **PREMs/PEMs, locums, fellowships, or waivers**, get in touch with the person responsible for physician resources in your Association, or email the FMRQ at prem-mf@fmrq.qc.ca for family medicine or pem-sp@fmrq.qc.ca for other specialties.

SECTORS AND TERRITORIES FOR BILLING PURPOSES

DIFFERENTIAL PAY FOR SPECIALIST PHYSICIANS			
SECTORS III, IV, V	145%	TERRITORY 3	125%
TERRITORY 5	145%	TERRITORY 2	115%
TERRITORY 4	130%	TERRITORY 1	107%

SECTORS III, IV, V

See those sectors on the map on the following page
(Regions are indicated in French).

TERRITORY 5

Région de l'Abitibi-Témiscamingue.
Région de la Côte-Nord, à l'exception des localités du secteur III des territoires isolés.
Région de la Gaspésie–Îles-de-la-Madeleine.
Localités des secteurs I et II qui ne sont pas comprises dans les territoires isolés précédents, à l'exception du Centre de santé Chibougamau.

TERRITORY 4

Dans la région du Saguenay–Lac-Saint-Jean, le territoire du CLSC Maria-Chapdelaine.
Dans la région du Bas-Saint-Laurent, les territoires de CLSC de Cabano,Saint-Éleuthère, Rimouski-Neigette, La Mitis, Les Basques, Matane et La Matapédia.
Dans la région de l'Outaouais, les territoires de CLSC Pontiac et Des Forestiers.
Dans la région des Laurentides, le territoire de CLSC Antoine-Labelle.
Dans la région de la Mauricie–Centre-du-Québec, le territoire de CLSC Haut-Saint-Maurice, à l'exception des localités de ce territoire comprises dans le secteur II.

TERRITORY 3

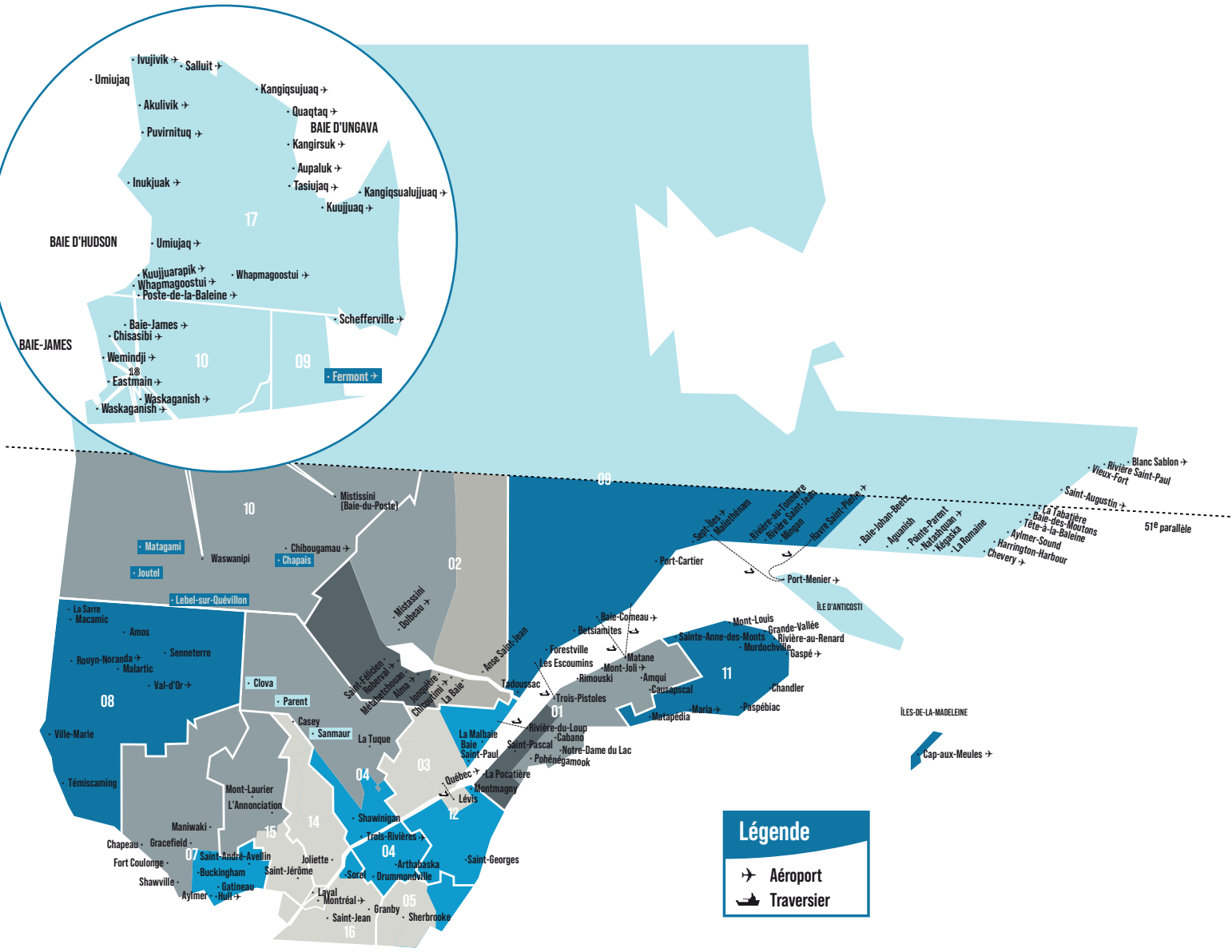
Dans la région du Saguenay–Lac-Saint-Jean, les territoires de CLSC Domaine-du-Roy et Lac-Saint-Jean Est.
Dans la région du Bas-Saint-Laurent, les territoires de CLSC de Kamouraska et de Rivière-du-Loup.

TERRITORY 2

Dans la région du Saguenay–Lac-Saint-Jean, les territoires de CLSC Saguenay, Jonquière, Chicoutimi et Fjord.

TERRITORY 1

Dans la région de la Mauricie–Centre-du-Québec, le territoire du CLSC Haut-Saint-Maurice.
Dans la région de l'Outaouais, les territoires de CLSC Les Collines-de-l'Outaouais, Aylmer, Hull, Gatineau, Vallée-de-la-Lièvre et Petite-Nation.
Dans la région de Québec, les territoires de CLSC Charlevoix-Ouest et Charlevoix-Est.
Dans la région de Chaudière-Appalaches, les territoires de CLSC de Montmagny, L'Islet, Lotbinière, L'Amiante, La Nouvelle-Beauce, Robert-Cliche, Beauce-Sartigan et Lac-Etchemin.
Dans la région de la Montérégie, le territoire de CLSC Bas-Richelieu.
Dans la région de l'Estrie, le territoire CLSC Granit.



REGION N^{0}

01 Bas-Saint-Laurent
02 Saguenay–Lac-Saint-Jean
03 Québec
04 Mauricie–Centre-du-Québec
05 Estrie
06 Montréal-Centre
07 Outaouais
08 Abitibi-Témiscamingue
09 Côte-Nord
10 Nord-du-Québec
11 Gaspésie–Îles-de-la-Madeleine
12 Chaudière-Appalaches
13 Laval
14 Lanaudière
15 Laurentides
16 Montérégie
17 Nunavik
18 Terres-cries-de-la-Baie-James

DIFFERENT REMUNERATION MAP FOR MEDICAL SPECIALISTS

6.

LES ANNEXES
APPENDICES

LISTE DES COLLÈGES ÉMETTANT DES PERMIS D'EXERCICE AU CANADA
CANADIAN REGULATORY AUTHORITIES DISTRIBUTING MEDICAL LICENSES

ALBERTA
College of Physicians and Surgeons of Alberta (CPSA)
2700 - 10020 100 Street N.W.
Edmonton, AB T5J 0N3
T : 780 969-4924
T : 1 800 320-8624 (en Alberta)
registration@cpsa.ab.ca
www.cpsa.ca

COLOMBIE-BRITANNIQUE
College of Physicians and Surgeons of British Columbia (CPSBC)
300 - 669 Howe Street
Vancouver, BC V6C 0B4
T : 604 733-7758
T : 1 800 461-3008
F : 604 733-3503
registration@cpsbc.ca
www.cpsbc.ca

ÎLE-DU-PRINCE-ÉDOUARD
College of Physicians and Surgeons of Prince Edward Island (CPSPEI)
14 Paramount Drive
Charlottetown, PE C1E 0C7
T : 902 566-3861
F : 902 566-3986
cmoyse@cpspei.ca
www.cpspei.ca

MANITOBA
College of Physicians and Surgeons of Manitoba (CPSM)
1000 - 1661 Portage Ave
Winnipeg, MB R3J 3T7
T : 204 774-4344
T : 1 877 774-4344
F : 204 774-0750
cpsm@cpsm.mb.ca
www.cpsm.mb.ca

NOUVEAU-BRUNSWICK
College of Physicians and Surgeons of New Brunswick (CPSNB)
1 Hampton Road, Suite 300
Rothesay, NB E2E 5K8
T : 506 849-5050
T : 1 800 667-4641
F : 506 849-5069
info@cpsnb.org
www.cpsnb.org

NOUVELLE-ÉCOSSE
College of Physicians and Surgeons of Nova Scotia (CPSNS)
Suite 400 – 175 Western Parkway
Bedford, NS B4B 0V1
T : 902 422-5823
T : 1 877 282-7767
F : 902 422-7476
registration@cpsns.ns.ca
www.cpsns.ns.ca

NUNAVUT

Department of Health and Social Services, Government of Nunavut
C.P. 1000, Succ. 200
Iqaluit, Nunavut
X0A 0H0
T : 1 867 975-5700
T : 1 877 212-6638
F : 11 867 975-5705
info@gov.nu.ca
www.gov.nu.ca/health/information/health-professionals-0

ONTARIO

College of Physicians and Surgeons of Ontario (CPSO)
80 College Street
Toronto, ON M5G 2E2
T : 416 967-2600
T : 1 800 268-7096 ext. 617
inquiries@cpso.on.ca
www.cpso.on.ca

QUÉBEC

Collège des médecins du Québec (CMQ)
Bureau 3500
1250, boulevard René-Lévesque Ouest
Montréal (Québec) H3B 0G2
T : 514 933-4441
T : 1 888 MÉDECIN
F : 514 933-3112
info@cmq.org
www.cmq.org

SASKATCHEWAN

College of Physicians and Surgeons of Saskatchewan (CPSS)
101 - 2174 Airport Drive
Saskatoon, SK S7L 6M6
T : 306 244-7355
T : 1 800 667-1668
F : 306 244-7355 (Registration/Licensing)
cpssreg@cps.sk.ca
www.cps.sk.ca

TERRE-NEUVE ET LABRADOR

College of Physicians and Surgeons of Newfoundland (CPSNL) and Labrador
120 Tornbay Road, Suite W100 ST
St. John's, NL A1A 2G8
T : 709 726-8546
F : 709 726-4725
cpsnl@cpsnl.ca
www.cpsnl.ca

TERRITOIRES DU NORD-OUEST

Department of Health and Social Services, Government of the Northwest Territories
Professional Licensing
5015 49th St., 8th Floor
P.O. Box 1320
Yellowknife, NT X1A 2L9
T : 867 767-9053
F : 867 873-0484
professional_licensing@gov.nt.ca
www.hss.gov.nt.ca/professional-licensing

YUKON

Conseil medical du Yukon
Registraire des médecins praticiens
Boîte 2703 C18
Whitehorse, Yukon Y1A 2C6
T : 867 667- 3774
F : 867 393-6483
ymc@gov.yk.ca
www.yukonmedicalcouncil.ca

VOUS CHERCHEZ UN PREM OU UN PEM ?
VOUS VOULEZ PLUS D'INFORMATION SUR LES RÈGLES DE GESTION ?

Consultez le site du ministère à www.msss.gouv.qc.ca/PREM

Postes disponibles en médecine familiale
www.msss.gouv.qc.ca/professionnels/medecine-au-quebec/prem/places-disponibles-medecine-de-famille/

Postes disponibles dans les autres spécialités
www.msss.gouv.qc.ca/professionnels/medecine-au-quebec/prem/postes-disponibles-medecine-specialisee/

LES RESSOURCES ET ORGANISMES EN LIEN AVEC LA PRATIQUE DE LA MÉDECINE
RESOURCES AND ORGANIZATIONS RELATED TO MEDICAL PRACTICE

Association canadienne de protection médicale (ACPM)
***Canadian Medical Protective Association** (CMPA)*
T : 613 725-2000 ou 1 800 267-6522
renseignements@cmpa.org
www.cmpa-acpm.ca

Assurance Beneva
Beneva Insurance
T : 1 800 463-4856
https://www.beneva.ca/fr/regroupement

Collège des médecins du Québec (CMQ)
T : 514 933-4441 ou 1 888 633-3246
info@cmq.org
www.cmq.org
Section des permis
T : 514 933-4253 ou 1 888 633-3246 poste 4253
demandepermis@cmq.org

Collège des médecins de famille du Canada (CMFC)
College of Family Physicians of Canada
T : 905 629-0990 ou 1 800 387-6197
www.cfpc.ca

Collège royal des médecins et chirurgiens du Canada (CRMCC)
***Royal College of Physicians and Surgeons of Canada** (RCPSC)*
T : 613 730-8177 ou 1 800 668-3740
www.royalcollege.ca/rcsite/about/help/contact-f

Départements régionaux de médecine générale (DRMG)
www.fmoq.org/pratique/installation-en-pratique-informatisation/liste-des-chefs-de-drmg/

Fédération des médecins omnipraticiens du Québec (FMOQ)
T : 514 878-1911 ou 1 800 361-8499
info@fmoq.org
www.fmoq.org

Fédération des médecins résidents du Québec (FMRQ)
T : 514 282-0256 ou 1 800 465-0215
info@fmrq.qc.ca
www.fmrq.qc.ca
Mme Geneviève Coiteux, PREM/PEM en MF prem-mf@fmrq.qc.ca
Mme Johanne Carrier, PEM Autres spécialités pem-sp@fmrq.qc.ca

Fédération des médecins spécialistes du Québec (FMSQ)
T : 514 350-5000 ou 1 800 561-0703
info@fmsq.org
www.fmsq.org

Fonds de la recherche du Québec - Santé (FRQS)
T : 514 873-2114 ou 1 888 653-6512
www.frqs.gouv.qc.ca

Groupe Desjardins
T : 514 522-4771 ou 1 877 522-4773
www.desjardins.com/fmrq

Financière des professionnels
Professionals' Financial
Montréal **T :** 514 350-5050 ou 1 800 377-7337
Québec **T :** 418 658-4244 ou 1 800 720-4244
Sherbrooke **T :** 819 564-0909 ou 1 866 564-0909
www.groupefdp.com

Ministère de la Santé et des Services sociaux du Québec (MSSS)
Quebec Ministry of Health and Social Services
www.msss.gouv.qc.ca

RBC
T : 1 800 769-2511
www.rbcbanqueroyale.com/carriere-med

Régie de l'assurance maladie du Québec (RAMQ)
Quebec Health Insurance Board
T : 514 873-3480 ou 418 643-8210 ou 1 800 463-4776 ou 1 800 561-9749
www.ramq.gouv.qc.ca

SOGEMEC Assurances
T : 514 350-5070 ou 1 800 361-5303
www.sogemec.qc.ca

TD Assurance Meloche Monnex
T : 1 877 777-7136
www.MelocheMonnex.com/fmrq

LISTE DES DRMG
LIST OF DRMGs

RÉGION 01

CISSS DU BAS-SAINT-LAURENT
DOCTEUR ÉRIC LAVOIE
Chef du DRMG
288, rue Pierre-Saindon
Rimouski (Québec) G5L 9A8
T : 418 724-5231, poste 413
F : 418 723-1597
eric.lavoie.0105.cisssbsl@ssss.gouv.qc.ca
cc: premiere.ligne.drmg.dsp.cisssbsl@ssss.gouv.qc.ca

RÉGION 02

CISSS DU SAGUENAY-LAC-SAINT-JEAN
DOCTEUR SIMON HÉVEY
Chef du DRMG
305, rue St-Vallier
Chicoutimi (Québec) G7H 5H6
T : 418 637-1414
F : 418 541-1131
simon.hevey.med@ssss.gouv.qc.ca
cc: katia.tousignant@ssss.gouv.qc.ca
elaine.tremblay.siege.social@ssss.gouv.qc.ca
noemie.bedard.agence92@ssss.gouv.qc.ca

RÉGION 03

CIUSSS DE LA CAPITALE-NATIONALE
DOCTEUR JACQUES BOUCHARD
Chef du DRMG
7843, rue des Santolines, local A153.1
Québec (Québec) G1G 0E3
T : 418 821-3200, poste 7550
F : 418 663-5874
jacques.bouchard@videotron.ca
drmg.ciussscn@ssss.gouv.qc.ca

RÉGION 04

CISSS DE LA MAURICIE ET DU CENTRE-DU-QUÉBEC
DOCTEUR PHILIPPE MCNEIL
Chef du DRMG
155, rue Toupin, Casier 3
Trois-Rivières (Québec) G8T 3Z8
T : 819 370-2200, poste 3339
philippe.mcneill@gmf.gouv.qc.ca
julie_millette_energie@ssss.gouv.qc.ca

RÉGION 05

CIUSSS DE L'ESTRIE
DOCTEURE RAYMONDE VAILLANCOURT
Chef du DRMG
Édifice Murray
500, rue Murray
Sherbrooke (Québec) J1G 2K6
T : 819 346-1110, poste 27844
F : 819 829-6278
raymonde.vaillancourt.ciussse-chus@ssss.gouv.qc.ca
drmgestrie.ciussse-chus@ssss.gouv.qc.ca
jessica.evans.ciussse-chus@ssss.gouv.qc.ca

RÉGION 06

CISSS DE MONTRÉAL
DOCTEURE ARIANE MURRAY
Chef du DRMG
1560, rue Sherbrooke Est, local H-3109
Montréal (Québec) H2L 4M1
T : 514 896-3459
F : 514 593-2603
ariane.murray.med@ssss.gouv.qc.ca
drmgmontreal@ssss.gouv.qc.ca

RÉGION 07

CISSS DE L'OUTAOUAIS

DOCTEUR MARCEL GUILBAULT
Chef du DRMG
135, boul. St-Raymond, bureau 1212
Gatineau (Québec) J8Y 6X7
T : 819 966-6200, poste 333719
F : 819 777-0073
marcel_guilbault@ssss.gouv.qc.ca
katherine.rock@ssss.gouv.qc.ca
07_DRMG@ssss.gouv.qc.ca

RÉGION 08

CISSS DE L'ABITIBI-TÉMISCAMINGUE

DOCTEUR JEAN-YVES BOUTET
Chef du DRMG
1, 9e rue
Rouyn-Noranda (Québec) J9X 2A9
T : 819 732-6972
F : 819 732-6977
08.cisssat_recrutement_cmdp@ssss.gouv.qc.ca
mariejosee_leclerc@ssss.gouv.qc.ca

RÉGION 09

CISSS DE LA CÔTE-NORD

DOCTEUR ROGER DUBÉ
Chef du DRMG
635, boul. Jolliet
Baie-Comeau (Québec) G5C 1P1
T : 418 589-3701, poste 302891
F : 418 589-2531
roger.dube.09cisss@ssss.gouv.qc.ca
julie.cote.09cisss@ssss.gouv.qc.ca
09cisssdrmg@ssss.gouv.qc.ca

RÉGION 10

NORD-DU-QUÉBEC

DOCTEUR SERGE BERGERON (par intérim)
Chef du DRMG
312, 3e rue
Chibougamau (Québec) G8P 1N5
T : 418 748-3575, poste 72472
F : 418 748-6739
10_drmg@ssss.gouv.qc.ca
michel_taillefer@ssss.gouv.qc.ca

RÉGION 11

CISSS DE LA GASPÉSIE ET DES ÎLES-DE-LA-MADELEINE

DOCTEUR SYLVAIN DRAPEAU
Chef de DRMG
451, rue Monseigneur-Ross Est
Chandler (Québec) G0C 1K0
T : 418 689-2261
sylvain.drapeau.med@ssss.gouv.qc.ca
denis.bujold.cisssgaspesie@ssss.gouv.qc.ca

RÉGION 12

CISSS DE CHAUDIÈRE-APPALACHES

DOCTEUR MARC-YVES BERGERON
Chef du DRMG
Hôtel-Dieu de Lévis
143, rue Wolfe, bureau 7757
Lévis (Québec) G6V 3W6
T : 418 248-4933
marcy.bergeron@gmf.gouv.qc.ca
france.tanguay@ssss.gouv.qc.ca

RÉGION 13

CISSS DE LAVAL

DOCTEUR JACQUES BLAIS
Chef du DRMG
800, boulevard Chomedey, Tour A
Laval (Québec) H7V 3Y4
T : 450 978-2121, poste 2018
F : 450 978-2100
jblais_reg13@ssss.gouv.qc.ca
smorin_reg13@ssss.gouv.qc.ca
drmg.cissslaval@ssss.gouv.qc.ca

RÉGION 14

CISSS DE LANAUDIÈRE

DOCTEUR HARRY-MAX PROCHETTE
Chef du DRMG
260, rue Lavaltrie Sud
Joliette (Québec) J6E 5X7
T : 450 759-1157, poste 4254
F : 450 759-0598
harry-max.prochette@cssssl.ca
louis.jerome.cyr.cissslan@ssss.gouv.qc.ca

RÉGION 15

CISSS DES LAURENTIDES

DRE GENEVIÈVE GAUTHIER
Chef du DRMG
1, Place de la Gare
Sainte-Eustache (Québec) H7R 2C4
T : 450 473-6811, poste 44482
15-drmg@ssss.gouv.qc.ca

RÉGION 16

CISSS DE LA MONTÉRÉGIE

DOCTEUR MICHEL BRODEUR
Chef du DRMG
1255, rue Beauregard
Longueuil (Québec) J4K 2M3
T : 450 928-6777, poste 14281
F : 450 679-6443
drmg.agence16@ssss.gouv.qc.ca

RÉGION 17

RÉGION DU NUNAVIK

DOCTEURE GENEVIÈVE AUCLAIR
Chef du DRMG
Case postale 900
Kuujjuaq (Québec) J0M 1C0
Centre de santé Inuulitisivik
T : 819 964-2222
T : 1 844 964-2244 (sans frais)
F : 819 964-2338
genevieve.auclair@ssss.gouv.qc.ca
marie-claude.rene@ssss.gouv.qc.ca

RÉGION 18

CISSS TERRES-CRIES-DE-LA-BAIE-JAMES

DOCTEURE CAROLE LAFOREST
Chef du DRMG
Case postale 250
Chisasibi (Québec) J0M 1E0
T : 819 855-9001
F : 819 855-2098
C : 514 231-1462
carole.laforest@ssss.gouv.qc.ca

LISTE DES DSP
LIST OF DPS's

RÉGION 01

BAS-SAINT-LAURENT

CISSS du Bas-Saint-Laurent
355, boul. Saint-Germain Ouest
Rimouski (QC) G5L 3N2

Dr Jean-Christophe Carvalho
Mme Marie-Ève Lavoie
T : 418 722-0939, poste 46170
jean.christophe.carvalho.cisssbsl@ssss.gouv.qc.ca
www.cisss-bsl.gouv.qc.ca

RÉGION 02

SAGUENAY—LAC-SAINT-JEAN

CIUSSS du Saguenay—Lac-Saint-Jean
930, rue Jacques-Cartier Est
Chicoutimi G7H 7K9

Dre Marlène Landry
Mme Annie Tremblay
T : 418 541-1234, poste 2512
marlene.landry.chs@ssss.gouv.qc.ca
annie.dsp.tremblay@ssss.gouv.qc.ca

RÉGION 03

CAPITALE-NATIONALE

CHU de Québec – Université Laval
11, côte du Palais - Aile des Remparts
Québec (QC) G1R 2J6

Dr Stéphane Bergeron
Mme Martine Naud
T : 418 525-4357
stephane.bergeron@chudequebec.ca
martine.naud@chudequebec.ca
www.chudequebec.ca

Institut universitaire de cardiologie et de pneumologie de Québec – Université Laval
2725, chemin Sainte-Foy
Québec (QC) G1V 4G5

Dr Daniel Lefrançois
Mme Marthe Lemieux
T : 418 656-4807
daniel.lefrancois.iucpq@ssss.gouv.qc.ca
marthe.lemieux@ssss.gouv.qc.ca
iucpq.qc.ca/en

CIUSSS de la Capitale-Nationale
2915, avenue du Bourg-Royal
Québec (QC) G1C 3S2

Dre Isabelle Samson
Mme Mélanie Girard
T : 418 266-1019, poste 31028
dsp.ciussscn@ssss.gouv.qc.ca
melanie.girard.ciussscn@ssss.gouv.qc.ca
www.ciusss-capitalenationale.gouv.qc.ca

RÉGION 04

MAURICIE-ET-CENTRE-DU-QUÉBEC

CIUSSS de la Mauricie-et-du-Centre-du-Québec
858, terrasse Turcotte
Trois-Rivières (QC) G9A 5C5

Dre Marianne Lemay
Mme Mélissa Daigle
T : 819 357-2030 x2787
marianne.lemay@ssss.gouv.qc.ca
melissa_daigle@ssss.gouv.qc.ca
www.ciusssmcq.ca

RÉGION 05

ESTRIE

CIUSSS de l'Estrie – Centre hospitalier universitaire de Sherbrooke (CHUS)
500, rue Murray, Sherbrooke J1G 2K6

Dre Colette Bellavance
Mme Mélanie Samson
T : 819 822-7638
T : 819 346-1110 x22503
colette.bellavance.ciussse-chus@ssss.gouv.qc.ca
melanie.camson.ciussse-chus@ssss.gouv.qc.ca
www.santeestrie.qc.ca

RÉGION 06

MONTRÉAL

CIUSSS de l'Ouest-de-l'Île-de-Montréal
160, avenue Stillview
Pointe-Claire (QC) H9R 2Y2

Dre Willine Rozefort
Dre Alvine Fansi
T : 514 630-2225 x5273
willine.rozefort.comtl@ssss.gouv.qc.ca
alvine.fansi.comtl@ssss.gouv.qc.ca
ciusss-ouestmtl.gouv.qc.ca

CIUSSS du Centre-Ouest-de-l'Île-de-Montréal
3755, chemin de la Côte Sainte-Catherine
Bureau A-142
Montréal (QC) H3T 1E2

Dre Louise Miner
Mme Zineb Dahbi
T : 514 340-8222 x26707
lminer@jgh.mcgill.ca
zineb.dahbi.ccomtl@ssss.gouv.qc.ca
ciusss-centreouestmtl.gouv.qc.ca

CIUSSS du Centre-Sud-de-l'Île-de-Montréal
Hôpital Notre-Dame
F1133, Pavillon Deschamps
1560, Sherbrooke Est
Montréal (QC) H2L 4M1
Dre Julie Lajeunesse
Mme Nathalie Roberge
T : 514 413-8777 x27012
julie.lajeunesse.ccsmtl@ssss.gouv.qc.ca
nathalie.roberge.ccsmtl@ssss.gouv.qc.ca
ciusss-centresudmtl.gouv.qc.ca

CIUSSS du Nord-de-l'Île-de-Montréal
555, boulevard Gouin Ouest
Montréal (QC) H3L 1K5

Dre Josée Savoie
T : 514 338-2222 x13800
Mme Véronique Levasseur
josee.savoie.hsc@ssss.gouv.qc.ca
veronique.levasseur.cnmtl@ssss.gouv.qc.ca
ciusss-nordmtl.gouv.qc.ca

CIUSSS de l'Est-de-l'Île-de-Montréal
5415, boulevard de l'Assomption
Montréal (QC) H1T 2M4

Dre Martine Leblanc
Mme Mélanie Lajoie
T : 514 252-3453
martine.leblanc.cemtl@ssss.gouv.qc.ca
melanie.lajoie.hmr@ssss.gouv.qc.ca
ciusss-estmtl.gouv.qc.ca

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Centre médical Cardiogenix, Montréal (Québec)

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Toute l'équipe de Cardiogenix a joué un rôle déterminant pour s'assurer que je suis à mon meilleur. Avoir un horaire aussi chargé et partir en tournée signifie que tous les problèmes doivent être diagnostiqués et traités aussi tôt et efficacement que possible. Ils sont disponibles pour moi chaque fois que j'en ai besoin : en personne, au téléphone ou par courriel. C'est excellent pour mon bien-être et ma paix d'esprit.

Sugar Sammy, humoriste

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Terry DiMonte, animateur, CHOM 97,7 FM

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Après avoir travaillé 15 ans aux urgences du Centre hospitalier de St. Mary à traiter des milliers de patients atteints de problèmes cardiaques et de cancer, la frustration du Dr Ashok Oommen grandissait. Il savait qu'un grand nombre de ces patients gravement malades auraient pu éviter ce destin si, des années auparavant, ils avaient pu bénéficier d'un niveau de soins que les médecins de famille du système de santé canadien ne peuvent simplement pas offrir. « Dans le système de santé québécois, un médecin de famille qui maintient un cabinet de plus de 1 500 patients est inévitablement pressé; pour connaître véritablement votre patient et offrir les meilleurs soins, vous devez passer suffisamment de temps ensemble », une réalité qui a motivé le Dr Oommen à ouvrir le Centre médical Cardiogenix, une clinique impressionnante qui offre tous les services et qui est située sur Décarie, près du métro De La Savane. Depuis 17 ans, le nombre de patients de chaque médecin est limité, et les patients demeurent avec leur médecin aussi longtemps que nécessaire. « Les deux aptitudes les plus importantes pour un médecin sont l'écoute et l'observation. « Les patients ont besoin de temps pour discuter non seulement de leurs symptômes, mais de ce qui se passe dans leur vie.

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