

**PERSONALIZATION
AND *POURSUITE*
DE FORMATION
IN FAMILY
MEDICINE GUIDE
2024-2025**

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This Guide was developed by the members of the Academic Affairs Committee – Family Medicine, with the contribution of family medicine program directors from Quebec’s medical faculties. In case of discrepancies between this copy and faculty rules, the latter prevail.

INTRODUCTION



Resident doctors completing their two-year family medicine program have several options for carrying out additional rotations, adapting or extending their training in line with their own needs or those of their practice site, or personalizing their future careers. But some of these options are little known, or differ from one program to another. The *Fédération des médecins résident·e·s du Québec* (FMRQ) has therefore drawn up this Guide, to better inform family medicine residents in Quebec. Read on for an overview of the different options available to terminating residents in family medicine, eligibility criteria, certain local restrictions, selection processes, and timeframes.



OPTIONS

This Guide looks at three options: flexibility within the curriculum; *Poursuite de formation* (extension of residency) and Enhanced Skills Training programs. To facilitate consultation of the Guide, information is grouped together by medical faculty.

1.

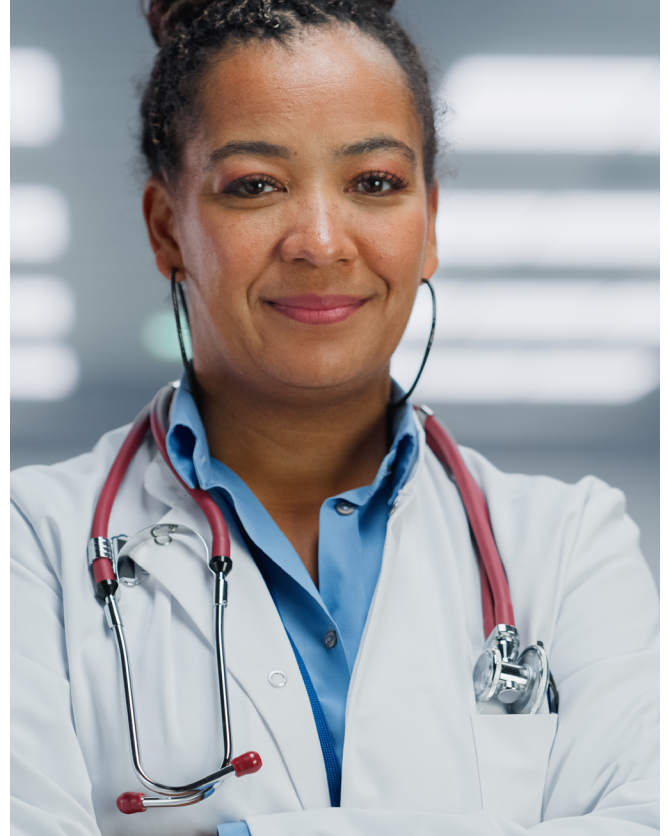
FLEXIBILITY WITHIN THE CURRICULUM



The first option, flexibility within the curriculum, allows you to personalize your residency program to develop certain competencies further, in line with your future practice. To that end, resident doctors may ask to convert a number of days from a rotation into another clinical activity, most often within an FMU block. Generally speaking, flexibility is allowed within the curriculum only toward the end of the family medicine program. Rotation days may be carried out in several specialties, depending on residents' self-identified gaps, learning needs, or interest in further training. Depending on the local situation, and at the discretion of the FMG directors/local program directors, resident physicians may be offered integrated days or weeks. Some restrictions may apply as to the maximum number of days permitted and where the days fit into the training curriculum, and these are specific to each faculty.

2.

POURSUITE DE FORMATION



The second option is optional extension of the family medicine residency program at resident doctors' request. This is the least well known of the three options. In fact, the Quebec Ministry of Health and Social Services (MSSS) allow extension of residency through a *poursuite de formation*, with additional rotations for a maximum of six months. The faculties have more formal requirements with respect to demonstrating the relevance of the request when the training is of more than three months' duration: in such cases, the training has to have been recommended by the resident physician's future recruiter. For resident doctors intending to practise as locums, the MSSS is considered to be their future recruiter. Exceptionally, the MSSS may authorize more than six months and up to one year of additional training when the application is documented to its satisfaction and supported by the future recruiter. A maximum of two candidates per year may take training of more than six months' but no more than 12 months' duration in Quebec, under the terms and conditions for postgraduate training (Modalités postdoctorales). For further information, consult the guide concerning authorization for extensions of postgraduate medical education in Quebec in 2024-2025 ([Autorisation de poursuites de formation médicale postdoctorale au Québec en 2024-2025](#)).

SEVERAL RESTRICTIONS APPLY:

- The *poursuite de formation* must enable resident doctors to acquire additional competencies, directly associated with the field of practice of their PEM;
- These rotations must begin on the first day following the end of residency and be carried out only in accredited sites;
- The rotation may not take place in the establishment where the resident physician obtained his or her PREM/PEM, but could be held in another establishment in the same integrated health and social services centre (CISSS) or integrated university health and social services centre (CIUSSS). The *poursuite de formation* must be done in a faculty of medicine in a different RUIS than that of the residency.

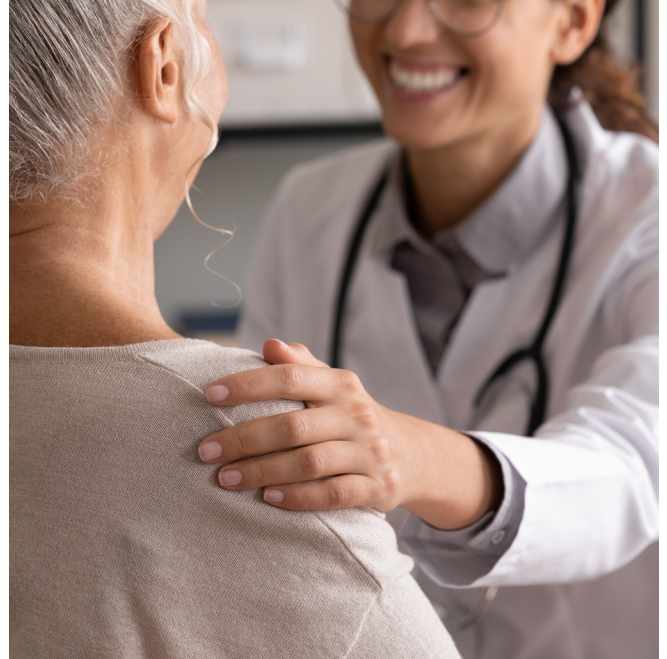
THE POURSUITE DE FORMATION MUST BE DONE IN A FACULTY OF MEDICINE IN A DIFFERENT RUIS THAN THAT OF THE RESIDENCY.

DEADLINE	FOR EXTENSIONS OF TRAINING BEGINNING ON OR AFTER:
March 1	The following July 1
June 1	The following September 1
October 1	The following December 1
December 1	The following March 1

Access to a *poursuite de formation* varies considerably from one university to another; the duration of rotations in some specialties with quotas (e.g., Emergency Medicine) may be limited to less than three months in some cases.

3.

ENHANCED SKILLS TRAINING IN FAMILY MEDICINE PROGRAMS



Most resident doctors are quite familiar with Enhanced Skills Training programs. After completing these programs, it is possible to obtain a Certificate of Added Competence from the College of Family Physicians of Canada (CFPC). For most of these programs, application has to be made via another Canada-wide CaRMS match. This selection process is held during the fall of the R2 year.

Some programs are also available without a CaRMS match. These programs do not award a CFPC Certificate of Added Competence, but are none the less recognized by the *Collège des médecins du Québec* (CMQ).

HOW TO APPLY

PROGRAMS REQUIRING A CaRMS MATCH

- Refer to the CaRMS site for the exact procedure, official timetable, and requirements;
- The CaRMS platform generally opens in August between R1 and R2 for applications for these programs, which start on July 1 immediately following the end of the R2 year.

PROGRAMS INDEPENDENT OF CaRMS

- The application must include a letter of intent, resumé, and letter of reference, and a copy of all residency rotation assessments. It is recommended that you visit each program's web page for specific requirements.

Applications must be submitted to the program director during the fall prior to the start of the Enhanced Skills Training program.

UNIVERSITY OF MONTREAL

[LEARN MORE](#)

FLEXIBILITY WITHIN THE CURRICULUM

Information on flexibility
within the curriculum,
[Program Handbook
2024-2025](#), p. 23



PRINCIPLE

Flexibility within the curriculum makes it possible to modify a total of 16 days of regular clinical activities, equivalent to four weeks including returning for office time with patients. These days may be taken one at a time, and these days or weeks must occur during the last four periods in FMUs or the last six periods for integrated programs in the regions.

A maximum of two weeks per period (50%) may be taken, and a maximum of two weeks in total for rotations in another specialty not involving family physicians. Call schedules are, however, always maintained during the flexibility period.

PROCEDURE

The application has to be sent in no later than P6 of the R2 year (p. 29 of the Program Handbook). Its main purpose is to indicate the resident's interest in flexibility: dates and specific rotation sites may be determined subsequently. The themes have to be directly related to the family medicine program and the resident's desired practice orientation. Resident doctors then have to take their own steps to find their rotation sites and coordinate the schedule with the Teaching Office administrative assistant of their respective sites.

INELIGIBILITY

Resident doctors with active or upcoming accompaniment measures are not eligible for this measure, so they can concentrate on developing skills they have not acquired. Should an accompaniment measure be determined after the flexibility is approved, the flexibility is automatically suspended. The decision to reintroduce flexibility when the accompaniment measures end is reviewed on a case-by-case basis by the local program director, upon recommendation of the local competence committee.

MODIFIABLE ACTIVITIES

A maximum of two weeks of UFMG and 1-2 weeks of Inpatient Care or Emergency may be converted, provided the minimum 75% attendance in those activities is met. In settings where Emergency rotations are not integrated, one week of the final Emergency rotation may be modified, with prior notice to the person in charge of the rotation.

PERMITTED THEMES (INCOMPLETE LIST)

- Obstetrics and Perinatal Care
- Inpatient Care (including Acute Care)
- Care of the Elderly (e.g., residential and long-term care facility [CHSLD], home care, memory clinics)
- Palliative Care
- Care of Poorly Served Populations and Indigenous Health
- Management and teaching
 - E.g., AMEE-ESME online training
 - Management training
 - Exposure to teaching, pedagogical training
 - Participation in management or pedagogical committees
- Locomotor System and Sport Medicine
- Adult Care

THEMES NOT ALLOWED

- Emergency Medicine
- Cosmetic Medicine
- Any other theme not included in the objectives of the family medicine residency program

Rotation sites must be registered as satellite sites by means of the form. An application to add the training site must be made, if the rotation site is not accredited. The host site and the resident doctor are responsible for forwarding the formative assessment to the home site.



POURSUITE DE FORMATION

For information on additional training, consult the [Practical Resident Handbook 2024-2025](#), p. 101

PRINCIPLE

Any resident doctor may apply for a *poursuite de formation* (voluntary extension of residency) of 1-3 months. These months must be consecutive and start immediately after residency ends. Resident doctors are not usually required to take part in patient management office sessions, or in classes organized by the UFMG. It is important to note that training programs of 3 months' duration are encouraged by the program and the Office of the Associate Dean, to permit the comprehensive acquisition of competencies.

POURSUITE DE FORMATION - CONT'D

PROCEDURE

Application deadline is usually March 1 of the R2 year, if the resident is not completing residency on July 1 – deadlines are specified by end-of-training period in the box at the top of the [form](#) and send it to residence@medfam.umontreal.ca. Just complete the applicant information section, sign the form, and indicate separately the desired duration, type of practice aimed for, and objectives for the associated extension and rotation. It may be helpful to specify the type of PREM/specific medical activity (AMP) obtained and how the sought-after exposure was lacking during residency. The application is first reviewed by the program director, then submitted for approval by the Office of the Associate Dean for Postgraduate Medical Education. Responses are usually received in late April.

PERMITTED THEMES

There are no restrictions in this regard, provided the resident doctors are able to justify the additional training in light of their practice objectives. They must then take their own steps to find their rotation site. Resident doctors may withdraw their applications for a *poursuite de formation* should a rotation corresponding to their objectives not be obtained. Also, a rotation period may be carried out in an unaccredited site, if that possibility has not already been exhausted for one of the optional rotations during residency.

ENHANCED SKILLS TRAINING IN FAMILY MEDICINE PROGRAMS

Link to
[University of Montreal
Family Medicine
Enhanced Skills Training
Programs](#)

PROGRAMS AVAILABLE VIA A CaRMS MATCH ARE:

- Sport and Exercise Medicine (1 year)
- Emergency Medicine (1 year)
- Addiction Medicine (1 year)
- Palliative Care (1 year)
- Care of the Elderly (1 year)

PROGRAMS AVAILABLE WITHOUT A CaRMS MATCH ARE:

- Perinatal Care (3 months)
- Palliative Care (3 months)
- Care of the Elderly (3 months)
- Clinician Scholar – academic profile (1 year) with possibility of doing the program in R2 rather than R3
- Clinician Scholar – research profile (2 years) with enrolment in a research Master's with thesis

LAVAL UNIVERSITY

[LEARN MORE](#)



FLEXIBILITY WITHIN THE CURRICULUM

Information on flexibility within the curriculum may be found on the MonPortail page of the family medicine residency program by clicking on the Progress -> Program policies [Cheminement -> Politiques du programme](#) tab (Intranet).

Flexibility within the curriculum means 50% of clinical activities or call duty in the last six months of residency or the last R2 UFMG block may be changed to carry out selected clinical activities. This excludes mandatory family medicine activities, i.e., office and walk-in periods. In all, call duty thus exchanged represents 1-1½ weeks of flexibility.

POURSUITE DE FORMATION

Information on a *poursuite de formation* may be found on the MonPortail page of the family medicine residency program by clicking on the Rotation -> Customized training [Stage -> Formation sur mesure](#) tab (Intranet).

A *poursuite de formation* comprises 1-3 months of additional rotations at the resident doctor's choice. Customized training thus involves adding 1-3 rotation periods at the end of the 104 weeks of the family medicine residency program. These rotations may be in any field of care relevant to the resident doctor's future practice (e.g., Palliative Care, Inpatient Care, Emergency, etc.).

POURSUITE DE FORMATION - CONT'D

The application must be emailed to the program at programme-medfam@fmed.ulaval.ca, no later than January 15 of your R2 year for training the following academic year. For further information, consult the family medicine portal under *stages/information*. The application **must** include:

- a letter of intent;
- an up-to-date resumé;
- a letter from the DRMG where the resident physician has obtained a PREM, confirming the need for additional rotations relating to his or her future practice in that position.

This training must be approved by the Conference of Associate Deans for Postgraduate Medical Education (Quebec's medical faculties). The training grids for future R1s and R2s will be drawn up by the program before the remaining places are offered to resident doctors wishing to do customized training.

Customized training is most often scheduled immediately following the end of the final rotation in the family medicine residency program. But it may happen that, for reasons of rotation availability, the training takes place a little later. In that case, the deadlines for entering practice will be met, in line with obtaining the resident doctor's PREM compliance notice. Also, customized training is accepted only in the first year following the end of the family medicine residency program.



POURSUITE DE FORMATION - CONT'D

Inter-university rotations via customized training will be approved only if the faculty is unable to offer a similar rotation in its network at that specific time. Resident doctors have to take their own steps to find the rotation in a network other than Laval University's. For details, consult the Rotations (*Stages*) section of the site on monPortail.

ENHANCED SKILLS TRAINING IN FAMILY MEDICINE PROGRAMS

Link to
[Programmes de
compétences avancées
en médecine familiale de
l'Université Laval](#) site

PROGRAMS AVAILABLE VIA A CaRMS MATCH ARE:

- Sport Medicine
- Emergency Medicine
- Palliative Medicine
- Care of the Elderly

PROGRAMS AVAILABLE WITHOUT A CaRMS MATCH ARE:

- Perinatal Care (3 months), application in December each year
- Clinician Scholar – 1-year profile
- Clinician Scholar – 2-year research profile
- Pain Management (3 months)

UNIVERSITY OF SHERBROOKE

[LEARN MORE](#)

FLEXIBILITY WITHIN THE CURRICULUM



For information on flexibility within the curriculum, we refer you to the directors of your respective university family medicine groups (UFMGs), to find out the options available to you depending on your residency site. Since July 1, 2022, all UFMGs have offered some form of flexibility in line with the specific local features of the programs.

POURSUITE DE FORMATION

PRINCIPLE

A *poursuite de formation* (extension of residency) of variable duration may be obtained, from 3 to 2 periods. The purpose of such additional training is to acquire skills directly associated with future clinical tasks. Thus, when submitting the application, resident doctors must already have in their possession a letter by the DRMG or the department head at the establishment recruiting you explaining how this additional training will help meet local needs. So the learner must have a PREM compliance notice or an undertaking to recruit following this training.

POURSUITE DE FORMATION - CONT'D

PROCEDURE

The procedure must be initiated by resident doctors interested in extending their curriculum. The additional training will be organized jointly with the desired training site.

1. Organization of additional training with the training site and recruiting site, in line with training capabilities and needs identified.
2. Submission of the application to Jean-François Duval, Academic Coordinator in the Office of the Associate Dean for Postgraduate Medical Education Jean-Francois.Duval@USherbrooke.ca. Mr Duval's role is to accompany you in preparing your application. The following documents must be included for training of up to six months:
 - a. **Additional training application form**. Do not complete Section VII;
 - b. **Letter of reference from your FMU director**, attesting to your leadership skills;
 - c. **Letter from the training site**, confirming that a place is reserved for you;
 - d. **Letter of support from the department head of the recruiting establishment** or the establishment where you will be performing locums, explaining how the training being applied for is relevant to your practice in the establishment.
 - e. **For applications concerning training of more than six months' duration**, please get in touch with Jean-François Duval directly.
3. Email response from the Office of the Associate Dean or MSSS no later than March 1.

SPECIFIC FEATURES DEPENDING ON DURATION OF ADDITIONAL TRAINING:

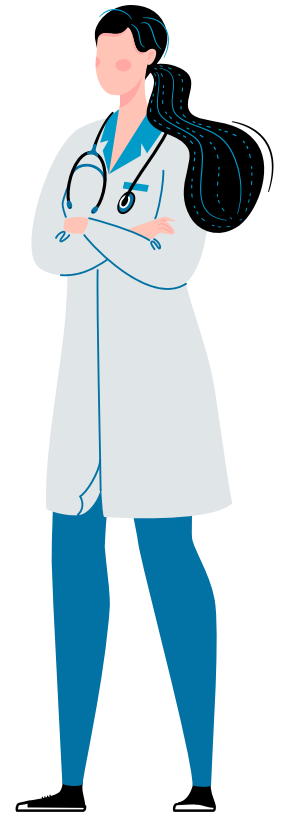
For **additional training of 3-6 periods** (Intranet), with respect to MSSS rules, the application must be approved by the Office of the Associate Dean and the Conference of Associate Deans for Postgraduate Medical Education (all four medical faculties), rather than by the MSSS.

- Deadline for applying to the Postgraduate Medical Education Office (BEM) is **February 1** of each academic year.
- The Office of the Associate Dean responds to the resident's application by email no later than **March 1** of each academic year.

POURSUITE DE FORMATION - CONT'D

For a *poursuite de formation* (additional training of more than 6 periods) (Intranet), with respect to MSSS rules, the application will be submitted to the Postgraduate Medical Education Office (BEM) of the respective university, but accepted by the MSSS. Barring exceptions, this additional training may not be carried out in the network of the faculty where the resident completed his or her residency (not applicable to training of less than 6 periods).

- Deadline for applying to the Postgraduate Medical Education Office (BEM) is **December 1** of each academic year.
- The MSSS responds to the resident physician's application by email no later than **March 1** of each academic year
- For further information, contact program director, Dr Guylaine Lagüe.



ENHANCED SKILLS TRAINING IN FAMILY MEDICINE PROGRAMS

Link to [University of Sherbrooke Family Medicine Enhanced Skills Training Programs](#) site

PROGRAMS AVAILABLE VIA A CaRMS MATCH ARE:

- Emergency Medicine
- Palliative Care
- Care of the Elderly
- Sport and Exercise Medicine

PROGRAMS AVAILABLE WITHOUT A CaRMS MATCH ARE:

- Perinatal Care (3 months)
- Clinician Scholar – Research (1-2 years) and Educator (1 year)
- For these programs, contact Stéphanie Charland (medfam-pca@usherbrooke.ca).

McGILL UNIVERSITY

[LEARN MORE](#)



FLEXIBILITY WITHIN THE CURRICULUM

The McGill University curriculum includes the following rotations: five electives, two directed, and three free-choice. Some UFMGs also offer a longitudinal experience (Val d'Or), while others provide flexibility in call duty in the R2 year. The rural component offers 3-6 months in the regions in R2 (Shawville or Val d'Or), as summarized in the [document on the residency curriculum](#) (including 12 months of off-service rotations distributed randomly over the two years of residency).

Also, flexibility within the curriculum, as described in this Guide, should not be confused with “FLEX,” a term used at McGill University to mean Focussed Learning Experience. FLEX is a remediation plan to allow residents further individualized and coached clinical experiences to meet curriculum competency objectives.

POURSUITE DE FORMATION

Resident doctors are responsible for organizing their rotations and applying for them to the site/person in charge.

All applications will be evaluated in line with the availability of the site, and may therefore be denied depending on the site's capacity, with priority given to resident physicians doing their mandatory training.

During the *poursuite de formation*, resident doctors are not required to attend half-day clinics or teaching sessions, but are of course welcome to do so. Should they wish to attend, they must apply to their UFMG program director.

POURSUITE DE FORMATION - CONT'D

The *poursuite de formation* must be in a field other than the Enhanced Skills Training programs already offered at McGill University, and therefore may not be exclusively in Emergency Medicine, Perinatal Care, Palliative Medicine, Care of the Elderly, or Sport Medicine. Requests for further training must support the area of practice that a resident is planning to do at the end of his residency.

Residents who have been approved for continued training must begin their training after the end of their residency (following their R2). Intervals or breaks between the end of the residency (R2) and the continuation period are permitted. The continuing training periods must be completed in consecutive months once the continuing training period has begun.

The resident doctor must complete the extension of training application form. Candidates are not required to submit a letter of support from an employer, but they must show how extending their training will meet their needs for their future practice. The application and supporting documents must be forwarded to the family medicine program director by **March 1** of the current academic year. Deadlines can change from one year to the next.

Other dates to begin a *poursuite de formation* are also possible. Deadlines are then :

DEADLINE	EXTENSION PERIOD :
June 1	September 1 or later
October 1	December 1 or later
December 1	March 1 or later



ENHANCED SKILLS TRAINING IN FAMILY MEDICINE PROGRAMS

Link to [McGill University Family Medicine Enhanced Skills Training Programs](#) page

For these programs, consult the [calendar](#) and [application process](#)



PROGRAMS AVAILABLE VIA A CaRMS MATCH ARE:

- Emergency Medicine
- Palliative Care
- Care of the Elderly
- Sport and Exercise Medicine

PROGRAMS AVAILABLE WITHOUT A CaRMS MATCH ARE:

- Maternal and Child Health (6 months)
- Inpatient Medicine (12 months)
- Clinician Scholar – academic profile (1 year)
- Clinician Scholar – research profile (2 years)

For these programs, applications are made via an [online form](#), usually from August onward.



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Download the FMRQ mobile app from the App Store or Google Play.