

LE BULLETIN

VOL. 47

NO. 2

SUMMER 2025

HOW TO PREVENT AND AVOID BURNOUT

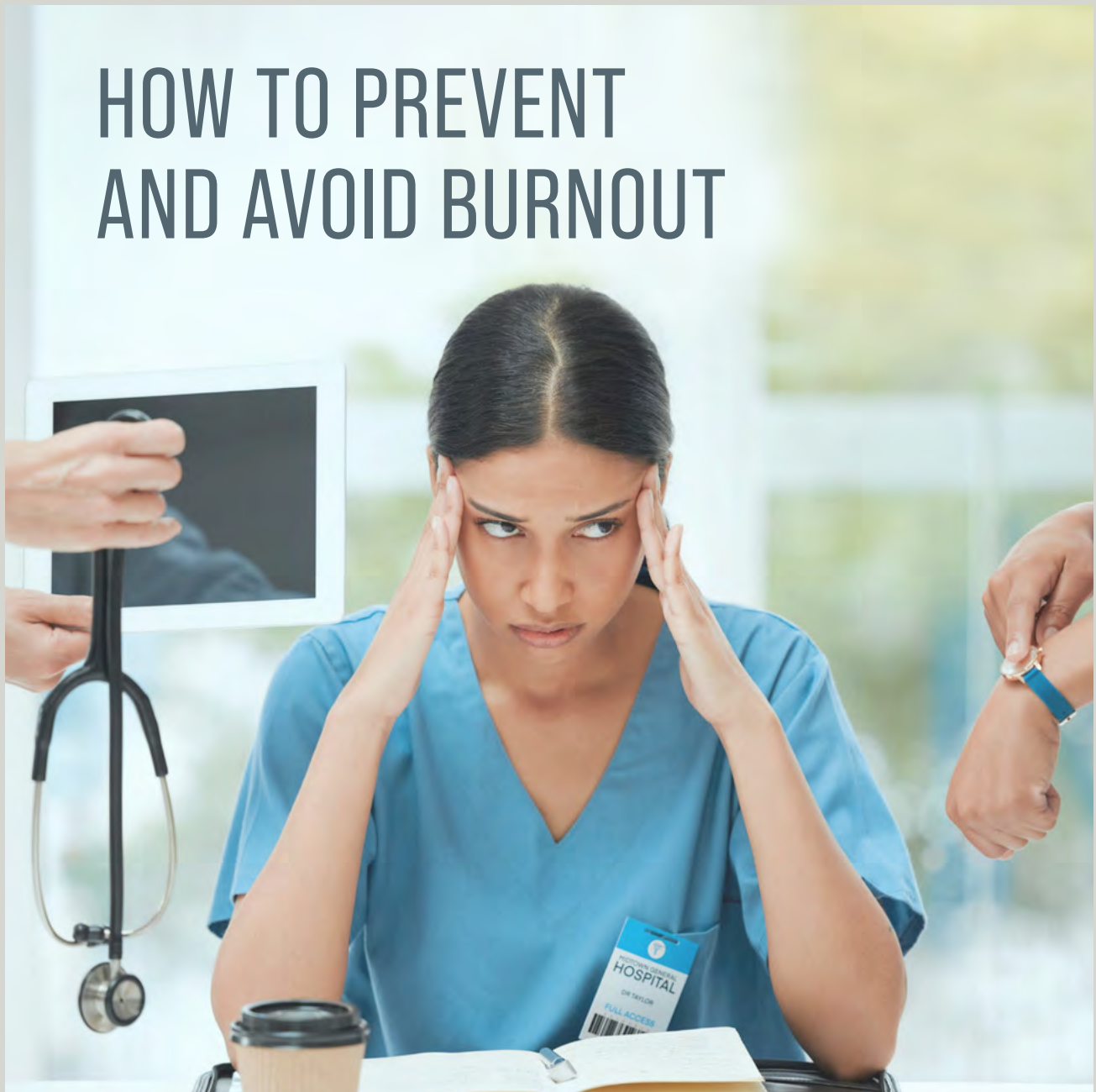


TABLE OF CONTENTS

PRESIDENT'S MESSAGE	4
1. <i>PRIMUM NON NOCERE</i> : HOW TO PREVENT AND AVOID BURNOUT	6
2. STRESS AND BURNOUT: THE FMRQ IS THERE FOR YOU!	9
3. FMRQ VICTORY IN SUPERIOR COURT: DISCRIMINATION IN THE HIRING PROCESS	12
4. CBD 2.0: WHAT'S THE STORY?	15
5. BILL 83	18
6. PHYSICIAN RESOURCE PLANS IN NON-FAMILY MEDICINE SPECIALTIES	19
7. EXCELSIOR AWARDS 2025	20

THE 2025-2026 BOARD OF DIRECTORS:

Dr Louis-Charles Desbiens, president | Dr Darya S. Jalaledin, vice-president | Dr Christophe Ah-Yan, secretary-treasurer | Dr Victor Lim, director from AMRM
 Dr Rami Habib, director from ARM | Dr Lea Sfairy, director from AMReQ | Dr Benjamin Poirier-Mailhot, director from AMReS
 Dr Ziyu Xiao, director responsible for union affairs | Dr Bouchra Tannir, director responsible for academic affairs – Specialties
 Dr Guillaume Deslauriers, director responsible for academic affairs – Family Medicine | Me Patrice Savignac Dufour, executive director

Johanne Carrier, Editor | Triade Marketing, Graphic Design

STAFF: Johanne Carrier, Director, Communications and Public Affairs | Marie-Ève Breton-Soutière, Manager, IT and Human Resources | Jocelyne Carrier, Co-ordinator, Academic Affairs – Specialties
 Stéphanie Chevance, Co-ordinator, University Affairs | Geneviève Coiteux, Co-ordinator – FM | Marie-Anik Laplante, Co-ordinator, Union Affairs | Djenimory Keita, Accounting Technician
 Vicki Portelance, Executive Assistant and Event Co-ordinator | Océane Bruletout, Executive Assistant

Return undeliverable Canadian addresses to:
 FMRQ 510-630 Sherbrooke Street West, Montreal, QC H3A 1E4
 Tel.: 514-282-0256 or 1-800-465-0215
www.fmrq.qc.ca – info@fmrq.qc.ca

ISBN/ISSN: Canada Post Publication Agreement 1484699



ON THE AGENDA FOR THE COMING YEAR BILLS 83 AND 106 AND IMPLEMENTATION OF THE NEW COLLECTIVE AGREEMENT

Dear Colleagues,

It's with great pleasure that I'm writing to you for the first time in the pages of the *FMRQ Bulletin*. I'm embarking on my new mandate with a great deal of enthusiasm, along with a good dose of humility, in view of the scope of the issues awaiting us in this coming year.

Without a shadow of a doubt, 2024-2025 was a trying year for the medical profession. First with Bill 83 – *An Act to foster the practice of medicine in the public health and social services network*, the government is clearly trying to exert greater “control” over young doctors’ practice. Not all the measures associated with this legislation have yet been activated, but the requirement for any newly certified physician to work in the public sector for five years is already in effect. Your Federation will be monitoring closely whether the other provisions of this Bill actually come into force. For its part, Bill 106, *An Act mainly to establish the collective responsibility and the accountability of physicians with respect to improvement of access to medical services*, was tabled at the close of the National Assembly session. This adds yet another layer to the constraints already imposed on Quebec doctors, notably through the potential imposition of “productivity” targets. Furthermore, the government is proposing to change the methods of remuneration, “to increase doctors’ availability in the field,” dangling the deluded idea that problems of healthcare system access could be speedily resolved by correcting doctors’ so-called laziness. The FMRQ has already taken part in the two Parliamentary Committee hearings on these bills in order to denounce their negative impact, not only on the medical profession and healthcare system operation, but also, and above all, on the quality of patient care.

As to the renewal of our collective agreement, your Federation signed an agreement in principle with the government in February, and it was ratified in the spring in general assembly meetings of your four associations. This new collective agreement, which should be signed shortly, will mean better work conditions, higher pay, and retroactive salary payments since the previous agreement expired in 2021. You'll be given more information on this as soon as the MSSS gets back to us on it.

Other issues are also monitored by the members of our sectoral committees and the Board of Directors, particularly the current pilot projects for extending training in family medicine. Competence by Design (CBD), now in version 2.0, is still on our radar, too, to ensure that the changes announced are implemented, thus alleviating the burden resting on your shoulders. Obtaining a position in Quebec in line with your competences and aspirations remains a major challenge, and in that regard, you'll be invited to our yearly Career Day on September 19, 2025. A *Bulletin* on this specific topic will also be drafted and sent out to everyone early in the fall.

We invite you to take a look, too, at the articles in this issue of the *Bulletin*, which looks at the health and wellness of health professionals in a healthcare system in crisis. We present a summary of the talk given on Resident Doctor Day, May 9, 2025, by Dr Simon Maltais. Entitled *Primum non nocere*, this talk was intended to provide food for thought, but also to raise awareness of situations that can lead to burnout, along with potential solutions to help get us through certain situations.

In addition, we offer you an article about a Superior Court ruling in our favour with respect to an action taken to counter discrimination against terminating resident doctors in hiring interviews. This legal battle began in 2019, and we have finally obtained a judgment which, we trust, will lead to the eradication of all these discriminatory practices once and for all.

Finally, you'll find information in this *Bulletin* concerning CBD 2.0, and the FMRQ's latest actions in that area. You'll also be presented with the latest details concerning PEMs in non-family medicine specialties, particularly with the advent of PEMs in Critical Care.

Your contribution as FMRQ members to Federation activities, and your involvement in your respective affiliated associations, are very important for securing the success of our lobbying of our healthcare system partners. So I'll be energetically continuing the approaches undertaken over the past few years to secure quality training for us and a medical practice in line with the highest standards we aspire to and are trained for.

In the meantime, please feel free to get in touch with us, at the FMRQ, with any questions about your training or your future practice. We're there for you.

Wishing you all the best,



Louis-Charles Desbiens, M.D.
Président

OUR BOARD OF DIRECTORS 2025-2026



Dr Louis-Charles Desbiens
President



Dr Darya S. Jalaledin
Vice-president



Dr Christophe Ah-Yan
Secretary-treasurer



Dr Victor Lim
Director from AMRM



Dr Rami Habib
Director from ARM



Dr Lea Sfairy
Director from AMReQ



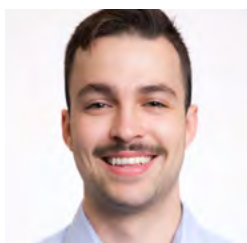
Dr Benjamin Poirier-Mailhot
Director from AMReS



Dr Ziyu Xiao
Director responsible for union affairs



Dr Bouchra Tannir
*Director responsible for academic affairs
- Specialties*



Dr Guillaume Deslauriers
*Director responsible for academic affairs
- Family Medicine*



Me Patrice Savignac Dufour
Executive director

I.

PRIMUM NON NOCERE: HOW TO PREVENT AND AVOID BURNOUT



**Simon Maltais,
M.D., Ph.D., F.R.C.S.C**

*Dr Maltais is cardiac surgeon, currently practising in the Intermountain Healthcare group of hospitals in Montana, USA, as Medical Director, Cardiothoracic Surgery, ECMO, Circulatory Support. He earned his MD and completed his medical residency in Quebec, and holds a PhD in Biomedical Engineering from the University of Montreal. As a medical student, he was President of the Fédération médicale étudiante du Québec. Following certification, he worked at the Mayo Clinic in heart failure, then as Deputy Head of the Department of Robotic Surgery and Heart Failure. He was Surgical Director of the Heart Transplant and Ventricular Assist Program at Vanderbilt University, Nashville, Tennessee. Dr Maltais has an international reputation in the area of heart failure and minimally invasive and robotic procedures. He has more than 160 scientific publications to his name, as well as 10 books. In 2020, he published **Healthcare Anonymous: Put Yourself First to Avoid Anxiety, Addiction, and Burnout**, a collection of tips and tricks for all doctors, both in training and in practice, to help them recognize and prevent burnout. (Translated into French, with a Preface by Dr François Marquis and Dr Alain Vadeboncoeur, as **Code Bleu: Comment le système de santé rend malades ceux qui nous soignent** [Code Blue: How the healthcare system sickens those who care for us])*

On May 9, 2025—Resident Doctor Day in Quebec—more than 1,100 FMRQ members attended the talk by Dr Simon Maltais, a presentation aimed at raising participants' awareness of the dangers standing in wait for doctors in terms of their physical and psychological health, but also at offering potential solutions to avoid burnout. We chatted with Dr Maltais, who shared with us his experience, the challenges that have faced him, and how he has managed to take back control of his life and his practice over the course of his career.

Q. Dr Maltais, you've had an impressive career on the scientific front, but your personal and professional path seems to have been fraught with pitfalls. What prompted you to want to change your career and write a book about your own and your colleagues' experience in the healthcare system?



A. Throughout my training and my practice, I was competitive, toward others, but also, and especially, toward myself. Already during my training, I was a perfectionist—a rather common characteristic among doctors—and I drank to excess in order to escape. Later, when I did my PhD in Biomedical Engineering, I experienced unhealthy competition, and I admit I suffered from a god complex. Then, in all the positions I held, I burned out, had difficulties with colleagues, went into a depression, and at one point had to undergo anger management sessions. I left more than one of my positions on bad terms. At the same time, I went through a divorce. I had trouble in every area of my life.

God complex symptoms

- Highly ambitious, with an insatiable need for admiration and attention;
- No empathy, paying little attention to others (that's normal, everything has to be about you);
- Refusing any criticism, always being right, while being rigid and obstinate..

PRIMUM NON NOCERE: HOW TO PREVENT AND AVOID BURNOUT

Q. How did you overcome it?

A. First, I'd like to say that it's a constant struggle to maintain a balance in this field. But I'm convinced that today I've achieved a balance that allows me to practise medicine, but also to have a life as a husband, father, brother, and friend, and to be happy, sober, and in good health. In the title of my talk, I clearly point to the principle common to us all: *Primum non nocere* – *First do no harm*. But we have to remember it's not just for our patients, but also for us as carers that this principle has to be applied, and I continue to work on it every day. But to answer the question, I fell very low, I consulted, and I got my act together.

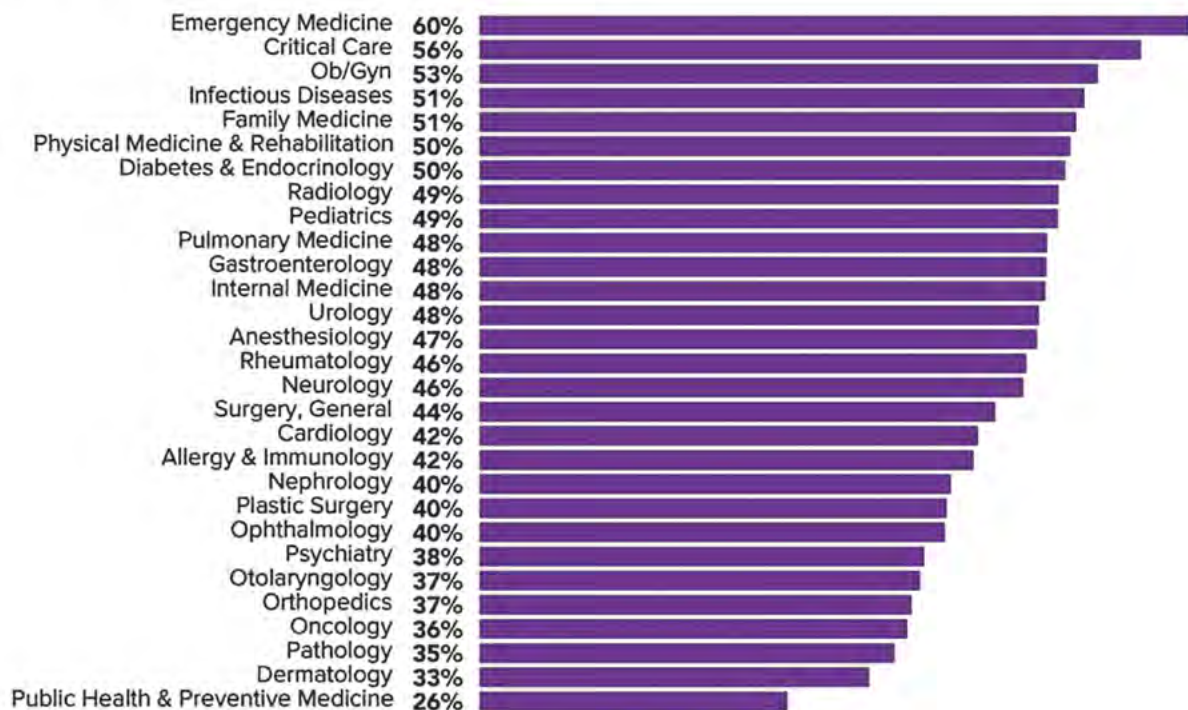
Q. What do the statistics say in the studies you have consulted?

A. There is a high incidence of emotional and mental health problems in higher education. According to a study by Regehr C. et al,¹ such problems affect many disciplines, but particularly healthcare. They mention 25.6% of people suffering from anxiety, 49.6% from burnout, and 31.5% from stress. Other studies point to a prevalence of depression and depressive symptoms affecting 27.2%, with 11% having suicidal ideation.

Q. In your view, what are the elements that trigger burnout?

A. In the course of a career, transitions are one of the elements that increase doctors' vulnerability. Moving from medical student to resident, then from junior to senior resident, from junior to senior staff physician, and finally the transition to retirement. And some external stresses have a major impact on our mental health: communication difficulties and labour relations, humiliation, bullying, too much or too little responsibility, patients in distress, terminal disease, death, and lack of sleep. Other elements affecting our mental health include performance-related pressure, unrealistic expectations, and self-doubt.

Which Physicians Are Most Burned Out?



¹ Regehr C. et al. "Interventions to reduce stress in university students. A review and meta-analysis." *J. Affect. Disord* 2013; 148 (1): 1-11.

PRIMUM NON NOCERE: HOW TO PREVENT AND AVOID BURNOUT

HEALTHCARE SICKNESS Clinical manifestations

Physical manifestations

- Heart problems (Broken-hearted Superwoman)
- Immune responses (The two days that changed my life)
- Alcoholism (To the last breath)

Psychological manifestations

- Burnout, loss of interest, depression, chronic frustration, and isolation

Behavioural manifestations

- Detachment, career change (I'm leaving the Titanic), aggression

Personal manifestations

- Poorly adapted personality traits (perfectionism), divorce, financial difficulties, cynicism

Q. In your book, you talk about healthcare system sickness. Can you elaborate on that?

A. Healthcare system sickness manifests in different ways. But a number of factors predispose individuals, including arrogance, unfavourable role models, and anxiety. Perfectionism also comes into play, when you're afraid of failure, errors, and disapproval. You're afraid of never doing enough. Burnout manifests in physical and mental exhaustion, cynicism, ineffectiveness, and decreased empathy toward patients and colleagues.

Q. As the healthcare system won't be changing any time soon, what do you recommend we do to adapt while staying focussed on our careers and our physical and mental health?

A. In my view, to adapt to the complexity of the medical system, we have to accept its complex parameters, prioritize so as to reduce our anxiety, and still maintain a positive attitude. We have to develop our resilience in order to lower our stress level.

We have to develop tricks that work for us and enable us to regulate our stress levels better: listening to music, going to the gym, talking to friends, cooking. Others will choose meditation, a good cup of coffee, yoga. Or taking up a sport or other challenge. Knowing how to move on from errors is also crucial in our profession. Day by day, review the different parts of the day equally: health, work, relationships, family, and community.

Suggested reading

- Book: *Burnout: The Secret to Unlocking the Stress Cycle*, Emily Nagoski and Amelia Nagoski, 2020.
- Article: Brimm L. (2015). "How to Embrace Complex Change." *Harvard Business Review*, 93(8), 1-9.

Q. In conclusion, what would you tell resident doctors to help them live a healthier life, while attaining their professional objectives?

A. I'd tell them:

- Get enough sleep, exercise, and play;
- Practise mindfulness;
- Set limits and say no;
- Aim for excellence, not perfection;
- When you make a mistake, learn how to differentiate between guilt and regret, and forgive yourself: errors are opportunities for learning;
- Learn how to recognize signs of dysfunction in your mental health, seek the appropriate treatment, and make the necessary lifestyle changes;
- Seek to be liked for your personality and how you treat others, not for your successes, status, or wealth.

Thanks to the members of the Resident Wellness Committee (CBER) for their contribution to the planning and staging of Resident Doctor Day on May 9, 2025, in particular with respect to the local activities, in which 775 members took part.

Dr Yin Nan Huang, AMRM
Dr Samantha Leigbott, ARM
Dr Raphaëlle Leclair, AMReQ
Dr Raphaël Lachance, AMReS

2.

STRESS AND BURNOUT: THE FMRQ IS THERE FOR YOU!



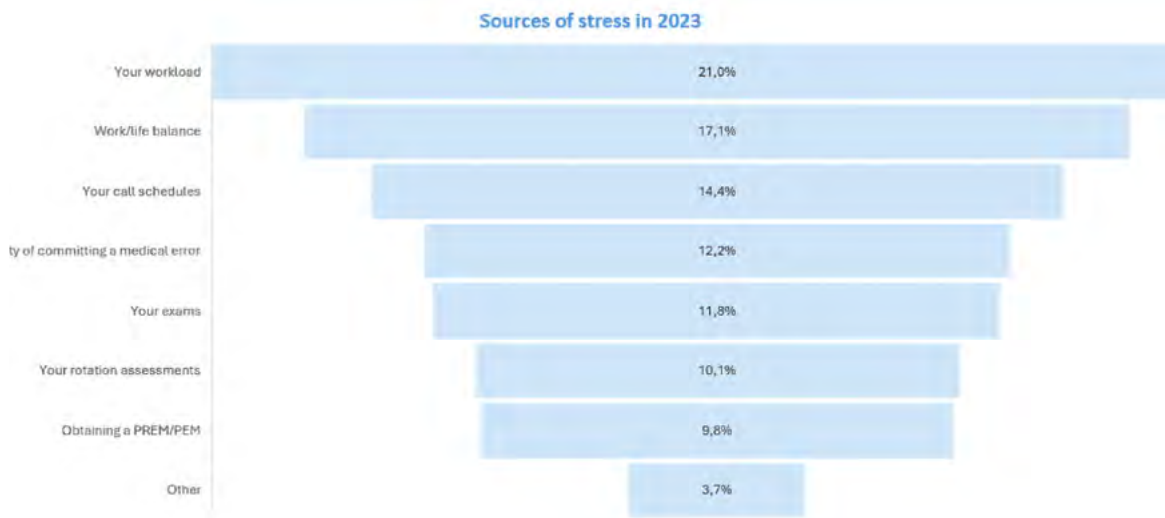
Dr Darya S. Jalaledin,
FMRQ Vice-President
*Responsible for the
Resident Wellness
Committee (CBER)*

In April 2023, the FMRQ conducted a poll on stress and burnout in order to gauge the scope of the phenomenon with our members, identify contributing factors, and guide the Federation in its consideration of how to address the sources of stress and give resident doctors tools for preventing burnout. Some 1,050 people responded to our survey. Most respondents (60.8%) were aged 25-29. Seven respondents out of 10 were women; 53.9% were married or had a common-law partner, and 12.7% had children.

The survey showed that 73% of resident doctors at that time presented burnout symptoms: 26.3% rarely felt personal accomplishment in their work; nearly 47% presented signs of depersonalization or cynicism; and almost 51% suffered from emotional exhaustion. Finally, 27.1% of respondents presented symptoms in one of the components mentioned above, 30.4% in two components, and 15.6% presented severe burnout symptoms with three components. The sources of stress identified among resident physicians are presented below.

Residency involves several challenges that contribute to aggravating burnout. Professional obligations with respect to patient care at a time when you are subject to constant assessments, exams, and the need to master knowledge and techniques associated with your specialty. Added to that is the obligation to perform in an ultracompetitive work environment and eventually the search for a position.

Table 1



STRESS AND BURNOUT: THE FMRQ IS THERE FOR YOU!

Preventing burnout requires the use of various tools, such as developing resilience, meditation, and debriefing and counselling among physicians. But it also involves reducing the sources of stress inherent in your workplace and training site.

AT THE FMRQ, WE OFFER YOU SEVERAL SERVICES.

OUR WEBSITE

- Information concerning psychological support;
- Algorithm for recognizing harassment and acting in response to it;
- Information on available resources;
- Suggestions for apps, podcasts, and books to manage anxiety or encourage meditation.

EMPLOYEE ASSISTANCE PROGRAM THROUGH OUR INSURER, BENEVA

- Psychological help
- Improved lifestyle habits
- Locating resources for seniors
- Help for parents
- Legal assistance or financial advice
- Crisis intervention

RESIDENT WELLNESS COMMITTEE (CBER)

- Colleagues involved in your association and the FMRQ who are engaged in seeking solutions to enhance members' health and wellness;
- Colleagues who meet with staff physicians in training sites to discuss with them the difficulties encountered by resident doctors and identify common solutions to enhance the work and learning environment.

SENTINEL RESIDENT PROGRAM

- Three affiliated associations (AMRM, ARM, AMReQ) have set up sentinel resident groups to meet their colleagues' needs and guide them to resources in their training sites or outside, particularly with the Quebec Physicians' Health Program (QPHP). AMReS also provides support through the Vice-President for Wellness.

HEADSPACE MEDITATION APP: FREE SUBSCRIPTION FOR FMRQ MEMBERS

The FMRQ offers its members a free subscription to the Headspace meditation app, which gives you access to hundreds of programs for daily life, relaxations to help you sleep, music, and tips for taking care of your health on a day-to-day basis. In just 10 minutes a day, you'll already feel the benefits. It's scientifically proven. Try it!



To set up your free account, go to the FMRQ mobile app

If you haven't already downloaded it, do so here:

[!\[\]\(3342c215b2a8b663596a81468d5dc314_img.jpg\) FMRQ mobile in the App Store](#)

[!\[\]\(56549452e01ca28bdf2500ced9653143_img.jpg\) FMRQ mobile in Google Play](#)

Headspace, meditation and sleep

(Re)discover meditation

Programs for all levels, on varied topics: reducing your anxiety, learning to manage your emotions, eating mindfully, or boosting your self-esteem.

Rediscover restorative sleep

A space dedicated to sleep with exclusive sleepcasts (genuine tales for adults), music to fall asleep by, and bedtime relaxation.

Clear your head

Techniques and music to increase your concentration, creativity, and productivity at work or home. Tune in to music by John Legend, Hans Zimmer, and many others.

Take care of yourself!

STRESS AND BURNOUT: THE FMRQ IS THERE FOR YOU!



Stéphanie Chevance

Co-ordinator, Assistance for University Affairs

UNIVERSITY AFFAIRS

• On a daily basis, the Co-ordinator, Assistance for University Affairs provides follow-up with resident doctors who consult her for different situations with respect to their pedagogical/academic obligations, as the following illustration shows. This service is fully confidential.

• Ms Chevance can guide you in understanding the university and faculty rules governing your progress. She can

work with you on drafting documents or determining the best approach, depending on your situation.

- **IMPORTANT:** You will always remain in control of your decisions, the steps to be taken, and the scope of the assistance you wish to receive.

If you need support to clarify or manage a situation, feel free to consult the

people responsible for sectoral matters at the FMRQ.

University-related questions: Stéphanie Chevance

✉ aide-affaires-universitaires@fmrq.qc.ca

Collective agreement-related questions: Marie-Anik Laplante

✉ affaires.syndicales@fmrq.qc.ca

Questions concerning a position or fellowship/additional training

- in family medicine: Geneviève Coiteux

✉ prem-mf@fmrq.qc.ca

- in other specialties: Johanne Carrier

✉ pem-sp@fmrq.qc.ca

Health and Wellness Tour

Because the number of requests for help from residents continues to grow!

Files opened in	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Type of problem raised					
Failed rotation/EPA/Rotation validity	31%	29%	26%	31%	25%
Dismissal	6%	4%	10%	7%	7%
Training site change	9%	2%	3%	7%	9%
Program change/University transfer	13%	11%	8%	13%	14%
FLEX/Remediation/	10%	8%	8%	7%	15%
Bullying/Relationship problems	12%	9%	10%	10%	4%
Sick leave/Return to work/Accompaniment	9%	13%	9%	7%	8%
Certification exam	5%	9%	6%	3%	4%
Rotation grid modification/Extension of training	4%	6%	7%	8%	6%
Withdrawal from training/Reflection on career choice	5%	4%	8%	5%	7%
Other	2%	2%	4%	1%	3%
Total	131	88	122	163	197

3.

FMRQ VICTORY IN SUPERIOR COURT IN A CASE INVOLVING DISCRIMINATION IN THE HIRING PROCESS

On December 22, 2024, Quebec Superior Court Judge, the honourable Ian Demers, ruled in favour of the FMRQ in the action pitting the Federation against the Quebec government and *Centre intégré de santé et de services sociaux (CISSS) des Laurentides*. The latter establishment was held accountable for the error committed by the doctors on a selection committee who were administering interviews for family medicine positions with terminating residents. The complaint concerned questions candidates were asked in those interviews as to whether they had or wanted children, or whether they had a partner, and what the partner's occupation was, where applicable. Note that not just women, but also men were asked this type of question.

The case, filed in 2019, was finally heard in November 2024, but the problem had been reported to us back in 2016. The FMRQ had filed suit for discriminatory practices pursuant to the Quebec *Charter of Human Rights and Freedoms*. The perseverance of the Federation and the resident doctor who agreed to stand up on behalf of her colleagues at the time and for future cohorts paid off. After five years, we now have a ruling which, we trust, will lead to changes in the healthcare system and the introduction of training so that hiring interviews are discrimination-free.

RULING HIGHLIGHTS

In his ruling, the judge noted that:

- “the committee interviewing a female candidate cannot ask her whether she intends to become a mother at some time in the future, whether she lives with a partner, whether her partner is aware of the demands of the position, or whether he is prepared to relocate.”
- “the committee knew the rules aiming to avoid having discriminatory considerations directly or indirectly impact the evaluation of an application.”
- The candidate did not obtain the position. She refused to answer these questions or answered them briefly, and “she had to wait a year before applying again . . . for a position.”
- “The violation of the right to equality and of the protection against discriminatory interviews is a civil wrong,” and these interviews violate the complainant’s “equality rights.” “Among other things, questions about the candidate’s age, number of children, and pregnancy are prohibited.”
- “The CISSS violated Dr Labine’s equality rights in hiring and the protection against discriminatory interviews.”

FMRQ VICTORY IN SUPERIOR COURT IN A CASE INVOLVING DISCRIMINATION IN THE HIRING PROCESS

- Par. 109: "The CISSS's conduct must be denounced. The CISSS is a parapublic body which, given the operation of the healthcare system, controls access to the profession for numerous professionals. A female candidate must not be treated like at the time when maternity leave was seen by many employers as a constraint, and women who wanted to have children were seen as a burden owing to their presumed unavailability¹⁰⁴, the spouse's assent was an essential condition for the hiring of a woman, and intrusion into the female candidate's private life was a necessary step. Women's entry into the labour force is not incidental and, unless the law allows it on non-discriminatory grounds, a female candidate's personal situation must not influence in any way the decision of an employer such as the CISSS."
- Par. 110: "The amount of damages must penalize the CISSS accordingly and dissuade it from adopting the same conduct. It must also represent a disincentive for similar organizations. A CISSS is not a small or medium-sized enterprise with limited sources of income. While no evidence was given concerning this budget, its budget undoubtedly amounts to several tens, if not hundreds of millions of dollars annually."
- Par. 130: "The Court [...] **SENTENCES** CISSS des Laurentides to pay Dr Laurence Labine \$20,000 with interest at the legal rate and additional indemnity from December 11, 2019."

🔗 [Superior Court of Quebec ruling in the case involving the Fédération des médecins résidents du Québec, Dr Laurence Labine \(plaintiff\) vs. Attorney General of Quebec, Ministry of Health and Social Services, and Centre intégré de santé et de services sociaux des Laurentides \(defendants\)](#)



OUR SURVEY FINDINGS

🔗 2016 Press release

- 773 respondents
- 419 said they had had an interview
- Close to one in four (24.1%) were asked whether they had children
- Close to one in four (24.8%) were also asked whether they intended to have children
- In all, 31.5% were asked about parenthood
- 14% of men responding to the survey were asked about parenthood, compared with 30% of women.



Discriminatory comment from an interviewer reported at the time of the 2016 survey: "Young female doctors starting their practice who want to get pregnant, that almost gives me nightmares."

🔗 2017 Press release

- 288 respondents
- 32% (93) were asked whether they had or wanted to have children
- Women were victims of these practices twice as often



🔗 2019 Press release

- 176 respondents
- 28% (50) were asked whether they had or wanted to have children



FMRQ SURVEYS – 2016, 2017, 2019

In 2016, as soon as the FMRQ was told of the issue of discriminatory questions in hiring interviews, it conducted a survey of terminating residents in the four medical faculties. The survey sought to find out whether this type of question was being asked in interviews for positions in medical practice: *Do you want to have or do you have children?*

THREE HEALTH MINISTERS IN A ROW IGNORED THE PROBLEM!

Dr Annie Trépanier, FMRQ President in June 2016, was the first to publicly denounce this disgusting "absurdity": *"Are applications from women doctors now going to be rejected or less highly rated than their male colleagues' because they may potentially want to have children?"* In November of the same year, Dr Christopher Lemieux, the new Federation President, returned to the issue, publicly calling out the healthcare system: *"Parenthood is a positive reality in a modern, open society, we have to stop seeing it as hampering productivity."* Finally, Dr Christian Campagna took up the torch in December 2019, stressing that: *"Questions of parenthood have nothing to do with competence or the requirements for practising medicine in Quebec. Interviewers have to assess candidates' level of knowledge and acquired experience, their professional interests, and activities envisaged during practice... It's time employers in medicine respected fundamental rights."*

FMRQ VICTORY IN SUPERIOR COURT IN A CASE INVOLVING DISCRIMINATION IN THE HIRING PROCESS

Unfortunately, despite our lobbying of three successive Ministers of Health and Social Services, and our numerous public statements, nothing had changed. Dr Gaétan Barrette had said he could not do anything, that it was the establishments' responsibility (which was false, particularly with respect to interviews for PREMs/PTEMs in family medicine), while his successor, Danielle McCann, Minister of Health under the CAQ, maintained, when we met with her in her Ministry office, that it was quite normal for establishments to try to hire doctors who could meet the needs of the population in their region, thus implicitly justifying these discriminatory practices against women. Finally, Christian Dubé's office refused to discuss the matter with us, on the basis that the matter was *sub judice*.



Me Patrice Savignac Dufour
Executive Director, FMRQ

In conclusion, for the FMRQ's Executive Director, who also acts as Director of Legal Affairs, this judicial battle, which was spread over close to six years, is a fine illustration of the combativeness of our organization and the members who are involved in it. The FMRQ devoted significant human and financial resources to this court action, but the importance of defending members' fundamental rights is beyond price.

"Legal battles have the disadvantage of taking up a great deal of time before yielding any results, but in this case, since those responsible at the MSSS refused to resolve the issue politically, we had no choice but to initiate legal proceedings. That would not have been possible, though, without the political support of the organization's executive, the work of our attorney in the case, Me Sylvain Beauchamp, and, of course—and I can't stress this enough—the perseverance of Dr Laurence Labine, who agreed to represent all her colleagues in this matter, at the risk at the time, when she hadn't yet found a position, of being subjected to reprisals for it. It's thanks to courageous individuals like her that all our members now benefit from better protection against discrimination. So I'd like to express my warmest thanks to Dr Labine, who carried out and persisted in this struggle with us, even once she'd become a staff physician."

2024 – SIMILAR SITUATION REPORTED IN GERMANY

Unfortunately, these discriminatory measures are not restricted to Quebec. On December 16, 2024, Medscape Family Medicine published an article about a resident doctor in Germany who had experienced a situation similar to Dr Labine: her training was downgraded, and her job applications went unanswered, because she was a woman of child-bearing age. Entitled "We Don't Hire Female Doctors With Children," the article tells the story of this resident who became pregnant during her first year of residency and the difficulties she encountered on returning from maternity leave. She was no longer allowed into the operating room, and was sent instead to the outpatient clinic. When she demanded to resume her surgery training, her supervisor said she shouldn't have got pregnant in her first year of residency: "Well, that's your fault for getting pregnant right away." She was even told verbally by three hospitals: "We don't hire women with children."

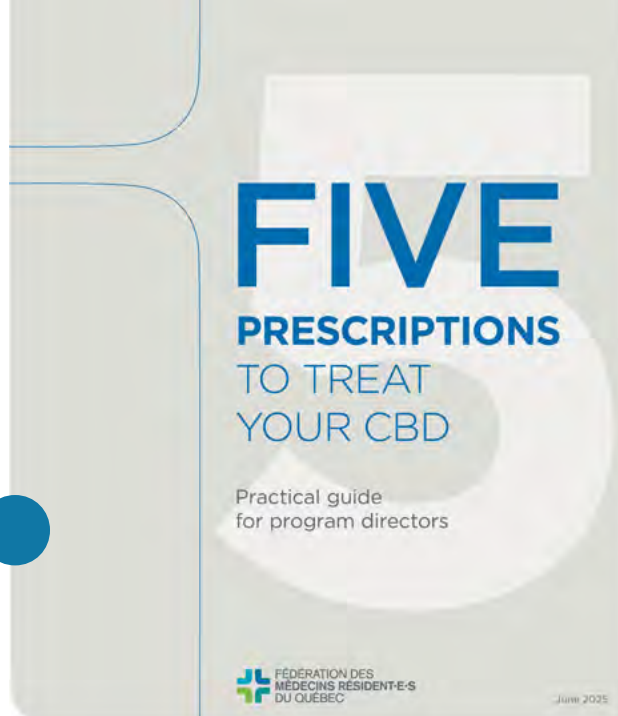
[You can read the article here.](#)



INTERVIEW QUESTIONS ARE PROHIBITED CONCERNING:

- Whether the interviewee has children
- Whether the interviewee wants to have children
- Whether there is a spouse
- Sexual orientation
- Religion or religious symbols
- Ethnic or national origin
- Age

4.



CBD 2.0: WHAT'S THE STORY?

Rollout of Competence by Design (CBD) began in July 2017 with Anesthesiology and Otolaryngology/Head and Neck Surgery (ENT/HNS), and CBD is now being implemented in the great majority of postgraduate medical education programs across Canada. But this implementation did not go smoothly, and both the FMRQ and other stakeholders in the medical and academic system pointed out difficulties which, over time, were not always satisfactorily resolved.

That was the context in which, in 2024, the Royal College of Physicians and Surgeons of Canada (RCPSC), medical faculties, and representatives of resident doctors across Canada took a good look at the original CBD, and proposed a CBD 2.0. Much lobbying was carried out by the various stakeholders for this new version of CBD. For the Royal College, this approach represented not so much a change of direction as an adjustment of the program and process. For the FMRQ, CBD 1.0 was a failure in several respects. None the less, we continue to work with the authorities concerned to ensure that the new rules will correspond to the needs of physicians-in-training, in particular by commenting on the various proposed changes, including technical handbooks for program directors. But we wanted to wait until we saw the impact of these changes in the field before talking about the benefits they would bring or the next pitfalls learners would be faced with.

In July 2025, six other disciplines were added to those already under CBD: Colorectal Surgery, Endocrinology and Metabolism (Adult and Pediatric), General Surgical Oncology, Interventional Radiology, Public Health and Preventive Medicine, and Thoracic Surgery. Two new disciplines have also been added: Dermatopathology, and Inherited Metabolic Diseases Medicine, for which CBD workshops were to begin in spring 2025.

The schedule for the proposed changes is moving ahead as planned. A report on Year 1 of CBD 2.0 should be issued by the Royal College in Fall 2025.

The first technical handbooks (on competence committees and assessment) were released in June 2025. Note that the action plan associated with the pilot project for the Internal Medicine core curriculum is in the process of being finalized, and the launch should be taking place with the R1 cohort starting residency on July 1, 2026.

REMAINING FOCUSED ON ALLEVIATING THE BURDEN OF CBD FOR OUR MEMBERS

On April 5, 2025, Dr Ghassen Soufi, then FMRQ President, gave a talk at the Learner Forum of the International Congress on Academic Medicine (ICAM), in Halifax. On the theme of “the healthcare worker’s inherent moral dilemma,” his presentation aimed to show how pedagogical approaches can force learners to harm their patients. Resident doctors have to act in their patients’ interests; act to preserve their team/unit/system; ensure they learn and become competent; and tick all the boxes on the CBD checklist. The new pedagogical approaches under CBD in Canada have exacerbated this conflict, and placed the additional burden squarely on resident doctors’ shoulders, when they have to be sure to complete entrustable professional activity (EPA) observation forms and have them validated by their supervisors.

The FMRQ asked the associate deans attending that meeting to keep competency checklists out of remediation and discipline procedures, and to help department/division chairs assess the quality of feedback from staff physicians, rather than the quantity of acts completed. In the FMRQ’s view, there should be no penalty if resident doctors do not complete all the EPAs.

To ensure proactive follow-up with respect to the Royal College’s recent decisions concerning CBD, the FMRQ has drawn up a guide to support resident doctors, of course, but also aimed at program directors: Five prescriptions to treat your CBD. Below are some paragraphs from our guide setting out the proposed remedies, along with a brief description of the challenges for each one.

CBD 2.0: WHAT'S THE STORY?

1) TALK ABOUT COMPETENCIES RATHER THAN FORMS

There is more to CBD than Entrustable Professional Activities (EPAs), and there is more to EPAs than "EPA observation forms." But a good number of residents and supervisors are under the impression that CBD just comes down to those infamous time-consuming forms, so they focus on forms rather than learning. Programs can decide to use alternative methods to assess EPAs (rotation assessments, in-house exams or other systems) instead of observation forms.

2) USE THE RIGHT TOOLS TO QUANTIFY EXPOSURE

Many specialties use EPA observation forms in a bid to ensure minimum exposure, particularly for certain technical skills. Use tools more closely geared to counting, such as case logs, number of half-days in clinic, or procedure-tracking applications.

3) CONCENTRATE ON NARRATIVE COMMENTS

The use of entrustability scales in EPA assessment forms (such as the O-SCORE) converts them into pass-fail activities that are carefully selected by residents. If you want to numerically score your residents' competency, use structured exams or simulations whose validity can be ensured.

4) HELP KEEP YOUR COLLEAGUES HONEST

Residents want real feedback on their competence, even when it is negative or critical. EPA observation forms represent a useful opportunity for obtaining a written, relatively "safe" assessment. Set clear guidelines for their use, and convey them to your residents and supervisors.

5) PASS ON YOUR DECISIONS IN A TIMELY MANNER

Some phases in training under CBD can be very long—as much as three years in five-year primary specialties. Do not wait for these phases to be completed before checking residents' progression in each EPA.

Of course, these proposals are pathways we advocate for, but also on which we are conducting follow-up with the Quebec associate deans over the next few years. Since the CBD rollout cycle is to all intents and purposes completed, we have to be vigilant if we don't want the measures to update and adapt CBD to be forgotten, for all changes that were proposed not to be implemented in the field, and for CBD to remain a theoretical shell, rather than a genuine movement to enhance postgraduate medical education.

🔗 5 Prescriptions to treat your CBD



18^e édition

Tournoi de golf des fédérations médicales au profit du Programme d'aide aux médecins du Québec

Merci à nos partenaires et participants pour les 100 000 \$ amassés !



NOS PARTENAIRES

Grands partenaires



Catégorie Or



Catégorie Argent



Catégorie Bronze



FMOQ | FMSQ | FMRQ | FMEQ

pamq.org/tournoi-de-golf

ProfessionSanté

**La référence pour
bien commencer
votre carrière**

articles sur l'actualité médicale
dossiers de fond
quiz cliniques
formation continue
débats entre professionnels

Profession**Santé**

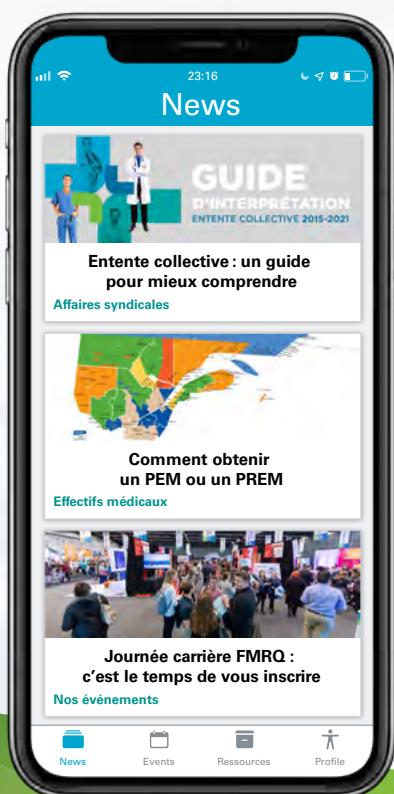


eCortex

**Inscription
gratuite**



**INSCRIVEZ-VOUS SUR [PROFESSIONSANTE.CA](https://professionsante.ca)
OU SCANNEZ LE CODE QR**



FÉDÉRATION DES
MÉDECINS RÉSIDENT·E·S
DU QUÉBEC

**THE FMRQ MOBILE
APP, A MUST!**



5.

BILL 83

Bill 83 has been topical since its adoption, owing to its impact on the practice choices of terminating residents in all specialties. Tabled in the National Assembly on December 3, 2024, the Bill, *An Act to foster the practice of medicine in the public health and social services network* is aimed essentially at early-career physicians in Quebec, requiring them to practise medicine in the public system for the first five years of practice, before they are allowed to work in the private sector. Other measures targeting medical students and resident doctors are mentioned in the legislation, in particular the possibility of requiring both those groups to sign a contract forcing them to practise in Quebec once their training is completed.

All these measures clearly constitute discriminatory clauses that specifically affect the young generation of doctors, regardless of specialty. In a press release issued on December 3, 2024, the President of the Federation pointed out that each and every one of the 4,000 resident physicians in Quebec already works in the public healthcare system. Moreover, the FMRQ is in favour of a strong, accessible, attractive public healthcare system, but coercion does not usually foster a strong commitment from the individuals concerned. Rather, the solution involves gaining a better understanding of the reasons why those doctors choose to work in the private sector, and of what we can do to improve work conditions in the public system.

While Quebec is indeed short of doctors, this type of law is certainly not conducive to encouraging recruitment. And what will happen to those doctors from other provinces after matching through the Canadian Resident Matching Service (CaRMS) who would like to go back to their home province to practise? So many questions, so few answers. In draft legislation, now passed into law, that was half-baked.

See below for highlights of the brief the FMRQ tabled with the Parliamentary Committee on Health and Social Services on February 6, 2025, in the context of the review of Bill 83.

HIGHLIGHTS FROM THE FMRQ'S BRIEF CONCERNING BILL 83

- This Act contains measures that clearly discriminate against young people, including the one potentially forcing young doctors to practise in Quebec as they start out in practice, whereas access to the medical education system is Canada-wide;
- The proposed solutions will not help improve the public healthcare system;
- Resident doctors already work full-time, 72 hours a week on average, in the public healthcare system, throughout their residency, which lasts from two to seven years, depending on the specialty;
- Our doctors trained here still have to be able to find positions once their training is completed and to benefit from the necessary resources to deliver quality services to their patients;
- The public healthcare system has to be upgraded if we want to retain the upcoming generation of doctors and all other health professionals;
- Constraints need to be removed, not new ones added.

6.

PHYSICIAN RESOURCE PLANS IN NON-FAMILY MEDICINE SPECIALTIES

Looking for a position means stressful times for terminating residents, whether with meetings and interviews in the practice sites with positions available, or in preparing for a fellowship or other additional training. Beyond Bill 83, other changes have been proposed and adopted in connection with Bill 15, the legislation leading to the establishment of *Santé Québec*. Certain measures, such as specific medical activities (AMPs), could be applied in some specialties. Work in that regard is already under way. So the FMRQ is closely monitoring developments in this area.

Furthermore, other changes have recently been made with respect to physician resource planning and distribution in Quebec. The Ministry has decided to move from a five-year plan to a three-year plan for physician resource plans (PEMs) by specialty and by facility/establishment. The exercise in connection with the next plan, to cover 2026-2028, will begin in Fall 2025, and the PEMs for that period will be available in early December 2025.

It is also important to note that the Ministry now posts the plans on its website by establishment, but also for each facility in the healthcare system. This helps give us a better idea of the distribution of positions, and facilitates the search for positions for physicians in the final stages of training. Virtual positions are also easier to identify and report, where applicable.

Finally, the work to transition a number of specialist physicians to PEMs in Critical Care is soon to be completed. This is being carried out on a voluntary basis. Currently, doctors opting for a PEM in Critical Care are excluded from their establishment's plan in their medical or surgical specialty or subspecialty. PEMs in Critical Care are aimed at positions in closed Intensive Care units. As to doctors completing their training in 2026, specific PEMs will be offered in Critical Care. Positions already filled along with a few available positions are in fact already posted on the [Ministry site](#). Moreover, a new association of specialist physicians in Critical Care was recently established at the *Fédération des médecins spécialistes du Québec* (FMSQ), making it the 36th association under the aegis of that Federation, for doctors dedicated to that practice.

We will keep you informed of the details of this new distribution of positions in Critical Care over the coming months. The important thing to realize is that doctors who will be practising in Critical Care in their facility or establishment will nevertheless be able to continue to work in their primary specialty and bill in that specialty. The inverse process for those with a PEM in a given specialty is also possible. Details concerning this practice will be discussed when the physician's privileges and obligations are established. We will be able to provide you with more details in the Fall issue of the *Bulletin*, i.e., the *Guide to Practice 2025-2026*.

7.

EXCELSIOR AWARDS 2025



Each year, Excelsior Awards are given to resident doctors who have contributed to enhancing their workplace or community through an innovative project. The awards are intended to recognize the residents' involvement and contribution. Five awards are made, one for each affiliated association (AMRM, ARM, AMReQ, and AMReS), and a fifth for family medicine residents. Award winners receive a \$2,500 bursary and a certificate. Here are the recipients for the 2025 edition.



Dr Evan Dimentberg
Association des médecins résident-e-s de Montréal (AMRM)

The 2025 Excelsior Award for AMRM goes to Dr Evan Dimentberg, an R1 in Pediatrics. While working on his Master's, he developed software with his supervisor, using artificial intelligence and 3D modelling to generate a precise model of the body from a 45-second video taken with a smartphone. They then tested it at the Montreal Children's Hospital. *Momentum Spine* is a digital healthcare tool for detection, diagnosis, and remote monitoring of spinal deformities. Dr Dimentberg is continuing his work by participating actively in its advancement through co-ordination of multi-centre validation studies in Canada, the USA, and Europe, which contributed to the software's FDA 510(k) and Health Canada clearance. Patients with scoliosis—mostly young teens—have double the life-time risk of contracting cancer, owing to the high number

of X-rays they have to undergo. *Momentum Spine* is a non-invasive, radiation-free tool, offering greater flexibility, since the test can be carried out from home. Dr Dimentberg is currently working on having the tool approved Canada-wide for standard care pathways.



Dr Owen Luo
Association of Residents of McGill (ARM)

The 2025 Excelsior Award for ARM goes to Dr Owen Luo, an R2 in Internal Medicine. He founded Project Green Healthcare/Projet Vert la Santé, the first practice community of its kind for learners in medicine, which promotes quality improvement of sustainable healthcare. The project offers grants to learner teams for establishing a training program on quality improvement of sustainable development and leadership. The project is now set up in medical schools across Canada, which have developed projects to reduce their carbon footprint and become ambassadors of this initiative. One project stemming from this initiative is a composting program in Trois-Rivières. The tangible results of these projects have been disseminated through different publications, including *The Lancet Planetary Health* and *The Journal of Climate Change and Health*, and have been presented at international conferences. Dr Luo has himself initiated the development and publication of a toolbox accessible to learners. To date, he has recruited an advisory committee and three cohorts.

EXCELSIOR AWARDS 2025



Dr Marie Laviolette
Association des médecins résidents de Québec (AMReQ)

The 2025 Excelsior Award for AMReQ goes to Dr Marie Laviolette, an R2 in Family Medicine. She set up her project within the framework of a rotation at the university hospital in Majunga, northern Madagascar: training in targeted ultrasound (basic EDTU) for future general practitioners working in Emergency. The Emergency Department had received the donation of a Vscan handheld ultrasound device, but it was unused for lack of expertise. Once the doctors were trained, she offered theoretical classes and practical supervision on advanced cardiac, pulmonary, and renal ultrasound. To do so, she sought the collaboration of the EDTU course in Canada, which provided the pedagogical material online and allowed Canadian certification to be issued, without charge. On leaving Madagascar, she gave the Emergency Department there a brand-new ultrasound device, to ensure the sustainability of their learning. The goal of the project was to empower the clinicians on site and optimize patient management in Emergency. She points out that she herself also benefited from this rotation professionally, as it enabled her to overcome her feeling of impotence in the face of the conditions to which some care sites abroad are subjected.



Dr Laurence Delaney
Association des médecins résidents de Sherbrooke (AMReS)

The 2025 Excelsior Award for AMReS goes to Dr Laurence Delaney, an R4 in Psychiatry. Her project involves implementation of a proactive, systematic approach aimed at reducing length of stays in Psychiatry. Unlike conventional methods, where management of stays is often carried out reactively, this project emphasizes early identification of modifiable factors from the moment the patient is admitted. It makes it possible to act rapidly to adjust treatments and interventions, thus optimizing patient management, while anticipating patients' needs early on. The approach began close to one year ago. Dr Delaney took part in all the activities concerning setting up the project, based, among other things, on a literature review, to better identify the factors influencing length of hospitalization on which the team could intervene. This enabled her to develop competencies in case management, health systems analysis, and research, to the patients' benefit. The project also fosters interdisciplinary collaboration. It enhances access to care for other patients, by reducing the length of hospitalization. It can have a positive impact on the costs associated with extended hospital stays, and favour patients' re-entry into their social and professional environment.

EXCELSIOR AWARD FOR FAMILY MEDICINE



**Dr Laurence Gagnon
et Dr Jeanne Lavallée**
Association des médecins résidents de Québec (AMReQ)

The Excelsior Award for members in Family Medicine goes to Drs Laurence Gagnon and Jeanne Lavallée, both of them R2s. Their project: A partnership with Quebec's institute for excellence in health and social services (*Institut national d'excellence en santé et services sociaux*, or INESSS) to co-ordinate a CoMPAS approach—the French acronym refers to *Collectif pour les meilleures pratiques et l'amélioration des soins et services*, or Collective for best practices and enhancement of care and services. The goal of the project was to introduce a quality improvement collaborative (QIC) approach for care of patients with chronic obstructive pulmonary disease (COPD) at the GMF-U Maizerets University Family Medicine Group. The approach involves organizing workshops in reflective practice which the award winners designed and facilitated. This enabled them to identify the priority COPD-related problem, namely, patients' ignorance about managing their medication. The two recipients set up an interdisciplinary local committee focussing on working together with partner-patients to implement the identified changes. In this way, they were able to set up joint follow-up of patients suffering from COPD with the nurse clinicians in the clinic starting in fall 2024. As a bonus, the project considerably reduces the workload of resident doctors and referring physicians, owing to the component involving patient management by nurses (explanation of disease, pump dosage technique, non-pharmacological methods for managing COPD, etc.), a crucial issue in family medicine. The project has already shown a positive impact on the first patients, and has inspired other UFMGs to follow suit.

CONGRATULATIONS TO THE AWARD WINNERS!

Devenez maître de votre pratique

Pourquoi choisir Medway?

- Frais de bureau fixes et concurrentiels
- Un accompagnement axé sur l'autonomie de pratique
- Milieux de soins modernes et adaptés

recrutementmedical@med-way.ca



GMF Lévis-Les Rivières

Lévis, secteur Saint-Nicolas

GMF Taniata

Lévis, secteur Saint-Jean-Chrysostome

GMF Pont-Rouge

Pont-Rouge

GMF Lévis-Lauzon

Lévis, secteur Lauzon

GMF-U Laurier

Québec, secteur Sainte-Foy

GMF Côte-de-Beaupré

Sainte-Anne-de-Beaupré

GMF Donnacona

Donnacona

GMF Lafontaine

Rivière-du-Loup

GMF Charlevoix-Est

La Malbaie



Ne manquez pas la **Journée carrière de la FMRQ**
le **19 septembre prochain**
au Palais des congrès de Montréal.



Pratiquer et vivre à fond

Une pratique stimulante alliée à une qualité de vie exceptionnelle, une région aux paysages époustoufflants, voilà qui donne envie de vivre à fond!

Une région qui se démarque

- ✓ Équipes dynamiques
- ✓ Travail interdisciplinaire
- ✓ Polyvalence et autonomie
- ✓ Pratique valorisante et diversifiée

Médecins de famille et médecins spécialistes recherchés en :

- biochimie médicale
- cardiologie
- chirurgie orthopédique
- chirurgie plastique
- gériatrie
- hémato-oncologie
- médecine d'urgence
- médecine interne
- médecine nucléaire
- microbiologie et infectiologie
- néphrologie
- neurologie
- ophtalmologie
- oto-rhino-laryngologie
- pédiatrie
- pneumologie
- psychiatrie adulte
- psychiatrie enfant et adolescent
- radiologie diagnostique

Envie de tenter l'aventure? Contactez :

Mme Véronique Bossé
418 899-0214, poste 10202
recrutement.medical.cisssbsl@ssss.gouv.qc.ca

medecin.cisssbsl.com

CHEZ NOUS,
ON SE DÉMARQUE
EN GRAND

Centre intégré
de santé
et de services sociaux
du Bas-Saint-Laurent

Québec 



Chaudière-Appalaches

Le bonheur d'y vivre et d'y pratiquer

Des gens passionnés qui n'ont pas peur d'innover et de s'impliquer. L'atmosphère de travail est chaleureuse et dynamique et le travail d'équipe est valorisé.



Postes disponibles et à venir

dans les départements et services suivants :

- Anatomopathologie
- Biochimie médicale
- Cardiologie
- Chirurgie générale
- Chirurgie orthopédique
- Dermatologie
- Néphrologie
- Obstétrique-gynécologie
- ORL
- Pédiatrie
- Pédopsychiatrie
- Psychiatrie
- Radiologie diagnostique
- Rhumatologie
- Santé publique, médecine préventive et médecine du travail



Médecine familiale

- CHSLD
- Hospitalisation
- Obstétrique
- Soins palliatifs
- Soins physiques en psychiatrie
- Soutien à domicile
- Suivi de clientèle
- UCDG
- URFI
- Urgence

recrutementmedecins.com



Pour plus d'informations :

Omnipraticiens : dtmf.ciassca@ssss.gouv.qc.ca

Spécialistes : dmsp.ciassca@ssss.gouv.qc.ca

Centre intégré
de santé et de services
sociaux de Chaudière-
Appalaches

Québec



La Gaspésie au coeur de ta pratique

Postes disponibles

Médecine spécialisée

- Anesthésiologie
- Chirurgie orthopédique
- Ophtalmologie
- Oto-rhino-laryngologie
- Pédiatrie
- Psychiatrie adulte
- Radiologie
- Urologie

Médecine familiale

- CHSLD
- Hospitalisation
- Obstétrique
- Prise en charge
- Urgence



Pour des renseignements supplémentaires et la
planification d'une visite exploratoire:

Érika Gagné, agente de recrutement médical

(418) 763-2261. 725244

erika.gagne.ciassgaspesie@ssss.gouv.qc.ca

Centre intégré
de santé
et de services sociaux
de la Gaspésie

Québec 



Une offre pour les médecins résidents

Une offre financière pensée et développée
pour vos besoins personnels et professionnels.

Faites comme plusieurs membres de la FMRQ et profitez de l'offre Exclusive.

desjardins.com/fmrq
1 844 778-1795 poste 30



PLANIFIER
SES FINANCES



DÉMARRER SON
PROJET CLINIQUE



INVESTIR
EN CONFIANCE



SIMPLIFIER SA
FACTURATION
MÉDICALE



OPTIMISER
SA FISCALITÉ

PROFITEZ DE NOTRE EXPERTISE POUR
ÉLABORER VOTRE STRATÉGIE D'ÉPARGNE,
ET NOUS BONIFIERONS VOTRE PREMIER
COMPTE FONDS FMOQ DE 300 \$*

* Offre exclusive aux médecins résident.e.s.
Certaines conditions s'appliquent.



RÉALISER
SES RÊVES

... ET PLUS ENCORE



FONDS FMOQ

fondsfoq.com | info@fondsfoq.com

Pourquoi choisir Xacte ?

Nous préférons laisser nos clients répondre.



Le système est clair, le service est rapide et courtois, les erreurs sont rapportées clairement, le suivi des questions et des problèmes est diligent. Grâce à Xacte, j'ai pu rapidement ajuster ma facturation à la COVID. Je n'ai que des félicitations !

-Dr Éric Morissette, Interniste –
Hôpital de Baie-Saint-Paul



Le début de la pratique en tant que spécialiste s'accompagne de nombreux défis avec beaucoup d'adaptation. J'ai été très satisfait par les services de facturation donnés par Xacte. Ses intervenants sont toujours à l'écoute, très disponibles, ils répondent vite à nos interrogations et sont toujours prévoyants et rassurants.

-Dr Lionel Cailhol,
Psychiatre



L'équipe de Xacte est dynamique, proactive et à l'écoute. Non seulement elle répond rapidement à mes questions, mais en plus, elle me fournit des suggestions afin d'améliorer ma facturation !

-Dr Emerson Fadois,
Omnipraticien – Clinique
médicale La Patrie



Obtenez l'équivalent de six mois d'utilisation sans frais sur votre première année d'utilisation.

Ne laissez pas la rentrée vous rattraper ! Activez l'offre et démarrez votre facturation médicale sans tarder.

50%
de rabais*

* Offre réservée aux nouveaux patrons débutant en 2025. Inclut les services et fonctionnalités du plan Premium. Certaines conditions s'appliquent.

© TOUS DROITS RÉSERVÉS, 2025

Xacte est une marque enregistrée de Solutions Petal inc.

xacte.net | 1 888 949-8601



Réalisez des économies avec TD Assurance.

Vous pourriez obtenir des tarifs préférentiels sur l'assurance habitation et auto. De plus, découvrez d'autres produits de TD Assurance qui peuvent répondre à vos besoins.

**Pour en savoir plus ou pour
obtenir une soumission, visitez**
tdassurance.com/fmrq



TD Assurance



Le programme TD Assurance Meloche Monnex est offert par SÉCURITÉ NATIONALE COMPAGNIE D'ASSURANCE. Il est distribué par Meloche Monnex assurance et services financiers inc., au Québec, par Meloche Monnex services financiers inc., en Ontario, et par Agence Directe TD Assurance Inc. ailleurs au Canada. Notre adresse est le 50, place Crémazie, 12^e étage, Montréal (Québec) H2P 1B6. En raison des lois provinciales, ce programme d'assurances auto et véhicules récréatifs n'est pas offert en Colombie-Britannique, au Manitoba ni en Saskatchewan. Toutes les marques de commerce appartiennent à leurs propriétaires respectifs. ^{MD} Le logo TD et les autres marques de commerce TD sont la propriété de La Banque Toronto-Dominion ou de ses filiales.

Nouveau régime d'union parentale



Actuellement au Québec,
42 % des couples vivent en **union de fait**
et **65 %** des **enfants** naissent hors mariage*.

Pour assurer un traitement équitable à ces enfants et protéger leurs droits, le ministère de la Justice du Québec met de l'avant le **nouveau régime d'union parentale** (projet de loi no 56), qui a été adopté dans le cadre de la Loi sur la réforme du droit de la famille et qui entre en vigueur le **30 juin prochain**.

Ce nouveau régime a-t-il un impact sur vous ou vos proches? Quels sont les éléments du patrimoine familial qui sont concernés? Y a-t-il des dispositions pour le conjoint survivant en cas de décès?

M^e Anik Bellemare et **M^e Catherine Cloutier**, deux notaires de notre équipe fdp Gestion privée, vous expliquent les éléments de base de ce nouveau régime.



Anik Bellemare
LL. B., D.D.N.
Notaire



Catherine Cloutier
LL. B., D.D.N.
Notaire



Écoutez notre
webinaire en direct
ou en rediffusion



Lundi le 16 juin, à 19h
disponible en rediffusion ensuite



30 min, suivi d'une période
de questions de 15 min

*Source : Cabinet du ministre de la Justice et procureur général du Québec, 2 juin 2024.

Financière des professionnels inc. détient la propriété exclusive de Financière des professionnels – Fonds d'investissement inc. et de Financière des professionnels – Gestion privée inc. Financière des professionnels – Fonds d'investissement inc. est un gestionnaire de portefeuille et un gestionnaire de fonds d'investissement, qui gère les fonds de sa famille de fonds et offre des services-conseils en planification financière. Financière des professionnels – Gestion privée inc. est un courtier en placement, membre de l'Organisme canadien de réglementation des investissements (OCRI) et du Fonds canadien de protection des investisseurs (FCPI), qui offre des services de gestion de portefeuille. fdp Gestion privée et les marques de commerce, noms et logos connexes sont la propriété de Financière des professionnels inc. et sont enregistrés ou employés au Canada. Employés en vertu d'une licence de Financière des professionnels inc.



« Le passage de la faculté de médecine à la résidence est une période à la fois stimulante et stressante qui comporte tout un lot de choses à faire et d'incertitude. »

- Diplômé de la faculté de médecine de l'Université Queen's, 2021

Soutien durant votre programme de résidence

Les spécialistes, Services aux professionnels de la santé RBC, comprennent le parcours particulier d'un médecin résident et peuvent vous aider à franchir vos prochaines étapes avec assurance. Il y a beaucoup d'éléments à prendre en compte. Voici comment nous pouvons vous aider.



Finances personnelles

Gestion de l'endettement –
Devriez-vous augmenter le
montant des versements sur
votre prêt d'études ou épargner ?
Est-il possible de faire les deux ?

Établissement
d'un budget et
d'objectifs de placement

Réponses à vos questions
de planification fiscale



Les étapes de la vie

Gestion des frais
de relogement, si votre
résidence exige une
délocalisation

Est-ce le bon moment pour acheter
un appartement en copropriété
ou une maison, ou est-il préférable
de continuer de louer ?

Stratégies d'épargne pour
les étapes ultérieures de la vie,
comme fonder une famille



Planification d'affaires

Quels facteurs devez-vous
prendre en compte si vous
vous joignez à un cabinet
ou si vous en ouvrez un ?

Savoir quand constituer son
entreprise en société

Faire les meilleurs choix
financiers pour vous mettre
sur la voie de la réussite

Allez à rbc.com/medecinresident pour en savoir plus



Je suis **médecin résident**. Ma place est ici.

Souscrire une assurance maintenant
peut vous profiter toute la vie.



Faire appel aux experts de Sogemec Assurances, c'est bénéficier d'une prise en charge simple et rapide de votre dossier d'assurance. Nos conseillers peuvent vous donner accès aux meilleurs produits d'assurance individuelle ou groupe sur le marché et s'occuper de tout pour vous.



**Assurance
vie**



**Assurance
invalidité**



**Assurance
maladies graves**

Des protections créées pour vos besoins

Sogemec Assurances est le seul cabinet mandaté par la FMRO pour vous offrir:

Assurance vie

Assurance invalidité

Assurance maladies graves

Offre au nouveau patron

L'assurance d'une grande expertise

1 800 361-5303 [sogemec.com](https://www.sogemec.com)

Sogemec
ASSURANCES

Facturation médicale



Gagnez du temps avec notre service de facturation médicale.

Chez MultiD, nous vous offrons la synergie d'une équipe dévouée et d'un réseau d'experts en facturation médicale. Un avantage unique intégré à notre offre de service globale, pour faciliter votre pratique.

Découvrez
comment
prendre soin
de vos activités.

Comptabilité



Ayez l'esprit tranquille grâce à nos services de comptabilité.

Nous croyons que votre comptabilité devrait être simple et transparente. C'est pourquoi nous vous offrons un service de gestion comptable qui vous assure une vision claire de vos finances. Une valeur ajoutée pour les travailleurs autonomes ou incorporés, les fiducies, les cliniques, les pools de service et les sociétés de personnes.

Impôt et fiscalité



Maximisez vos avoirs avec nos solutions pour l'impôt et la fiscalité.

Forts de nos 50 ans d'expérience auprès des professionnels de la santé, nous connaissons bien les diverses particularités qui vous touchent et nous vous permettons d'optimiser votre fiscalité tout en respectant les obligations en vigueur.

Planification stratégique



Optimisez vos finances avec des stratégies personnalisées.

Nous possédons une expertise multidisciplinaire qui fait toute la différence dans l'optimisation de votre pratique professionnelle. Notre mission : vous faire économiser du temps et de l'argent dans l'atteinte de vos objectifs.

1 800 363.3068
multid.ca

Que ce soit pour un service précis ou une solution 360, nous avons tous les outils en main pour alléger votre quotidien et vous permettre de vous concentrer sur vos priorités.

ENVIE D'UNE EXPÉRIENCE PERSONNELLE ET PROFESSIONNELLE UNIQUE EN MÉDECINE?

UN NOUVEAU DÉFI VOUS ATTEND AU

NUNAVIK

ᓄᓇᐱᖅ

De nombreux postes sont disponibles comme médecin de famille et médecin spécialiste.

Vivez une expérience exceptionnelle tout en développant votre carrière!

Pour en savoir plus sur les carrières au Nord et sur les conditions de travail :



Photo : © François Léger-Savard



POUR SOUMETTRE SA CANDIDATURE

MÉDECIN DE FAMILLE

Docteure Geneviève Auclair
Chef du Département régional de médecine générale du Nunavik
genevieve.auclair@ssss.gouv.qc.ca

MÉDECIN SPÉCIALISTE

Docteure Nathalie Boulanger
Directrice des services professionnels du Centre de santé Tulattavik de l'Ungava
effectifsmedicaux.nunavik@ssss.gouv.qc.ca

Docteur Christian Deschênes
Directeur des services professionnels du Centre de santé Inuulitsivik



ᐱᖃᓐ ᐅᓕᓕᐱᖅ ᓄᓇᐱᖅ ᐱᖃᓐ
UNGAVA TULATTAVIK HEALTH CENTER
CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA



Choisissez le CISSS de Lanaudière

Diverses possibilités d'emploi, plus particulièrement dans les secteurs suivants :

- Médecine générale
- Anesthésiologie
- Gériatrie
- Pédiatrie
- Pédopsychiatrie
- Médecine physique
- Obstétrique-gynécologie
- Rhumatologie
- Urologie
- Hémato-oncologie
- Neurologie
- Santé publique

Toutes autres spécialités, selon le besoin.

Soignez chez nous

- Pratique diversifiée et stimulante
- Plus de 800 médecins
- 63 installations, dont 2 hôpitaux
- Équipes dynamiques
- Travail interdisciplinaire
- Modernisation et agrandissement (projets immobiliers d'envergure)

Nous offrons un **cheminement de carrière** centré sur vos intérêts et sur vos projets de vie dans une **région majestueuse et innovante** qui est remplie d'espaces verts, urbains et culturels.

Ici,
pour une
qualité de vie
et de pratique



Pour information : Lyne Marcotte

Directrice adjointe administrative des services professionnels
450 654-7525, poste 43644 | lyne.marcotte@ssss.gouv.qc.ca

ciyss-lanaudiere.gouv.qc.ca/carrieres

Centre intégré
de santé
et de services sociaux
de Lanaudière

Québec



Une pratique médicale repensée et conviviale au cœur d'une destination santé

Réseau MAclinique, le plus grand réseau fondé par des médecins au Québec, vous offre la possibilité de bâtir votre pratique de rêve dans l'une de nos cliniques publiques au sein même de nos complexes dédiés à la santé.

Une approche simplifiée, collaborative et résolument tournée vers l'avenir.

- ✓ **Support à la pratique**
Accompagnement administratif et médical complet, pour une pratique optimisée.
- ✓ **Communauté et synergie**
Milieu multidisciplinaire fondé sur la collaboration et le partage des connaissances.
- ✓ **Efficience en dyade/IA**
Collaboration médecin-infirmier optimisant le potentiel et l'accès aux soins.
- ✓ **Environnement**
Espaces lumineux et chaleureux pensés pour le bien-être des patients... et des équipes.
- ✓ **Flexibilité**
Horaires souples et respect de la liberté de pratique.
- ✓ **Perfectionnement continu**
Formation continue accréditée, mensuelle et gratuite.


Nos cliniques :

Québec, Chaudière Appalaches, Laval,
Montréal, Laurentides.



Rejoignez Réseau MAclinique !

reseaumaclinique.com/gmf



La médecine en région, une pratique de vie

SARROS

→ Vous souhaitez...

- Accéder à une **pratique diversifiée** et polyvalente
- Faire partie d'une équipe où **l'esprit d'entraide** est important
- Faire une **réelle différence**
- Avoir facilement **accès à la nature**
- Obtenir une belle **qualité de vie**

La pratique en région
SARROS est pour vous!

→ Avantages de travailler en région

- Rémunération majorée
- Prime d'installation
- 20 journées de ressourcement
- Programme de bourses (médecine de famille et médecine spécialisée)



VIDÉOS | BALADOS |
IMAGES 360° | MAGAZINE



Bientôt nouveau médecin-facturant ?

**Six mois gratuits.
Six avantages.
On s'occupe de tout.**

**Le choix #1
des médecins au Québec.**



Vous prendre sous notre aile gratuitement pour six mois, c'est notre façon de vous souhaiter bienvenue dans votre nouvelle carrière. Un plan Agence bonifié, spécialement adapté à votre début de pratique. Flexible et sans engagement.

Ne manquez pas cette chance unique !

Prenez rendez-vous pour en savoir plus.

1 866 332-2638



Futur hôpital de Vaudreuil-Soulanges



D'ici l'ouverture,
venez pratiquer dans
l'une de nos installations

Médecine spécialisée

recrutement_md_specialiste.ciassmo16@ssss.gouv.qc.ca

Médecine familiale


recrutement_omnis.ciassmo16@ssss.gouv.qc.ca



emplois-ciassmo.ca/pratique-medicale

Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest

Québec 




**La Tuque recherche médecin
de famille en périnatalité!**

— Joins-toi à nous!

Fière d'être médecin à La Tuque! _____

L'installation de La Tuque, seule région SARROS en Mauricie, est à la recherche d'un à deux médecins de famille souhaitant pratiquer dans un milieu stimulant et diversifié, entourés d'une équipe dynamique et engagée.

Optez pour une pratique « Prise en charge de patients et obstétrique » au Centre multi-services de santé et de services sociaux du Haut-Saint-Maurice à La Tuque. Tous les services de santé et les services sociaux sont sous un même toit, même le GMF!



*« Pratiquer à La Tuque me donne
le privilège d'accompagner
des familles entières dans toutes
les étapes de leur vie, tout en ayant
un excellent équilibre travail-famille. »*

- Dre Annie Blais

Pour information ou pour planifier
une visite, contactez :

Charlene Bolger

Agente de planification, de programmation
et de recherche
819 523-4581 poste 2108
charlene_bolger@ssss.gouv.qc.ca

ciusssmcq.ca
sarros.ca
choisirlatuque.ca

**Centre intégré
universitaire de santé
et de services sociaux
de la Mauricie-et-
du-Centre-du-Québec**

Québec

