LE BULLETIN

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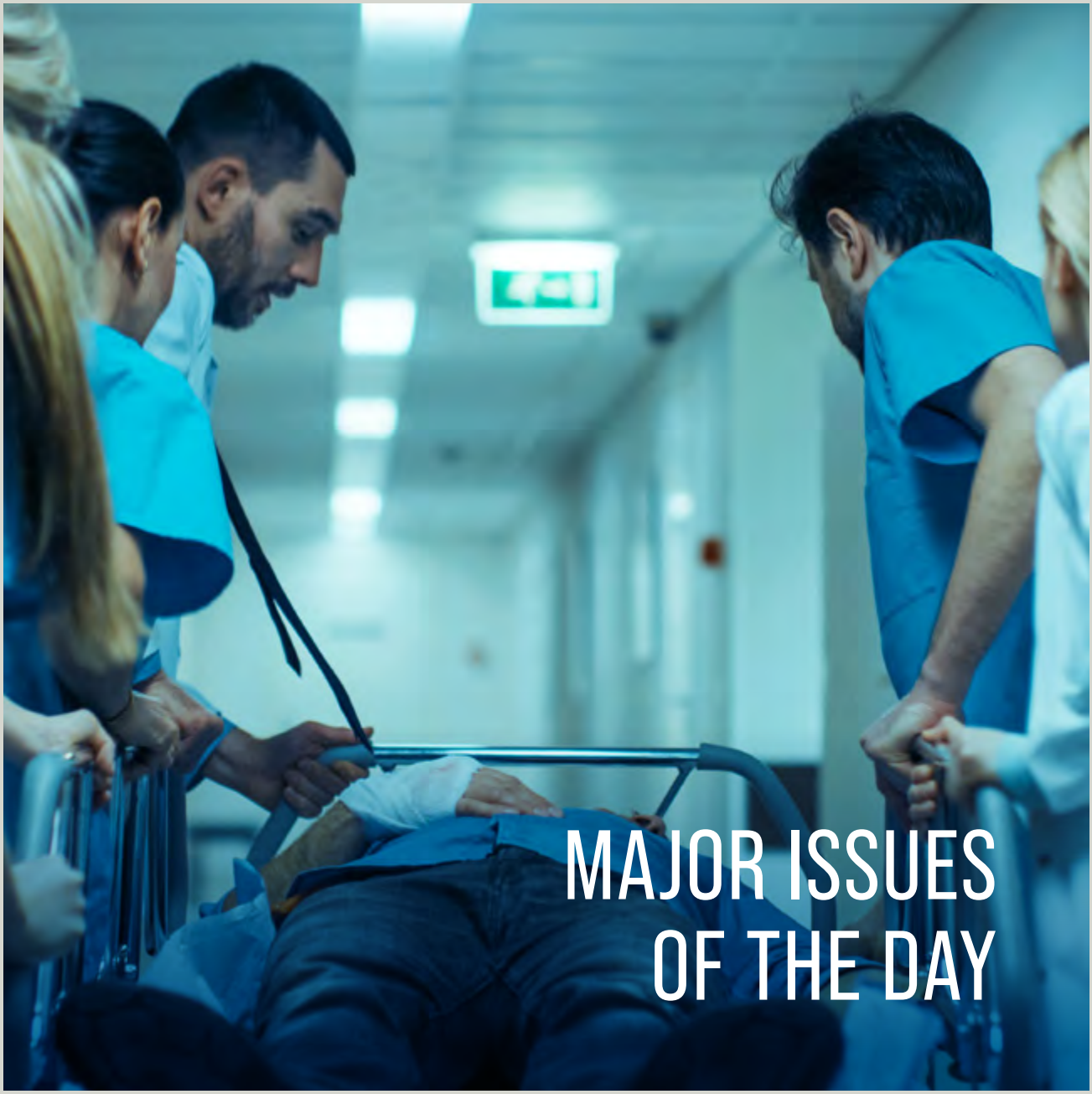

MAJOR ISSUES OF THE DAY

FÉDÉRATION DES MÉDECINS RÉSIDENTS DU QUÉBEC

AVAILABLE POSITIONS

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Johanne Carrier, Editor | Triade Marketing, Graphic Design

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OUR FEDERATION ACTIVE ON MANY FRONTS

Dear Colleagues,

The second half of 2023-2024 is already well under way, and I hope it proves stimulating and rewarding for you both personally and professionally.

As you know, we will be continuing to focus on several important issues over the coming months, negotiations for renewal of our collective agreement prominent among them. We have been meeting with Ministry of Health and Social Services (MSSS) representatives since November 2022, when we tabled our detailed demands. Unfortunately, discussions have mostly been long-drawn-out, despite our insistence on speeding up the process so as to reach a new agreement. You will all no doubt have followed developments in the negotiations with the other public sector unions, which required strong job pressure tactics, including strike action, before the government decided to move. Let us hope we will not have to go to such extremes ourselves! That will depend on the attitude and positions expressed by the MSSS representatives over the coming weeks. We will be updating you as the discussions evolve, in particular through INFO NEGO emails.

We are also keeping a close watch on current developments at the College of Family Physicians of Canada (CFPC) with respect to their controversial proposal to extend the duration of training in family medicine. That their proposal is far from receiving unanimous support was confirmed by the CFPC membership in November 2023, when 91% of the 2,775 physicians qualified to vote at the general assembly voted against this initiative. The FMRQ is against the CFPC's wish, because the official goals behind this proposal are not set out completely transparently, far less based on independent scientific evidence. So we are continuing our approaches to the medical faculties, *Collège des médecins du Québec*, and Quebec government in an attempt to avoid another botched episode of pedagogical change—as has been the case with the Royal College's Competence by Design (CBD) for other specialties since 2017—whereas Quebec already offers opportunities for extensions of residency in family medicine that are in line with the needs of both residents and the Quebec population.

Unfortunately, the CBD pedagogical approach continues to generate anxiety among our members, and we are monitoring the issue closely, taking part in the summits organized by the Royal College of Physicians and Surgeons of Canada (RCPSC) with a view to implementing CBD 2.0. The avowed aim is to respond more effectively to the concerns expressed for some years now by resident doctors. There is nothing to indicate that this will happen, though, to judge by the recent discussions with the RCPSC and the proposals they have put forward. But we continue to lobby in the hope of finally being able to make CBD into something positive for our members, after more than six years of adverse impact with no pedagogical benefit.

Members' health and wellness are of course a constant core concern for us, and in that context this Bulletin has an item on sentinel residents, trained to identify colleagues in distress and guide them to the services available to them. I invite you to read the interview we conducted on that topic with the vice-presidents for wellness of the four resident doctor associations who provide follow-up on this issue: Dr Mélissa Zarandi-Nowroozi (AMRM), whose program has been in place for several years, and Drs Kimberly Wong (ARM), Audrey St-Cyr (AMReS), and Frédérique Bouchard (AMReS).

Another issue is Bill 15—*An Act to make the health and social services system more effective*—adopted through closure by the National Assembly on December 13, 2023. Several steps remain before the most significant changes take place, including the establishment of the centralized agency, Santé Québec. We are maintaining a watch in that regard to ensure that resident doctors and physicians who will be starting out in practice in the next few years are not adversely affected.

Finally, other matters will be requiring our attention over the months to come, and we will be able to tell you about them in detail, through issues of this Bulletin or INFO FMRQ, via email, or on our mobile app. As always, feel free to get in touch with us whenever necessary.

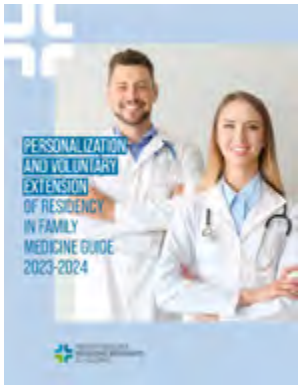
Cédric Lacombe, M.D.
President

1.

THIRD YEAR OF FAMILY MEDICINE ON LIFE SUPPORT... BUT FOR HOW LONG!

On November 1, 2023, 2,775 voting members of the College of Family Physicians of Canada (CFPC) voted 91% in favour of a resolution calling for the immediate suspension of the proposal to implement a third year of postgraduate education in family medicine, and in favour of establishing an independent review committee to draw up recommendations and decide on next steps, following an evidence-based approach. The CFPC indicated, albeit reluctantly, that it would review its position in the coming months. It did not, however, confirm that it was dropping the original proposal. Now, instead of adding a third year of postgraduate family medicine training, it is talking of updating the family medicine curriculum over a three-year period!

Now, instead of adding a third year of postgraduate family medicine training, it is talking of updating the family medicine curriculum over a three-year period!



So the FMRQ will continue lobbying as to the pointlessness of adding a mandatory year of postgraduate education in family medicine, particularly in Quebec, where advanced training is already offered to terminating residents, after their two years of training, if they are interested. Indeed, the Federation released back in November 2022 a *Personalization and Voluntary Extension of Residency in Family Medicine Guide*, updated yearly, presenting the different options for advanced training available to those completing their family medicine residency.

The issue of the third year in family medicine has been back in the news every 10 years or so since 1999, with the CFPC's latest offensive starting in 2018-2019. Initially to be launched in 2027, the mandatory third year of postgraduate education has been the subject of much debate, lobbying by various organizations, surveys, and several other actions, both for and against this proposal. Since then, to put forward its opposition to a mandatory third year of residency, the FMRQ has met with the *Collège des médecins du Québec* leadership, and key people in the Quebec Ministry of Health and Social Services (MSSS), released the findings of a poll conducted in 2020 on Quebec resident doctors, and taken part in the work of different committees to put forward the Federation's position, both in Quebec and Canada-wide.

The issue of the third year in family medicine has been back in the news every 10 years or so since 1999.

It is important to be aware that although the CFPC has been promoting this third year for several years now, no information is available as to the intended content of the curriculum, for this third year. That's rather worrisome! Are they simply seeking to benefit from the contribution of resident physicians ready to undertake autonomous practice for an additional year and thus bring them to take part in the teaching component with respect to their junior colleagues? Does the CFPC want to establish this third year to foster the more generalist practice of family medicine? Behind this recommendation is there a salary issue for staff physicians whose duration of training could affect their pay outside Quebec? Nothing is clear here.

THIRD YEAR OF FAMILY MEDICINE ON LIFE SUPPORT... BUT FOR HOW LONG!

In our view, keeping doctors in postgraduate training in family medicine for an additional, third year would be aimed solely at creating a contingent of lower-paid physicians who would contribute to training their peers in the 1st and 2nd year of training, in short, to feeding the teaching pyramid and relieving practising physicians of certain responsibilities. The FMRQ therefore continues to prefer practitioners' choice of performing additional training from several months' to a year's duration, in an area of their choice, in line with the needs of their future practice site, while enabling those who feel ready to start their practice to do so after two years of residency. There is no scientifically based evidence to show that two-year training is inadequate.

In 2004, when a third year of family medicine residency had been the topic of widespread discussion, and an item on all committees' agendas for more than five years, the Federation published an issue of its *Bulletin* setting out its position on that third year. This position also came in the wake of a survey of members in family medicine training and those who had completed their residency in that specialty in the previous two years. At the time, the three solutions for meeting the needs identified by the CFPC were: (1) returning to the rotating internship; (2) adding a mandatory third year of postgraduate education; and (3) establishing a rural medicine program. From that point, the Federation took a position in favour of updating the two-year curriculum, but not extending it. The FMRQ had in fact spoken out in 1999 against adding a third year of residency. The arguments put forward at that time by the Federation included the following:

- Family medicine is primary care medicine;
- The current two-year training of family physicians meets the requirements of the CMQ and the CFPC;
- Training and practice methods give preference to group practice and working in multidisciplinary teams;
- It would be better to enhance the existing curriculum instead;
- Additional training already exists;
- Excellent continuing medical education programs already exist.

In 2004, three medical faculties—University of Montreal, McGill University, and Laval University—were in favour of adding a mandatory third year of training. The University of Sherbrooke alone continued to advocate for enhancing the two-year curriculum. The proposal adopted by the FMRQ in 2004 reflected on every point the current position, 20 or even 25 years later, when one considers that discussions kicked off in 1999, after the original idea was put forward of increasing the duration of postgraduate education in family medicine from two to three years. Here are the recommendations made by the FMRQ in 2004.

FMRQ recommendations concerning the 3rd year of family medicine residency as put forward in 2004

- That postdoctoral training in family medicine be maintained at two years;
- That an optional extension (optional rotations) of no more than six months be possible and made more accessible for medical residents requesting it;
- That existing further training concerning a subspecialty recognized by the College of Family Physicians of Canada be maintained (e.g., emergency, palliative care, care for the elderly);
- That the family medicine program curriculum be revised to foster a closer link between training and practice itself, by offering:
  - a greater choice of optional rotations;
  - greater exposure to emergency services;
  - a larger number of rotations in the regions;
- That the objectives of the predoctoral curriculum be reviewed and targeted (e.g., musculoskeletal system, pharmacology);
- That emphasis be placed on self-learning and continuing medical training;
- That training programs favour rotations in establishments where family practitioners play a central role in management of care;
- That those completing their family medicine residency benefit from peer support (mentoring) early in practice.

In 2020, the FMRQ conducted a new survey on the CFPC's unchanged desire to take another look at their idea of a mandatory third year of training in family medicine. After checking with its membership, the FMRQ maintained its position. Here are the 10 recommendations made by the Federation following this poll.

FMRQ recommendations as put forward in 2020

- That the addition of at least three months of non-mandatory optional rotations after the 24 months of training be more accessible and that the procedure be less complex for all resident doctors.
- That the variety and availability of those rotations not be limited because of existing Enhanced Skills programs, as they play a different role.
- That the FMRQ and the Family Medicine programs publicize additional training programs, including Enhanced Skills programs, and more particularly the MSSS's customized extension of training program.
- That a mandatory 3rd year not be currently implemented, as there are not sufficient arguments to warrant it in view of the logistical challenges it would involve and the divided opinions of resident doctors and the medical faculties.
- That a mandatory 3rd year be the subject of periodic consultations as the complexity of medicine and family physicians' role evolve, as well as the population's needs.
- That the Family Medicine programs promote flexible residency through more numerous optional rotations and customized days toward the end of residency.
- That resident doctors' wellness be fostered through compliance with the collective agreement, social activities, and a balanced schedule including time devoted exclusively to administrative tasks.
- That greater value be attached to the profession of teaching physician, so as to foster a pleasant atmosphere conducive to fair, helpful supervision.
- That management training be better integrated into the programs, covering among other things the non-medical aspects of starting out in practice, and billing.
- That the programs increase exposure in less well-mastered domains of care, namely, Emergency, Acute Care, Pediatric Follow-up, Peri-natal Care, Health of Populations at Risk, and Locomotor System.

Clearly, all has not yet been written on this issue, and much debate is still ahead in family medicine training sites. The FMRQ, like several other bodies including those mentioned in this article, will be keeping on the pressure to avoid having this third year of mandatory postgraduate education come into being before... 2027 at the earliest, as long as this proposal is not evidence-based, has unclear goals, and leaves the impression of a hidden agenda from the CFPC.

2.

COMPETENCE BY DESIGN 2.0 – STILL A LONG WAY TO GO

After many years of closely following the impact of the implementation of Competence by Design (CBD) in non-family medicine specialty programs, the FMRQ continues to lobby to enhance the quality of its members' teaching, while CBD will soon be fully deployed. In fact, initiated with resident doctors of the 2017-2018 Anesthesiology and Otolaryngology/Head and Neck Surgery cohort, CBD is now more than six years old, and many unresolved problems remain, generated by this pedagogical approach. We have therefore forwarded the findings of our surveys and other consultations of FMRQ members, whether enrolled in CBD programs or not, to all the organizations involved in this matter since 2018. After all these years, the Royal College of Physicians and Surgeons of Canada (RSPSC) has finally decided to invest in implementing changes aimed at enhancing the CBD experience, for both teaching physicians and resident doctors, through a consultation of key players in this area.

While the FMRQ remains as critical as ever of this pedagogical approach that lacks any real scientific basis, and our position is based on the numerous studies carried out over the past six years with regard to resident doctors in training, under and not under CBD, it has taken part in the CBD 1.0 review exercise to put forward its members' vision and to try and guide those responsible for the next iteration of CBD toward changes that will really make a positive difference in the lives of residents, and not just for teaching physicians and the faculty authorities.

In the following pages, we present a status report, along with some extracts from the document the FMRQ sent the CBD Steering Committee on January 8, 2024, in response to a paper entitled *Evolution of Competence by Design (CBD): Call to Action – Options for Change PROPOSAL –Draft 1 – November 20, 2023*. In drafting that paper, the Steering Committee wished to propose tangible improvements to meet the demands of the parties involved in this matter. The intention was laudable, and the Federation was pleased to see that the Royal College, more than six years after it began implementing its CBD approach, recognizes that CBD has several serious structural problems that require major changes to be made. Unfortunately, the outcome of the Steering Committee's reflection after CBD Summit 2 was far from responding to the concerns of learners, i.e., Quebec's resident physicians and those from other provinces belonging to Resident Doctors of Canada (RDoC).

CALLING FOR AN IMMEDIATE END TO THE OBSESSION WITH EPAS

In fact, the Royal College's paper offers no guarantee that the number of EPAs will be revised downward, or that more flexibility will be allowed with regard to the EPAs to be completed before finishing residency. "The wish to contribute to increasing frequency of feedback and coaching is expressed, but no guarantees are given as to the outcome.

Finally, the proposal offers no guarantees for protecting residents who fall victim to CBD failures for reasons beyond their control and who will continue to be threatened by the competence committees and programs or will be prevented from sitting exams or be forced to extend their residency if they do not complete all the EPAs."

"The wish to contribute to increasing frequency of feedback and coaching is expressed, but no guarantees are given as to the outcome. Finally, the proposal offers no guarantees for protecting residents who fall victim to CBD failures for reasons beyond their control (...)"

The proposal currently under review is a step in the right direction, but does not address the structural problem of CBD, namely, *chasing after EPAs*, a burden borne by resident doctors, who have to take on the identification, learning, assessment, and follow-up on the learning of competencies, throughout residency. "A revamping of CBD has to make it possible to find a better balance in the residency learning system. Calling for an immediate end to chasing after EPAs!" The FMRQ stressed that "it has to be acknowledged that the programs and each faculty member have the authority and primary responsibility to establish the best modalities for learning, to identify learning opportunities in conjunction with learners, and to carry out their assessment and provide feedback for each competency which a physician in postgraduate education has to acquire. Residents' role has to be to contribute to planning their training, in conjunction with their teaching physicians, then to place themselves in a position of learning their specialty, and learning from their experiences, and not of bearing on their own shoulders the entire burden of their learning."

The proposal under review is a step in the right direction, but does not address the structural problem of CBD, namely, *chasing after EPAs*.

CALLING FOR AN IMMEDIATE REDUCTION IN THE NUMBER OF EPAS

The number of EPAs also has to be reduced. Many express their frustration with the excessive number of EPAs, and with EPAs that are needless or inapplicable in their training sites, unachievable for lack of clinical exposure, incomprehensible because they are not geared to their needs, that are not representative of their future practice, or that have to be redone at the subspecialty level, particularly for those going through the Internal Medicine core curriculum. In our view, a revamping of CBD has to help the specialty committees determine what an EPA is and to require them to demonstrate that their EPAs follow the original objectives, and to revise downward, where necessary, not only the number of EPAs (within the meaning generally given to EPA observation), as the CBD Steering Committee proposes, but also the number of EPAs within the meaning of entrustable professional activities (list of activities) involving competencies to be assessed under CBD, particularly for core curriculum programs followed by a subspecialty. So action is required on both these factors.

Many express their frustration with the excessive number of EPAs, and with EPAs that are needless or inapplicable, unachievable, incomprehensible, and not representative of future practice.

TOWARD A PEDAGOGICAL REFORM WITH MORE FREQUENT FEEDBACK AND COACHING – PUTTING AN END TO THE "COUNTING" COMPETENCY-BASED APPROACH

Also, with respect to CBD's role in increasing feedback and coaching in training sites, the objective can be seen to be far from achieved. In that regard, a study released by the FMRQ in August 2023 confirmed that resident doctors in training under CBD receive the least feedback. In fact, the findings of our survey show that 82.1% of residents under CBD always or often work with supervising physicians, as against 90.4% and 82.6% respectively for those not subject to CBD or in family medicine, who say they have more contact with their supervisors. Members in training in CBD programs also say they receive less supervision and coaching from their staff physicians (73.2%), whereas those not under CBD (82.4%) and in family medicine (82%) indicate a higher level of satisfaction in that regard.

Resident physicians in training under CBD receive the least feedback (*Pedagogical Interaction Between Supervising Physicians and Resident Doctors in Quebec* – August 2023)

In our view, "it is wrong to believe that the CBD developed by the Royal College can both lead to contributing to significantly increasing feedback and coaching and at the same time be used as the central tool for assessing progression of resident doctors. This dual role integrated into CBD (...) is not applicable on a day-to-day basis. (...) We also note that the residents consulted refuse to embark on the dangerous game of having to record their failures for learning purposes in order to increase feedback opportunities. (...) Finally, spontaneous verbal feedback (...) is not valued under CBD. In view of this observation, the (...) stakeholders should rethink this system, and probably put an end to this dual role for EPAs. It is time to do away with the 'accounting' approach to competency, and to propose a reform that will contribute directly to enhancing the pedagogical experience and quality of postgraduate medical education." We believe that by "separating learning and assessment of the basic competencies sought in doctors in each specialty, we will be able to review and even increase the quantity and quality of feedback observed prior to CBD, particularly if the structures put in place are used to maximize feedback and coaching."

"It is time to do away with the 'accounting' approach to competency, and to propose a reform that will contribute directly to enhancing the pedagogical experience and quality of postgraduate medical education."

"A CBD 2.0 in line with resident doctors' priorities must turn EPAs into a basic list of competencies which residents have to learn to master, under supervision, and obtain the necessary feedback and coaching from their staff physicians in order to attain professional autonomy, and not a list of competencies to be demonstrated at any cost by means of observations and written assessments on an ongoing basis, in order to justify progression, as is currently the case."

ELIMINATING THE NEGATIVE IMPACT OF CBD ON PROGRESSION DURING RESIDENCY

In its comments in response to the Royal College, the FMRQ stressed the importance of taking all aspects of training into account, and not just EPAs, to assess candidates' competencies. "The Royal College's insistence on maintaining the guideline whereby residents have to demonstrate all the competencies during their residency is certainly not a step toward the flexibility residents are looking for in a CBD reform. (…) "Requiring of everybody that they complete 100% of EPAs is unrealistic, especially when those who have to complete them do not have the necessary control to attain that objective. Nor should we forget that residency is merely one part of the professional development of doctors, who will be continuing to develop their competencies, even after residency, on an ongoing basis."

The FMRQ goes even further in its recommendations to the Royal College. "If residents are not sufficiently exposed to an 'entrusted' competency and do not have the opportunity to demonstrate their skills/competence owing to a lack of clinical exposure that is beyond their control, they should not be held responsible, and should not be deemed not to have completed those EPAs. In other words, lack of exposure does not equal failure." (…) "Residents should not be penalized when staff physicians have not corroborated everything by completing their part of the training contract under CBD, i.e., by not completing their assessment section in the portfolio." Thus, EPAs submitted should never have an expiry date and be deleted. They should be taken into account, and considered to have been successfully completed, even if the teaching physician has not commented on the EPAs in the portfolio. In fact, "if all the rotations have been successfully completed within the prescribed timeframe, throughout residency, the resident doctors should be entitled to sit their exam and start their practice, even if all their EPAs were not completed."

"Residents should not be penalized when staff physicians have not corroborated everything by completing their part of the training contract under CBD, i.e., by not completing their assessment section in the portfolio."

CONCLUSION

In conclusion, the FMRQ remains somewhat bewildered by the direction taken by the CBD Steering Committee in drawing up its proposal and recommendations. The Committee appears to give priority to the importance of documenting the assessment of competencies, rather than to enhancing the competency acquisition process, particularly through feedback. The FMRQ trusts that this position is not motivated by the Royal College's belief that it may one day be able to access the assessments collected by the competence committees (…). The Federation will never agree to the disclosure of this personal information, belonging to resident doctors and the universities alone, along with Quebec's medical faculties no doubt.

It has to be noted that the CBD Steering Committee's current proposal is far from responding to the issues raised by Quebec's resident doctors. The proposals submitted appear to be no more than concessions in response to demands made by the programs responsible for implementing CBD, primarily constituting steps toward insufficient cosmetic changes aimed at preserving or returning to the original version of CBD, while offering greater pedagogical flexibility to the programs in order to counter the rigidity of CBD 1.0. In that regard, it would no doubt be more appropriate to describe the Royal College's proposal as a step back toward an approach we could call a "counting approach, or CBD 0.75."

"For the FMRQ, it is time the Royal College acknowledged the challenges faced by resident doctors and seriously considered their demands and constructive proposals. (…) they want to work in a safe learning environment, be properly supervised, receive the feedback and coaching necessary to progress, and benefit from an effective continuous quality improvement process where (…) effective communication processes are in place. And above all, they want assessment standards and processes to be focussed on the principles of sound, tested pedagogical design that is viable in the long term, for all the groups involved in postgraduate medical education (…), something which CBD in its present form is not providing."

The next meeting of the committee charged with reviewing the Royal College's recommendations is scheduled for March 20, 2024. A matter to be followed in the circumstances, about which we will update you if there are any significant changes in the coming months.

"For the FMRQ, it is time the Royal College acknowledged the challenges faced by resident doctors and seriously considered their demands and constructive proposals."

3.

ASSISTANCE FOR UNIVERSITY AFFAIRS

While your residency may run smoothly, you could nevertheless face certain difficulties and need help. The FMRQ accompanies resident doctors who call upon its expertise, notably with respect to regulations and recourse vis-à-vis the medical faculties, whether for university-related difficulties (failed rotation, probation, recommendation of exclusion, program or site change), management of psychological harassment/bullying complaints, or any other situation that has or is likely to have a negative impact on their path during residency.

Not only are these services free of charge, being covered by your union dues, but above all they are confidential. Members contacting us can count on sound expertise concerning the university regulations in effect in each medical faculty, and that enables us to advise them on the steps to be taken so they can achieve their personal and professional goals, in complete confidence.

For any university-related concerns, feel free to get in touch with Stéphanie Chevance, FMRQ Co ordinator, Assistance for University Affairs. More than 100 resident doctors use her services each year. Note also that, as required, when problems are associated with manifestations of psychological harassment/bullying or intimidation, for instance, Ms Chevance is supported by other Federation staff members, including Union Affairs Co ordinator, Marie-Anik Laplante.

TABLE 1: TYPES OF PROBLEMS RAISED IN 2022-2023

Rotation assessment (comprehensive, EPAs, failed rotation, validity of rotation)	32
Exclusion	12
Training site change	4
Program change/university transfer	10
Probation/FLEX/Remediation/Targeted learning rotation (STAC)	10
Harassment/Relationship problems	12
Sick leave and return to residency	11
Certification exam	7
Rotation grid modification/Extension of training	9
CaRMS match problems	5
Abandoning residency/Reflection on career choice	10
Total number of requests in 2022-2023	**122**

To help you gauge more accurately the scope of the FMRQ's action with respect to university affairs, here are some notes on the various types of requests dealt with by this sector.

ROTATION ASSESSMENTS AND EPAS

If you receive an unfavourable assessment or you are concerned about your mid-rotation assessment, you could contact the FMRQ's Co-ordinator, University Affairs to:

- discuss your situation and receive advice concerning the impact this assessment could have on your path;
- obtain information concerning the university regulations in effect in your faculty;
- receive guidance in drafting your written defence or to prepare and rehearse your arguments prior to a meeting with the faculty authorities.

The dispute process is institutionalized, and its terms and conditions are set out in each faculty's regulations, policies, and procedures. Depending on your university, there are different rules as to whether or not you can contest a rotation assessment or EPA. For instance, you may contest in writing (form, letter of defence) or orally, and are then invited to express yourself in front of the members of the committee reviewing your request. Deadlines for contesting assessments vary from one university to another, and the contestation may be reviewed by a program or faculty committee.

Without signing up for a dispute process, you could also contact us when you receive your mid-rotation assessment or if you feel the pedagogical relationship during a rotation is not the best or appropriate, or if you have questions concerning the validity of a rotation.

SUCCESS SUPPORT PLAN, FLEX, PROBATION, REMEDIATION CONTRACT/PLAN

When residency is not going as well as expected, your program or faculty may propose or impose on you a:

- support plan, targeted learning rotation, or STAC (in family medicine), or remediation plan (CBD programs) at the University of Montreal;
- success support plan, extra-curricular rotation, or probation at Laval University;
- FLEX (*focussed learning experience*), remediation with probation, or probation for misconduct at McGill University;
- remediation contract/plan (with or without warning) at the University of Sherbrooke.

These decisions may include pedagogical measures. Depending on the university, it is sometimes possible to contest:

- the remediation measure or what is placing you in a remediation situation, such as a failed rotation (or assessment beneath expectations), or a progression status sheet: "unable to progress" (*n'arrive pas à progresser*, Laval University) or "needs a remediation plan" (University of Montreal);
- the nature of the remediation measure: location, duration, type of rotation, academic measures;
- the decision at the end of the remediation period: we invite you to give the FMRQ's University Affairs Co-ordinator a status report, whether or not the decision can be contested. Once again, there are university rules specifically governing these decisions, and it is important to understand every aspect of them.

EXCLUSION

As with assessments or probation/remediation measures, the exclusion process is governed by rules. Generally speaking, before your program recommends exclusion, you should be invited to share your observations concerning your path. If the decision is maintained, you will often be able to contest the exclusion decision before the faculty committee, or directly before the faculty dean (University of Sherbrooke).

Once again, we invite you to get in touch with the FMRQ. Thus, in light of your path, we will be able to advise you, tell you about the process for contesting decisions, and help you in drafting the application to contest the decision and the letter of defence, and in preparing for the meetings with program or faculty committee members.

INTIMIDATION AND PSYCHOLOGICAL HARASSMENT/BULLYING

The FMRQ has ZERO TOLERANCE for psychological harassment (bullying). The first thing to do if you believe you are the victim of psychological harassment is to:

- make detailed notes of the events (dates, locations, individuals involved, words spoken, gestures made, emails exchanged, etc.).
- get in touch with the Co-ordinator, Assistance for University Affairs, who will take down the details of the situation and will then be able to advise you. As both the university and the employer undertake to provide you with an environment free from intimidation or harassment/bullying, the Union Affairs Co-ordinator could also be involved, when necessary.

OTHER UNIVERSITY-RELATED TOPICS: ROTATION GRID, RETURNING FROM SICK LEAVE, EXAMS, MEETINGS WITH YOUR PROGRAM DIRECTOR

Among other factors that should prompt you to get in touch with the FMRQ are program or UFMG changes, or university transfers, rotations and rotation grids, returning to residency following sick leave, unpaid leave, duration of training, or the certification exam. For any university-related question, whether listed above or not, feel free to contact us.

In short, you always stand to gain by consulting us in order to gain a better understanding of your rights, regardless of whether or not you decide to assert those rights. We always recommend that you get in touch with us before asserting your rights, to make sure you have the best possible chance of success by following an approach that most closely reflects your interests.

Assistance for University Affairs
Stéphanie Chevance, Co-ordinator
schevance@fmrq.qc.ca

4.

RESIDENT DOCTOR HEALTH AND WELLNESS

BECOME A SENTINEL RESIDENT

Resident doctors' health and wellness is an FMRQ priority. After setting up a Resident Wellness Committee (*Comité du bien-être des résidents*, or CBER) in 2001, the Federation worked hard to ensure a healthy environment for its members, conducive to learning medicine, free from intimidation and bullying, targeting sound mental health. Over time, several activities were organized: Resident Doctor Day; the Health and Wellness Tour, targeting first members, then teaching physicians, to raise training sites' awareness of the difficulties experienced by residents; and the Excelsior Awards, to reward members who often work in the shadow for their colleagues' wellness. A number of other activities were also organized by the FMRQ and the affiliated associations. For several years now, a sentinel resident program has been working its way through healthcare establishment corridors, largely piloted by CBER members. In the following pages, we hope to raise your awareness of this service, whose shape may vary from one faculty to another. We thank the members of the CBER for collaborating on this article.

Dr Mélissa Zarandi-Nowroozi, Vice-President for Wellness, AMRM

First we interviewed Dr Mélissa Zarandi-Nowroozi, Vice-President for Wellness with the *Association des médecins résidents de Montréal* (AMRM). The sentinel resident program has been in place more formally in the University of Montreal medical faculty for five years, and is the program's "dean." The concept existed previously, but not in an organized format. Today, it is the AMRM's Vice-President for Wellness who leads the sentinel resident network in the faculty. Dr Zarandi-Nowroozi notes an increase each year in the number of candidates who have taken the training offered by the Quebec Physicians' Health Program (QPHP). Last year, the AMRM had 50 sentinel residents, while so far it has 60 for 2023-2024.

The recruitment process consists of an email sent out to all members in July-August, inviting them to join the network. Candidates have to provide a letter or note describing themselves in one paragraph, indicate positions held since they began their training, and state their motivation in enrolling as sentinel residents. The majority renew their participation from year to year. How are sentinel residents identified on a day-to-day basis? At the University of Montreal, they wear buttons identifying them as belonging to the network. A directory containing the names of the sentinel residents is available for AMRM members, as well. Also, sentinel residents are invited to 6-7 virtual meetings a year, and activities are organized for members at different times of year, including Halloween, Christmas, Valentine's Day, and Easter.

All sentinel residents at the University of Montreal receive training through the Quebec Physicians' Health Program (QPHP). The three-hour training is provided by two QPHP physician advisors, and is aimed at equipping participants as first responders with respect to a peer experiencing a difficult situation. They will learn to screen their colleagues who are likely to need help, offer them psychological first aid as required, and guide them to available resources. There is a presentation on the role of sentinel residents and what is expected of them, along with workshops where participants take part in role-playing, taking on the role of the resident doctor in distress and the sentinel resident.

Dr Zarandi-Nowroozi notes that one third of the members of this network were already there last year, another third were trained in September, and the final third in January 2024. The training is funded by the AMRM, which also has a budget allocated to specific activities that is managed by the Vice-President for Wellness. She emphasizes that participation in the program is on a voluntary basis. Sentinel residents are also required to complete an information report and record their actions. This means entering the name of the sentinel resident, date, type of intervention, level of severity of the intervention, and support provided. A report on the activities or presentations is also required. This information is used by the Vice-President for Wellness to provide follow-up, but no data analysis is performed. Dr Zarandi-Nowroozi notes that each residency program is also required to provide 12 hours of "wellness" activities per year. These can be resident doctor initiatives distinct from faculty activities.

Sentinel residents' role

The AMRM posts a document describing the role of sentinel residents on its website, along with the names and contact information of their collaborators in that network. It describes four aspects of sentinel residents' work: first responder, support person, helping guide the person to the appropriate resource, within their limits. It also provides a partial list of reasons why a member could call upon a sentinel resident.

THE OTHER ASSOCIATIONS HAVE SINCE COME ON BOARD

Dr Kimberly Wong, Vice-President for Wellness, ARM

At the Association of Residents of McGill (ARM), Dr Kimberly Wong, Vice-President for Wellness, is responsible for developing the sentinel resident program in training sites at the McGill University Faculty of Medicine. She notes that the program is to be launched soon, and the ARM will shortly be getting in touch with its members, seeking their contribution to the project. She emphasizes that some programs in the faculty are in favour of this type of action, but that much work remains to be done. Dr Wong confirms support from the Postgraduate Medical Education Office in this project, which it sees as an academic activity. There is also a possibility that the training might be included in the calculation of validity of rotations, in view of the value of the project. This year, the ARM has planned to train 16 sentinel residents. She stresses that this is a project for and by residents, and that, in her view, makes the project even more important and timely.

Dr Audrey St-Cyr, Vice-President for Wellness, AMReQ

The *Association des médecins résidents de Québec* (AMReQ) is into its second year of recruitment for the sentinel resident program, which now numbers 37 volunteers. Of the 16 who were in the first cohort, 15 have stayed on this year, and others have joined the group. Dr Audrey St-Cyr, AMReQ Vice-President for Wellness, ensures follow-up on this matter within the Association. She notes that the program is also promoted early in the year, via a newsletter, and on the Association's Facebook and Instagram pages. Members register and introduce themselves by means of a Google Form. She stresses that members are highly motivated, and want to help their peers. If there are several applicants per program, they try to distribute them fairly. But recruitment in surgical programs is harder, she says. Training is given by the QPHP, and has been subsidized for the past two years by the Student Aid Service (*Service d'aide aux étudiants et étudiantes*). Several activities are organized during the year, and a meeting with volunteers is held halfway through the year, to report on requests for help and difficulties raised. Dr St-Cyr mentions that the QPHP is available when necessary. The AMReQ posts a directory of its sentinel residents on its website. Dr St-Cyr very much hopes the sentinel resident program will mean, in addition to peer support in the medium and long term, that future staff physicians who have taken part as residents will have a heightened awareness of resident doctors' needs and be alert to the difficulties associated with residency.

Dr Frédérique Bouchard, Vice-President for Wellness, AMReS

The *Association des médecins résidents de Sherbrooke* (AMReS) does not yet have a network of sentinel residents. Dr Frédérique Bouchard, the Association's VP for Wellness, notes than in the Faculty there is a group of sentinel students whose training is provided by the QPHP. Training costs are covered by the Faculty, and resident doctors may take part in the training. She points out that the Student Aid Office (*Bureau d'aide à la vie étudiante*) offers numerous services to residents, too, but also to people training in other health sector occupations. Promotion of training for sentinel residents is word of mouth. Dr Bouchard would really like to make the training more accessible to AMReS members, but for the moment this type of activity is managed by the Faculty and not the Association. She is delighted, though, at the availability of the different services in place for resident doctors.

Conclusion

Steps are currently under way on the Resident Wellness Committee (CBER) to try and determine the needs of sentinel residents in each affiliated association and maximize the scope of the action, and eventually to reduce training costs. It is also planned to identify sentinel residents more visibly, by means of a button or distinctive lanyard.

Resident Wellness Committee (CBER)

Dr Mélissa Zarandi-Nowroozi (AMRM)
Dr Kimberly Wong (ARM)
Dr Audrey St-Cyr (AMReQ)
Dr Frédérique Bouchard (AMReS)
Sylvain Schetagne, Director, Research and Socio-political Action, FMRQ, responsible for the CBER

NEW EMPLOYEE ASSISTANCE PROGRAM (EAP)

Since July 2023, the FMRQ has offered its members a new Employee Assistance Program (EAP), stemming from our partnership with Beneva insurance company, which also provides Federation members' group insurance coverage.

The EAP offers assistance and support to all FMRQ members and their dependants who are covered by the Beneva-FMRQ drug insurance plan. You may contact the EAP with respect to trouble at work, health problems, or for personal, conjugal, addiction, family, anxiety, burnout, depression, or other problems.

The Employee Assistance Program set up for the Federation by Beneva includes consultations by telephone, online, or in an office, 24/7 confidential assistance, and access to a digital platform with videos, articles, and podcasts on health and wellness-related topics. Each member is entitled to a total of 12 hours per year for the overall assistance and support services.

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- Help for parents / 3 hrs
- Legal assistance or financial advice / 1 hr
- Crisis intervention / unlimited

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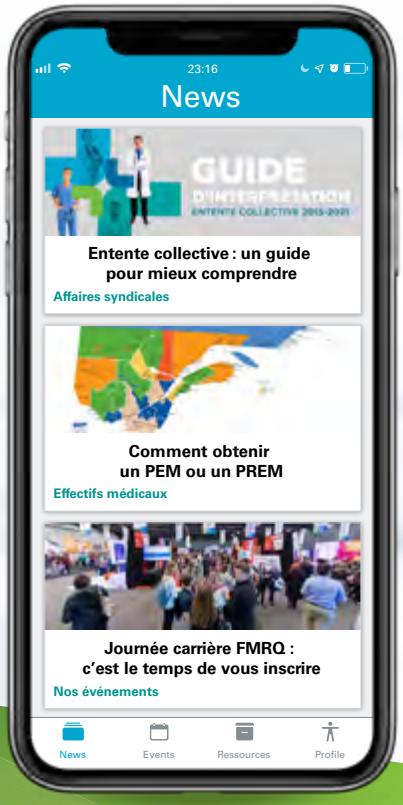

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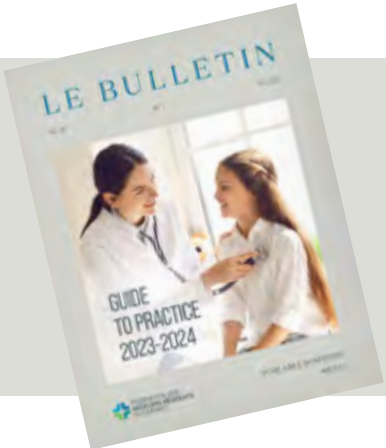
5.

IMPACT OF THE ADOPTION OF BILL 15 – OVERVIEW

On December 9, 2023, Quebec's National Assembly invoked closure to adopt *An Act to make the health and social services system more effective* (Bill 15). The wording of the new statute was not available at press time, but some elements were confirmed following the Parliamentary Committee hearings.

One important point raised when we appeared before the Parliamentary Committee was the withdrawal of sections whereby resident doctors could be forced to practise in regions or establishments determined by the Ministry, as a condition of starting residency, a kind of "military service." These sections were first amended, and finally withdrawn. Other provisions of the new Act have now come into effect, though.

So, specialist physicians working exclusively in offices (psychiatry, rheumatology, dermatology, etc.) will now be called upon to perform specific medical activities (AMPs), just like family physicians. The rules concerning this requirement will be negotiated with each specialist physician association through the *Fédération des médecins spécialistes du Québec* (FMSQ), depending on the needs of the population. An article that recently appeared in a major daily newspaper indicated that psychiatrists, for instance, could have to do 12 hours a week in a hospital setting or the equivalent in number of weeks in a remote region. But nothing has been confirmed yet. Minister Dubé wants to see *Santé Québec* established, as a new structure bringing together all Quebec establishments, so that it is operational as early as fall 2024. We will be updating you in the coming months on any details that could have an impact on your future practice or even your training.



In line with our Policy for Socially and Ecologically Responsible Action, the *Bulletin* is no longer automatically mailed out to members. An electronic version is available at all times via the FMRQ's mobile app and on our website.

If you no longer wish to receive the Bulletin by mail, please let us know via the FMRQ's mobile app. To do so, click on the **Resources** tab at the bottom of the screen, then on ***Bulletin*, a theme-based publication designed for you**, then on **I no longer wish to receive the *Bulletin* by mail**.

6.

FEDERATION-WIDE ACTIVITIES

Each year, the Federation puts on activities and events to inform its members about its services, the positions available in the different regions of Quebec, and the process for obtaining a PREM in family medicine, and stages a scientific conference on family medicine practice. Here are some details on each of them.

R1 WELCOMING DAY

In July each year, the FMRQ puts on an evening for new resident doctors, to welcome them into the organization, but also to present to them the services offered by the Federation during residency. This evening also gives R1s a chance to get together again with those alongside whom they studied as medical students, over dinner and dancing. The 2023 edition was attended by 621 resident doctors.

FMRQ CAREER DAY

For close to 30 years, in early fall, the FMRQ has organized a Career Day, a medical employment fair where its members have the opportunity to meet, under one roof, with representatives of 100 or so healthcare establishments, hospitals, medical clinics, and other medical practice sites. The Quebec Ministry of Health and Social Services (MSSS), *Fédération des médecins omnipraticiens du Québec* (FMOQ), and *Fédération des médecins spécialistes du Québec* (FMSQ) also take part in this Day. Each year, the event draws 850-900 resident doctors from across Quebec, who are released from their clinical duties to come and meet with the recruiting organizations.

SYMPOSIUM ON PREMS IN FM

Obtaining a PREM in family medicine is a complex, headache-inducing process for the resident doctors in that discipline, but the process has been continuously improving for several years now. In fact, on the strength of the FMRQ's lobbying of the Ministry of Health and Social Services and the FMOQ, the terms and conditions for obtaining a position in family medicine have been geared to the needs of the upcoming generation of doctors. This year, for instance, applicants were able to choose two administrative regions where they wanted to set up in practice, and two local service networks (*réseaux locaux de service*, or RLSs) for each of those regions. This change was in line with members' expectations, and other enhancements are planned in the next few years to facilitate those terminating residents' access to the positions they are hoping for.

7.

FROM RESIDENCY TO PRACTICE/ FMRQ INFORMATION TOURS AND SECTORAL COMMITTEES

FMRQ INFORMATION TOURS – UFMG/HEALTH AND WELLNESS/ PEMS IN OTHER SPECIALTIES

Each year, the FMRQ organizes activities to inform its members about different aspects of residency and autonomous practice. If you have never heard about these tours, feel free to get in touch with us by emailing info@fmrq.qc.ca for further information or to ask for a meeting.

UFMG TOUR

Originally established in 2011 to reach resident doctors in family medicine units in remote regions, the UFMG Tour now aims to meet with each training site over a three-year period. The goal of this Tour for the FMRQ is to gather members' comments concerning their needs with respect to training, work and learning conditions, and difficulties encountered in their sites, while telling them about the services offered by the Federation.

The issues most frequently raised at these meetings concern compliance with the collective agreement, clinical exposure, work schedules, leave requests, theory classes, atmosphere in the different training sites, rotation assessments, learning opportunities, equitable application of rules, intimidation and harassment/bullying, certification exams, regional physician resource plans/physician resource plans/specific medical activities (PREMs/ PEMs/AMPs), starting out in practice, family medicine residency program accreditation, rotation content, additional training, and such topical subjects as the CFPC's proposal to add a third year to the family medicine program.

Academic Affairs Committee – Family Medicine (CAP-MF)

Director responsible
Dr Alexis Charron

Vice-presidents and deputy vice-presidents for Academic Affairs – Family Medicine
Dr Amélia Lamontagne, VP, AMRM
Dr Thomas Larente, Deputy VP, AMRM
Dr Kristina Ma, VP, ARM
Dr Justin Foo, Deputy VP, ARM
Dr Ines Gargya, VP, AMReQ
Dr Jeanne Lemay, Deputy VP, AMReQ
Dr Florence Viens, VP, AMReS
Dr Alicia St-Denis-Lacombe, Deputy VP, AMReS

Co-ordinator, Family Medicine
Geneviève Coiteux

TOUR ON PEMS IN NON-FM SPECIALTIES

The Tour on PEMs in non-family medicine specialties is carried out yearly, notably to inform members of the ins and outs of seeking a position. Initiated 15 years or so ago, the meetings brought together groups of members in medical specialties and subspecialties, and surgical and laboratory specialties. Since the pandemic, we have moved toward virtual presentations, which allow us to reach a larger number of participants and provide more training, while focussing on presentations to one specialty at a time. This responsibility falls to the members of the FMRQ's Physician Resource Planning Committee (CPEM). If you would like to have this presentation in your program, feel free to let us know by emailing pem-sp@fmrq.qc.ca.

Physician Resource Planning Committee (CPEM)

Committee Chair and FMRQ VP
Dr Alex Vignola

Vice-presidents for Physician Resources
Dr Emmanuel Bebawi, AMRM
Dr Philippe Cadieux, ARM
Dr Guillaume Dumais-Lévesque, AMReQ
Dr Darya Seyed-Jalaledin, AMReS

Director responsible for CPEM
Johanne Carrier

Union Affairs Committee (CAS)

Director responsible for Union Affairs
Dr Ziyu Xiao

Vice-presidents for Union Affairs
Dr Claudia Minato, VP, AMRM
Dr Elise Girouard-Chantal, VP, ARM
Dr Gabrielle Jolicoeur, VP, AMReQ
Dr Liav Lugassy, VP, AMReS

Co-ordinator, Union Affairs
Marie-Anik Laplante

HEALTH AND WELLNESS TOUR

The FMRQ's Health and Wellness Tour kicked off some 15 years ago. To begin with, CBER members met with resident doctors to tell them about the FMRQ's health and wellness services and our activities with respect to intimidation and psychological harassment/bullying, among other things. Today, the Tour has taken on a new look, targeting instead meetings with teaching physicians, to address with them the difficulties experienced by some residents and seek faculty co-operation in creating training sites more conducive to learning.

Resident Wellness Committee (CBER)

Committee Chair and FMRQ VP
Dr Alex Vignola

Vice-presidents for Wellness
Dr Mélissa Zarandi-Nowroozi, AMRM
Dr Kimberly Wong, ARM
Dr Audrey St-Cyr, AMReQ
Dr Frédérique Bouchard, AMReS

Director responsible for CBER
Sylvain Schetagne

Two other FMRQ sectoral committees look after defending your rights. While they do not make regular information tours, they contribute to making your needs and expectations known on various committees and to the authorities concerned.

UNION AFFAIRS COMMITTEE (CAS)

CAS members listen to members' needs in the field, and report situations that violate the collective agreement, so that we can take action to have adjustments made and ensure compliance with the agreement. They make sure that the daily reality matches the provisions of the collective agreement.

ACADEMIC AFFAIRS COMMITTEE – SPECIALTIES (CAP-S)

CAP-S members maintain a constant watch on issues associated with the quality of postgraduate education and university affairs in specialties other than family medicine. They engage in matters affecting their work and learning conditions on a daily basis. They represent the FMRQ on different Quebec and Canada-wide bodies involved in training, including the *Collège des médecins du Québec* (CMQ), Royal College of Physicians and Surgeons of Canada (RCPSC), medical faculties and so on, which govern or influence residency training. Thus, they take part in the work of several external committees, and develop the content of FMRQ proposals or positions on any predominantly academic/pedagogical topic, at the Quebec level and across Canada. Members defend the FMRQ's positions on all the bodies on which they participate, on different matters, including Competence by Design, certification exams, and the development and updating of general standards of accreditation. Finally, they are also called upon to take part in accreditation surveys of postgraduate education programs and sites in Quebec's four medical schools as surveyor residents, accompanied by CMQ, CFPC, and RCPSC representatives.

Academic Affairs Committee – Specialties (CAP-S)

Director responsible for Academic Affairs –– Specialties
Dr Kenza Achtoutal

Vice-presidents and deputy vice-presidents for Academic Affairs – Specialties
Dr Richard Godoy, VP, AMRM
Dr Dominique Parent, Deputy VP, AMRM
Dr André Lametti, VP, ARM
Dr Rami Habib, Deputy VP, ARM
Dr Laurie Marchand, VP, AMReQ
Dr Sarah Labrosse, Deputy VP, AMReQ
Dr Benjamin Poirier-Mailhot, VP, AMReS
Dr Pier-Anne Gaulin, VP, CBD, AMReS

Co-ordinator, Academic Affairs – Specialties
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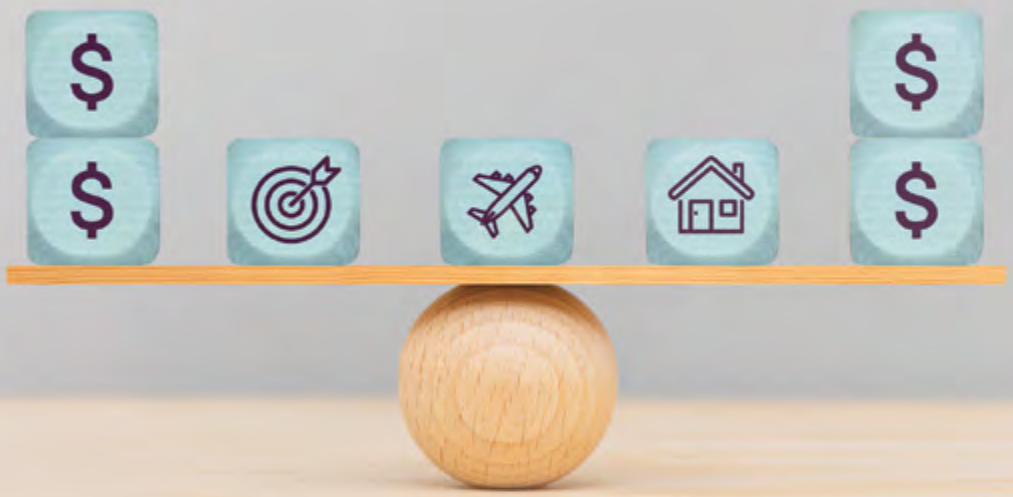

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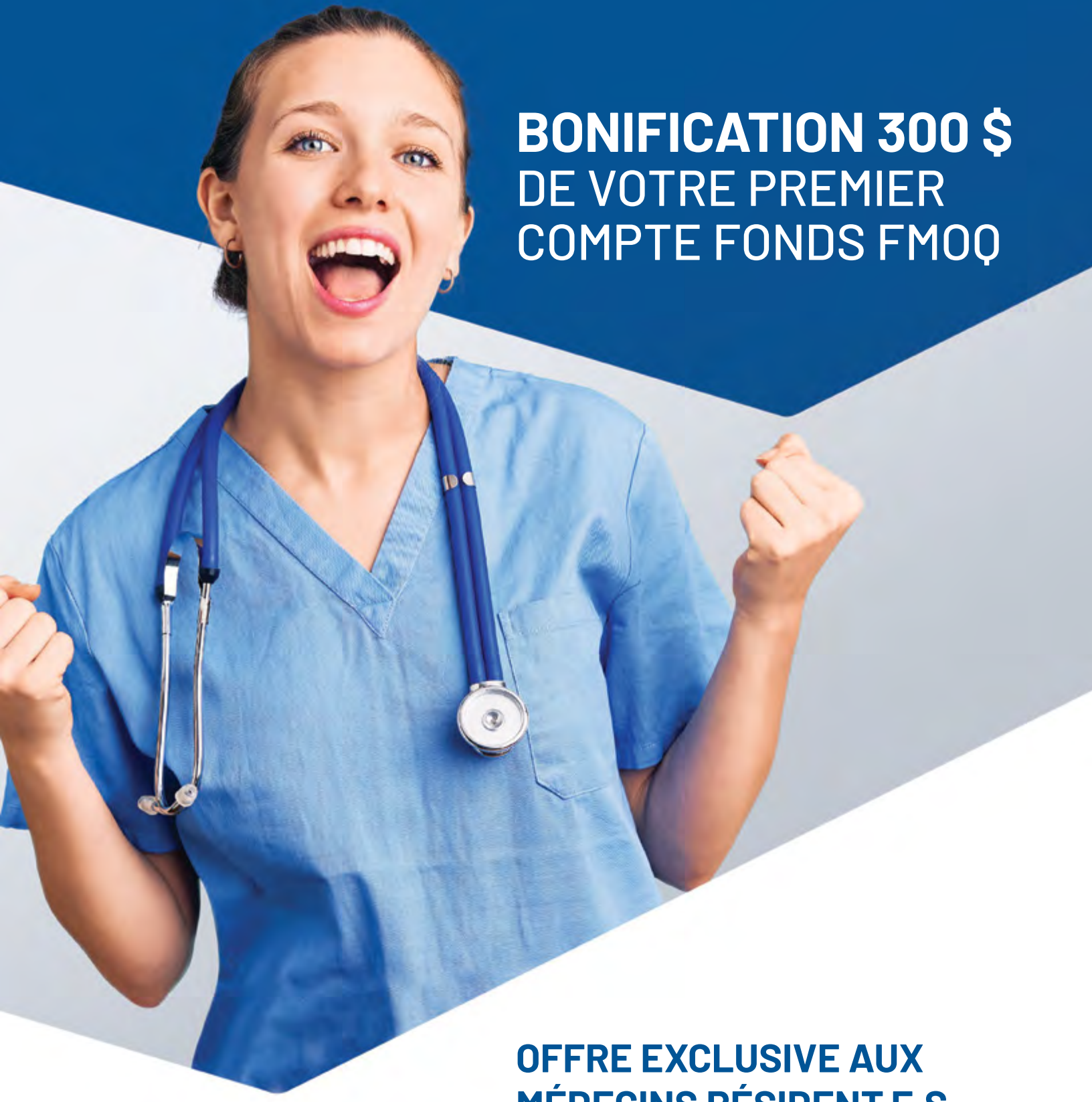

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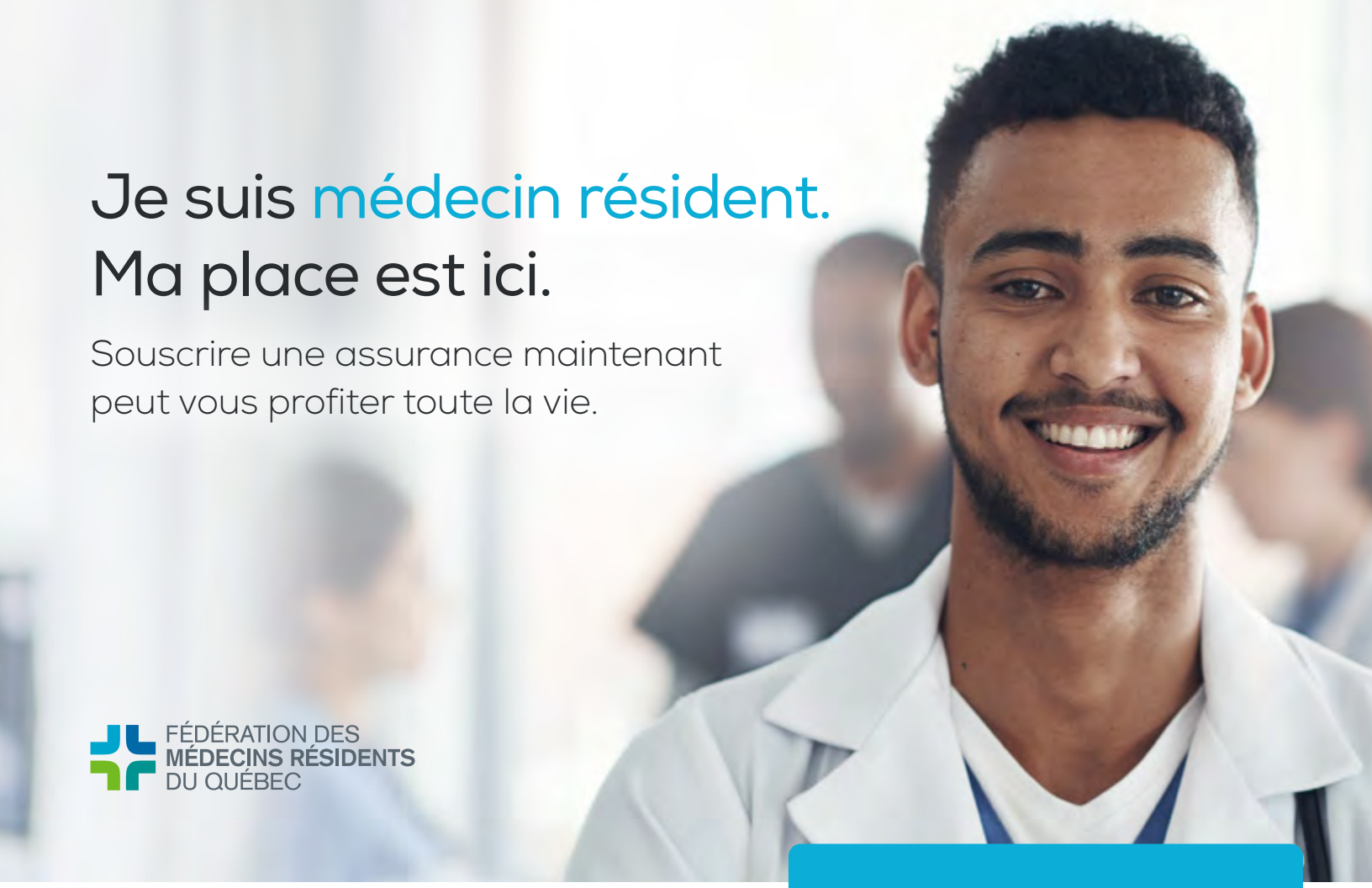

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