

Rural Residency Catalogue 2024

Le Catalogue de Programmes de Résidences en Médecine de Famille Rurale 2024



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2024 Edition



SOCIETY OF
Rural Physicians
OF CANADA
—
SOCIÉTÉ DE LA
Médecine Rurale
DU CANADA

Disclaimer

The editors have made every effort to provide information in this catalogue that is up-to-date and accurate at the time of publication. However, certain details, such as the cost of living, are approximate estimates sourced from various online platforms. Moreover, the land acknowledgments have been acquired from postsecondary websites and may not encompass all Indigenous Peoples whose traditional lands serve as the backdrop for these programs. We appreciate your understanding.

2024 Edition Editors

Edited and updated by the SRPC Student Rural Residency Catalogue Subcommittee:

Mari Humphrey, University of British Columbia (2026) Chair
Hannah Price, Dalhousie University (2024)..... General Member
Jocey Terwoord, University of British Columbia (2025) General Member
Katrina Taylor, University of Calgary (2024)..... General Member
Nicole Minielly, University of British Columbia (2024)..... General Member

The Cover

Photo taken in Eastern Kings, Prince Edward Island by Lilian Humphrey.

Acknowledgements

On behalf of the Society of Rural Physicians of Canada Student Committee Rural Residency Catalogue Subcommittee, I would like to express our heartfelt gratitude to the residents who generously shared their testimonials for the 2024 catalogue. Your firsthand experiences have provided invaluable insights into the unique and enriching aspects of rural residency programs.

We would also like to extend our appreciation to the program administrators who dedicated their time and effort to submit suggestions and revisions. Your commitment to enhancing the quality of information in the catalogue has been instrumental in creating a comprehensive resource for medical students.

Thank you for your dedication and collaboration. Your contributions play a vital role in supporting the next generation of rural physicians.

Mari Humphrey

Chair, Rural Residency Catalogue Subcommittee

Society of Rural Physicians of Canada Student Committee



Feedback

We Value Your Feedback!

Dear Readers,

Your input is essential to us! Help us improve the SRPC Rural Residency Catalogue by sharing your thoughts.

Resident Experiences:

Are you currently in or have you recently completed a rural residency? Share your insights through our Resident Experiences Form. Your firsthand account can make a difference for future residents. [Submit your experience here.](#)

Catalogue Feedback:

Tell us how we can enhance the catalogue! Whether you're a medical student, resident, or program administrator, your feedback is crucial. [Provide your suggestions here.](#)

Thank you for being part of the effort to create a valuable resource for the rural medical community.

Warm regards,

The SRPC Rural Residency Catalogue Subcommittee

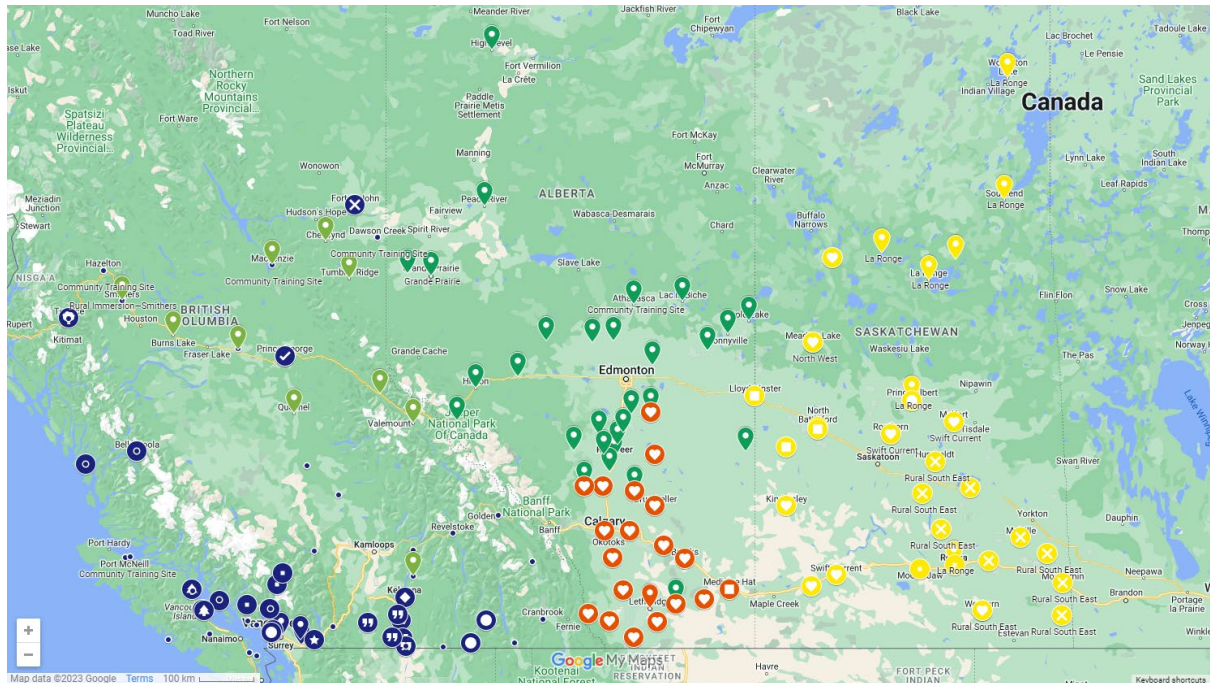
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Interactive Map



View [Central & East Rural Residencies](#)

View [Résidence Rurale au Canada \(FRANÇAIS\)](#)

View [Western Rural Residencies](#)



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Central Stream

Located on the traditional land of the Beothuk and Mi'kmaq



[MUN Family Medicine](#)

Program Highlights

Type of curriculum:

R1: block based, R2: integrated. Residents matched into site specific training streams.¹

Unique features:

Designed to train physicians for urban, rural, or remote practice. Eligible for return of service bursaries. 4 weeks of vacation per year. Remote options in Goose Bay, NL or Iqaluit, NU, and flight medicine. Opportunities for Point of Care Ultrasound Training.²

Scholarly activities:

Scholar project is a mandatory research project included as part of the curriculum. In R2, presentation of scholarly project at the Resident Forum.¹

Course funding:

ACLS offered at a reduced rate. Must have BCLS prior to orientation. Advances in Labour and Risk Management (ALARM) and Neonatal Resuscitation Program (NRP) is covered. Residents are provided with \$1000 towards conference leave or ATLS course completion.²

Community Highlights

Recreation:

Boating activities, whale watching, iceberg alley, hiking, golf, sea kayaking, skiing.³

Cultural notes:


Visiting fisheries and heritage centres; tons of museums, theatres, studios, and galleries; guided tours and boat tours; Grand Falls-Windsor is home of annual Exploits Valley Salmon Festival.³

Cost of living:

Approximately \$1,450/mo. for the province of Newfoundland and Labrador.⁴

Community Stats

 **Population:** variable by site / 2,000-14,000

 **Access:** 2-4h drive to regional airport

 **Nearest center:** St. John's

Program Stats

Training Sites: Botwood, Gander, Grand Falls-Windsor, & Twillingate

Number of residents:
CMG: 6

Elective time:
8 weeks

Miscellaneous:

- Small communities with broad-scope practices.
- Enhanced Skills Program (R3) in Emergency, Care of the Elderly, Care of Underserved Populations.
- Weekly half day teaching sessions.

¹ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23391?programLanguage=en>

² <https://canprepp.ca/programs/memorial-university-of-newfoundland-family-medicine-central-stream/>

³ www.newfoundlandlabrador.com

⁴ <https://canadabuzz.ca/cost-living-canada-by-province>

Resident Experiences

Resident Testimonial

“I am based in the community of Twillingate within the Central Stream for my family medicine rotations. Within the Central Stream you can also do your family medicine in Grand Falls - Windsor, Botwood, or Gander. There is an internal match within the central stream after matching to our program to decide which residents go to which communities.

Twillingate is an amazing small town with a busy small health center. There are 5 staff physicians who cover the outpatient clinics, hospitalist inpatients, long term care and a busy emergency department. Twillingate (and Central Stream) are amazing at providing residents with independence, while balancing this delicately with all the support you could want. Residents initially see their preceptor's patients, and graduate to having their own patient roster. We spend lots of time in the emergency department, and follow our own inpatients that we admit. There are almost always medical student completing their rural family medicine rotations, so lots of opportunity to be involved in teaching.

Twillingate is unique in the amount of independence you gather early in residency and the comfort level you develop in the emergency department is unmatched. Although a small town, there can be upwards of 50 patients per day seen in ED with lots of acuity.

Residents complete 4 months of academic family medicine in their first year, but are required to go to larger centers (Gander and Grand-Falls Windsor) to complete off service rotations. This means that there is some moving within the first year. However, if your home site is Gander or Grand Falls, there is far less moving. Residents are only expected to find their own housing in one community (primary site, where they spend most of their time), otherwise housing is provided. For example, this year I pay rent for only 5 months.

Although residents in the stream are spread out, events like resident retreats, behavioural medicine seminars, and evidence-based medicine are held together, and residents still become quite close! I am from Central Newfoundland, and always wanted to practice rural family medicine. Twillingate has an exceptional reputation from medical students and residents alike. What really stood out to me was the experience residents got with acuity in the emergency department in a rural setting. Traditionally, residents have graduated more than prepared to work in rural emergency department settings, which was important to my future career goals.

I am so thankful for the preceptors here, who are all exceptional and trained at Twillingate themselves! They are supportive, kind, and extremely knowledgeable. Additionally, nurses and all allied health staff are incredibly helpful, kind, and happy to have residents around. The community and leadership at the health center are invested in resident wellbeing and training, and have made moves to support residents through recreation initiatives and supporting residents to find housing. In addition, the community is beautiful with a plethora of hiking trails and outdoor activities to complement the excellent work environment. Everyday I look forward to going to work, I couldn't be happier with my decision!”

Pro Tips

Interviews are never as terrifying as they seem! At MUN there is one interview for all 5 streams. Let your love for rural medicine shine. The most important thing is to show enthusiasm and tell us why you love rural medicine. Hearing your stories and what makes you unique will make you stand out.

—Allison Best, R1 (2023)

Eastern Stream

Located on the traditional land of the Beothuk and Mi'kmaq.



[MUN Family Medicine](#)

Program Highlights

Type of curriculum:

R1: block based, R2: integrated. Residents complete clinical experiences in the urban center of St. John's while also having training opportunities in smaller centers.⁵

Unique Features:

Combination of urban, rural and remote training opportunities. Eligible for return of service bursaries. Transfer medicine across many training sites. Many opportunities for Point of Care Ultrasound Training.⁵

Scholarly activities:

Scholar project is a mandatory research project included as part of the curriculum. In R2, presentation of scholarly project at the Resident Forum.⁵

Course funding:

ACLS offered at a reduced rate. Must have BCLS prior to orientation. Advances in Labour and Risk Management (ALARM) and Neonatal Resuscitation Program (NRP) is covered. Residents are provided with \$1,000 towards conference leave or ATLS course completion.⁵

Community Highlights

Recreation:

East Coast Hiking trail, boating activities, whale watching, hiking, golf, sea kayaking, lighthouses, sports associations.


Cultural notes:


Lively downtown core in St. John's with the world-famous George Street. Live music, art galleries, orchestra, dance festivals, museums, and theatres; guided tours and boat tours.⁶

Cost of living:

Approximately \$1,450/mo. for the province of Newfoundland and Labrador.⁷

Community Stats

 **Population:** variable by site / 600-114,000 (St John's)

 **Access:** St John's International Airport (10 km from downtown)

 **Nearest center:** St. John's

Program Stats

Training sites: St. John's (majority of clinical experiences), Bay Bulls, Burin, Carbonear, Clarenville, Harbour Grace, Torbay, Baie Verte, Kelligrews and Upper Island Cove.

Number of residents:
CMG: 11

Elective time:
8 weeks

Miscellaneous:

- Small communities with broad-scope practices.
- Enhanced Skills Program (R3) in Emergency, Care of the Elderly, Care of Underserved Populations.

⁵ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23289?programLanguage=en>

⁶ www.newfoundlandlabrador.com

⁷ <https://canadabuzz.ca/cost-living-canada-by-province>

Resident Experiences

Resident Testimonial

For my second year of training, I am completing a longitudinal integrated curriculum in Burin, NL. What I enjoy about this model is that no two days in a week are the same - I have the opportunity to see patients in clinic, perform minor procedures and assist in the OR, provide ER coverage, do house calls and even manage a patient's chemotherapy. Working in this area not only enables me to practice full scope family medicine, but also allows me to follow patients throughout the year, giving me an authentic family medicine experience that will prepare me well for future practice.

Although the majority of rotations are completed within St. John's, there are several rotations that are rurally-based. These do have accommodations provided. Even during rotations within the city, residents are often between sites.

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills?

Training within this stream provides lots of opportunities to develop a broad variety of skills. During the first year of the program, obstetrics and care of elderly are integrated components of the family medicine portion of the curriculum. EM is often block-based in first-year, with integrated emergency medicine often a core component of the rural family medicine experience in second year.

What do you do for fun in your community?

Hiking, running, snowshoeing. There are lots of outdoor activities to enjoy.

Do you have the option to travel for electives?

There is an option to travel within the province and under current COVID restrictions, within the Atlantic Bubble to complete electives. Outside of COVID restrictions, eight weeks of electives are available and may be completed throughout Canada and internationally.

What is the scope of practice of other specialties or rotations in this program?

Internal Medicine (12 weeks), OB/GYN (8 weeks), General Surgery (4 weeks), Ortho (4 weeks), Palliative Care (4 weeks), Emergency Medicine (4 weeks), Peds ER (4 weeks). The majority of these have Family Medicine/Off-service residents only.

Can you briefly describe what the research portion of your program entails?

A scholarly project to be completed over the two-year program that may be a quality improvement initiative, patient education module/initiative. This is very flexible.

Are there opportunities for extra training?

7 days of conference leave per year with some simulation training integrated throughout the curriculum (at resident workshops, during ER rotations, etc.). Our program also offers training in POCUS, ALARM, NRP and ACLS for all residents.

What makes this program unique? What drew you to it?

The rural training opportunities, collegiality among residents, early independence, ability to tailor your training to meet your needs.

—Dr. Robbie McCarthy, R2 (2021)

Goose Bay

Located on the traditional land of the Southern Inuit (NunatuKavut) and Innus (Montagnais).



[MUN Family Medicine](#)

Program Highlights

Type of curriculum:

Integrated experiences in Academic Family Medicine, Adult Emergency, Pediatrics, Surgery, Orthopedics. Block based learning in Obs/Gyn and ICU.⁸⁹

Unique features:

Rural and remote training. Eligible for return of service bursaries. Remote medicine and flight medicine opportunities. Many preceptors are former residents of the Goose Bay Stream. In depth exposure to Indigenous Health. Bi-monthly procedural skills sessions.⁸

Scholarly activities:

Scholar project is a mandatory research project as part of the curriculum. In R2, presentation of scholarly project at the Resident Forum.⁸

Course funding:

ACLS offered at a reduced rate. Must have BCLS prior to orientation. Advances in Labour and Risk Management (ALARM) and Neonatal Resuscitation Program (NRP) is covered. Residents are provided with \$1,000 towards conference leave or ATLS course completion.⁸

Community Highlights

Recreation:

Hiking & biking trails, snowmobile trails, Birch Brook Ski Trails, Mealy Mountains National Park Reserve.¹⁰

Cultural notes:

Strong hunting, fishing, and trapping heritage. Northern lights dog sledding, the Labrador Military Museum and Lawrence O'Brien Arts Centre.

Cost of living:

Approximately \$1,450/mo. for the province of Newfoundland and Labrador.¹¹

Community Stats

 Population: 8,200

 Access: Goose Bay Regional Airport

 Nearest center: St. John's

Program Stats

Training Sites: Happy Valley Goose Bay, St. John's, Grand Falls-Windsor, New Brunswick.

Number of residents:
CMG: 6

Elective time:
8 weeks

Miscellaneous:

- Small communities with broad-scope practices.
- Fly in clinics and telehealth to First Nations and Inuit community clinics on the coast of Labrador.
- Enhanced Skills Program (R3) in Emergency, Care of the Elderly, Care of Underserved Populations.

⁸ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23289?programLanguage=en>

⁹ <https://canprepp.ca/programs/memorial-university-of-newfoundland-family-medicine-goose-bay/>

¹⁰ <http://norfam.ca/>

¹¹ <https://canadabuzz.ca/cost-living-canada-by-province>

Nunavut

Located on the traditional land of the Inuit.



[MUN Family Medicine](#)

Program Highlights

Type of curriculum:

Block based in St John's, integrated rural family medicine in Iqaluit.¹²

Unique features:

Eligible for return of service bursaries. Exposure to rural and remote family medicine training, particularly with Indigenous and Inuit populations. Visits to nurse-staffed health centers in smaller communities in the Qikiqtani or Qikiqtaaluk region of Nunavut.¹³

Scholarly activities:

Scholar project is a mandatory research project included as part of the curriculum. In R2, presentation of scholarly project at the Resident Forum.¹²

Course funding:

ACLS offered at a reduced rate. Must have BCLS prior to orientation. Advances in Labour and Risk Management (ALARM) and Neonatal Resuscitation Program (NRP) is covered. Residents are provided with \$1,000 towards conference leave or ATLS course completion.¹²

Community Highlights

Recreation:

Going out on the land; kayaking, hiking; snowmobiling, national parks, fishing, hunting, recreational centres with swimming pool and fitness facility, skating & curling rink, local movie theatre.¹⁴

Cultural notes:

Explore Inuit culture & language, Toonik Tyme festival in the spring, year-round musical festivals including throat singing, drum dancing and Inuit artists, carvings, museums, community events.¹⁴

Cost of living:

Approximately \$2,824/mo. for Iqaluit, NU.¹⁵

Community Stats



Population: 8,000



Access: Iqaluit International Airport



Nearest center: Iqaluit (transferring to Ottawa) or St. John's

Program Stats

Training Sites: 6 mo. in Iqaluit, NU & 18 mo. in St. John's, NL.

Number of residents:

CMG: 6

Elective time:

8 weeks

Miscellaneous:

- Small communities with broad-scope practices.
- Enhanced Skills Program (R3) in Emergency, Care of the Elderly, Care of Underserved Populations.

¹²<https://www.carms.ca/match/r-1-main-residency-match/program-descriptions/>

¹³ <https://canprepp.ca/programs/memorial-university-of-newfoundland-family-medicine-nunavut/>

¹⁴ <https://travelnunavut.ca/things-to-see-do/>

¹⁵ <https://costoflive.com/cost-of-living/in/iqaluit-nu>

Western Stream

Located on the traditional land of the Beothuk and Mi'kmaq.



[MUN Family Medicine](#)

Program Highlights

Type of curriculum:

R1: block based, R2: integrated.

Unique features:

Eligible for return of service bursaries. Broad range of medical illnesses, diverse patient population and a variety of practice opportunities. Shared care obstetrics, geriatric and palliative care, home visits/house calls.¹⁶

Scholarly activities:

Scholar project is a mandatory research project included as part of the curriculum. In R2, presentation of scholarly project at the Resident Forum.¹⁷

Course funding:

ACLS offered at a reduced rate. Must have BCLS prior to orientation. Advances in Labour and Risk Management (ALARM) and Neonatal Resuscitation Program (NRP) is covered. Residents are provided with \$1,000 towards conference leave or ATLS course completion.¹⁶

Community Highlights

Recreation:

Nearby to Gros Morne National Park, hiking, sports complex, downhill and cross-country skiing (Marble Mountain), boating, whale watching, iceberg viewing.


Cultural notes:

Rich arts community, two UNESCO World Heritage sites, many festivals including Pirate Haven Annual Pig Roast and theatre festivals, resorts, museums, boat tours.¹⁸

Cost of living:

Approximately \$1,450/mo. for the province of Newfoundland and Labrador.¹⁹

Community Stats

 **Population:** variable by site / 280-32,000

 **Access:** Deer Lake with regional airport

 **Nearest center:** Corner Brook

Program Stats

Training Sites: Port aux Basques, Stephenville, Corner Brook, Deer Lake and Bonne Bay

Number of residents:
CMG: 6

Elective time:
8 weeks

Miscellaneous:

- Small communities with broad-scope practices.
- Enhanced Skills Program (R3) in Emergency, Care of the Elderly, Care of Underserved Populations.

¹⁶ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23732?programLanguage=en>

¹⁷ <https://canprepp.ca/programs/memorial-university-of-newfoundland-family-medicine-western-stream/>

¹⁸ <https://www.newfoundlandlabrador.com/>

¹⁹ <https://canadabuzz.ca/cost-living-canada-by-province>

Resident Experiences

Resident Testimonial

“As a Newfoundlander, I knew I wanted to stay in the province to train mainly to be close to my family, but also because of the program's excellent rural training reputation. I chose the western stream because of the rural training opportunities combined with the endless outdoor lifestyle options.

There's a saying at Westfam that we're a "rurban" stream - meaning we have the amenities of a more urban location such as cozy coffee shops, restaurants and amazing craft beer, but also the beauties of rural Newfoundland. Where the medical community is close knit, and you get to know your patients and preceptors well. Your co-residents also become more like family!

The home base for the program is Corner Brook but there's also opportunities to spend time in even more rural locations such as Port-aux-Basques, Stephenville, and Bonne Bay to name a few. Time spent in these locations changes depending on the template you have. There are rarely specialty residents here which means you get first dibs at all training opportunities and are often first assist in the OR. That being said, preceptors are first and foremost focused on your learning which is one of the things I love most about the program.

The biggest surprise for me was the focus on work-life balance. Medicine can be challenging, especially in rural locations where the family physician not only does clinic, but hospitalist, OR assist, emerge, and so on. Preceptors and staff are focused on the wellbeing of residents and there's an abundance of opportunities for outdoor fun - downhill and cross-country skiing, mountain biking, hiking, trail running, kayaking, camping, and the list goes on!

So far I'm very pleased with the training I've received and am confident I'll be a competent family physician when I finish. I can't imagine training anywhere else!”

—Dr. Kristen Peckford, R2 (2022)



DALHOUSIE UNIVERSITY

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Annapolis Valley

Located on the traditional land of the Wabanaki Confederacy and Mi'kma'ki



[Program website](#)

Program Highlights

Type of curriculum: Longitudinal Experiential.

Curriculum outline:

The clinical curriculum is delivered in a longitudinal integrated format over the two years of residency with the family medicine experience being the largest component. Longitudinal experiences will also be provided in EM, IM, Orthopaedics, General Surgery, Pediatrics, Psychiatry and Palliative Medicine. Limited traditional block rotations are completed for experience in OBGYN.²⁰ [Comparison chart](#) of Dal sites.

Unique features:

- Continuity of care for a set cohort of patients assigned to residents (outpatient, inpatient, specialist appointments) and learning in a variety of settings owing to the longitudinal nature of the program.
- The curriculum is focused on achievement of competency rather than on length of time of training.

Scholarly activities:

Emphasis is on learning the skills to seek the research evidence to support clinical decision-making.

Community Highlights

Recreation:

Hiking, golfing, canoeing, biking, skiing & snowshoeing, Farmers' markets, festivals, heart of Nova Scotia's wine country, Grand-Pré UNESCO World Heritage Centre, and Canada's oldest National Historic Site: Fort Anne, very near the Bay of Fundy (highest tides in the world!).

Cultural notes:


Rich agricultural region with many small towns. Tourism is also a main portion of the local economy.

Cost of living:

4% less than the national average.²¹ Price of rent varies by community.

Community Stats

 **Population:** 81,000

 **Access:** 120 km to Halifax, 3h ferry to Saint John

 **Nearest tertiary center:** Halifax

Program Stats

Training Sites:

Annapolis Royal, Middleton, Berwick, Kentville, New Minas & Wolfville

Number of residents:

CMG: 4

Nova Scotian IMG: 1

IMG: 1

Elective time:

PGY1: 4 weeks selectives

PGY2: 8 weeks electives

Miscellaneous:

- Residents will be responsible for a cohort of patients over the two-year program.
- Residents are expected to complete problem-based learning modules specific to family medicine.

²⁰ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23206?programLanguage=en>

²¹ <https://www.erieri.com>

Resident Experiences

Resident Testimonial

“The Annapolis Valley program offers a wonderful opportunity to learn how to practice rural Family Medicine in a supportive and collegial environment. The program is longitudinal in nature, which means that our residents have exceptional continuity with their panel of patients. We also have the opportunity to work with different specialists and practitioners in a variety of clinical settings, where we are typically the only learners. The flexibility afforded by the program is unparalleled, as the residents are empowered to explore their own interests within Family Medicine due to our longitudinal curriculum. The Bay of Fundy is never more than a short car ride away, which is also an amazing bonus!”

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

The program empowers its residents to explore their interests within the program. Emergency medicine, hospitalist care, obstetrics, procedural skills and sexual health are some of the areas in which residents can ask for additional exposure.

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

Family Medicine residents are typically the only learners when assigned to a specialty service. This means that there is an exceptional opportunity for individualized teaching. Specialists are used to having Family Medicine residents as learners, and know how to teach accordingly.

—Dr. Thomas Ritchie, Program Graduate 2022



Cape Breton – Inverness

Located on the traditional land of the Wabanaki Confederacy and Mi'kma'ki

[Program website](#)

Program Highlights

Type of curriculum: Longitudinal Experiential.

Curriculum outline:

The clinical curriculum is delivered in a longitudinal integrated format over two years of residency with the family medicine experience being the largest component. Longitudinal experiences will also be provided in Emergency Medicine, Internal Medicine, Orthopaedics, General Surgery, Pediatrics, Psychiatry and Palliative Medicine. Limited traditional block rotations are completed for experience in Obstetrics and Gynecology, ICU, Geriatrics and Palliative Care. [Comparison chart](#) of Dal sites.

Unique features:

Residents work primarily in the same family medicine environment, ensuring continuity of learning experience. PGY3 positions in Emergency Medicine, Palliative Care and Care of the Elderly at Dalhousie.

Scholarly activities:

Protected time for mandatory research project.

Community Highlights

Recreation:

Hiking the Cabot Trail, beaches, whale watching, golfing & ceilidhs.

Cultural notes:


Rich Gaelic, Acadian, and Indigenous cultural history along Canada's Musical Coast, Canada's #1 golf course, countless parks, and historic sites.


Cost of living:


The cost of living in Inverness is standard for a rural community in Nova Scotia. It is much more affordable than living in our province's capital city of Halifax, which is quickly becoming one of the most expensive places to live in Canada.



Community Stats

 **Population:** 1,248

 **Access:** 168 km to Sydney Airport

 **Nearest tertiary center:** Sydney

Program Stats

Training Sites:
Inverness and Sydney

Number of residents:
CMG: 2

Elective time:
PGY1: 4 weeks selectives
PGY2: 8 weeks electives

Miscellaneous:

- A satellite program of the Family Medicine program in Cape Breton and is new as of 2019-2020.
- Residents will be responsible for a cohort of patients over the 2-year program.
- Exposure to Indigenous Health.
- Regular Journal Clubs.
- Residents are expected to complete problem-based learning modules specific to family medicine

Resident Experiences

On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

- We are primarily based in Inverness for ~75% of our training. We have 2 blocks in PGY1 (1 Obs and 1 Gyne) and 2 in PGY2 (1 ICU and 1 Palliative Care) that are mostly in Sydney (~2hr drive). We also have 1 block of selectives in PGY1 on Cape Breton Island and 2 elective blocks in PGY2 which can be anywhere.
- While in the community, about 50% of your family clinic time will be spent in the Indigenous Waycobah and Wagmatcook clinics run by our site director, Dr. Jean MacLachlan. They are a 30-45 minute drive from Inverness, and you will spend around 4 days per month in these clinics (mileage reimbursed).
- Our Academic Half Days are every second Friday. We are grouped with the Sydney site and attend virtually. Once every couple of months, we have an academic SIM day that we attend in Sydney (hotel and mileage reimbursed)

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

- We practice comprehensive family medicine in our rural, longitudinal program in a hospital staffed exclusively by family physicians. Our program emphasized a large breadth of practice, including a large volume of Indigenous health integrated into our PGY1 family clinic days and about 25% of our emergency department demographic.
- Our schedules are generally split between family clinic, hospitalist, emergency medicine, OR assist, and visiting specialist clinics (gen surg, gyne, optho, ortho, vascular, cardio, palliative, rheum, heme, onc, nephro and peds).

What do you do for fun in your community?

- We are nestled in the Highlands of Cape Breton, a magical place for anyone interested in outdoor activities! One of Nova Scotia's best beaches is right in town, less than a 5 minute walk from anywhere you find yourself. It has warm waters (relative to the rest of NS beaches) and an endless amount of sea glass. There is a fantastic rail-line converted into a biking and walking path that goes from our town to the Canso Causeway (connects Cape Breton to mainland NS). Hiking and road biking are world class, and we have 3 of the top ranked golf courses in North America (one in town and two others within a 5 minutes drive), with one of them ranked #10 in the World this year.
- Outside of the summer season, there is an abundance of snowshoeing and cross-country skiing. Our resident group is very close knit with all of us living in town and we very regularly gather and hang out outside of work.

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

- We are exclusively one-on-one with any staff we work with in Inverness, whether it is one of the family physicians, or one of the visiting specialists. Outside of Inverness, our rotations are typically completed in Sydney, where we are almost always the only resident on that service, but may occasionally have the opportunity to have a medical student, which is great for mentoring and teaching experiences.

Are there opportunities for extra training? (i.e. SIM, conferences, etc.)

- Within our program, we have integrated SIM sessions every couple of months in Sydney. In Inverness, the rural simulation training team for Nova Scotia visits twice a year for the staff physicians, and the residents are invited.
- There is an annual rheumatology conference that is hosted in Inverness with a major focus on ultrasound skills.
- We have NRP, LEAP, and ACLS/BLS courses, and we have funding to partake in ALARM and ATLS. If a resident is not interested in one, or both, of those courses, they will receive \$500 of funding for a course of their choice.

What makes this program unique? What drew you to it?

- We have the most supportive staff physicians who focus on each of our learning needs, special interests, and specific goals on every shift. Our longitudinal learning is fantastic and has truly helped all of us learn how to be well-rounded family physicians ready to practice in any community we end up serving.
- One of the best parts of our training is the Unattached Patient Clinic (UPC). When we become PGY2 residents, we start working in this resident-run clinic that services patients in our catchment area (most of Western Cape Breton) that do not have family physicians. We have our own patient panel and they are our patients for the duration of our PGY2 year. We book our own follow-ups, order all investigations and send consultations, and are required to follow-up on all results. We have minimal supervision and review with one of our local staff members at the end of every day. It is a very challenging and rewarding part of our program that is unique to all Dalhousie sites, and I have yet to hear of another site across the country that operates like we do.
- I consistently tell prospective students interested in rural family medicine that this is, in my opinion, the best rural family medicine training location that Dalhousie has to offer.

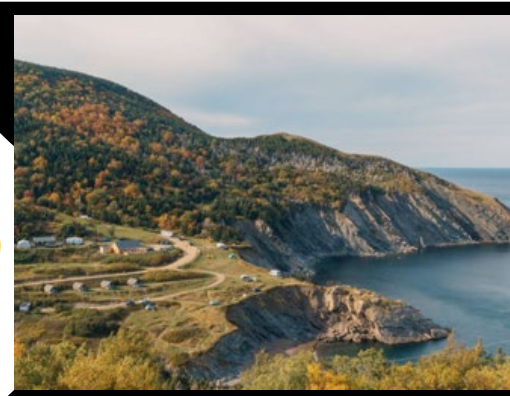
Is there anything you would change about this program?

- We do not have medical students based in Inverness (yet), so there is limited opportunity to teach those students on a daily basis. However, I try to keep in mind that we are teaching each other all the time, always learning along with our staff, and we teach our patients about their health concerns every day!

—Dr. Ryan Densmore, R2

Cape Breton – Sydney

Located on the traditional land of the Wabanaki Confederacy and Mi'kma'ki



[Program website](#)

Program Highlights

Type of curriculum: Block.

Curriculum outline:

Assigned to one preceptor; resident will provide the same health services. Preceptor can be chosen to match areas of interest (i.e., EM, palliative care, OB).²² Residents spend one full day bi-weekly at their primary FM preceptor's office through specialty rotations. Dal sites [comparison chart](#).

PGY1	Duration	PGY2	Duration
EM	4 wks	ICU	4 wks
Core FM Med	8 wks	Electives	8 wks
Rural FM Med	4 wks	Community FM	12 wks
Gen Surg	4 wks	Core FM Med	20 wks
Internal	4 wks	Psych	4 wks
Hospitalist	4 wks	Geri	4 wks
Obs Gyne	8 wks	Palliative	4 wks
Ortho	4 wks		
Peds	8 wks		
Selective	4 wks		

Unique features:

Typically, 1:1 faculty to learner ratio. All core training completed in Cape Breton. Comprised of four acute care facilities and five rural facilities with major referral center, Cape Breton Regional Hospital.

Scholarly activities:

Protected time for mandatory research project.

Community Highlights


Recreation: Outdoor activities include hiking and biking the Cabot Trail, golfing, kayaking & sailing. Many historic sites and parks. Beautiful waterfront with the world's largest fiddle!

Cultural notes: Rich Gaelic, Acadian, and Indigenous history set along beautiful, rugged coastline.

Cost of living: 6% less than the national average.²³

Community Stats

 **Population:** 132,000

 **Access:** Local airport or 370 km from Halifax

 **Nearest tertiary center:** Sydney

Program Stats

Training Sites:

Sydney, Baddeck, Cheticamp, Arichat, Neil's Harbour

Number of residents:

CMG: 5

Nova Scotian IMG: 1

IMG: 1

Elective time:

PGY1: 4 weeks selectives

PGY2: 8 weeks electives

Miscellaneous:

- Cape Breton Regional Hospital is the second busiest healthcare centre in Nova Scotia – 41,000 emergency department visits and 9,400 acute admissions / year.
- Academic time is one half day every 2 weeks throughout PGY1 and PGY2.
- Core faculty presented seminars
- Exam preparation (written and oral) for College of Family Medicine Certification Exams.
- Mock SOO exam for PGY2s prior to sitting CCFP exam

²² <https://www.maritimefamilymedicine.ca/cape-breton>

²³ <https://www.eries.com/>

Resident Experiences

Resident Testimonial

The best part of the program in Cape Breton was that it was very learner-based rather than service-based. There was a focus on all of our specialty rotations on what we needed to know as future family doctors, and not on providing a service to the specialist. The physician community in Cape Breton is a very supportive one and being in a small program, and the only learners here, gives us the unique opportunity to get to know a lot of the local physicians personally.

The community at large also embraces and welcomes the residents in the program and are thrilled to have us here. When I moved to Sydney I didn't know anyone, I joined the local curling club, and now a group of us curl on a weekly basis, it's a great way to meet people and get involved in the community. Finally, the best part of the lifestyle in Cape Breton is the opportunity to explore our beautiful island. I have enjoyed exploring hiking spots all around Cape Breton, the opportunity for skiing & snowshoeing in the winter and visiting the beaches in the summer.

—Dr. Meghan Burns, graduate

North Nova

Located on the traditional land of the Wabanaki Confederacy and Mi'kma'ki

[Program website](#)

Program Highlights

Type of curriculum: Longitudinal Experiential.

Curriculum outline:

The clinical curriculum is delivered in a longitudinal integrated format over the two years of residency, with the family medicine experience being the largest component. At the majority of placements, longitudinal experiences will also be provided in rural medicine, EM, IM, orthopedics, general surgery, pediatrics, hospitalist, psychiatry, OB/GYN, CCU/ICU, and palliative medicine. [Comparison chart](#) of Dal sites.²⁴

Unique features:

Typically, 1:1 faculty to learner ratio. Strong SIMS program. PGY3 positions in emergency medicine, palliative care, and care of the elderly at Dalhousie.

Scholarly activities:

Protected time for mandatory resident research project. Residents are expected to participate in journal club.

Community Highlights

Recreation:

The Northumberland Strait has more warm-water ocean beaches than anywhere else in Atlantic Canada. Outdoor activities include hiking, biking, water sports, beaches, and parks. Local recreational soccer, basketball, volleyball, softball, tennis swimming, martial arts, and more.

Cultural notes:

Rich Scottish heritage, Truro's Victoria Park, year-round farmer's market, fishing.

Cost of Living:

6% less than the national average.²⁵



Community Stats



Population:

Amherst: 9,685 | County: 30,803
Antigonish: 4,774 | County: 20,629
New Glasgow: 9,697 | County: 45,087
Truro: 13,113 | County: 30,803



Access: 120 km to Halifax, 3h ferry to Saint John



Nearest tertiary center: Halifax

Program Stats

Training Sites:

Truro, Antigonish, New Glasgow, Amherst, & Cumberland

Number of residents:

CMG: 7
Nova Scotian IMG: 1
IMG: 1

Elective time:

PGY1: 4 weeks selectives
PGY2: 8 weeks electives

Miscellaneous:

- Academic teaching center based in Truro. Residents will be responsible for a cohort of patients over the two-year program. In addition, residents are expected to complete problem-based learning modules specific to family medicine.

²⁴ <https://www.maritimefamilymedicine.ca/north-nova>

²⁵ <https://www.eriesi.com/>

Resident Experiences

Highlights of the Program

1. What is your most cherished aspect of the program or community?

Our people/preceptors (we are distributed geographically but have a true sense of community, preceptors care about your learning).

2. Any remarkable surprises that you encountered?

High Acuity Patients (even in small sites you will see very sick patients in the ER)

3. What convinced you that this program was the perfect fit for you?

Small sites, low number of learners, flexibility to explore areas of special interest (i.e. EM, palliative, OB)

4. What unique qualities set the program apart?

Excellent SIM program!!!

5. What is the extent of travel required for rotations, if applicable?

Most of your rotations are at your home site. Orthopedics requires travel to New Glasgow (~1-2 hours travel time depending on your home site). For required rotations or curriculum days, mileage and accommodations are reimbursed.

—Dr. Forrest Gallagher, R2 (2023)

Pro Tips for when applying through CaRMS

- Share what makes you unique and sets you apart (i.e. special interests, hobbies, etc.).
- Try to demonstrate your passion for your chosen specialty (i.e. why you love family medicine and why you want a career in that field).

—Dr. Forrest Gallagher, R2 (2023)

Prince Edward Island

Located on the traditional land of the Wabanaki Confederacy and Mi'kma'ki



[Program website](#)

Program Highlights²⁶

Type of curriculum: Block.

Curriculum outline:

PGY1	Duration	PGY2	Duration
EM	4 wks	Rural FM	12 wks
Core FM Med	8 wks	Core FM Med	16 wks
Rural FM Med	4 wks	Critical Care	4 wks
Gen Surg	4 wks	Psych	4 wks
Gen Medicine	8 wks	Geri	4 wks
Obs Gyne	8 wks	Oncology	1 wk
Ortho	4 wks	Palliative	3 wks
Peds	8 wks	Electives	8 wks
Selective	4 wks		

[Comparison chart](#) of Dal sites.

Unique features:

Residents can pursue preceptor and team-based teaching models, allowing for great training diversity. PGY3 positions in Emergency Medicine, Palliative Care and Care of the Elderly at Dalhousie.

Scholarly activities:

Protected time for mandatory resident project. Opportunities for research collaboration with the University of PEI, the Veterinary College, and the Institute of Human Health Research.

Community Highlights

Recreation: Outdoor recreation includes hiking many trails, beautiful beaches, watersports, national parks and more. Local cuisine is excellent, and PEI is dubbed “Canada’s Food Island.”

Cultural notes: Rich culture and history, particularly residents will note their Scottish ancestry. Agriculture, tourism and fishery are the primary industries on the island—multiple food and music festivals.

Cost of living: 3% more expensive than the national average;²⁷ the average rent for a 2-bedroom apartment ranges from \$1,500-1,800/mo.

Community Stats

Population:
36,100 (Charlottetown)
14,900 (Summerside)

Access: Charlottetown Airport, Confederation Bridge to Cape Jourimain, NB

Nearest tertiary center:
Charlottetown

Program Stats

Training Sites:
Charlottetown & Summerside

Number of residents:
CMG: 6
IMG: 1

Elective time:
PGY1: 4 weeks selectives
PGY2: 8 weeks electives

Miscellaneous:

- The Queen Elizabeth Hospital in Charlottetown has 246 beds and performs ~900 deliveries annually.
- The Prince County Hospital in Summerside opened in 2004, has 110 beds and performs ~460 deliveries annually.

²⁶ <https://www.maritimefamilymedicine.ca/pei>

²⁷ <https://www.erieri.com/>

Resident Experiences

What makes this program unique? What drew you to it?

If you want to do your residency in a tight-knit residency program surrounded by coastline, with an established culture of work-life balance, then the PEI program is for you! PEI is leading the nation in establishing Patient Medical Homes where you learn how to work in a multi-disciplinary setting to access the resources your patient requires. Good specialist support here does not come at the expense of family practice scope, so you can find mentors with various focused interests, from perinatal care to sports medicine to palliative care! Co-residents and program staff are fantastic and social events are frequent. The friendly Islanders and the culinary scene here are added perks.

What do you do for fun in your community?

My favourite things about PEI are the outdoor activities and established culinary and music venues. I don't think you're more than 30 minutes from the ocean in PEI. We have lots of nice walking and biking trails on the Island. Cross-country skiing, mountain biking, golf and multi-sport leagues are also quite popular in PEI. We have multiple festivals during the year centred around food and music; Cavendish, Sommo and Fall Flavours festivals are blockbuster yearly events.

—Dr. Sina Sedighi (R1) & Dr. Ida Sczarics (MD year-2 practice) (2023)



South West Nova

Located on the traditional land of the Wabanaki Confederacy and Mi'kma'ki

[Program website](#)

Program Highlights

Type of curriculum: Longitudinal Integrated.

Curriculum outline:

Residents spend an average of two days a week during PGY1 and three days a week during PGY2 in their primary preceptor family practice to develop their own panel of patients.

PGY1: Longitudinal experience in community & core FM, EM, general surgery, general medicine, geriatrics, hospitalist, OB/GYN, pediatrics, and psychiatry; 4 weeks of selectives in block format. PGY2: Longitudinal experience in community & core FM, critical care, EM, general medicine, general surgery, geriatrics, hospitalist, OB/GYN, palliative care, pediatrics, and psychiatry; 8 weeks of electives.²⁸ [Comparison chart](#) of Dal sites.

Unique features:

Continuity of care and learning in a variety of settings owing to the longitudinal nature of the program. Available PGY3 positions in Emergency Medicine, Palliative Care and Care of the Elderly at Dalhousie. One spot available for bilingual students.

Scholarly activities:

Mandatory resident research project. Residents participate in journal club.

Community Highlights

Recreation: On the South Western tip of Nova Scotia, you will find kilometers of sandy beaches and hundreds of crystal lakes. The area offers various organized sports and outdoor water activities like surfing, golfing, hiking, kayaking, and sailing, to name a few.

Cultural notes: Rich Acadian culture and history; port towns, tourism, and agriculture (Atlantic Canada's largest fishing fleet).

Cost of Living: 8% less expensive than national average.²⁹ A Community Navigator assists residents with housing, relocating, spousal needs, etc.



Community Stats



Population: 58,000 catchment area



Access: 315 km from Halifax airport to Yarmouth; ferry available from Yarmouth to Maine, USA; ferry available from Digby to Saint John, NB



Nearest tertiary center: Halifax

Program Stats

Training Sites:

Yarmouth (primary), Digby, and Shelburne counties

Number of residents:

CMG: 4
Nova Scotian IMG: 1
IMG: 1

Elective time:

PGY1: 4 weeks selectives
PGY2: 8 weeks electives

Miscellaneous:

- Residents will be responsible for a cohort of patients over the two-year program. In addition to clinical learning, residents are expected to complete problem-based learning modules specific to family medicine.

²⁸ <https://www.maritimefamilymedicine.ca/south-west-nova>

²⁹ <https://www.eries.com/>

Resident Experiences

Resident Testimonial

Joining the South West Nova residency program is an amazing opportunity to become a prepared full-scope family physician, no matter where you decide to end up in your career. Our distance from the nearest tertiary center will often expose you to providing initial and continued management of complex and interesting pathologies while challenging you to continue developing your rural generalist skills in a cohesive and welcoming community. The close bonds with the residents of South West Nova are not only due to the geographic proximity (all residents live in Yarmouth!) but also the weekly academic days and impromptu resident socials. Our preceptors and specialists are helpful and approachable and are often only a text away. There are opportunities for minimal travel, making it a great place to train if you have children.

Dalhousie's South West Nova site provides a unique opportunity to train as Family Medicine residents. You will almost undoubtedly be the only resident on a particular service and 1:1 with the preceptor that day. You will have an ample opportunity to have direct exposure on management of a variety of patients as well as direct hands-on learning for procedures from each specialty that you attend on. You will find that the small, tight-knit group of residents provide an exceptional amount of support for each other and frequently spend time with each other outside of working hours. Whether it's weekend camping trips, beach days, or Tuesday night trivia, the residents at South West Nova strike a nice balance between work and play!

On average, how much travel is required in this stream? (i.e., are you based on one community, or do you travel based on rotations, teaching, etc.)

From Yarmouth, residents whose family clinics are in separate counties, the average commute time is between 35-45 minutes. There are opportunities for residents to participate in clinical opportunities in stand alone hospitals such as Roseway or Digby which are about 1 hour away by drive. You will receive funding to cover costs of commutes outside of Yarmouth County.

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize rural skills (e.g., obstetrics, emergency medicine, mental health, etc.)?

Dalhousie's South West Nova site offers a wide variety of exposure to women's health, family medicine obstetrics, emergency medicine, minor procedures, surgical assist, mental health, palliative care, anaesthesia, and medical assistance in dying. These exposures can help prepare residents to practice within the full scope of family medicine. There are also opportunities to complete selectives/electives in areas of interest. Some unique selective choices include pharmacy, radiology, and even wound care.

(continued...)

What do you do for fun in your community?

South West Nova has some of the most beautiful beaches that are within 10 minutes of the hospital. This allows for residents who are on home call to restfully socialize on the beach until they get called! There are trails for running or biking around town. Weekend trips can be done to visit local vineyards or even the Nordic spas in Chester. The community very much supports the wellness of residents and seeks to find opportunities for residents to have local excursions like whale watching; participating in festivals or concerts; seasonal sports such as golfing or curling; and many others. In terms of outdoor activities, we would not advise you to bring snowshoes or skis, but there are ample opportunities to hike around the province and you are a couple of hours to Kejimikujik National Park! Within Yarmouth there are number of cafés and breweries to unwind and catch up with others as well.

Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?

During PGY-1, residents have 4 weeks of selectives that are completed in the Tri-County region. During PGY-2, residents can complete electives, both within the Maritimes, globally, and locally. Most recently, we have had residents travel to British Columbia, Ontario, Nunavut, Prince Edward Island, and throughout Nova Scotia as well!

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

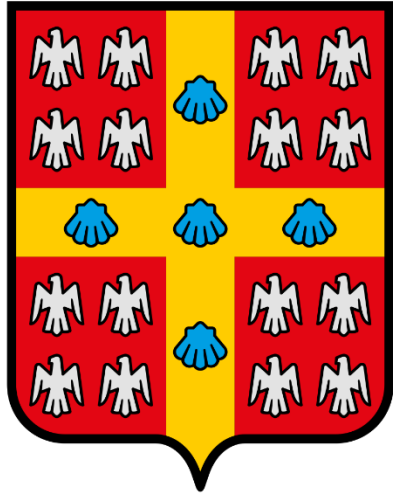
At our longitudinal site, we rotate through different services almost daily. Our site has Family Medicine residents plus two general internal medicine residents. We rotate through every specialty offered in the region and are typically the only resident on that service/with that preceptor each day. Being a rural site 3-4 hours away from the nearest tertiary site, there is a very broad practice of medicine here that will challenge you to also factor facilitation of transport in your management of acute issues.

Are there opportunities for extra training? (i.e. SIM, conferences, etc.)

Simulation is becoming a standardized aspect of training at Dalhousie Family Medicine. South West Nova also integrates simulation into its curriculum every month. There are opportunities for peer teaching which happens regularly. Recognizing that residents have unique interests or want to bridge knowledge gaps, there are opportunities to attend conferences online or in person.

—Drs. Jennifer Brown & Jason Kwan (PGY2) (2023)





UNIVERSITÉ LAVAL

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Etchemins

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Wabanaki Confederacy, Nanrantsouak, Wendake et Abénaquis.

[ULaval – Etchemins](#)

Le programme

Cursus:

Cursus standard (bloque).

Caractéristiques uniques:

Le programme comprend 3 x 2 mois de médecine familiale en R1 et R2. Communauté rurale, hôpital offrant des soins généraux et spécialisés. Stage de soins critiques pour tous les résidents, hospitalisation faite uniquement par les médecins de famille et urgence dynamique avec une clientèle diversifiée.

Opportunités de recherche:

Project d'érudition est obligatoire.

Caractéristiques communautaires

Loisirs:

Activités plein air incluant le camping, des activités nautiques, des circuits de vélo, des pistes de ski alpin et de ski de fond, des sentiers de motoneige et plus!

Culture:

Théâtre, symposium arts et rives, festivals et Moulin La lorraine.

Coût de vie:

Environ 15% moins cher que la moyenne du Québec.³⁰



Statistiques de la communauté

 Population: 16,500

 Accès: 112 km (environ 1hr de route) de Québec

 Hôpital d'attache: L'Hôpital de Saint-Georges

Info-rapide du programme

Sites de formation: Amqui, Baie-Comeau, Blanc-Sablon, Chandler, Chibougamau, Fermont, Gaspé, Havre-Saint-Pierre, Îles de la Madeleine, Iqaluit, Kuujuaq, Les Escoumins, Matane, Québec, Rimouski, Sainte-Anne-des-Monts, Témiscouata-sur-le-Lac et Trois-Pistoles

Numéro de résidents:
CMG/IMG: 7

Stage à options:
8-16 semaines

Salaire d'un R1: \$49,258

³⁰ <https://www.areavibes.com/lac-etchemin-qc/livability/>

Gaspé

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Wabanaki Confederacy et Mi'kma'ki..

[Laval – Gaspé](#)

Le programme

Cursus:

Cursus standard (Québec-Gaspé) ou intégré (Gaspé).

Caractéristiques uniques:

Cursus standard : médecine familiale pour 6 mois en R1 et R2. Cursus intégré : 8 périodes de médecine familiale, hospitalisation et périnatalité. Médecins de famille impliqués dans tous les soins et milieu dynamique avec de nombreux stagiaires.

Opportunités de recherche:

Project d'érudition est obligatoire.

Caractéristiques communautaires

Loisirs:

Activités plein air incluant le ski de fond et alpin, la raquette, la motoneige, les plages, la pêche et les parcs nationaux de la Gaspésie et de Forillon. Communauté artistique et musicale vibrante ainsi que plusieurs musées régionaux.

Culture:

Bibliothèques, salles communautaires.

Coût de vie:

Semblable au reste du Québec.³¹



Statistiques de la communauté

 Population: 15,200

 Accès: 694 km (environ 8hr de route) de Québec

 Hôpital d'attache: Hôpital de Gaspé

Info-rapide du programme

Sites de formation: Amqui, Baie-Comeau, Blanc-Sablon, Chandler, Chibougamau, Fermont, Gaspé, Havre-Saint-Pierre, Îles de la Madeleine, Iqaluit, Kuujuaq, Les Escoumins, Matane, Québec, Rimouski, Sainte-Anne-des-Monts, Témiscouata-sur-le-Lac et Trois-Pistoles

Numéro de résidents:
CMG/IMG: 5

Stage à options:
16 semaines

Salaire d'un R1: \$49,258

³¹ <https://www.areavibes.com/gasp%C3%A9-qc/cost-of-living/>

Manicouagan

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Nitassinan.

[ULaval – Manicouagan](#)

Le programme

Cursus:

Cursus intégré.

Caractéristiques uniques:

Le programme comprend 9 mois de médecine familiale avec hospitalisation, pédiatrie et soins critiques intégrés en R1 et 8 mois de médecine familiale avec soins aux personnes âgées et psychiatrie intégrés en R2. Cliniques auprès d'une communauté innue de Pessamit. Possibilité de travailler dans un centre jeunesse, un centre de détention provincial et dans des écoles secondaires.

Opportunités de recherche:

Project d'érudition est obligatoire.

Caractéristiques communautaires

Loisirs:

L'écotourisme, le kayak, la chasse, des nombreuses plages, des pistes de motoneige et de randonnées.

Culture:

Site marins et terrestres d'observation, centres d'interprétation, sites historiques et de nombreux spectacles.


Coût de vie:

Semblable au reste du Québec.³²



Statistiques de la communauté

 Population: 31,000

 Accès: 315 km (4.5h de route) de Saguenay, 410 km (5.5h de route) de Québec

 Hôpital d'attache: Hôpital Le Royer

Info-rapide du programme

Sites de formation: Amqui, Baie-Comeau, Blanc-Sablon, Chandler, Chibougamau, Fermont, Gaspé, Havre-Saint-Pierre, Îles de la Madeleine, Iqaluit, Kuujuaq, Les Escoumins, Matane, Québec, Rimouski, Sainte-Anne-des-Monts, Témiscouata-sur-le-Lac et Trois-Pistoles

Numéro de résidents:
CMG/IMG: 8

Stage à options:
8 semaines

Salaire d'un R1: \$49,258

³² <https://www.areavibes.com/gasp%C3%A9-qq/cost-of-living/>

Nord de Lanaudière

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples St. Lawrence Iroquoians.

[ULaval – Nord de Lanaudière](#)

Le programme

Cursus:

Cursus intégré

Caractéristiques Uniques:

Médecin familiale complètement intégré à travers R1 et R2. Exposition à la santé autochtone, stage de 1 mois en soins intensifs pour tous les résidents et permet aux médecins de famille la continuité dans la prise en charge des patients.

Opportunités de recherche:

Project d'érudition est obligatoire.

Caractéristiques communautaires

Loisirs:

Réserves fauniques, l'autocueillette et parcs régionaux et nationaux. La rivière l'Assomption devient la plus grande patinoire au Québec.

Culture:

Le Festival de Lanaudière est un de plus grands festivals de musique classique en Amérique du Nord


Coût de vie:

Environ 11% moins que la moyenne du Québec.³³



Statistiques de la communauté

 Population: 13 321

 Accès: 216 km (2.5h de route) de Québec, 75 km (1.5h de route) de Montréal

 Hôpital d'attache: Centre hospitalier régional de Lanaudière

Info-rapide du programme

Sites de formation:

Amqui, Baie-Comeau, Blanc-Sablon, Chandler, Chibougamau, Fermont, Gaspé, Havre-Saint-Pierre, Îles de la Madeleine, Iqaluit, Kuujuaq, Les Escoumins, Matane, Rimouski, Sainte-Anne-des-Monts, Témiscouata-sur-le-Lac et Trois-Pistoles

Numéro de résidents:

CMG/IMG: 12

Stage à options:

8 semaines

Salaire d'un R1: \$49,258

³³ <https://www.areavibes.com/joliette-qc/saint-charles-borrom%C3%A9e/cost-of-living/>

Rimouski

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Wabanaki et Mi'kma'ki.

[ULaval – Rimouski](#)

Le programme

Cursus:

Cursus standard.

Caractéristiques uniques:

Le programme comprend 2 périodes de trois mois de médecine familiale en R1 et en R2. Clinique jeunesse dans une école polyvalente, exposition à la santé carcérale, ville avec une grande population étudiante. Relation privilégiée avec les spécialistes consultants

Opportunités de recherche:

Project d'érudition est obligatoire.

Caractéristiques communautaires

Loisirs:

Activités en plein air ainsi des parcs régionaux et nationaux.

Culture:

Une sélection de festivals de musique incluant le Festival Jazz International, les Grandes Fêtes du Saint-Laurent et le Carrousel international du film de Rimouski.

Coût de vie:

4% plus haut que la moyenne du Québec.³⁴



Statistiques de la communauté

 Population: 48,700

 Accès: 315 km (3.5h) de Québec

 Hôpital d'attache: Hôpital régional de Rimouski

Info-rapide du programme

Sites de formation:

Amqui, Baie-Comeau, Blanc-Sablon, Chandler, Chibougamau, Fermont, Gaspé, Havre-Saint-Pierre, Îles de la Madeleine, Iqaluit, Kuujuaq, Les Escoumins, Matane, Québec, Rimouski, Sainte-Anne-des-Monts, Témiscouata-sur-le-Lac et Trois-Pistoles

Numéro de résidents:

CMG/IMG: 8

Stage à options:

8 semaines

Salaire d'un R1: \$49,258

³⁴ <https://www.areavibes.com/rimouski-qc/cost-of-living/>

Trois Pistoles

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Wabanaki, Mi'kma'ki, St. Lawrence Iroquoians et Wolastoqiyik Wahsipekuk.

[Laval – Trois Pistoles](#)

Le programme

Cursus:

Cursus standard.

Caractéristiques uniques:

Le programme comprend 3 mois de médecine familiale, 1 mois de médecine familiale & discipline médicale, 1 mois de médecine familiale & soins aux personnes âgées en R1. 6 mois de médecine familiale en R2. Clinique jeunesse dans une école polyvalente, exposition à la santé carcérale, ville avec une grande population étudiante.

Opportunités de recherche:

Project d'érudition est obligatoire.

Caractéristiques communautaires

Loisirs:

Activités en plein air ainsi des parcs régionaux et nationaux.

Culture:

Musées et patrimoine religieux.

Coût de vie:

Semblable au reste du Québec.³⁵



Statistiques de la communauté

-  Population: 3,500
-  Accès: 255 km (2.5h) de Québec
-  Hôpital d'attache: Centre hospitalier régional du Grand Portage, Rivière-du-Loup

Info-rapide du programme

Sites de formation:

Amqui, Baie-Comeau, Blanc-Sablon, Chandler, Chibougamau, Fermont, Gaspé, Havre-Saint-Pierre, Îles de la Madeleine, Iqaluit, Kuujuaq, Les Escoumins, Matane, Québec, Rimouski, Sainte-Anne-des-Monts, Témiscouata-sur-le-Lac et Trois-Pistoles

Numéro de résidents:

CMG/IMG: 6

Stage à options:

8-16 semaines

Salaire d'un R1: \$49,258

³⁵ <https://www.areavibes.com/trois-pistoles-qc/cost-of-living/>



UNIVERSITÉ DE SHERBROOKE

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Alma

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Nitassinan et Innu-Montagnais Central.

[USherbrooke](#) | T: 819 821-8000

Détails du programme

Description du site: Communauté rurale francophone.

Type de programme d'études: Curriculum horizontal + intégré.

Stages d'études: l'hospitalisation, l'urgence, la clinique de dermatologie, la clinique appareil locomoteur, la clinique mini-chirurgie, la clinique de gynécologie,

Caractéristique unique:

Plusieurs stages autour du Saguenay-Lac-Saint-Jean et 3 stages à options à l'endroit de votre choix.

La recherche:

Il existe plusieurs opportunités de recherche pour les résidents intéressés! Un projet d'amélioration de la qualité ou un projet de recherche est obligatoire pour chaque résident.

Détails de la communauté

L'économie: La tourisme, l'agriculture.

Les activités de loisirs:

Festival annuel Festirame avec des musiciens Québécois et voir la compétition de chaloupes à rame. Réseau de pistes cyclables répandu, clubs de ski de fond, natation, volleyball et plusieurs autres sports.

À noter au sujet de la culture:

Ville d'Alma SPECTACLES est un diffuseur municipal incorporé au Service des loisirs et de la culture de la ville d'Alma, qui offre le théâtre, la danse, la musique, l'humour et l'art de la parole.

Coût de la vie:

Environ 13% moins cher que la moyenne nationale.


Les traits remarquables:

Il y a la possibilité de faire un stage optionnel en Haïti ou Ouganda ou Sénégal comme R2.



La communauté

 **Population:** 31,000

 **Accès:** Environ 2.5h par voiture de Québec et 5h de Montréal

 **Centre la plus proche:** Québec

Statistiques de la programme

Étendue de la pratique:
Complète

Nombre de médecins résidents
CMG/IMG: 6

Stages optionnels:
12 semaines

Salaire d'un R1:
\$49,258

Drummondville

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Mohawk, Arosaguntacook, Abenaki, Wabanaki et St. Lawrence Iroquoians

[USherbrooke](#) | T: 819 821-8000

Détails du programme

Description du site:

Communauté rurale francophone

Type de programme d'études:

Curriculum horizontal + intégré.

Stages d'études:

R1: 44sem de médecine de famille (qui inclus les activités de sante mentale, d'hospitalisation, d'urgence, de périnatalité et de soins aux enfants), 8sem d'options.

R2: 4sem d'options, 36sem de médecine de famille (qui inclus les soins palliatifs, urgences, périnatalités, médecine interne, soins aux personnes âgées et l'hospitalisation), 12sem unités extérieures.

Caractéristique unique:

Plusieurs stages autour du Saguenay-Lac-Saint-Jean et 3 stages à options à l'endroit de votre choix.

La recherche:

Activités d'évaluation de la qualité de l'exercice professionnel ou projet d'amélioration continue de la qualité, ou projet de recherche.

Détails de la communauté

Les activités de loisirs:

Divers sports, le Festival de Poutine par les Trois Accords.

À noter au sujet de la culture:

Musée à ciel ouvert (art contemporain), danse, village Québécois d'antan et le Mondial des Cultures.

Coût de la vie:

6% moins que la moyenne nationale.

Les traits remarquables:

Il y a la possibilité de faire un stage optionnel en Haïti ou Ouganda ou Sénégal comme R2.



La communauté



Population: 68,601



Accès: Québec (2h), Montréal (1.5h)



Centre la plus proche: Québec

Statistiques de la programme

Nombre de médecins résidents
CMG/IMG: 10

Stages optionnels:
12 semaines

Salaire d'un R1:
\$49,258

La Pommeraie

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Mohawk, Abenaki, Wabanaki et Laurentian.

[USherbrooke](#) | T: 819 821-8000

Détails du programme

Description du site: Communauté rurale francophone

Type de programme d'études: Curriculum intégré

Stages d'études:

R1: 40sem de médecine de famille (qui inclus les soins critiques et la périnatalité/pédiatrie). 4sem d'urgence et soins critique. 8sem d'options.
R2: 4sem d'options, 32sem de médecine de famille (qui inclus les activités cliniques en médecine de famille, hospitalisation, soins palliatifs, urgence, périnatalité, soins aux personnes âgées, santé mentale et médecine interne). 4sem de médecine interne. 12sem de médecine de famille dans une des unités extérieures.

Caractéristique unique:

Le résident est entouré d'une équipe de médecins de famille polyvalents, responsables de l'hospitalisation, de l'urgence, des soins obstétricaux généraux, des soins intensifs, du suivi gériatrique, du suivi en rendez-vous et de la médecine préventive

La recherche:

Activités d'évaluation de la qualité de l'exercice professionnel ou projet d'amélioration continue de la qualité, ou projet de recherche.

Détails de la communauté

L'économie: Le transport, le tourisme.

Les activités de loisirs: Ski alpin, le patinage, la pêche, la chasse, les activités nautiques, la randonnée, le camping, le cyclisme.

À noter au sujet de la culture: La programmation musicale de l'été, la Bibliothèque Gabrielle-Giroux-Bertrand, un Marché de Noël, la Musée Bruck.

Coût de la vie: 29% moins que la moyenne nationale.


Les traits remarquables:

Il y a la possibilité de faire un stage optionnel en Haïti ou Ouganda ou Sénégal comme R2.



La communauté

 Population: 15,057

 Accès: Québec (2.5h), Montréal (1h)

 Centre la plus proche: Montréal

Statistiques de la programme

Étendue de la pratique:
Complète

Nombre de médecins résidents
CMG/IMG: 7

Stages optionnels:
12 semaines

Salaire d'un R1:
\$49,258

Rouyn-Noranda

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Anishinabewaki, Cree, Abitibiwinni Aki et Algonquin.

[USherbrooke](#) | T: 819 821-8000

Détails du programme

Description du site: Communauté rurale francophone

Type de programme d'études: Curriculum horizontal + intégré

Stages d'études:

4sem d'urgence et soins critique, 4sem de périnatalité, 4sem d'urgence, 12sem d'options, 68sem de GMF-U intégré qui comprend la médecine de famille + hospitalisation + périnatalité + soins aux personnes âgées + médecine interne + pédiatrie + psychiatrie, 12sem chez des unités extérieures

Caractéristique unique:

Plusieurs stages autour du Saguenay-Lac-Saint-Jean et 3 stages à options à l'endroit de votre choix.

La recherche:

Il existe plusieurs opportunités de recherche pour les résidents intéressés! Un projet d'évaluation critique/d'évaluation de l'acte est obligatoire pour chaque résident.

Détails de la communauté

L'économie: L'exploitation minière, la sylviculture, la laiterie.

Les activités de loisirs: Visiter un match des Huskies de Rouyn-Noranda, l'équipe locale du LHJMQ ou une des plusieurs festivals de cinéma ou musiques annuelles à Rouyn. Il y a aussi le parc national d'Aiguebelle et la réserve aux Lacs-Vaudray-et Joannès.

À noter au sujet de la culture: Le Théâtre du cuivre qui accueille des artistes régionaux, nationaux et internationaux, le MA musée d'art, lieux patrimoniaux dans la ville.


Coût de la vie: 5% moins que la moyenne nationale.

Les traits remarquables: Il y a la possibilité de faire un stage optionnel en Haïti ou Ouganda ou Sénégal comme R2.



La communauté

 **Population:** 41,000

 **Accès:** Ottawa (5.75h), Montréal (7h)

 **Centre la plus proche:** Ottawa

Statistiques de la programme

Étendue de la pratique:
Complète

Nombre de médecins résidents
CMG/IMG: 5

Stages optionnels:
12 semaines

Salaire d'un R1:
\$49,258

Saint-Jean-sur-Richelieu

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Mohawk, Abenaki et St. Lawrence Iroquoiens.

[USherbrooke](#) | T: 819 821-8000

Détails du programme

Description du site: Ville francophone au sud de Montréal

Type de programme d'études: Curriculum intégré

Stages d'études:

R1: 44sem de médecine de famille (qui inclus les activités cliniques en hospitalisation, urgence, soins palliatifs, périnatalité, santé mentale et soins aux personnes âgées). 8sem d'options.

R2: 4sem d'options, 36sem de médecine de famille (qui inclus les activités cliniques en médecine de famille au bureau, en hospitalisation, en soins intensifs, en urgence, en périnatalité et en pédiatrie).

Caractéristique unique:

Le résident est entouré d'une équipe de médecins de famille polyvalents, responsables de l'hospitalisation, de l'urgence, des soins obstétricaux généraux, des soins intensifs, du suivi gériatrique, du suivi en rendez-vous et de la médecine préventive

La recherche:

Activités d'évaluation de la qualité de l'exercice professionnel ou projet d'amélioration continue de la qualité, ou projet de recherche.

Détails de la communauté

L'économie: La fabrication, la vente au détail.

Les activités de loisirs: Patinage, parcs, plusieurs sports, la baignade.




À noter au sujet de la culture: La ville accueille l'International de montgolfières de Saint-Jean-sur-Richelieu. Il y a aussi la galerie du vieux Saint-Jean, la musée de Haut-Richelieu, et plusieurs théâtres.

Coût de la vie: 4% moins que la moyenne nationale.

Les traits remarquables: Il y a la possibilité de faire un stage optionnel en Haïti ou Ouganda ou Sénégal comme R2.



La communauté

-  Population: 98,036
-  Accès: Québec (3h), Montréal (1h)
-  Centre la plus proche: Montréal

Statistiques de la programme

Étendue de la pratique:
Complète

Nombre de médecins résidents
CMG/IMG: 8

Stages optionnels:
12 semaines

Salaire d'un R1:
\$49,258

Université de Montréal

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de Maria

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Anishabewaki, les Cris, les Abitibiwinne Aki et les Omamiwininiwag.

[CUMF de Maria](#)

Le programme

Cursus:

Cursus en blocs et intégré. Le résident est exposé à toutes les facettes du travail du médecin de famille, incluant les activités de maintien à domicile et en milieu d'hébergement. Il travaille tout au long de sa résidence en milieu de soins de 1^{ère} ligne, dans des unités cliniques de formation.

Cours:

Le programme comprend 8 périodes de médecine de famille en 1^{ère} année de résidence et 7 périodes en 2^e année. Soit un an à Montréal et un dans la région ou deux ans dans la région avec stage à Montréal intégré sur les deux ans.

Caractéristiques uniques:

La CUMF de Maria offre un espace de vie et d'enseignement exceptionnel. Notre milieu est idéal pour les amoureux de la nature, puisqu'il est situé entre mer et montagnes. La proximité des lieux d'apprentissage permet une gestion efficace de votre temps.

Opportunités de recherche:

Un travail d'érudition ou de recherche est obligatoire en 1^{ère} année de résidence avec une présentation à la journée annuelle de la recherche et de l'érudition. Un travail en évaluation de la qualité de l'acte est fait en 2^e année avec une présentation locale.

Caractéristiques communautaires

Loisirs:

Le vélo, le ski de montagne, la pêche, les parcs, une gymnase.


Culture:

La village micmac de Gesgapegiag, une bibliothèque, plusieurs artistes et artisans.



Statistiques de la communauté

 Population: 2,600

 Accès: 810 km de Montréal, 250 km de Gaspé et 380 km de Moncton

 Hôpital d'attache: L'Hôpital de Maria

Info-rapide du programme

Sites de formation:
Baie-des-Chaleurs à Maria

Numéro de résidents:
CMG/IMG: 6

Stage à options:
12 semaines

Salaire d'un R1:
\$49,258

de Mont-Laurier

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Anishabewaki et les Omamiwininiwag.

[CUMF de Mont-Laurier](#)

Le programme

Cursus:

Curcus intégré. Au cours des six derniers mois de la résidence, un résident ne présentant pas de difficultés particulières peut se prévaloir de la flexibilité du cursus pendant une période de 20 jours de stage.

Cours:

Le programme comprend 8 périodes de médecine de famille en 1^{ère} année de résidence et 7 périodes en 2^e année. Soit un an à Montréal et un dans la région ou deux ans dans la région avec stage à Montréal intégré sur les deux ans.

Caractéristiques uniques:

L'urgence de l'hôpital de Mont-Laurier est le centre de trauma primaire de la région. Possibilité d'effectuer des stages en psychiatrie, en chirurgie et en soins de longue durée dans les centres spécialisés.

Opportunités de recherche:

Un travail d'érudition ou de recherche est obligatoire en 1^{ère} année de résidence avec une présentation à la journée annuelle de la recherche et de l'érudition. Un travail en évaluation de la qualité de l'acte est fait en 2^e année avec une présentation locale.

Caractéristiques communautaires

Loisirs:

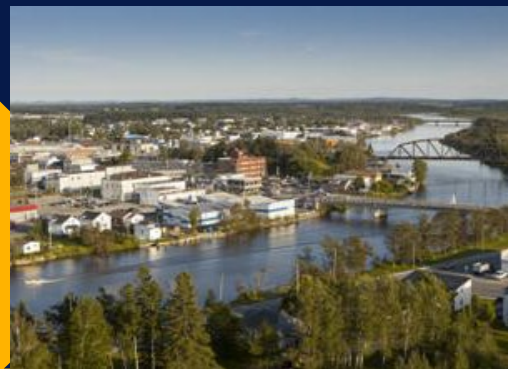
Parcs régionaux, des pistes cyclables, plages, vélo, randonnées pédestres, pêche blanche, ski de fond / raquette et traîneau à chiens.

Culture:

Large éventail de restaurant et d'une multitude de commerce. La Route des Belles-Histoires permet de découvrir la région des Laurentides.


Coût de vie:

2% moins cher que la moyenne pour la province de Québec.³⁶



Statistiques de la communauté

 Population: 14,000

 Accès: 180 km d'Ottawa, 240 km de Montréal

 Hôpital d'attache: L'Hôpital de Mont-Laurier

Info-rapide du programme

Sites de formation:
Mount-Laurier, Antoine-Labelle et Rivière-Rouge

Numéro de résidents:
CMG/IMG: 6

Stage à options:
12 semaines

Salaire d'un R1:
\$49,258

³⁶ <https://www.areavibes.com/mont-laurier-qc/cost-of-living/>

Les Aurores Boréales

L'Université de Montréal est située là où, bien avant l'établissement des Français, différents peuples autochtones ont interagi les uns avec les autres. Nous souhaitons rendre hommage à ces peuples autochtones, à leurs descendants, ainsi qu'à l'esprit de fraternité qui a présidé à la signature en 1701 de la Grande Paix de Montréal, traité de paix fondateur de rapports pacifiques durables entre la France, ses alliés autochtones et la Confédération haudenosauni. L'esprit de fraternité à l'origine de ce traité est un modèle pour notre communauté universitaire.

Le programme

Description du site: Communauté rurale avec une population 90% francophone et 10% anglophone.

Type de programme d'études: Curriculum horizontal + intégré.

Stages d'études: Le programme comprend 8 périodes de médecine de famille en 1ère année de résidence et 7 périodes en 2e année. Le programme peut être appliqué avec une certaine variation dans les milieux selon leur clientèle et leur organisation locale, soit des stages de 4 semaines ou des activités cliniques intégrées et répétées tout au long de la résidence. Les stages incluent urgence, soins aux adultes, soins aux femmes, soins aux aînés, soins palliatifs, soins aux enfants.

Caractéristique unique:

Nous offrons une 3^e année dans les programmes de compétences avancées suivants: urgence, personnes âgées, palliatifs, toxicomanies, sport et de l'exercice, et clinicien-érudite volet académique.

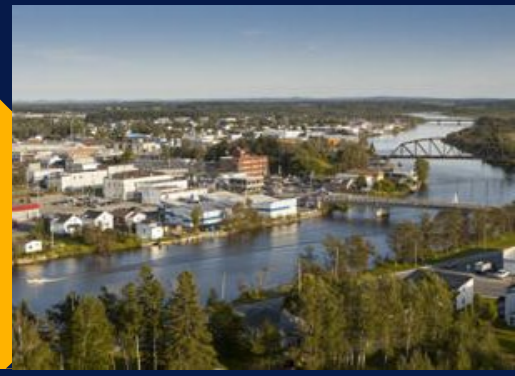
La recherche: Un travail d'érudition ou de recherche est obligatoire en 1^{ère} année de résidence avec une présentation à la Journée annuelle de la recherche et de l'érudition. Un travail en évaluation de la qualité de l'acte est fait en 2^e année avec présentation locale dans les UMF.

Détails de la communauté

Les activités de loisirs: Profitez de la nature en jouant au golf ou en visitant les sentiers pédestres autour de La Sarre pour des vues spectaculaires de la région. L'art occupe aussi une place importante au sein de la communauté – profitez-en pour aller visiter le centre d'art Rotary!

Coût de la vie: Environ 20% moins cher que la moyenne nationale

Les traits remarquables: Idéale pour les amateurs de plein air, La Sarre est bordée de nombreux lacs et d'une riche forêt boréale.



[CUMF Les Aurores Boréales](#)

T: 819 339-2092, poste 1

Statistiques de la communauté

- Population: 21,000
- Accès: 700 km de route de Montréal ou 1h15 en avion jusqu'à Rouyn-Noranda + 1h en auto
- Hôpital d'attache: Montréal

Info-rapide du programme

Étendue de la pratique:
Complète

Nombre de médecins résidents
CMG/IMG: 6

Stages optionnels:
12 semaines

Salaire d'un R1:
\$49,258

Mots d'un résident actuel:

«La Sarre, ça a été pour moi un coup de cœur. C'est ici que j'ai réellement compris ce qu'était la médecine familiale, avec le patient au centre des soins et toute l'équipe qui l'entoure. Faire sa résidence à La Sarre, c'est travailler avec des collègues qui sont aussi des entraîneurs qui t'aident à identifier les choses à travailler et qui te donnent les outils pour y arriver»
—Anonyme

Les Eskers d'Amos

Nous reconnaissons les gardiens traditionnels de cette terre, les peuples Anishabewaki, les Cris, les Abitibiwinne Aki et les Omamiwininiwag.

[Les Eskers d'Amos](#)

Le programme

Cursus:

Curcus standard (bloque). Au cours des six derniers mois de la résidence, un résident ne présentant pas de difficultés particulières peut se prévaloir de la flexibilité du cursus pendant une période de 20 jours de stage.

Cours:

Le programme comprend 8 périodes de médecine de famille en 1^{ère} année de résidence et 7 périodes en 2^e année. Soit un an à Montréal et un dans la région ou deux ans dans la région avec stage à Montréal intégré sur les deux ans.

Caractéristiques uniques:

Le programme académique a lieu pour 2 journées complètes par mois où tous les résidents sont présents. L'hôpital compte 96 lits avec 35 omnipraticiens et 41 spécialistes.

Opportunités de recherche:

Un travail d'érudition ou de recherche est obligatoire en 1^{ère} année de résidence avec une présentation à la journée annuelle de la recherche et de l'érudition. Un travail en évaluation de la qualité de l'acte est fait en 2^e année avec une présentation locale.

Caractéristiques communautaires

Loisirs:

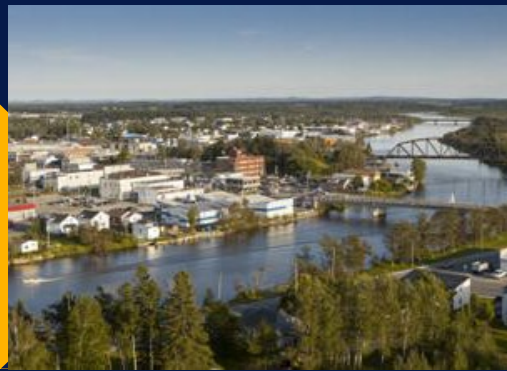
Salles d'entraînement, aréna, bibliothèque, restaurants, salle de théâtre, salles de cinémas, piscine.

Culture:

Rencontre de la faune au Refuge Pageau, miellerie la grande ourse, festival H2).

Coût de vie:

Semblable au reste de la province de Québec.³⁷



Statistiques de la communauté



Population: 12,000



Accès: 500 km d'Ottawa, 600 km de Montréal



Hôpital d'attache: L'Hôpital Hôtel-Dieu d'Amos

Info-rapide du programme

Sites de formation:
Amos et Montréal

Numéro de résidents:
CMG/IMG: 6

Stage à options:
12 semaines

Salaires d'un R1:
\$49,258

³⁷ <https://www.areavibes.com/amos-qc/cost-of-living/>



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Val d'Or

L'Université McGill (Tiohtiá:ke/Montréal) est située sur le territoire traditionnel des Kanien'kehà:ka, un lieu qui a longtemps servi de lieu de rencontre et d'échange entre de nombreuses Premières Nations dont les Kanien'kehà:ka des Haudenosaunee Confédération, Huron/Wendat, Abénakis et Anishinaabeg.

[McGill – Val D'Or](#) | [Vidéo](#)

Détails du programme

Description du site: Communauté rurale avec une population 90% francophone et 10% anglophone.

Type de programme d'études: Curriculum horizontal.

Stages d'études:

68 semaines d'une combinaison d'urgence, hospitalisation, soins aux personnes âgées, obstétrique et périnatalité, soins a domicile et soins palliatifs, Clinique de santé mentale, Clinique de chirurgie mineure, sante autochtone. 36 semaines de stages en silo: urgence, obstétrique et unité mère-enfant, pédiatrie, sélectif local, stages à option.

Caractéristique unique:

Le seul programme de médecin de famille à McGill qui se trouve dehors des milieux plus urbains.

La recherche:

Un travail d'érudition ou de recherche est obligatoire avec une présentation à la journée annuelle de recherche et de l'érudition.

Détails de la communauté

Les activités de loisirs:

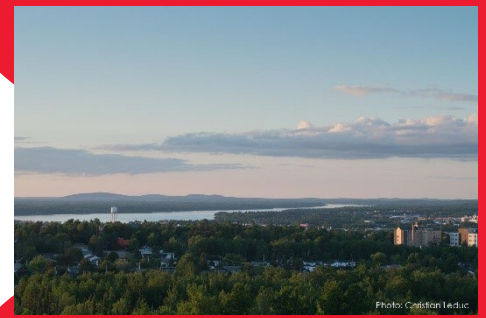
Profitez de la nature avec les sports nautiques, la pêche, la chasse, la randonnée, le ski de fond et la raquette. Écoutez de la musique régionale et dégustez une bière locale dans les nombreux restaurants. Ne manquez pas le musée La Cité de l'Or où vous pouvez descendre 300 pieds sous terre pour visiter une vraie mine d'or.

Coût de la vie :

Environ 18% moins cher que la moyenne nationale.

Les traits remarquables:

Les résidents du GMF-U de la Vallée-de-l'Or sont exposés à la santé autochtone tout au long de la résidence. Ils ont la chance d'accompagner des médecins de famille lors de journées de clinique dans les deux communautés anishnabe avoisinantes (la réserve de Lac-Simon et l'établissement de Kitcisakik).



T: 514-398-7375

La communauté

 **Population:** 43,000

 **Accès:** Environ 4.5h par voiture de Ottawa et 6h de Montréal

 **Centre la plus proche:** Ottawa

Statistiques de la programme

Étendue de la pratique:
Complète

**Nombre de médecins résidents
CMG/IMG:** 5

Stages optionnels:
20 semaines

Salaire d'un R1:
\$49,258



uOttawa

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Pembroke

Located on the traditional land of the Anishinabewaki ᐱᐣᐣᐣᐣᐣᐣᐣᐣ, Huron-Wendat, and Omàmiwininiwak (Algonquin)



[Pembroke stream](#)

Program Highlights

Type of Curriculum: Half Horizontal.

Curricular Outline³⁸:

- **Year 1** – FM/Geriatrics/ER (6 blocks), Hospitalist, FM/Psychiatry (2 blocks), Obstetrics, Elective, Pediatric wards at CHEO, Internal Medicine. One half-day of family medicine continuity clinics while off-service.
- **Year 2** – FM/ER (6 blocks), Hospitalist, Surgical, Obstetrics, Elective (2 blocks), FM Rural, Selective (ICU/Med Specialties/ER/Anesthesia).

Longitudinal Remote Pilot:

As above, however, 3 blocks each year are spent in remote area (FM/LTC/ER/Inpatients PGY1; FM/ER PGY2).³⁹

Unique Features: *Opportunity to do remote exposure in Barry's Bay and Deep River (3 blocks in first and second year in these communities, if chosen).* These centers are run by family physicians and provide added remote skills opportunities.




Scholarly Activities: Mandatory resident quality improvement project in PGY1 and scholarly project in PGY2.

Community Highlights

Recreation: Whitewater capital of Canada; cradled between Ottawa River and Algonquin Provincial Park.

Cultural notes: Petawawa has a dynamic youthful population (mean age 32), founded on natural resources and strategic military role.

Community stats

-  **Population:** 16,571 in Pembroke
-  **Access:** 148 km (1.5h drive) to Ottawa. Located West of Ottawa
-  **Nearest center:** Ottawa

Program Stats

Training Sites: Clinic, hospital

Breadth of practice: Full scope

Number of residents:

CMG: 3

IMG: 1

Elective time:

PGY1: 1 block (4 wks)

PGY2: 2 blocks (8 wks)

Miscellaneous:

- 105 beds, with an ICU, CT, and MRI.
- Deliveries: ~800 babies/yr.
- The only block outside of Pembroke is Pediatrics; completed at CHEO in Ottawa.

³⁸ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23426?programLanguage=en>

³⁹ <https://www.uottawa.ca/faculty-medicine/family/postgraduate-education/program-streams/sites/pembroke-stream>

Resident Experiences

Resident Testimonial:

“Pembroke has been an amazing site to complete rural residency. The program offers so much flexibility to really tailor your rotations and learning to your learning objectives and future career aspirations. Family doctors in the area have a very broad scope of practice which you are able to experience, including hospitalist work, surgical assist, long term care, newborn resuscitation and well-baby call, family medicine OB and emergency department work. All of our rotations are done in Pembroke with the exception of 1 block of Pediatrics Wards, done in Ottawa (CHEO). This really appealed to me as after completing electives in fourth year of medical school and the CARMS tour, I was happy to be in one place. It also allows you the opportunity to really get to know all of the staff physicians/consultants. The program is very flexible, and easily tailored to meet your learning objectives and future career goals. The surrounding area is beautiful, and there are tons of outdoor activities to do, while still being less than 1.5 hours from downtown Ottawa.” - Dr. Erin Murray, R2

On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

All rotations are in Pembroke, with the exception of Pediatric Wards (CHEO). We have 3 electives, where you can complete anywhere, Pembroke or elsewhere. We travel to Ottawa 1 time a month for academic day (prior to COVID-19, now virtual learning).

What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

Broad scope of family medicine - full family practice (clinic, long-term care), the hospital is run by hospitalists who are family physicians (internal medicine is a consult service), family physicians who do emergency medicine, NRP and well-baby call for newborns done by family physicians. Lots of opportunity to see different types of practices and additional opportunities outside of clinic.

What do you do for fun in your community?

Hiking/ camping in Algonquin park, whitewater rafting and beach days on the Ottawa River and cross-country skiing trails.

Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?

Yes - you can complete electives wherever you like (though if outside of Ottawa, you may need to look into finding a preceptor however there are resources to do this). I have done an elective in palliative care in Ottawa at the General Hospital.

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

OBGYN - rarely any other residents, usually just 1 family medicine resident. General Surgery - often a gen surg resident and/or med students. Internal Medicine (consult service, no CTU!) - no other learners. Hospitalist - no other learners. Emergency Medicine - rarely another resident on an overlapping shift for a few hours.

What makes this program unique? What drew you to it?

The flexibility - you can really make it exactly what you want to achieve your career goals.

Resident Experiences



Resident Testimonial:

“I am three months into my residency and the novelty of being in this great residency program has not even slightly worn off. After busy days of work, I find myself driving home and reflecting on how fortunate I feel to be a resident at Winchester. The learning environment is very friendly, and the Winchester hospital community takes you in as one of their own as soon as you start. It is clear that the program and the physicians in Winchester are invested in your learning, and I feel very well supported both professionally and personally. One of my personal favorites about the program is that it is not block based, and the scheduling is flexible (e.g. able to move elective time, schedule days with services you feel less confident, etc.). This program provides comprehensive non-service based rural family medicine training only 40 minutes from Ottawa!” - R1

On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

Depends where you choose to live. If you live in Winchester, there is very minimal travel, as you will be working at the Winchester hospital and at a clinic in the surrounding area for the vast majority of the training. A car is fairly essential for this program. There are elective opportunities available in Winchester as well, although residents are encouraged explore other locations for electives. Most residents including those from recent years live in Ottawa and commute to Winchester.

What do you do for fun in your community?

There is not much to do for fun in Winchester itself, however it is only 30 minutes from the city of Ottawa.

Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?

Yes, we get two elective blocks and are encouraged to do them outside of Winchester to gain exposure to services not available in Winchester (e.g. ICU, psychiatry, etc.). I was able to organize a family medicine elective in Nipigon, ON and there are opportunities to do electives in Northern Canada.

What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

Family Medicine residents are the only local residents, which means we are first in line during rotations on other specialties (although there are occasionally visiting residents on elective). Our training in these specialties is focused on how it pertains to family medicine.

What makes this program unique? What drew you to it?

Tight-knit group with an amazing program coordinator and director. You are well cared for and the physicians in Winchester are clearly invested in your learning. Many alumni from the program have continued to work in Winchester, which is a reflection on the comprehensive training and the great work environment.

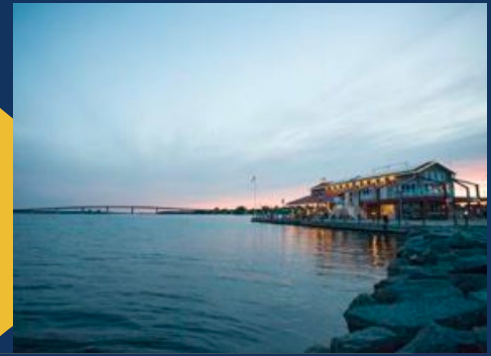


Queen's UNIVERSITY

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Belleville-Quinte

Located on the traditional land of the Anishinabewaki ᐱᐅᐅᐅᐅᐅᐅᐅᐅ, Huron-Wendat, Mississauga and Haudenosaunee.



[Belleville-Quinte](#)

Program Highlights

Type of curriculum: Horizontal.

Curricular outline⁴¹: PGY1: First 6 weeks is a bootcamp (key skills and training). Average of 2 days/wk FM. Horizontal experiences include pediatric clinics, OB/GYN clinics and on-call, minor procedures clinics, EM, cardiology, GI, behavioural medicine, hospitalist, palliative care, MAID, 4 wks slectives, 4 wks IM. PGY2: Average of 2 days/wk FM. 8 wks rural FM, 4 wks electives. 8 selective days.

Unique features:

- Nightmares FM course (critical care simulation) and ALARM course (obstetrical emergency simulation); neonatal resuscitation training.
- “Intro to Residency” boot camp block.
- Annual wilderness retreat.
- International electives.
- Global health experiences include opportunities to work with vulnerable or underserved populations locally and globally.
- Links with rural and remote community hospitals including Moose Factory and the Falkland Islands.

Scholarly activities: Two projects over two years (scholarly project & PGY1 team QI project).

Community Highlights

Recreation: Expansive waterfront for sailing and fishing; great hiking & biking trails; 19 golf courses; close to Prince Edward County (wineries and galleries) and Sandbanks Provincial Park (20 min away - sandy beaches & campgrounds).

Cultural notes: Historic downtown is home to an eclectic mix of shops, restaurants, boutiques, theatre, and a popular farmers market; home to Quinte symphony; Belleville Waterfront & Multicultural Festival in July; daily VIA rail service to Toronto, Ottawa, and Montreal.

Cost of Living: Average rent is 6% greater than national average.⁴²

Community Stats

-  **Population:** 55,071
-  **Access:** 83 km (1h) to Kingston, 189 km (2h) to Toronto
-  **Nearest center:** Kingston

Program Stats

Training sites:
Belleville General Hospital, Picton, Brighton & Bancroft

Number of residents:
CMG: 6 (including MOTP/MMTP)
IMG: 2

Elective time:
PGY1: 4 weeks
PGY2: 4 weeks

Miscellaneous

- 192-bed hospital
- Queens offers PGY3 training in Anesthesia, Care of the Elderly, Emergency Medicine, Indigenous Health, Intellectual and Developmental Disabilities, Palliative Care, Rural Skills, Falkland Islands Scholarship in Rural/Remote Medicine, Global Health, and Women's Health.

⁴¹ <https://familymedicine.queensu.ca/academics/program-sites/belleville-quinte>

⁴² <https://www.erieri.com/>

Resident Experiences

Resident Testimonial

“I enjoy the outdoors, so I'm really happy about Belleville's proximity to Prince Edward County. It's great to feel like you're getting away even though it's only a 15 min drive from your house. Really supportive faculty so far, program director is great. So far good work life balance. I wanted a suburban family medicine program and this is great. It's also close to both Ottawa and Kingston and Toronto, so you can drive there on the weekends.” – Dr. Christine Liu, R2

“I was immediately drawn to the Belleville site Family Medicine Program at Queen's after my interview. The residents and staff were so friendly and outgoing and had plenty of positive things to share. Some of my favourite things about our site include: the Horizontal curriculum, the small, tight knit group of residents, minimal travel requirements, encouraging and supportive staff, proximity to beautiful Prince Edward County with lots of wineries, breweries, beaches, outdoor activities (hiking, kayaking, cycling), conservation areas, etc., and the opportunity to train with a variety of staff in areas tailored to your interests.” – Dr. Patricia Howse, R2

1. On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

Within the city of Belleville I been biking. There is minimal travel (may be more to Kingston pre-Covid). Only required for rural block and potentially for Electives depending on what you select.

2. What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

Broad! Lots of Hospitalist, Emergency med, palliative care, GPO, OR assist, procedures in clinic, etc. Little OB but still opportunities to learn.

3. What do you do for fun in your community?

Run, water sports are big here, there's a new bouldering gym!

4. What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

Only family medicine residents are in the city. There is apparently the odd royal college resident but I've not seen one yet.

5. What makes this program unique? What drew you to it?

The variety of practices to learn from and the awesome co-residents. The beautiful county and the proximity to major cities (Toronto, Kingston, Ottawa, US border, Montreal) are also nice!

Bowmanville- Oshawa-Lakeridge

Located on the traditional land of the Anishinabewaki ᐱᓂᓂᓂᓂᓂᓂᓂᓂ, Mississauga, Huron-Wendat and Haudenosaunee.

[Bowmanville-Oshawa-Lakeridge](#)

Program Highlights

Type of curriculum: Horizontal.

Curricular outline: First 6 weeks is a training bootcamp. 50% of time in community FM. Horizontal experiences include OB call, EM, office procedures, dermatology, psychiatry/behavioural medicine, community pediatrics, long-term care, palliative care, outpatient clinics. 4 wks hospitalist/IM. 4 wks elective. PGY2: 8-12 wks rural FM.⁴³

Unique features:

- Nightmares Course (critical care simulation) and ALARM course (obstetrical emergency simulation), neonatal resuscitation training.
- Access to UpToDate.
- Annual wilderness retreat.
- Links with rural and remote community hospitals like Moose Factory and the Falkland Islands.
- Graduated responsibilities and volume in Emergency Medicine (Start at Lakeridge Health Bowmanville to build proficiency, then additional volume and complexity at Lakeridge Health Oshawa when ready).

Scholarly activities: Two projects over two years.

Community Highlights

Recreation: Bowmanville—swimming pools, arenas, golf courses, driving ranges and more than 90 parks; cycling (summer); skiing (winter). Oshawa—modern arena that hosts the OHL Oshawa Generals hockey team, concerts, and other sporting spectacles; lots of bike paths to Lake Ontario.

Cultural notes: Bowmanville—scenic countryside; close to Toronto and cottage country; attractions include Watson Farms and Jungle Cat World. Durham region—hang gliding, recreation, skiing, golf, restaurants, indoor kids' playgrounds, trampoline parks, escape rooms, axe-throwing, movie theatres, paintball, indoor skydiving, treetop trekking.

Cost of Living: Average cost of living is 11% above national average.⁴⁴



Community stats

- 📍 **Population:** Bowmanville (40,000), Oshawa (170,000)
- 🚗 **Access:** 77 km (1h) to Toronto, 191 km to Kingston
- ✉️ **Nearest center:** Toronto

Program Stats

Training sites: Durham region; Lakeridge Health Corporation (sites in Ajax-Pickering, Bowmanville, Oshawa, Port Perry, and Whitby); Lakeridge Health Oshawa (LHO) and Lakeridge Health Bowmanville

Number of residents:

CMG: 9
IMG: 0

Elective time:

PGY1: 4 weeks (1 block)
PGY2: 4 weeks (1 block)

Miscellaneous

- Individual simulation centre, lounge, library and classrooms at LHEARN (Lakeridge Health Education and Research Network)
- Full academic days
- LHO has one of the busiest emergency departments in Ontario and is home to the Durham Regional Cancer Centre.

⁴³ <https://familymedicine.queensu.ca/academics/program-sites/>

⁴⁴ <https://www.eriery.com/>

Resident Experiences

Resident Testimonial

"It might be hard to term the QBOL program as "rural", but I would call it an excellent and diverse experience in community medicine. Training sites vary from the very urban and well-supported Oshawa hospital to smaller sites like Bowmanville and Newcastle. As with any Queen's program, rural opportunities are very close by (Port Perry is ~30min drive from Oshawa) and you can build your residency to suit your needs! This includes your main clinic experience that can be anywhere on the urban-rural spectrum. You also get the opportunity to live in a more urban setting than many rural programs, with residents commuting in from North York, Vaughan, Bowmanville, Whitby, and more!"

1. On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

Highly dependent on where you are living and where your main clinic is. For myself, I was able to walk to my main clinic and hospital throughout first year, but now I'm driving 20 minutes to clinic each day in my second year. Access to a car is a virtual necessity, as even if your clinic and home are near LHO, you will end up with rotations from Pickering to Newcastle that require you to drive at least once every month or two. We are a horizontal program, so every day may be a different location with a different start/end time.

2. What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

Fairly broad, again dependent on clinic and preceptor. Many preceptors have added something else to their practice, whether that is LTC, palliative, ER, hospitalist, OB/Babies' Clinic, lumps and bumps; and a few of them even do all of the above! Our program generally has a lighter emphasis on OB, but this can be easily changed by requesting an FM OB preceptor! The flexibility is the greatest strength here, and you can really make your training suit your career goals!

3. What do you do for fun in your community?

Tennis ladder, beach volleyball, soccer, hockey, rock climbing, cycling along the lakeshore, Neb's Fun World (mini-golf, bowling, arcade games), Toronto is nearby if you want a day trip to see a show/event. Favourite activity is hanging with co-residents 😊

4. What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

We sometimes get IM and Surgery residents but I've never been on a service with one. Same with med students, though we are going to have more of these soon with the new Queen's Lakeridge Health MD Family Medicine Program, but this means teaching opportunities! I've virtually always been 1-on-1 with preceptors and Hospitalist is so much better than CTU. Everything we do is with a generalist approach and preceptors are great at targeting our learning to this goal!

5. What makes this program unique? What drew you to it?

As above, the excellent blend and diversity of community generalist practice. I definitely wanted to stay away from academic centres but still live in a somewhat urban environment. I want to pursue practice in multiple domains and this program lets me do that and encourages me to achieve my goals! Recent grads have stayed in the area and become preceptors and set an amazing example for the diversity, flexibility, and awesome opportunities available to us in Family Medicine!

—Dr. Alexander Friesen, PGY2, Site Chief Resident 2023-2024, Queen's Bowmanville-Oshawa-Lakeridge

Resident Experiences

Resident Testimonial

“I love being a Queen's Peterborough-Kawartha family medicine resident! I've felt incredibly welcomed by both the program and community from the outset. Our resident cohort is the perfect size (there are only 12 of us in total between the PGY1s & PGY2s) and we attend teaching sessions together so we get to be quite tight-knit. Family medicine is the only full-time program based in Peterborough, so there are rarely other specialties training in the community and we get really amazing opportunities for hands on experience. Preceptors only take learners if they want to - so our teachers are engaged and truly excited to have us on their team. I'm also a big fan of the curriculum and schedule design: we get to spend 1 and a half days per week with a local family physician throughout our entire 2 years in the program, and then spend the rest of our weekdays in block-based specialty rotations. I find this blended format really helpful for learning, and it's so nice to be able to build a relationship with your primary preceptor. Aside from the program itself, Peterborough is a wonderful community that is close to nature (less than an hour to drive to many nearby Provincial Parks, and the Otonabee River runs right through the downtown!), it has a great food scene, and is an easy 1.5-hour drive to downtown Toronto if you want to visit the big city during your spare time. I'm so glad that I decided to train here and can easily imagine staying in the area after I've completed residency.”

—Dr. Jaimee Carter, PGY2

1. On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

All rotations are in Peterborough during R1. We are expected to make a couple trips (3-4x in PGY1) to Kingston for in-person training sessions, but our travel expenses are covered. In PGY2, we are expected to do 1 rural block and 1 community family medicine block (can be anywhere, including outside Ontario) outside the community.

2. What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

Full scope family practice. Tons of opportunities for in-office procedures, an excellent GP-obstetrics group who we rotate with in PGY2, sexual health clinic, and a rapid access addictions medicine clinic.

3. What do you do for fun in your community?

Peterborough has a surprisingly great food scene, and the surrounding area is so much fun to explore. Our resident cohort has gone kayaking on the Otonabee River and we broke the record on completing an outdoor puzzle / escape room! There's also a rock-climbing gym, weekly hockey with a group of local physicians, and amazing trails for hiking and biking throughout the community.

4. What is the cost of living in the area where your program is primarily located?

Decent amount of rental properties given that there are 2 post-secondary institutions in the area (TrentU & Fleming College). I'm renting a 3-bedroom house for \$2,400 per month.

5. What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

No other specialties (apart from occasional +1 emergency medicine residents in ED or ICU).



NOSM

UNIVERSITY

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North Bay

NOSM University respectfully acknowledges that the entirety of the University's wider campus of Northern Ontario is on the homelands of First Nations and Métis Peoples.

[NOSM U North Bay](#) | [North Bay Site](#)

Program Highlights

Type of curriculum:

Block.

Curricular outline:

NOSM U follows a typical curriculum for all sites. North Bay has an extra peds block in year 2.

Unique features:

Home call. No hospitalist rotation as GPs round on own inpatients every morning.

Scholarly activities:

Residents complete a number of scholarly activities; Quality Improvement (QI) projects and resident rounds.

Community Highlights

Recreation:

On the shores of Lake Nipissing, watersports abound, paddling on the Mattawa River, abundant trails, mountain biking trails, Laurentian Ski Hill, and the Nordic Ski Club.

Cultural notes:

Franco-Ontario, First Nations populations; The Capitol Theatre is a thriving arts and performance centre.


Cost of living:


Approximately \$1,400/mo. Average rent for a 1-bedroom is \$850/mo., utilities average \$125/mo.⁴⁷



Community Stats

 **Population:** 71,736

 **Access:** 3.5h to Toronto and Ottawa; major regional/domestic airport

 **Nearest center:** NOSM U Sudbury site (1.5h)

Program Stats

Training sites:
North Bay Regional Health Centre

Number of residents:
5/year

Elective time:

R1: 8 weeks
R2: 8 weeks

Miscellaneous:

- 389-bed hospital offers numerous outpatient and outreach services.
- North Bay Regional Health Centre is district referral centre and is the specialized mental health service provider in the area.
- Distributed training site for NOSM U clerkship students (Bimonthly teaching opportunities).

⁴⁷ Program admin 2023

Remote First Nations

NOSM University respectfully acknowledges that the entirety of the University's wider campus of Northern Ontario is on the homelands of First Nations and Métis Peoples.

[NOSM U Remote First Nations](#) | [Eabametoong First Nations](#)
[Selected Matawa Health Co-op communities](#)

Program Highlights

Type of curriculum:

Block.

Curricular outline:

NOSM U follows a typical curriculum for all sites. This stream is a 2.5-year residency program with multiple community touchbacks and additional cultural learning embedded throughout the residency program.

Unique features:

This stream comes with a two-year Return of Service (ROS) agreement; concentrated training in rural and remote medicine, addictions medicine, Indigenous health, elder teachings and cultural safety training.

Scholarly activities:

Residents complete a number of scholarly activities, Quality Improvements (QI) projects, and resident rounds.

Community Highlights

Recreation:

Endless camping/hiking; hunting and fishing in almost any community.


Cultural notes:


Strong First Nations, Francophone and other diverse communities.


Cost of living:

Approximately \$1,600/mo. Average rent for a 1-bedroom is \$964/mo., utilities average \$210/mo.⁴⁸

Community Stats

 **Population:**
Eabametoong First Nation: 2,200
Thunder Bay: 123,258

 **Access:** Road, ice road, and airplane

 **Nearest center:** Sudbury or Thunder Bay

Program Stats

Training sites:
North Bay Regional Health Centre

Number of residents:
5/year

Elective time:

R1: 8 weeks
R2: 8 weeks

Miscellaneous:

- 389-bed hospital offers numerous outpatient and outreach services.
- North Bay Regional Health Centre is district referral centre and is the specialized mental health service provider in the area.
- Distributed training site for NOSM U clerkship students (Bimonthly teaching opportunities).

⁴⁸ Program admin 2023

Rural Northern

NOSM University respectfully acknowledges that the entirety of the University's wider campus of Northern Ontario is on the homelands of First Nations and Métis Peoples.

[NOSM U Rural Northern](#) | [Rural Sites](#)

Program Highlights

Type of curriculum:

Block.

Curricular outline:

NOSM U follows a typical curriculum for all sites.

Unique features:

Residents will be assigned to a home base location based on resident's choice and site capacity; flexible curriculum based on your own career goals and community needs, integration with academic sites, independent learning including experiences in emergency care, obstetrics, and inpatient care.

Scholarly activities:

Residents complete a number of scholarly activities, Quality Improvement (QI) projects and resident rounds.

Community Highlights

Recreation:

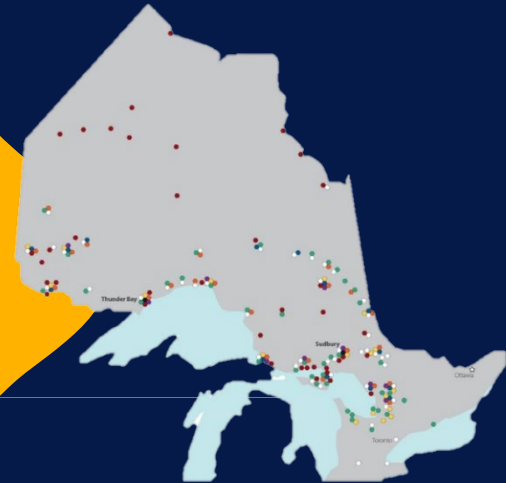
Endless camping/hiking; hunting and fishing in almost any community.

Cultural notes:

Strong First Nations and Francophone, and other diverse communities.

Cost of living:


Variable, based on home base location.



Community Stats

 **Population:** Variable <10,000

 **Access:** Variable

 **Nearest center:** Academic programming in Thunder Bay or Sudbury

Program Stats

Training sites:

Variable—Bracebridge, Elliot Lake, Hunstville, Kaupuskasing, Kenora, Sioux Lookout, Temiskaming Shores

Number of residents:

9/year but variable per site

Elective time:

R1: 8 weeks

R2: 8 weeks

Miscellaneous:

- Hospital facilities and sizes vary depending on community.
- All sites are designated teaching sites with history of having residents and clerkship students.

Sault Ste. Marie

NOSM University respectfully acknowledges that the entirety of the University's wider campus of Northern Ontario is on the homelands of First Nations and Métis Peoples.



[NOSM Sault Ste. Marie](#) | [Sault Ste. Marie Site](#)

Program Highlights

Type of curriculum:

Block.

Curricular outline:

NOSM U follows a typical curriculum for all sites.

Unique features:

Clinical Learning Centre at the Group Health Centre; surgery block is half general surgery tailored to FM needs, and half elective surgical choices; 2 half-days back per block with competency coach; palliative care elective available at Algoma Residential Community Hospice.

Scholarly activities: Residents complete a number of scholarly activities; Quality Improvement (QI) projects, and resident rounds.

Community Highlights

Recreation:

Centre of the Great Lakes, World Class Nordic skiing, Searchmont Resort, several provincial parks nearby, Robertson Cliffs, and many additional hiking trails.

Cultural notes:


Strong Italian community; First Nation communities.


Cost of living:

Approximately \$1,550/mo. Average rent for a 1-bedroom is \$900/mo., utilities average \$170/mo.

Community Stats

 **Population:** 72,051

 **Access:** 3.5h to Sudbury; International bridge to Michigan; Regional airport

 **Nearest center:** NOSM U site in Sudbury

Program Stats

Training sites:

Placements in private Family Medicine clinics, Group Health Centre, Sault Area Hospital

Number of residents:
5/year

Elective time:

R1: 8 weeks
R2: 12 weeks

Miscellaneous:

- Distributed teaching site for 8 NOSM Clerkship students = opportunities for teaching.
- 293-bed hospital, catchment population of 115,000.

Sudbury

NOSM University respectfully acknowledges that the entirety of the University's wider campus of Northern Ontario is on the homelands of First Nations and Métis Peoples.

[NOSM Sudbury](#) | [Sudbury Site](#)

Program Highlights

Type of curriculum:

Block.

Curricular outline:

NOSM U follows a typical curriculum for all sites.

Unique features:

Home call, residents meet annually with the FM program or at resident retreats; residents are paired with a preceptor whose practice matches the resident's interests.

Scholarly activities:

Residents complete a number of scholarly activities; Quality Improvement (QI) projects, and resident rounds.

Community Highlights

Recreation:

City of Lakes, lots of clean lakes and beaches to swim, sail, or kayak on. Many hockey leagues, curling, golf, tree lit ice-skating paths, cross country skiing, running trails. Downhill ski hill nearby.

Cultural notes:

Multicultural Northern city with strong Francophone population (27%) and First Nation communities, many eclectic restaurants, live music, and theatre of the arts.


Cost of living:


Approximately \$1,500/mo. Average rent for a 1-bedroom is approximately \$720/mo., utilities average \$140/mo.



Community Stats

 **Population:** 170,605

 **Access:** Easily accessible by major highways. 4h drive from Toronto; Regional/ domestic airport

 **Nearest center:** Sudbury is the East Campus of NOSM U

Program Stats

Training sites:
Health Sciences North, private FM clinics

Number of residents:
8/year

Elective time:
R1: 8 weeks
R2: 12 weeks

- Miscellaneous:**
- 454-bed hospital with full array of specialist services.
 - Catchment population of 600,000.
 - Community home base training site for NOSM U clerkship students.
 - Simulation Centre and Advanced Medical Research Institute of Canada.

Thunder Bay

NOSM University respectfully acknowledges that the entirety of the University's wider campus of Northern Ontario is on the homelands of First Nations and Métis Peoples.

[NOSM Thunder Bay](#) | [Thunder Bay Site](#)

Program Highlights

Type of curriculum:

Block.

Curricular outline:

NOSM U follows a typical curriculum for all sites.

Unique features:

Access to Northwestern Ontario remote rotations; Regional Cancer Care Program; ICU and IM rotations open to PGY2 learners; program structured around Triple C Competency which allows residents to shape their learning experience.

Scholarly activities:

Residents complete a number of scholarly activities; Quality Improvement (QI) projects, and resident rounds.

Community Highlights

Recreation:

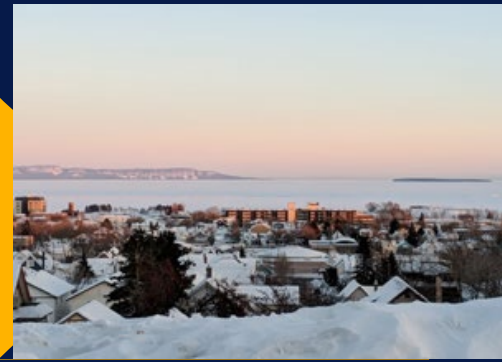
Located on Lake Superior, national parks, coastal hiking trails, Canada Games Complex.

Cultural notes:

First Nations population; Finnish population; Amenities of a city (art gallery, concerts, festivals, sporting events, symphony, theatre, and restaurants) with boundless outdoor opportunities; home to Lakehead University.


Cost of living:

Approximately \$1,575/mo. Average rent for a 1-bedroom is \$964/mo., utilities average \$210/mo.



Community Stats

 **Population:** 123,258

 **Access:** Major transport hub of Northern ON on Hwy 11 and 17

 **Nearest center:** Thunder Bay is NOSM U's West campus

Program Stats

Training sites:

Thunder Bay Regional Health Sciences Centre; numerous Family Medicine Clinics

Number of residents:

9/PGY

Elective time:

R1: 8 weeks

R2: 8 weeks

Miscellaneous:

- 375-bed tertiary care academic centre.
- Serves Northwestern ON catchment region of 250,000 residents.
- Affiliated with St. Joseph's Care group (offering complex care, physical rehab, mental health, and addictions).
- Opportunities to teach NOSM medical students.

Timmins

NOSM University respectfully acknowledges that the entirety of the University's wider campus of Northern Ontario is on the homelands of First Nations and Métis Peoples.

[NOSM U Timmins](#) | [Timmins Site](#)

Program Highlights

Type of curriculum:

Longitudinal and Mini-Block Experiences.

Curricular outline:

NOSM U follows a typical curriculum for all sites. In addition to core rotations, the Timmins site offers 2 weeks in IM, 2 weeks in geriatrics and addictions medicine, and 1 week in otorhinolaryngology and urology.

Unique features:

Primary preceptors cover EM, Obs, Anesthesia, Hospitalist, etc. Experience opportunities in Women's health, residents paired with 2 physicians for each year of the program.

Scholarly activities:

Residents complete several scholarly activities, Quality Improvement (QI) projects, and resident rounds.

Community Highlights

Recreation:

Hunting, fishing, snowmobiling, ATV trails, skating loop through Hollinger Park, camping, multiple hiking trails through Conservation Areas, Nordic skiing.

Cultural notes:

50% of the population is fluently bilingual (French/English); 8% of population is First Nations.

Cost of Living:

Approximately \$1,600/mo. Average rent for a 1-bedroom is \$920/mo., utilities average \$180/mo.



Community Stats

- Population:** 41,788
- Access:** 3.5h North of Sudbury; regional airport
- Nearest center:** Academic programming through NOSM U East (Sudbury)

Program Stats

Training sites:

Timmins and District Hospital

Number of Residents:

4/year

Number of Elective Weeks:

R1: 8 weeks

R2: 12 weeks

Miscellaneous:

- 154-bed hospital, serving catchment population of 117,000.
- Distributed clerkship site for 8 NOSM students = teaching opportunities.
- Other community medical resources include Integrated Health Services for Northern Children, the Northern Treatment Centre among many more services.



UNIVERSITY OF TORONTO

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Barrie or Newmarket Stream

Resident Experiences

Resident Testimonial

Barrie was an amazing program for my family medicine training. The staff were incredibly supportive of residents throughout our two years. They are very patient-centered, and have great practical pearls for clinical practice. The program is a perfect balance of community medicine where family physicians have a broad scope of practice (hospitalist, palliative care, low risk OB, LTC, ER, etc.), and still having enough supports and teaching from specialists as it is still a relatively large hospital. We are the only core residents at the site, which means you get to know staff very well and have lots of learning opportunities when off-service, too. I would 100% make the choice to come to Barrie again and would highly recommend the program!

1. On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

Mostly based at one site. Some travel for certain core rotation - eg. on Public Health you may go to neighbouring cities in the district to do inspections - but fairly minimal in the grand scheme of things. Electives are flexible either local or distributed.

2. What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

Variable, but has the potential to be quite broad. Some family physicians have their own family practice and do hospitalist medicine (or follow their own inpatients in hospital), palliative care, low risk OB, shifts at the local youth shelter, sports medicine, ER, LTC, etc.

3. What do you do for fun in your community?

Hiking, skiing, water sports, etc.

4. Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?

Yes. Residents have done other UofT site electives, and gone even further (eg. in Collingwood, Hamilton, Calgary, London, Thunder Bay, etc.)

5. What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

Very broad range of specialists including general pediatrics and NICU, OB, ICU, cardiology (new CCU opened within the last few years), nephrology, oncology (regional cancer centre), etc. We are the only core residents at the site, meaning there are tons of learning opportunities with specialists. Occasionally they will have an elective learner, but there is little overlap in opportunities.

6. Can you briefly describe what the research portion of your program entails?

PGY1 QI project - pick a project and do PDSA cycles. PGY2 research project - apply through REB, do the project (could be qualitative, quantitative, retrospective chart review, prospective studies, etc.).

7. What makes this program unique? What drew you to it?

The staff really care about learners and patients - they are phenomenal role models and colleagues!

Newmarket

Located on the traditional land of the Haudenosaunee, Anishinabewaki $\langle\sigma\text{ } \int \text{ } \hat{\cup} \text{ } \text{ } \langle P\rangle$, Mississauga and Wendake Nionwentsio peoples.



[Barrie or Newmarket Stream](#)

Program Highlights

Type of curriculum: Horizontal - Hospital based FMTU.

Curricular outline:

PGY1	Duration	PGY2	Duration
ER	1 block	ER	1 block
PAEDS	1 block	FM Inpatient	1 block
Palliative	1 block	Mental Health	1 block
Medicine Ambulatory Consults/ Medicine Acute Care Units	2 blocks	Medicine Ambulatory Consults	1.5 blocks
OBS	1.5 blocks	OBS	1 block
MSK	1.5 blocks	Plastics	2 weeks
Surgery	1 block	Oncology	2 weeks
Urology	2 weeks	PAEDS (outpatient)	2 weeks
ENT	2 weeks	Community FM	2 blocks
Mental health	1 block		

Block = 4 weeks

[Curriculum Comparison Chart](#)

Unique features:

Practice Management curriculum, Teaching Residents to Teach, learner centered hospital with FM being only residents in hospital, Residents manage own roster of patients.

Scholarly activities:

Requirement to complete academic project. Formal QI curriculum.

Community Highlights

Recreation:

Driving distance to Toronto. Local shopping, fitness, and recreation facilities. Nearby parks, trail systems and outdoor drive-in Theatre. Annual parades and festivals.

Cultural notes:

Medium sized city with a small-town feel. Exposure to greater population diversity.

Cost of living:

The cost of living in Newmarket is lower than in Toronto, but still 18% higher than the national average.⁴⁹

Community Stats

Population: 85,000

Access: 55 km (40 min) to Barrie & Toronto

Nearest center: Toronto

Program Stats

Training sites:

Southlake Regional Health Centre

Number of residents:

Across both Barrie and Newmarket
CMG: 14
IMG: 4

Elective time:

PGY1: 2.5 blocks
PGY2: 4 blocks

Miscellaneous:

- Car recommended.
- 2 Teaching practice (TP) blocks (Community based Family Medicine Experience) - access to car is required.

Integrated Communities Stream

Midland

Located on the traditional land of the Haudenosaunee, Anishinabewaki ᐃᓂᓄᓂᓄ, Mississauga and Wendake Nionwentsio peoples.



[Integrated Communities Stream](#)

Program Highlights

Type of curriculum: Horizontal.

Curricular outline:

PGY1 in Toronto at North York Hospital, PGY2 in Midland.

PGY1	Duration	PGY2
FM	4 blocks	OB, ER Shifts, Inpatient Care, GP Anesthesia, Group/Solo Practice options, Nursing Home Care Specialist Preceptors: IM, General Surgery, OB/GYN, Ophthalmology
ER	1 block	
OB/GYN	1 block	
PAEDS	1 block	
Surgery	1 block	
IM	1 block	
Hospitalist	1 block	
PSY	1 block	
Elective	2 blocks	

Block = 4 weeks

[Curriculum Comparison Chart](#)

Unique features:

Residents manage own roster of ~ 200 patients and other resident’s patients with acute issues, primary care provider in RM clinic, FM inpatients and FM OB, only residents in hospital so more learning opportunities, regional health centre with community feel. FM is the only residency program based in the hospital leading to a 1:1 ratio with staff experiences.

Scholarly activities:

Requirement to complete academic project. Formal QI curriculum.

Community Highlights

Recreation:

Annual butter tart festival. Local historic site and museums. Outdoor recreation opportunities for boating/ sailing, mountain biking, ice fishing, and cross-country skiing.

Cultural notes:

Small town feel in the heart of cottage country with a seasonal influx of people.

Cost of living:

7% higher than the national average.⁴⁹

Community Stats

- Population:** 16,000
- Access:** 51 km (40 min) to Barrie; 159 km (2h) to Toronto
- Nearest center:** Barrie

Program Stats

Training sites:

PGY1: North York General Hospital,
PGY2: Georgian Bay General Hospital & clinic
Community Family Medicine Clinic

Number of residents:

Across both Barrie and Newmarket
CMG: 12
IMG: 6

Elective time:

PGY1: 2 blocks
PGY2: Flexible, 1 off-site block

Miscellaneous:

- Car Recommended.
- Strongly encouraged to live in the mid-Ontario community.
- Courses such as Advance Trauma Life Support (ATLS) and Advances in Labour and Risk Management (ALARM) are fully funded.

Orillia

Located on the traditional land of the Haudenosaunee, Anishinabewaki ᐱᓐᓂᓐᓂᓐᓂᓐ, Mississauga and Wendake Nionwentsio peoples.



[Integrated Communities Stream](#)

Program Highlights

Type of curriculum: Horizontal.

Curricular outline:

PGY1 in Toronto at North York Hospital, PGY2 in Orillia.

PGY1	Duration	PGY2
FM	4 blocks	Specialist Preceptors: OB, ER Shifts, Inpatient Care, GP Anesthesia, Group/Solo Practice Options, Nursing Home Care Pediatrics, General Surgery, Urology, Ophthalmology, DERM, IM, Radiology, ENT, Orthopedics, Plastics
ER	1 block	
OB/GYN	1 block	
PAEDS	1 block	
Surgery	1 block	
IM	1 block	
Hospitalist	1 block	
PSY	1 block	
Elective	2 blocks	

Block = 4 weeks

[Curriculum Comparison Chart](#)

Unique features:

Exposure to comprehensive FM, flexible program responsive to educational needs with building PGY2 year with elective time, diverse ED experiences, great community support.

Scholarly activities:

Requirement to complete academic project. Formal QI curriculum.

Community Highlights

Recreation:

Local recreation centre with aquatic, fitness and gymnasium facilities. Outdoor recreation opportunities with sporting fields, trail systems and being in the heart of cottage country! Check out the Orillia Opera House.


Cultural notes:


Local recreation centre with aquatic, fitness and gymnasium facilities. Outdoor recreation opportunities with sporting fields, trail systems and being in the heart of cottage country! Check out the Orillia Opera House.

Cost of living:

7% higher than national average.⁴⁹

Community Stats

 **Population:** 30,000, catchment area 75,000 approx

 **Access:** 51 km (30 min) to Barrie; 159 km (1h45) to Toronto

 **Nearest center:** Toronto

Program Stats

Training sites:

PGY1: North York General Hospital
 PGY2: Orillia Soldiers Memorial Hospital

Number of residents: (across all sites)

CMG: 5

IMG: 3

Elective time:

PGY1: 2 blocks

PGY2: Flexible, 1 off-site block

Miscellaneous

- Car Recommended.
- Strongly encouraged to live in the mid-Ontario community.

McMaster University



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Collingwood

Located on the traditional land of the Petun, Anishinabewaki
ᐱᐱᐱᐱᐱᐱᐱᐱ, and Huron-Wendat.



[McMaster - Collingwood](#)

Program Highlights

Type of curriculum:

Block + Integration.

Curricular outline:

PGY1: 4 blocks of FM, 2 blocks of care of the hospitalized adult, 2 blocks of EM, 2 blocks of women's health and OB, 2 blocks of peds, 1 block of FM/academic programming, academic programming throughout the year.
PGY2: 4 blocks of FM, 2 blocks of rural FM, 2 blocks of core medicine/surgery, 1 block of Care of the Elderly, 3 blocks of electives, 1 block of FM/academic programming, academic programming throughout the year.⁵⁰

Unique features:

Strong GP anesthetic program, involvement with surgical specialists. Recent Hospice program. Full scope FM with OB, EM, hospitalist. Academic hub is Collingwood with Owen Sound & Mount Forest residents.⁵⁰

Scholarly activities:

Opportunities for involvement with QA project; Residency Research Stream to receive additional training/skills for fundable research.⁵¹

Community Highlights

Recreation:

Four season recreation: water sports on Georgian Bay, numerous ski resorts, extensive cycling routes, Nordic skiing, & sailing.⁵²

Cultural notes:


Strong artist community; growing community with many job opportunities.⁵³

Cost of living:

Average rent for a 1-bedroom is \$1,820.⁵³

Community Stats

 Population: 21,000

 Access: 55 km (45 min) to Barrie, 161km (2h) to Toronto

 Nearest center: Toronto

Program Stats

Training sites:

Four multi-disciplinary teaching sites with dynamic generalist practices; Collingwood General & Marine Hospital

Number of residents:

CMG: 3
IMG: 0

Elective time:

PGY1&2: ½ day per week during FM blocks
PGY2: 2 blocks

Miscellaneous:

- 68-bed hospital
- 550 births/year; 34,000 ER visits/year
- Twice annual rural stream retreats (residents/faculty)

⁵⁰ <https://fammed.mcmaster.ca/education/postgraduate/teaching-sites/collingwood-rural-stream/>

⁵¹ <https://fammed.mcmaster.ca/research/research-supports-funding/>

⁵² <https://www.collingwood.ca/building-business/visit-collingwood>

⁵³ <https://www.zumper.com/rent-research/collingwood-on>

Resident Experiences

Resident Testimonial

I have love love loved my time in Collingwood. It is a small enough hospital/medical community that it is easy to get to know your fellow physicians in town and really feel part of a community. Even though our residency group in town is only 3 per year (so total of six at any given time), we get together a lot with the Owen Sound residents (2/year so total 4 at any given time) and Mount Forest residents (2/year so total 4 at any given time). So we really feel like more of a group of 14 and even 24 when we get the opportunity to get together with the "rural south" - Grimsby/Fergus/Simcoe residents, for SIM, conferences, etc! It has also been a great place to get involved in the community - we have partnered with the local youth centre to do monthly workshops spotlighting healthcare careers and teaching them hands-on skills (casting, suturing, etc), which has been a ton of fun. I have loved that we get to spend so much time in our home community (very little travel out for mandatory rotations) so it is easier to get involved. It is also just a super fun place to live - always lots to do no matter the season (kayaking, biking, snowshoeing, snowboarding, and more!) and lots of people willing to show you local spots, etc! The biggest surprise for me was just how kind and friendly the hospital is (always a shock after leaving a teaching hospital environment!) and how excited our staff are to teach. I have been called down from a hospitalist shift to emerg just to see a really interesting MSK finding in the department - and then gone back upstairs to continue about my day! Our staff are very invested in helping us become well rounded and efficient rural generalists, and go out of their way to teach.

1. On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

Not a ton - we are able to do all of our mandatory requirements at our site other than 1 block each in both PGY1 (Peds in Owen Sound) and PGY2 (Care of the Elderly in Orillia). Otherwise everything is done at CGMH and academic days are also hosted here so the only travel required is over to the ROMP building to see your pals!

2. What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

I think our program specifically emphasizes ER skills - on family medicine blocks we're expected to do 1 ER shift/week. In addition to that, all of our preceptors look after their own inpatients and some do hospitalist shifts as well. There are opportunities to get more involved in obstetrics and mental health but would require some initiative by the resident.

3. What do you do for fun in your community?

Snowboarding, snowshoeing, kayaking, hiking, biking, swimming in the Bay - there's so much to do! Also my preceptor taught me how to cross country ski last year.

4. What is the cost of living in the area where your program is primarily located?

It can be quite expensive - many monthly rentals are \$2000/month for 1-2bdrms. I found an apartment about 20 minutes drive away from my office/hospital in Thornbury for ~\$1200/month. There are cheaper options but require deep digging.

(continued...)

5. Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?

Totally! We have a great relationship with ROMP and NOSM and several of my colleagues have gone to Marathon, Sioux Lookout etc for electives. We also have great relationships with the smaller Grey-Bruce sites - I am doing two months in Walkerton/Hanover. I also think we are able to benefit from connections with the MAC-CARE regions - I did a month of obstetrics in KW and had a great time with high volumes.

6. What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

CGMH has 4 OBGYNs, 4 orthopedic surgeons, a rotating group of consulting internists, and 2 general surgeons. We do not have any pediatrics or geriatrics in town. We have 1 psychiatrist. The OBGYNs occasionally have an OB resident with them, and one of the general surgeons always has an upper year gen surg resident and/or a PA student etc. Typically however our site is 90-100% family med residents at any given time.

7. Can you briefly describe what the research portion of your program entails?

We have to do a quality improvement project over the 2 years of our choosing. There is a lot of flexibility in what the topic is and we have good support through one of the local internists and a local family doc. You can work in small groups or solo.

8. Are there opportunities for extra training? (i.e. SIM, conferences, etc.)

We do SIM at least 2x/year with the whole rural stream, and the program is working on incorporating more opportunities for other courses. We are currently piloting a program of training residents in NRP and buddying them up with staff on the Acute Care of the Newborn call rotation - we do not have peds in the community so family docs respond to code pinks.

9. What makes this program unique? What drew you to it?

What drew me to this program is its ability to balance training rural generalists with the mandatory requirements of family medicine programs. Often rural residents can end up with great "home base" communities but do have to leave a fair amount to complete the mandatory rotations of peds, OB, internal, etc as their community does not have the specialist support to provide these rotations. CGMH is still a family doc run hospital, but has enough specialists to support training us at our home base. I also think its unique in its ability to maintain community with several surrounding residency sites. There are a ton of great rural residency programs out there, but that's what made it a good fit for me!

10. Is there anything you would change about this program?

I wish we had more obstetrics volumes/more opportunities for family docs to do primary care OB. There are about 500 births/year at CGMH, but due to having 4 OB/GYNs who do primary care obstetrics in addition to an excellent community of midwives, there is not a ton of room for family doc OB.

Fergus

Located on the traditional land of the Haudenosaunee, Petun Anishinabewaki ᐱᑦᑲᑦᑲᑦᑲᑦᑲᑦᑲᑦ, Odawa, Mississauga, and Mississaugas of the Credit First Nation.

[McMaster - Fergus](#)

Program Highlights

Type of curriculum: Block + Integration.

Curricular outline:

PGY1: 4 blocks of Family Medicine, 2 blocks of Care of the Hospitalized Adult, 2 blocks of Emergency Medicine, 2 blocks of Women's Health and Obstetrics, 2 blocks of Care of Children, 1 block of Family Medicine/Academic Programming, Academic Programming throughout the year.

PGY2: 4 blocks of Family Medicine, 2 blocks of rural Family Medicine (or remote Family Medicine), 2 blocks of core Medicine/Surgery (options available), 1 block of Care of the Elderly, 3 blocks of Elective 1 block of Family Medicine/Academic Programming, Academic Programming throughout the year.⁵⁴

Unique features:

Rural scope of practice. Preceptors have large scope of practice with support from local internists, general surgeons, and obstetrics.⁵⁵ Strong family practice obstetrics group, flexible schedule with opportunities for ER, and surgical assists. Academic days with the Waterloo Regional Campus.⁵⁶

Scholarly activities:

Mandatory McMaster InQUIRY curriculum (standard across all McMaster sites).⁵⁴

Community Highlights


Recreation: Watersports on Grand River/Elora Gorge, rock climbing, Provincial Parks.


Cultural notes: Home to Highland Games, lively arts community, annual Elmira Maple Syrup Festival nearby.⁵⁷

Cost of living: 1% more expensive than the national average;⁵⁸ average cost for 1-bedroom apartment is approx. \$1,780/mo.⁵⁹



Community Stats

 **Population:** 20,000 (catchment 34,000+)

 **Access:** 21 km to Guelph; 35 km to Kitchener; 75 km to Hamilton; 108 km to Toronto

 **Nearest center:** Hamilton

Program Stats

Training sites:
Fergus, Kitchener (Waterloo Regional Campus, WRC)

Number of residents:
CMG: 2

Elective time:
PGY1&2: ½ day per week during FM blocks
PGY2: 3 blocks

Miscellaneous:

- 55 bed capacity
- 350+ births per year, 26,000 ER visits per year
- Academic Half Day Program with WRC

⁵⁴ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23041?programLanguage=en>

⁵⁵ <https://canprepp.ca/programs/mcmaster-university-family-medicine-rural-fergus/>

⁵⁶ <https://fammed.mcmaster.ca/education/postgraduate/teaching-sites/fergus-rural-stream/>

⁵⁷ <https://elorafergus.ca/>

⁵⁸ <https://www.erieri.com/cost-of-living/canada/ontario/fergus>

⁵⁹ <https://www.zumper.com/apartments-for-rent/centre-wellington-on/fergus>

Resident Experiences

Resident Testimonial

“Fergus is an excellent residency location to obtain a full-scope family medicine experience. If you are looking for a mixture of clinic, emergency medicine, in-patient medicine, obstetrics, anaesthesia, and/or surgical assist, this is the program for you!”

—Fergus Family Medicine Resident

Grimsby

Located on the traditional land of the Haudenosaunee, Anishinabewaki ᐱᐱᓂᐸᐱᐸᐱᐸ, Attiwonderonk (Neutral), Mississauga, and Mississaugas of the Credit First Nation.



[Grimsby FM](#)

Program Highlights

Type of curriculum:

Block with longitudinal rural FM, obstetrics, and psychiatry.

Curricular outline:

PGY1: 4 blocks FM, 2 blocks hospitalist/IM, 2 blocks EM, 2 blocks Obs/Gyn, 2 blocks peds, 1 block FM + academic programming.

PGY2: 4 blocks FM, 2 blocks rural FM, 2 blocks medicine/surgery, 1 block geriatrics, 1 block FM + academic programming + electives.⁶⁰

Unique features:

The West Lincoln Memorial Hospital (home site) is largely community run, with family physicians seeing their own inpatients, covering the ED & providing low risk OB care.⁶¹

Scholarly activities:

Mandatory McMaster InQuiry curriculum.⁶⁰

Community Highlights

Recreation:

Fishing, boating and water sports on Lake Ontario; hiking and cycling along the Niagara Escarpment and Bruce Trail; organized sports and leisure activities.^{62, 63}


Cultural notes:


Strong agricultural roots, proximity to Niagara Wine Country.^{62,63}

Cost of living:

Cost of living is 4% higher than the national average.⁶⁴

Community Stats

 **Population:** 27,000 (catchment 50,000+)

 **Access:** 28 km to St. Catharine's; 30 km to Hamilton; 85 km to Toronto

 **Nearest center:** Hamilton

Program Stats

Training sites:

Grimsby, St. Catharine's, Smithville, Beamsville & Hamilton

Number of residents:

CMG: 2

Elective time:

PGY1 & 2: ½ day per week during FM blocks
PGY2: 3 blocks

Miscellaneous:

- Louise Marshall Hospital: (15 beds, 2 OB rooms, 80 births per year, 12,000+ ED visits/year).
- Visiting specialties: general surgery, Obs/Gyn, ENT & gastroenterology.
- Grimsby residents join Niagara residents for academic sessions at Brock University in St. Catharine's.

⁶⁰ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23041?programLanguage=en>

⁶¹ <https://fammed.mcmaster.ca/education/postgraduate/teaching-sites/grimsby-rural-stream/>

⁶² <https://www.grimsby.ca/en/>

⁶³ <https://www.westlincoln.ca/en/>

⁶⁴ <https://www.erieri.com/cost-of-living/canada/ontario/grimsby>

Resident Experiences

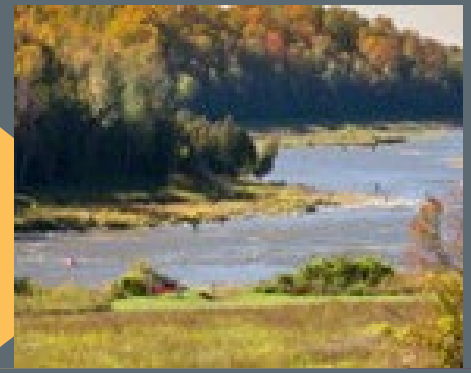
Resident Testimonial

“If you want to finish your training in a learner-centered environment that provides many opportunities to become competent as a full spectrum practice family physician in a rural community, while also living close to urban centers, then Grimsby is the place to be!”

—Grimsby Family Medicine Resident

Mount Forest

Located on the traditional land of the Petun, Anishinabewaki ᐱᓂᓂᓂᓂ, Odawa, Mississauga, and Mississaugas of the Credit First Nation.



[Mount Forest FM](#)

Program Highlights

Type of curriculum:

Block + Integration.

Curricular outline:

PGY1: 2 blocks IM and 2 blocks ED (in Collingwood or Owen Sound), 1 block FM + academic programming, 2 blocks peds (in Owen Sound), 2 blocks Ob/Gyn in Orangeville.

PGY2: 4 block FM, 2 blocks rural/remote FM, 2 blocks med or surg, 1 block geriatrics, 3 blocks electives, 1 block FM + academic programming.⁶⁵

Unique features:

McMaster's most rural site clinically; 1:1 preceptor model within supportive family practice. Simulation program 2/year for all rural residents, based in Collingwood.^{66,67}

Scholarly activities:

Mandatory McMaster Inquiry curriculum.⁶⁵

Community Highlights

Recreation:

Cycling, parks and trails along the Saugeen River, birding, annual Fireworks Festival.⁶⁸

Cultural notes:


Large Mennonite population, strong sense of community with thriving downtown, farmers' markets.⁶⁷

Cost of living:

The cost of living is 17% below the national average.⁶⁹

Community Stats

 **Population:** 5,000 (catchment 15,000+)

 **Access:** 65 km to Guelph; 93 km to Collingwood; 116 km to Hamilton

 **Nearest center:** Hamilton

Program Stats

Training sites:

Mount Forest, academic hub in Collingwood

Number of residents:

CMG: 2

Elective time:

6-9 weeks

Miscellaneous:

- Louise Marshall Hospital: (15 beds, 2 OB rooms, 80 births per year, 12,000+ ED visits/year).
- Visiting specialties: general surgery, Obs/Gyn, ENT & gastroenterology.

⁶⁵ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23041?programLanguage=en>

⁶⁶ <https://fammed.mcmaster.ca/education/postgraduate/teaching-sites/mount-forest-rural-stream/>

⁶⁷ <https://canprepp.ca/programs/mcmaster-university-family-medicine-rural-mount-forest/>

⁶⁸ <https://mountforest.ca/>

⁶⁹ <https://www.areavibes.com/thunder+bay-on/mount+forest+estates/cost-of-living/>

Resident Experiences

Resident Testimonial

"I have a bit of a unique relationship to my program, in that I grew up in the community, and my immediate family all live locally. Because of this connection, I

knew at the beginning of med school that I wanted to match here. While this definitely changed my approach to CaRMS and the match process, there are still so many great things about this program and community that I hope will appeal to prospective residents from all schools and communities!

On a broad level, being at McMaster for my family medicine training has been a largely positive experience. One of my favourite aspects of the program is the unique approach to psych learning/training. Rather than a formal psychiatry rotation, we have a longitudinal Mental Health and Behavioural Sciences (MHBS) curriculum which exposes us to psychiatric topics which are particularly relevant to family medicine practice. It also creates space and opportunity for development of leadership skills through presentations on various psych topics. We do MHBS in a small-group setting, so it is also an excellent way to foster relationships with your co-residents. Another benefit of the McMaster rural family medicine program is that, nearly all time, we have direct one-to-one access to our preceptors, meaning that we have ample opportunity to ask questions and build professional relationships with staff.

Regarding my program site specifically, in my opinion, one of the very best things about training in Mount Forest is the breadth of scope of practice you are exposed to as a resident. Spending only two years as a resident prior to independent practice definitely feels fast, but training in an environment with diverse practice components (clinic, emerg, in-patient, LTC, oncology, surgical assist, and more) fosters confidence in your skills and knowledge in a challenging yet supportive environment. Mount Forest also offers exposure to unique patient populations including the Mennonite community.

One of the biggest challenges for me so far has been the need to travel about 6-7 months per year for non-family medicine rotations. Fortunately, though, there is some funding available to help with the cost of commuting and/or accommodations as needed.

Overall, I have very positive experiences of my school and program. As the smallest/most rural McMaster family medicine site, Mount Forest provides exceptional opportunities to encounter some of the most unique and diverse patient presentations, ranging across all medical disciplines, and teaches you to manage them with relatively few resources. Every day I spend in Mount Forest, I feel like I am doing real rural family medicine, which is incredibly rewarding and exactly what I hoped to get out of the program."

—Dr. Amanda Hincks, R1 (2021)

1. On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

I do my family medicine blocks as well as the holiday block in my community (roughly 5 months per year). My other rotations as well as weekly teaching sessions are done outside of Mount Forest. Most of my off-service rotations, as well as the teaching days, are in communities which are close enough that I can commute and do not need accommodations (although accommodations are available if you wish).

2. What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

Throughout my experiences as a clerk and resident, Mount Forest has provided the broadest scope of family medicine skills of anywhere I have worked. Clinic, obstetric, emergency, oncology, and inpatient services are

all provided locally by the group of family docs. There is also a general surgeon, OB/GYN, and urologist who have surgical days in the Mount Forest hospital, with anaesthesia provided by a family doc from a nearby community. Mount Forest is an excellent place for truly full-scope rural family medicine because we are far enough from large centers to take on responsibility for our patients in a variety of care settings, but close enough to feel supported and to access resources in a timely manner.

3. What do you do for fun in your community?

Although Mount Forest is a small community, there are still lots of things to do in town for leisure! There are a number of beautiful trails nearby which are great for walking/running. We also have a local Junior C hockey team whose games often draw a large crowd (not during COVID, of course). There is also a well-established curling league in town who love to have new members join. We've got local spas/salons and clothing stores. There are a number of great, locally-owned restaurants which are great as well. We may not have all the amenities of an urban center, but Mount Forest is within easy driving distance (about 1 hour) to just about anything else you may want outside of town.

4. Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?

I haven't had an elective block yet, but there is definitely an option to travel for electives. There is also an opportunity for McMaster family medicine residents (in all programs) to travel remotely for their mandatory 2-block rural rotation (ie- Northern Ontario) and a small number of residents do their 2 blocks in Inuvik.

5. What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

Generally, I don't encounter other residents in my rotations. There are some family medicine residents from urban sites who come to Mount Forest for their 2-block rural rotation, but typically they are here when I am away on another rotation.

6. Can you briefly describe what the research portion of your program entails?

All family medicine residents at McMaster are required to do a quality improvement project, which does/can involve some sort of research. However, I would say that McMaster is typically pretty good about accommodating resident requests, so if research is something that interests you, it is likely that you will be able to fit this into your residency experience.

7. Are there opportunities for extra training? (i.e. SIM, conferences, etc.)

Our McMaster rural program is excellent at providing opportunities to expand skill sets. We have multiple fantastic SIM learning days per year in Collingwood (our academic hub); there are frequent opportunities to complete training in ACLS, PALS, NRP, etc; and I often receive emails inviting residents to conferences (covering all kinds of topics). There is funding available for these conferences through the program as well.

8. What makes this program unique? What drew you to it?

I believe that the breadth of the scope of practice in Mount Forest truly sets the program apart. As the smallest/most rural McMaster family medicine site, we encounter some of the most unique and diverse patient presentations, ranging across all medical disciplines, and are required to manage them with relatively few resources. This is definitely challenging at times, but training in this setting fosters confidence in your knowledge and skills, encourages you to incorporate creativity into your patient care plans, and inspires clinical courage.

9. Is there anything you would change about this program?

I think in all family medicine programs, we wish we had more time (2 years flies by!). I personally would be happy to have a bit more elective time to explore a few areas of interest (we currently have 3 blocks which equates to 12 weeks of electives total, which all take place in second year), but working on a tight timeline of 2 years to complete all program requirements may challenge this.

—Dr. Amanda Hincks, R1 (2021)

Owen Sound

Located on the traditional land of the Petun, Anishinabewaki
ᐱᑦᑕᑦᑎᑦᑎᑦ, and Huron-Wendat.



[McMaster – Owen Sound](#)

Program Highlights

Type of curriculum: Block + Longitudinal.

Curricular outline:

PGY1: 4 blocks rural FM, 2 blocks each of IM/Hospitalist, OB/GYN, Peds and EM. (All blocks in Owen Sound).

PGY2: 4 blocks rural FM, 1 block each of IM, general surgery, and care of the elderly in PGY2. 2 blocks of rural/remote medicine and 3 elective blocks.⁷⁰

Unique features:

Home call, flexible call schedule choosing EM shifts and call shifts in IM/surgery. Mandatory general surgery block in second year. Longitudinal EM experience of ½ day EM while on FM. Simulation 2nd year.^{70,71}

Scholarly activities:

QA project: Residency Research Stream to receive additional training/skills for fundable research.

Community Highlights

Recreation:

Located near the Bruce Peninsula; activities include Nordic skiing, sailing/boating, hiking the Bruce Trail, rock climbing, camping, hunting/fishing, & kayaking.⁷²

Cultural notes:

Summer folk Music Festival, Festival of Northern Lights, Theatre.⁷²

Cost of living:

Around \$1,750/mo. Average rent for a 1 bedroom is \$1,510.00/mo., utilities average \$238/mo.⁷³

Resident Testimonial

"The benefits of rural training, without being too isolating. Preceptors are happy to have you and to teach, and it is not a service-based residency!"

Community Stats

📍 **Population:** 21,000

🗺️ **Access:** 64 km (1h) to Collingwood, 190 km (2.5h) to Toronto

✉️ **Nearest center:** Hamilton/Toronto

Program Stats

Training sites: Owen Sound, Collingwood for academic training

Number of residents: CMG: 2

Elective time: PGY1&2: ½ day per week during FM blocks
PGY2: 2 blocks

Miscellaneous:

- 160-bed hospital.
- Owen Sound is regional referral centre, only FM residents working full-time.⁷¹

⁷⁰ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23041?programLanguage=en>

⁷¹ <https://canprepp.ca/programs/mcmaster-university-family-medicine-rural-owen-sound/>

⁷² <https://www.owensound.ca/en/exploring/exploring.aspx#>

⁷³ <https://www.numbeo.com/cost-of-living/in/Owen-Sound-Canada>

Simcoe

Located on the traditional land of the Anishinabewaki ᐱᐅᐅᐅᐅᐅᐅᐅᐅ, Attiwonderonk (Neutral), and Haudenosaunee.

[Simcoe FM](#)

Program Highlights

Type of curriculum:

Block + Longitudinal Rural FM.

Curricular outline:

PGY1: 4 blocks FM, 2 blocks hospitalist/IM, 2 blocks EM, 2 blocks Obs/Gyn, 2 blocks peds, 1 block FM + academic programming.

PGY2: 4 blocks FM, 2 blocks rural FM, 2 blocks medicine/surgery, 1 block geriatrics, 1 block FM + academic programming + electives.⁷⁴

Unique features:

Remote/rural rotations, office gynecology experience during OB rotation, ICU, palliative care, anesthesia, OR assist. Opportunity to teach local PA, nursing, and MD students.⁷⁵

Scholarly activities:

Research opportunities can be found.⁷⁵

Community Highlights

Recreation:

On the north shore of Lake Erie; fishing, birding, hiking, camping, cycling.⁷⁶

Cultural notes:


Fairs and music/arts festivals, botanical gardens, Friday the 13th in Port Dover.⁷⁶


Cost of living:

Average rent for a 1-bedroom is \$1,300/mo.⁷⁷



Community Stats

 **Population:** 13,922 (catchment 60,000)

 **Access:** 36 km (35 min) to Brantford, 83 km (1h) to Hamilton

 **Nearest center:** Hamilton

Program Stats

Training sites:
Simcoe & Brantford

Number of residents:
CMG: 1

Elective time:
PGY1&2: ½ day per week during FM blocks
PGY2: 2 blocks

Miscellaneous:

- 106-bed hospital.
- 30,000 ER visits per year.
- taught in a multi-disciplinary family health team and are closely connected to the Grand Erie 6 Nations (GE6N) site in Brantford.

⁷⁴ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23041?programLanguage=en>

⁷⁵ <https://fammed.mcmaster.ca/education/postgraduate/teaching-sites/simcoe-rural-stream/>

⁷⁶ <https://experience.simcoe.ca/>

⁷⁷ <https://www.numbeo.com/cost-of-living/in/Simcoe-ON-Canada>

Resident Experiences

Resident Testimonial

“The Rural Simcoe program is a comprehensive program designed for the independent resident who desires competence in rural generalism... The program is connected to the residency program at Grand Erie Six Nations in that all academic sessions are completed in Brantford with the community-based residents. ...Additionally, the Brantford General Hospital has a top-notch group of ER doctors who have built a simulated education program for the GE6N and Simcoe residents.”

—Simcoe FM Resident⁷⁵



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Chatham-Kent

Located on the traditional land of the Anishinabewaki ᐱᐅᐅᐅᐅᐅᐅᐅᐅ, Attiwoonderonk (Neutral), and Miami.



[Chatham-Kent Program](#)

Program Highlights

Type of curriculum: PGY1 Block; PGY2 Horizontal.⁷⁸

Curricular Outline:

PGY1: 20 wks FM; 4 wks each elective, pediatrics, emergency medicine, OB/GYN, general surgery, medicine, palliative care, medicine selective.

PGY2: 10-12 months FM; 8 weeks elective(s); max 4 half-days/wk longitudinal electives (choices include ED, fracture clinics, endocrine/IM clinics, psychiatry, child mental health, ophthalmology, anesthesia, ENT, FM obstetrics, & allied health professionals).⁷⁹

Unique Features:

- Annual Obstetrical Skills Day in November for PGY1 residents.
- Preceptors are highly involved in hospital care as MRP for 65 medicine patients, 60 rehab and continuing care patients, intrapartum obstetrical care with shared on-call for GP obstetrics, and coverage for a busy emergency department.⁷⁹

Scholarly activities:

Mandatory resident research or quality improvement project with option to work with a group of residents.⁸⁰

Community Highlights

Recreation:

Fresh water lakes, underground railway outdoor recreation, & 2 nearby provincial parks.⁸¹

Cultural notes:

Various museums, historic Tecumseh Parkway, summer fairs.⁸²

Cost of Living:

Average rent for a 1-bedroom apartment is \$1,766/mo.⁸³

Community Stats

- Population:** 100,000
- Access:** 116 km (1.5h) to London
- Nearest center:** London

Program Stats

Training sites:

Chatham-Kent Health Alliance,
Thamesview Family Health Team,
Chatham-Kent Family Health Team

Number of residents:

CMG: 2
IMG: 1

Elective time:

PGY1: 4 weeks
PGY2: 8 weeks + longitudinal half-day electives (10-12 months)

Miscellaneous:

- 300-bed community hospital.
- Wide variety of longitudinal electives for residents with special interests.

⁷⁸ [CaRMS](#)

⁷⁹ [Schulich Chatham-Kent program](#)

⁸⁰ [Schulich resident project](#)

⁸¹ <https://www.ontariosouthwest.com/listing/chatham-kent-tourism/2184/>

⁸² <https://www.destinationontario.com/en-ca/cities-towns/chatham-kent>

⁸³ <https://www.numbeo.com/cost-of-living/in/Chatham-Kent-Canada>

Regional North (Ilderton)

Located on the traditional land of the Anishinabewaki ᐱᐢᐢᐢᐢᐢᐢᐢᐢᐢᐢ and Attiwoonderonk.

[Regional North Program](#)

Program Highlights

Type of curriculum: Block.

Curricular outline⁸⁴:

PGY1: 28 wks FM (assigned to family practice); 4 wks each of elective, palliative care, OB/GYN, general surgery, medicine (Stratford General Hospital), geriatrics (hospital or LTC subject to availability).

PGY2: 24 wks FM (assigned to family practice); 4 wks each of EM, pediatrics, FM hospitalist; 16 weeks electives/core selectives (up to 12 wks of electives outside Southwestern ON is permissible; 4 wks can OOP over the 2-year program).

Unique features:

Faculty to resident ratio of 1:2. Strong focus on training rural family physicians. Educational opportunities include emergency medicine, hospital care, skin clinic, palliative care, elderly care clinic and long-term care facilities, procedural room on-site, house calls are part of regular patient care, teaching session every Wed morning and Fri afternoon.

Scholarly activities:

Mandatory resident research or quality improvement project with option to work with a group of residents.⁸⁵

Community Highlights

Recreation:

Outdoor recreation, parks, and trails. Try out some water sports on one of the nearby Great Lakes. The water is WARM!

Cultural notes:

Ilderton Fair is one of the largest county fairs in Southwestern Ontario! Well connected to larger centers, making it easy to go for a night out in a big city. Also only 1 hour drive to the border.


Cost of living:

Average rent for a 1-bedroom apartment is \$1,950/mo.



Community Stats

 **Population:** 2,000

 **Access:** 20 km (30 min) to London

 **Nearest center:** London

Program Stats

Training sites:

Southwest Middlesex Health Centre,
Strathroy Middlesex General Hospital

Number of residents (Regional West):

CMG: 3

IMG: 1

Elective time:

PGY1: 8 weeks

PGY2: 16 weeks

Miscellaneous:

- Affiliated with the Thames Valley Family Health Team.
- Faculty interests including dermatology, palliative care, primary care procedures, geriatrics, and cognitive behavioural therapy.

⁸⁴ https://www.schulich.uwo.ca/familymedicine/postgraduate/future_residents/teaching_sites_and_curriculum/london_regional_program_curriculum.html#North

⁸⁵ [Schulich resident project](#)

Resident Experiences

Resident Testimonial

“Amazing experience so far in my Residency. Lots of independence on FM blocks right from the start. Was managing patients and billing on my own in clinic by July 3rd. Lots of supervision and resources if needed. In a given FM block will also do hospitalist coverage, ER shifts, nursing home, palliative call and OB call. Really great group of residents and staff are very supportive. Home call on FM blocks, 1 in 8. Gen surg and OB rotations are in community hospitals, more hands on experience and can be better tailored to your interests. Call and hours on those blocks definitely lighter than LHSC.”

—Mount Brydges FM resident, R1

1. On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

If you live in London, approximately 20-30 min drive to Mt Brydges & approximately 30-40 min drive to Strathroy. The commute is mostly through the countryside and a great opportunity to keep up-to-date on your favourite medical podcasts.

Travel to some out-of-town rotations. In my first year, I had the following out-of-town rotations:

- 1 block in Sarnia (1h15min drive - complementary accommodation provided)
- 1 block in Stratford (50min drive - complementary accommodations offered)
- 1 block in Kitchener-Waterloo (1h15min drive - accommodations offered)
- 1 block in St Thomas Elgin (30 min drive)
- 4 blocks in Mt Brydges/Strathroy (20-40 min drive)

2. What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

Family medicine experiences are comprehensive. 1 week in OB clinic & on OB call with FM-OB in both PGY1 & PGY2; Approximately 1 shift per week in Strathroy Emergency Department; Opportunity for hospitalist half days for several weeks of FM blocks

3. What do you do for fun in your community?

I live in London and love spending time outside, running/biking/walking on the Thames Valley Parkway. I'm a big fan of the Junction Climbing Gym (great bouldering & top-roping). I horseback ride at one of the stables near Mount Brydges. I frequent many of London's lovely bakeries & cafes, take-out goodies have been (thankfully) available throughout the past year.

4. Do you have the option to travel for electives? If yes, where have you gone? Can you provide some examples?

Electives are available but it is up to each individual student to arrange them on their own. Due to covid, I elected to opt-out of out-of-region electives for the year.

5. What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

Non-family medicine core rotations are pretty evenly split between tertiary academic centres in London and community hospitals in the surrounding region. The community hospitals have mostly family medicine residents, while rotations at the tertiary academic centres have their own 5-year program residents.

6. What makes this program unique? What drew you to it?

The breadth of the family medicine experience is very unique to a program that is so close to a city.

The many community-based non-family core rotations are also great for exposure to bread-and-butter internal medicine/emergency medicine/surgery, etc. The opportunity to have some rotations in academic centres made for exposure to some very interesting cases & the opportunity to learn from experts.

—Dr. Delia Dragomir, R1

Regional West (Strathroy)

Located on the traditional land of the Anishinabewaki ᐱᐢᐸᐢᐩᐢᐩᐢᐩᐢᐩᐢ and Attiwonderonk (Neutral).



[Regional West Program](#)

Program Highlights

Type of curriculum: Block.

Curricular outline:⁹¹

PGY1: 28 wks FM (assigned to family practice); 4 wks each of electives, palliative care, OB/GYN, general surgery, general IM, geriatrics (hospital or LTC subject to availability).

PGY2: 24 wks FM (assigned to family practice); 4 wks each of adult emergency, pediatrics; 20 wks electives/core selectives (up to 12 wks of electives outside Southwestern ON is permissible; 4 wks can OOP over the 2-year program).

Unique features:

Faculty to resident ratio of 1:2. Educational opportunities include emergency medicine, hospital care, palliative care, elderly care, procedures, house calls are part of regular patient care, mental health care, teaching session every Wednesday morning and most Friday lunch hours.⁹²

Scholarly activities:

Mandatory resident research or quality improvement project with option to work with a group of residents.⁹³

Community Highlights

Recreation:


Outdoor recreation, ice rinks, 3 hockey arenas, active soccer organization, as well as softball, slo-pitch, and fast-ball leagues. Park and a “River Walk” walking trail. 40-minute drive from Lake Huron (Port Franks/Grand Bend).⁹⁴

Cultural notes: Dutch and Portuguese populations.⁹¹

Cost of living: 9% lower than the national average.⁹⁵

Community Stats

 Population: 16,000

 Access: 37 km (40 min) to London

 Nearest center: London

Program Stats

Training sites:

Strathroy Family Health Organization (Strathroy, Ailsa Craig, and Parkhill sites), Strathroy Middlesex General Hospital

Number of residents (Regional West):

CMG: 12

IMG: 4

Elective time:

PGY1: 4 weeks

PGY2: 20 weeks

Miscellaneous:

- Part of the Thames Valley Family Health Team.

⁹¹ https://www.schulich.uwo.ca/familymedicine/postgraduate/future_residents/teaching_sites_and_curriculum/london_regional_program_curriculum.html#West

⁹² [Southwest Middlesex Health Centre, Mount Brydges](#)

⁹³ [Schulich resident project](#)

⁹⁴ <https://www.strathroy-caradoc.ca/en/index.aspx>

⁹⁵ <https://www.areavibes.com/strathroy-caradoc-on/cost-of-living/>

Rural-Goderich

Located on the traditional land of the Anishinabewaki ᐱᐤᐸᐢᐱᐤᐸᐢᐱᐤᐸᐢᐱᐤᐸᐢᐱᐤ and Odawa.



[Rural – Goderich Program](#)

Program Highlights

PGY1 Block; PGY2 Horizontal.⁹⁶

Curricular outline:

PGY1: 16 wks FM; 8 wks electives; 4 wks each pediatrics, OB/GYN, general surgery, medicine, medicine geriatrics, medicine selective, palliative care.

PGY2: 11-12 months FM (optional 4 wks FM elective); max 4 half-days/wk longitudinal electives with allied health professionals, family physicians with special interests or focused practices, or specialists (max 8 half-days in any one area).⁹⁷

Unique features:

Cardiac rehabilitation program; GP anesthesia; interdisciplinary clinic, OR assisting, visiting pediatrician, pediatric and adult respiratory, endocrinology, orthopedic, dermatology; local general surgeons, internal medicine with cardiology focus, OB/GYN, radiologist; dialysis unit.⁹⁷

Research opportunities:

Mandatory resident research or quality improvement project with option to work with a group of residents.⁹⁸

Community Highlights

Recreation:

Beaches, outdoor recreation (hiking, boating), local cinema.




Cultural notes:

“Canada’s Prettiest Town,” home to many summer festivals.⁹⁹

Cost of living:

Average cost of living in Goderich is \$3,355/mo.; average rent for a 1-bedroom apartment is \$1,477/mo.¹⁰⁰

Community Stats

-  **Population:** 8,000
-  **Access:** 100 km (1.5h) to London
-  **Nearest center:** London

Program Stats

Training sites:

Maitland Valley Medical Centre

Number of residents:

CMG: 1
IMG: 0

Elective time:

PGY1: 8 weeks
PGY2: 4 weeks FM + longitudinal half-day electives (11-12 months)

Miscellaneous:

- 42-bed hospital with local and visiting specialists.

⁹⁶ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23692?programLanguage=en>

⁹⁷ [Schulich Goderich program](#)

⁹⁸ [Schulich resident project](#)

⁹⁹ <https://exploregoderich.ca/experience/walk-eight-history-lines-streets/>

¹⁰⁰ https://www.careerbeacon.com/en/cost-of-living/goderich_ontario

Rural–Hanover

Located on the traditional land of the Anishinabewaki ᐱᐅᐅᐅᐅᐅᐅᐅᐅ, Attiwoonderk (Neutral), and Miami.



[Rural – Hanover Program](#)

Program Highlights

Type of curriculum:

PGY1 Block; PGY2 Longitudinal Placement in Family Practice.

Curricular outline:¹⁰¹

PGY1: 20 wks FM (Hanover Medical Clinic); 4 wks each of pediatrics, OB/GYN, general surgery, medicine, geriatrics (hospital or LTC subject to availability), palliative care; 8 wks electives (up to 12 wks of electives outside Southwestern ON is permissible; 4 wks can OOP over the 2-year program).

PGY2: Heavily focused on longitudinal family medicine. 40 wks FM (Hanover Medical Clinic); 8 wks electives; 4 wks medicine-selective.

Unique features:

Strong focus on training rural generalist physicians. Extensive exposure to the ER, OB, acute internal medicine, pediatrics, and psychiatry. Local physician interests include procedural sedation, dermatology, women's health, sports medicine and concussion, anesthesia, and palliative care.¹⁰²

Scholarly activities:

Mandatory resident research or quality improvement project.¹⁰³

Community Highlights

Recreation:

Parks and trails, ice rink and close to outdoor recreation (1h drive to Collingwood). The Saugeen River runs through Hanover and offers some of the best canoeing and fishing in the province.

Cost of Living: Average rent for a 1-bedroom apartment is \$1,700/mo.

Community Stats

Population: 7,500

Access: 106 km (1.5h) to Kitchener, 154 km (2h) to London

Nearest center: London

Program Stats

Training sites:

Hanover Medical Clinic, Hanover and District Hospital

Number of residents:

CMG: 2

IMG: 1

Elective time:

PGY1: 8 weeks

PGY2: 8 weeks

Miscellaneous:

- 24-bed hospital with annual emergency room volume of 17,000.
- Enrichment education in procedural sedation, dermatology, women's health, sports medicine, concussion, anaesthesia, and palliative care.

¹⁰¹

https://www.schulich.uwo.ca/familymedicine/postgraduate/future_residents/teaching_sites_and_curriculum/hanover_program_curriculum.html

¹⁰² <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23692?programLanguage=en>

¹⁰³ [Schulich resident project](#)

Resident Experiences

Resident Testimonial

“My favourite part about the Hanover program is the breadth and variety of training. On a single day, you are often called upon to wear several different “hats”. One memorable shift found me being called out of the emergency department to deliver a baby, returning to emerg to diagnose a patient with acute appendicitis, discussing the case with our local surgeon, bringing them to the operating room, intubating the patient, and scrubbing into assist the surgeon before returning to emerg to finish my shift. If you want full-scope family medicine training, Hanover is the place to be!”

—Dr. Jeffrey Dietrich, R2

Rural–Petrolia

Located on the traditional land of the Anishinabewaki ᐱᐅᓂᓂᐱᐅᐅᐅ and Attiwonderonk (Neutral).



[Rural – Petrolia Program](#)

Program Highlights

Type of curriculum:

Block, Triple-C curriculum.¹⁰⁴

Curricular Outline:

PGY1: 16 wks FM; 4 wks each elective, emergency medicine, ICU, pediatrics, OB/GYN, surgery, medicine, palliative care, psychiatry.

PGY2: 36 wks FM; 16 wks electives.¹⁰⁵

Unique Features:

Interprofessional learning experiences available with nurse practitioners and mental health counselors who are integrated into the practices.

Scholarly activities:

Mandatory resident research or quality improvement project with option to work with a group of residents.¹⁰⁶

Community Highlights

Recreation:

Outdoor recreation.

Cultural notes:


Lively in the summertime with festivals and outdoor concerts. Nicknamed "Canada's Victorian Oil Town."¹⁰⁷

Cost of Living:

Average rent for a 1-bedroom apartment is \$982/mo.¹⁰⁸

Community Stats

 **Population:** 5,500

 **Access:** 27 km (25 min) to Sarnia, 94 km (1h) to London

 **Nearest center:** London

Program Stats

Training sites:

Petrolia & Sarnia

Number of residents:

CMG: 1

IMG: 1

Elective time:

PGY1: 4 weeks

PGY2: 16 weeks

Miscellaneous:

- New, state of the art clinic houses all physicians and their allied health colleagues from the Family Health Team.

¹⁰⁴ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23692?programLanguage=en>

¹⁰⁵ https://www.schulich.uwo.ca/familymedicine/postgraduate/future_residents/teaching_sites_and_curriculum/petrolia_program_curriculum.html#Petrolia

¹⁰⁶ [Schulich resident project](#)

¹⁰⁷ <https://town.petrolia.on.ca/visitors/>

¹⁰⁸ <https://www.areavibes.com/petrolia-on/cost-of-living/#housing> (updated 2020)

Stratford

Located on the traditional land of the Anishinabewaki ᐱᐅᓂᓂᐱᐅᐅᐅᐅ and Attiwonderonk (Neutral).

[Stratford Program](#)

Program Highlights

Type of curriculum:

Block.

Curricular outline:

PGY1: 16 wks FM; 4 wks each EM, palliative care, pediatrics, OB/GYN, general surgery, medicine, medicine geriatrics, psychiatry, elective.

PGY2: 32 wks FM; 4 wks medicine selective; 16 wks electives.

Unique features:

Intrapartum obstetrics is integrated into the family practice experience.

Interprofessional learning experiences are available within the practice as there are nurse practitioners and mental health counselors integrated into the practices.

Scholarly activities:

Mandatory resident research or quality improvement project with option to work with a group of residents.

Community Highlights

Recreation:

Canada's Premier Arts Town with the famous Stratford Festival and its Shakespearean plays, 115 acres of parkland, Avon River, Lake Victoria.

Cultural notes:

Victorian architecture.


Cost of living:

Average rent for a 1-bedroom apartment is \$1,825/mo.



Community Stats

 Population: 33,232

 Access: 61 km (45 min) to London

 Nearest center: London

Program Stats

Training sites:

Avon Family Medical Centre, Stratford
General Hospital

Number of residents:

CMG: 1

IMG: 0

Elective time:

PGY1: 4 weeks

PGY2: 16 weeks

Miscellaneous:

- Affiliated with the STAR Family Health Team.



University of Manitoba

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Bilingual Program

Located on the traditional territory of the Michif Piyii (Métis), Anishinabewaki ᐱᑭᐣᑦᐣᑦᐣᑦᐣᑦᐣᑦ and Očhéthi Šakówiŋ peoples.



[Manitoba Family Medicine Program](#)

Program Highlights¹⁰⁹

Type of curriculum: Partial Horizontal.

Curricular outline:

PGY1: 24w of FM, between Centre de santé (Winnipeg) and Notre Dame de Lourdes are interspersed with off service rotations in Winnipeg (IM, OBs, EM, ICU, Peds EM).

PGY2: 20w urban-rural FM, Interspersed with off service rotations in Palliative Medicine, Pediatrics, ICU and Gen Surg primarily in the St. Boniface area, and Obstetrics at Boundary Trails (Morden-Winkler).

Unique features: The only English/French bilingual FM program in Western Canada. Integrative Medicine in Residency Program featuring Complementary and Alternative Management.

Scholarly activities: Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities. Workshops for research skills development. Can apply for Grants/Funding.

Funding: Reimbursement/Provision of ACLS (in PGY2), ALARM, ATLS, ICAW, NRP, Ultrasound Curriculum and procedural sedation courses. Costs of travel to and accommodation are provided for mandatory offsite rotations.

Community Highlights¹⁰⁹

Recreation:

Sun kissed location in the Pembina Hills ideal for outdoor enthusiasts and nature lovers; 6 golf courses; a provincial park; swimming pools; mountain biking, snowmobile, and ATV trails. Community sports including curling, soccer, baseball, and Lacrosse. 2 large annual festivals.

Cost of living: Resident salaries are higher than in most provinces, and items such as rent, food, gas, and car insurance are less, so money stretches farther.

Community Stats

Population:
Notre Dame de Lourdes: 683
Ste-Anne: 4,509

Access:
NDL: 130 km from Winnipeg
Ste-Anne: 50 km from Winnipeg

Nearest center: Winnipeg

Program Stats

Training sites:

- Centre de santé, Hôpital Saint Boniface, Victoria General Hospital, Winnipeg, MB.
- Clinique Notre Dame, Centre de santé, Notre Dame de Lourdes, MB.
- Centre medical Seine, Hôpital Ste Anne, Ste Anne, MB.

Number of residents:

CMG: 3
IMG: unspecified

Elective time:

8 weeks

Miscellaneous:

- Annual 2-day resident retreat
- Manitoba offers PGY3 training in: Addictions, Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care and Sports & Exercise Medicine.

¹⁰⁹ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23067?programLanguage=en>

Northern Remote

Northern Medical Unit in Winnipeg is located on the traditional land of the Métis, Anishinabewaki ᐱᐢᓂᐢᓂᐢᓂᐢᓂᐢ, and Očeti Šakówiŋ peoples. Other sites are on the traditional lands of the Sahtú Got'ine, Sahtu Dene, Dënéndeh, Cree and Inuit peoples.

[Manitoba Family Medicine Program](#)

Program Highlights¹¹⁰

Type of curriculum: PGY1 Integrated; PGY2 Partial Horizontal.

Curricular outline:

PGY1: Family medicine at NCMC or Norway House Cree Nation with training in Obstetrics, Pediatrics, HIV/Hep C care and more. Selective in hospitalist medicine.

PGY2: Primarily northern or remote site in Manitoba, NWT or Nunavut including 4 weeks in a small First Nations community. One block FM in home clinic. Rotations in Winnipeg include 2w of neonatology, airway management, sports medicine and ortho, and 4w of addiction medicine, ICU, and trauma surgery.

Unique features:

8 months in northern, remote, First Nation, and Inuit communities.

Scholarly activities:

Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities. Can apply to grants/funding.

Funding:

Reimbursement/provision of ACLS (in PGY2), ALARM, ATLS, ICAW, NRP, ACORN, ultrasound curriculum, and procedural sedation courses. Costs of travel to and accommodation are provided for remote sites.

Community Highlights


Recreation: Winnipeg offers opportunities for outdoor recreation, arts and theatre, sporting events and many historical and cultural festivals.


Cultural notes: Exposure to a variety of First Nations and Inuit communities. Broad cultural diversity in Winnipeg.

Cost of living: Average rent \$1,294/mo., Average cost of living \$3,207/mo.¹¹¹



Community Stats

 **Population:** <1, 000–13,000
Winnipeg: 800,000

 **Access:** Fly from Winnipeg, Fly-in remote communities.

 **Nearest center:** Winnipeg

Program Stats

Training sites:

- Northern Connection Medical Centre, Winnipeg
- Community of Norway House Cree Nation
- Various other northern, remote, and Indigenous community sites

Number of residents:

CMG: 6
IMG: 2

Miscellaneous:

- Annual 2-day resident retreat.
- Manitoba offers PGY3 training in: Addictions, Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care and Sports & Exercise Medicine.
- Internal match program to spend an additional 8w at the Northern Connection Medical Centre in Winnipeg

¹¹⁰ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23509?programLanguage=en>

¹¹¹ https://www.careerbeacon.com/en/cost-of-living/winnipeg_manitoba/42000-salary

Northern Thompson

Located on the traditional land of the Nisichawayasihk Cree Nation.

[Manitoba Family Medicine Program](#)

Program Highlights¹¹²

Type of curriculum: Partial Horizontal.

Curricular outline:

Family Medicine done in Thompson and distributed regional sites with integrated training in EM, Psyc, Obs, Geriatrics and Cancer Care. 2w Airway Management and 8w Obs in Thompson. Additional rotations in Winnipeg for 2w Neonatology, Addictions medicine, Palliative Care, 4 w Pediatrics, ICU and 4w Trauma Surgery.

Unique features:

Integrative Medicine in Residency program.

Scholarly activities:

Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities.

Funding:

Reimbursement/Provision of ACLS (in PGY2), ALARM, ATLS, ICAW, NRP, Ultrasound Curriculum and procedural sedation courses
Costs of travel to and accommodation at remote sites covered by program.

Community Highlights




Recreation: Local shopping, bowling alley, and recreation center with ice rinks, gymnasium, and track. Outdoor recreation opportunities at nearby golf course; natural landmarks; hiking, skiing, and snowmobile trails; and canoe routes.

Cultural notes: Exposure to Indigenous health in local communities, organizations and education partners.

Cost of living: Compared to national average, the cost of living is 27% lower and average housing cost 74% lower.¹¹³



Community Stats

-  **Population:** <1, 000–13,000
-  **Access:** Road and Fly-in; 750 km to Winnipeg
-  **Nearest center:** Winnipeg

Program Stats

Training sites:

Thompson Clinic, Thompson General Hospital, Gillam, Lynn Lake, Leaf Rapids, Snow Lake, Flin Flon, The Pas, Winnipeg

Number of residents:

CMG: 2

Miscellaneous:

- Annual 2-day resident retreat.
- Air Travel is a mandatory component of this stream.
- Manitoba offers PGY3 training in: Addictions, Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care and Sports & Exercise Medicine.

¹¹² <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23911?programLanguage=en>

¹¹³ <https://www.areavibes.com/thompson-mb/cost-of-living/>

Boundary Trails

Located on the traditional territory of the Michif Piyii (Métis), Anishinabewaki ᐱᐅᓂᓂᐅᐅᐅᐅ and Očhéthi Šakówiŋ peoples.

[Manitoba Family Medicine Program](#)

Program Highlights¹¹⁴

Type of curriculum: Partial Horizontal, Partial Block.

Curricular outline:

PGY1 & PGY2: 48 w of Family Medicine at Boudary Trails CTU, 4w peds, 4w ICU/CCU, 8w IM, 8w OB, 4w palliative care, 4w surgery, 4w peds in-patient. Protected time is provided for horizontal experiences in the areas of psychiatry, psycho-geriatrics, geriatrics, sports medicine, gynecology, pediatrics, and community medicine.

Unique features:

Integrative Medicine in Residency Program, featuring Complementary and Alternative Management.

Scholarly activities:

Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities. Can apply for Grants/Funding.

Funding: Reimbursement/Provision of ACLS (in PGY2), ALARM, ATLS, ICAW, NRP, Ultrasound Curriculum and procedural sedation courses. Costs of travel to and accommodation at remote sites covered by program.

Community Highlights¹¹⁴

Recreation: Hiking, camping, golfing, fishing, biking. Ice rinks, Arts Centre, Parks, Fitness centre. Two large prairie festivals happen yearly, the Winkler Harvest Festival and the Morden Corn and Apple Festival.

Cultural notes: Exposure to industries and communities unique to rural Manitoba such as agriculture and Hutterite colonies.

Cost of living: Cost of living is 26% lower than national average and housing is 69% lower than national average.¹¹⁵



Community Stats

Population: 10,000 (Morden), 14,000 (Winkler), 50,000+ Catchment

Access: 1.5h drive to Winnipeg

Nearest center: Winnipeg

Program Stats

Training sites:

- **C.W. Wiebe Medical Clinic** (Winkler) or **Aggasiz Medical Clinic** (Morden)
- **Boundary Trails Health Centre**—94-bed acute care facility; services include: emergency, ambulatory care clinics, intensive care, day surgery, obstetrics, chemotherapy, dialysis, OT/PT, speech & audiology.

Number of residents: CMG: 4

Elective time:

Miscellaneous:

- Manitoba offers PGY3 training in: Addictions, FM Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care and Sports & Exercise Medicine.

¹¹⁴ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/22920?programLanguage=en>

¹¹⁵ <https://www.areavibes.com/winkler-mb/cost-of-living/>

Brandon

Located on the traditional territory of the Michif Piyii (Métis), Anishinabewaki ᓂᓚᓂᓴᓴᓂᓴᓂᓴᓂᓴᓂᓴ and Očhéthi Šakówiŋ peoples.



[Manitoba Family Medicine Program](#)

Program Highlights

Type of curriculum: Partial Horizontal.

Curricular outline:

Family Medicine, 4–5 blocks in Brandon and 1–2 blocks in rural communities each year. IM 2 blocks, OB/GYN 2 blocks, pediatrics 1 block, Winnipeg ER 1 block, surgery, ICU, palliative care. Longitudinal psychiatry and EM training over the 2 years.

Unique features:

Integrative Medicine in Residency Program, featuring complementary and alternative management.

Research opportunities:

Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities. Can apply to grants/funding.

Community Highlights

Recreation:

Opportunities for outdoor recreation with nearby national parks, ski hills, golf courses and walking trails. Local gyms and recreation center with opportunities to be involved in arts and theatre.

Cultural notes:

Over 7,000 newcomers have immigrated to the city in the last 10 years, adding to the diversity of cultures in the city.

Cost of living:

The cost of living in Brandon, and Manitoba in general, has been shown to be lower than all other Canadian provinces except Quebec. Average cost of rent is \$800/mo.

Community Stats

📍 **Population:** 53,000, catchment area 180,000

🚗 **Access:** 2h drive to Winnipeg. Local airport.

📄 **Nearest center:** Winnipeg

Program Stats

Training sites:

- **Brandon Regional Health Center:** 309 beds—acute and Chronic care, 9 bed ICU, 6 surgical suites.
- **Western Medical Clinic and Brandon Clinic**—In-patient, long-term and low-risk obstetrics care.
- **Shilo Canadian Forces Base** satellite site.

Number of residents:
CMG: 4

Elective time:

Miscellaneous:

- **Manitoba** offers PGY3 training in: Addictions (new in 2021), FM Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care and Sports & Exercise Medicine.

Interlake Eastern

Located on the traditional territory of the Michif Piyii (Métis), Anishinabewaki ᐱᓂᓂᓂᓂᓂᓂᓂᓂᓂᓂ and Očhéthi Šakówiŋ peoples.

[Manitoba Family Medicine Program](#)

Program Highlights¹¹⁶

Type of curriculum: Partial Horizontal.

Curricular outline:

PGY1: 22w regional FM; 2w airway management, 8w IM, 8wOB, 4w peds EM, 4w electives, 4w vacation.

PGY2: 16w regional FM, 8w rural FM, 4w gen surg, 4w ICU/CCU, 4w peds out-pt, 4w palliative care, 4w electives, 4w vacation. Horizontal experiences during FM with OB, EM, behavioral medicine, and nutrition.

Unique features:

Integrative Medicine in Residency Program, featuring Complementary and Alternative Management.

Scholarly activities:

Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities. Can apply to Grants/Funding.

Funding:

Reimbursement/Provision of ACLS (in PGY2), ALARM, ATLS, NRP, PALS, BLS, Ultrasound Curriculum and procedural sedation courses
Costs of travel to and accommodation at remote sites covered by program.

Community Highlights¹¹⁶




Recreation: Outdoor recreation opportunities with nearby beaches, lakes, fishing, and provincial parks. Farmers Market Community Recreation complex with facilities for hockey, curling, tennis, soccer, swimming and more.

Cultural notes: Large local Indigenous population in catchment area.

Cost of living: The cost of living in Selkirk is less than the national average as well as generally less than the Manitoba average. Housing and auto-insurance are particularly affordable.



Community Stats

-  **Population:** 30,000
-  **Access:** 30 min drive to Winnipeg
-  **Nearest center:** Winnipeg

Program Stats

Training sites:

- **Selkirk Medical Associates**—1:1 preceptor to resident ratio
- **Selkirk Regional Health Centre**—61 acute care beds. Visiting specialists.

Number of residents:

CMG: 2

Elective time:

PGY1: 4 weeks

PGY2: 4 weeks

Miscellaneous:

- Annual Resident retreat.
- Manitoba offers PGY3 training in: Addictions, Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care and Sports & Exercise Medicine.

¹¹⁶ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/22971?programLanguage=en>

Neepawa

Located on the traditional territory of the Michif Piyii (Métis), Anishinabewaki ᐱᐅᐅᐅᐅᐅᐅᐅᐅ and Očhéthi Šakówiŋ peoples.

[Manitoba Family Medicine Program](#)

Program Highlights¹¹⁷

Type of curriculum: Partial Horizontal, Part Block.

Curricular outline: Rural FM with incorporated longitudinal ER and OBs with tailored according to your learning objectives (PCH, oncology, more ER/Obs/anesthesia, etc). Specialty rotations in Brandon and Winnipeg will be used to supplement Family Medicine Block Time. Winnipeg: 8w IM, 2w Plastics, 4w Peds ER, 4w Palliative, 4w ER
Brandon: 4w Gen Surg, 2w Ortho, 8w OBs/Gyn.

Unique features: Small clinic and resident size with a significant enthusiasm for teaching. Their dedication to teaching is reflected in the positive evaluations they receive, teaching awards, and the student apartments we have put into the basement of our clinic.

Scholarly activities: Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities. Can apply to Grants/Funding.

Funding: Reimbursement/Provision of ACLS (in PGY2), ALARM, ATLS, ICAW, NRP, Ultrasound Curriculum and procedural sedation courses
Accommodations for out-of-town rotations will be provided by the University.

Community Highlights¹¹⁷

Recreation: Hiking, skiing, snowshoeing, biking, and camping and all kinds of outdoors opportunities abound. Neepawa Titans hockey team (MJHL), an active gym/fitness club, basketball, spin club, boxing, a gorgeous **18-hole** golf course, movie theatre. Lots of opportunities for kids.


Cultural notes: Just over half of the population is Filipino. The Filipino culture is a welcome and colourful addition to our farming community. One of the fastest growing communities in Manitoba.

Cost of living: Compared to national average NeePawa cost of living is 27% lower and housing is 73% lower.¹¹⁸



Community Stats

 **Population:** Neepawa 4,600

 **Access:** 2h drive to Winnipeg, 45 min to Brandon

 **Nearest center:** Winnipeg

Program Stats

Training sites:
Beautiful Plains Community Medical Clinic

Number of residents:
CMG: 2

Elective Time:
PGY1/2: 12 weeks

Vacation:
8 weeks

Miscellaneous:

- Annual 2-day resident retreat.
- Manitoba offers PGY3 training in: Addictions, Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care and Sports & Exercise Medicine.
- May need to join community gym due to endless supply of baking and gardening treats from community.

¹¹⁷ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/24830?programLanguage=en>

¹¹⁸ <https://www.areavibes.com/neepawa-mb/cost-of-living/>

Parkland

Located on the traditional territory of the Michif Piyii (Métis), Anishinabewaki ᓐᓂᓴᓐᓂᓴᓐ and Očhéthi Šakówiŋ peoples.



[Manitoba Family Medicine Program](#)

Program Highlights¹¹⁹

Type of curriculum: Partial Horizontal.

Curricular outline:

PGY1: 20 Rural FM F with concurrent experience with EM, hospitalist and OBs, with specialty rotations in Winnipeg for 8w IM, 8w OBs, 4w Peds EM, 4w Palliative Care, 4w Elective

PGY2: Family medicine with protected time provided for horizontal experiences during family medicine block time including the areas of obstetrics/gynecology, psychiatry, psycho-geriatrics, sports medicine, geriatrics, and community medicine. 8w Surgery, 8w FM-Anesthesia, 4w ICU/CCU.

Unique features: Residents will spend 8 weeks in a more rural setting such as Ste. Rose, Grandview or Swan River (population approximately 1,000).

Scholarly activities: Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities.

Funding: Reimbursement/Provision of ACLS (in PGY2), ALARM, ATLS, ICAW, NRP, Ultrasound Curriculum and procedural sedation courses. Costs of travel to and accommodation are provided for remote sites.

Community Highlights¹¹⁹

Recreation: Sporting activity facilities for hockey, curling, tennis, basketball, volleyball, archery and more. Local National and Provincial parks, campgrounds, golf courses and extensive trail systems. Local Art Centre and several major yearly festivals.

Cultural notes: Exposure to local Indigenous and Ukrainian populations.

Cost of living: Compared to national average Dauphin's cost of living is 28% lower and housing is 79% lower.¹²⁰

Community Stats¹¹⁹

Population: 8,000 (Dauphin)
Parkland Catchment Area: 42,000

Access: 2hr drive to Brandon;
3.5hr drive to Winnipeg

Nearest center: Winnipeg

Program Stats¹¹⁹

Training sites:

- **Dauphin Regional Health Centre**—Referral centre for Parkland.
- **Ste. Rose General Hospital**—26 bed hospital.

Number of residents:

CMG: 4
IMG: 2

Elective time:

PGY1: 4 weeks
PGY2: 4 weeks

Miscellaneous:

- Horizontal POCUS training.
- Annual 2-day resident retreat.
- Manitoba offers PGY3 training in: Addictions, Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care and Sports & Exercise Medicine.
- Internal match program to spend an additional 8w at the Northern Connection Medical Centre in Winnipeg.

¹¹⁹ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23028?programLanguage=en>

¹²⁰ <https://www.areavibes.com/dauphin-mb/cost-of-living/>

Portage la Prairie

Located on the traditional territory of the Michif Piyii (Métis), Anishinabewaki ᑭᓄᓂᓱᓄᓐᑭᓴᓴᓐ and Očhéthi Šakówiŋ peoples.

[Manitoba Family Medicine Program](#)

Program Highlights¹²¹

Type of curriculum: Partial Horizontal.

Curricular outline:

Family Medicine blocks with care for outpatients, inpatients, and home visits. Horizontal learning opportunities in OB, EM, palliative care, pediatrics, surgery, cancer care behavioural medicine, and nutrition. Specialty rotations in Winnipeg for pediatrics, ICU, and palliative care.

Unique features:

Integrative Medicine in Residency Program, featuring Complementary and Alternative Management.

Scholarly activities:

Formal Quality Improvement curriculum. Qualitative or quantitative research opportunities. Can apply to Grants/Funding.

Community Highlights

Recreation: Local recreation center with ice rinks, fitness center, sporting fields and indoor track. Outdoor recreation opportunities at local waterpark and trail system. Local center for celebration of the arts and Fort la Reine Museum nearby.

Cultural notes: Work with Indigenous populations in Portage clinic and local communities.

Cost of living: The cost of living in Portage is about 1% less than the national average with housing being particularly affordable. Travel and accommodations covered for all offsite rotations.



Community Stats

Population: 20,000

Access: 1h drive to Winnipeg

Nearest center: Winnipeg

Program Stats

Training sites:

- **Portage Clinic**—1:1 preceptor to resident ratio.
- **Portage District General Hospital**—88 acute care beds. Visiting specialists.

Number of residents:
CMG: 4 per year

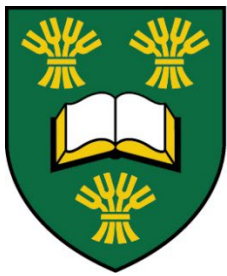
Elective time:
PGY1: 4 weeks
PGY2: 4 weeks

Miscellaneous:

- Manitoba offers PGY3 training in: Addictions, Anesthesia, Cancer Care, Care of the Elderly, Emergency Medicine, Obstetrical Surgical Skills, Palliative Care, and Sports & Exercise Medicine.



¹²¹ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23638?programLanguage=en>



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La Ronge

Located on Treaty 6 Territory and Homeland of the Métis Nation.

[La Ronge Site](#) | [Program video](#)

Program Highlights¹²⁴

Type of curriculum: Longitudinal, integrated training La Ronge, with dedicated rotations in Regina & Prince Albert for tertiary clinical exposure.

Curricular outline:

PGY1	Duration	PGY2	Duration
Longitudinal Rural/Remote FM	30 wks	Rural/remote FM	45 wks
Rotations (Regina):	21 wks:	OB/GYN (Prince Albert)	7 wks
IM (hospitalist)	4 wks	Northern community rotation (optional)	1 wk
EM	3 wks		
ICU	2 wks		
PAEDS	4 wks		
Anaesthesia,	2 wks		
Palliative	2 wks		
Trauma	2 wks		
Orientation (La Ronge)	1 wk		

Unique features: Weekly fly-out clinics to remote northern communities; 120 patient opioid agonist therapy program out of La Ronge, primary care led HIV and Hep C treatment, procedure clinic + POCUS. Resident lead clinics at outpost community, group home and LTC facility, high school.

Scholarly activities: Has an active Research Division with a Primary Health Care Research Group. There is an annual resident research day.

Community Highlights


Recreation: Clinic located on lakefront of Lac La Ronge. Home of some of the best canoe routes in the world, world-class whitewater and flatwater paddling routes, fishing, hunting, snowmobiling, cross country ski trails. Local hockey league, camping, and hiking trails. Annual Napatak Ramble outdoor music concert. Active arts and music scene. Over 1,000 islands.


Cultural notes: Large indigenous population, focus on cultural competence. Average age of population 32.2 yrs.


Cost of living: Average rent \$1,477/mo. Average cost of living \$3,179/mo.¹²⁵



Community Stats

 **Population:** 2,688 (catchment 15,000)

 **Access:** 4h drive north of Saskatoon

 **Nearest center:** Prince Albert, Saskatoon

Program Stats

Training sites:

La Ronge Medical Clinic, La Ronge Health Centre, fly out clinics in Pinehouse, Southend, Stanley Mission, Wollaston Lake. Specialist rotations in Regina & Prince Albert

Number of residents: CMG/IMG: 3

Elective time:

10 weeks (option to have an additional 2 weeks)

Miscellaneous:

- A methadone maintenance and HIV/Hep C support program operates through the clinic in La Ronge.
- POCUS in clinic/ED.
- Minor Procedure clinic 3x/month.
- No other physician groups within 250 km radius.

¹²⁴ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23306?programLanguage=en>

¹²⁵ https://www.careerbeacon.com/en/cost-of-living/la-ronge_saskatchewan

Resident Experiences

Resident Testimonial

La Ronge is an excellent training site with opportunities bound by your imagination and creativity. I see the difference between rural and urban family medicine is the role of family physicians in the community. The next site down the road with physicians is 250km, which is our referral center, so the family physicians in the La Ronge group handle everything that comes into the hospital. The only other residents, at any point, are family medicine residents, so there is no hierarchy and nobody who you can stand behind and let them manage the sick person instead of you.

La Ronge is an excellent rural location for residency training. The group of doctors working in LR treat you as part of the team and are excellent resources to learn from. The days are varied, with a combination of ER, hospitalist, and clinic training. We also fly weekly to remote outpost clinics and resident-led satellite clinics. Overall, it is a great place to learn and prepare for a multi-faceted future practice.

1. On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

We travel to Regina for 5 months in PGY1 and to Prince Albert later in residency (6 hours and 2.5-hour drive respectively)

2. What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

All of the above are emphasized to varying extents. Due to the nature of the community, mental health + addiction medicine are forefronts of practice, along with a strong ER base.

3. What do you do for fun in your community?

"There are lots of outdoor activities throughout the year, hundreds of km of hiking trails, about 60km of groomed cross country ski trails in the winter, snowmobile poker rallies, board game nights, fat biking trails, fishing, camping, and an off-roading club."

4. What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

Most specialist rotations are completed in Regina or Prince Albert. That said, there are specialists who come to LR for clinics monthly, who we can request to be placed with for those days.

5. Are there opportunities for extra training? (i.e. SIM, conferences, etc.)

All programs in Saskatchewan require residents to complete a research project. This is very much "Choose your own adventure" and there is a broad diversity in things you can do for this project, and people to support and help you through it. New sim equipment this year, virtual conferences becoming more commonplace increases access, lots of training provided in SK (Casted, EDE1, EDE2, AIME, ATLS).

6. What makes this program unique? What drew you to it?

Being located in a rural place allows you to gain a wide range of skills and techniques you likely wouldn't have the chance to do in an urban practice. I also appreciate that each day involves something different, either outpost, clinic, ER, or hospitalist, so there is less monotony in the day-to-day. Living in a place so outdoor-focused was also a huge draw. Being able to cross the street and go kayaking or swimming in the lake, and enjoying hiking trails literally out my backward was another big reason why La Ronge was so exciting for me.

—La Ronge FM Resident, R1

Moose Jaw

Located on traditional land referred to as Treaty 4 Territory, the original lands of the Cree, Ojibwe (OJIB-WĒ), Saulteaux (SO-TO), Dakota, Nakota, Lakota, and homeland of the Métis Nation.

[Moose Jaw Site](#) | [Program video](#)

Program Highlights¹²⁶

Type of curriculum: Rotations/Longitudinal.

Curricular outline:

PGY1	Duration	PGY2	Duration
FM*	20 wks	FM	28 wks
FM† (alt w/ OB, IM, & Hospitalist)	12 wks	Rural FM	8 wks
Hospitalist† (Regina/Moose Jaw)	4 (2/2) wks	OB (Regina)	2 wks
IM†	2 wks	Palliative (Regina)	2 wks
OB†	8 wks	PAEDS (Regina)	2 wks
PAEDS*	8 wks	Electives	8 wks
PSY*	4 wks	Exams	1 wk
Surgery*	8 wks	Resident Retreat	1 wk
Electives	4 wks	EM	Regular call throughout the year
EM	1d/mo. + call		
Resident Retreat	1 wk		
Orientation	1 wk		

*Longitudinal half days, †Full days

Unique features: New hospital opened in 2015 that provides 24-hour emergency facilities and specialist services including Ob/Gyn, Pediatrics, General Surgery, Orthopedics, Urology, ICU, Internal Medicine, Ophthalmology, Mental Health & Addictions Services, Radiology, Pathology, and ENT. Our program offers some flexibility within the curriculum allowing you to focus your training in areas that interest you.

Scholarly activities: Has an active Research Division with a Primary Health Care Research Group. There is an annual resident research day.

Community Highlights


Recreation: River Park Campground, various nature parks and trails. The Yara Centre, Kinsmen Sportsplex, Phyllis Dewar Outdoor Pool and the PlaMor Palace are included in the Moose Jaw “recreation pass” for swimming, skating, access to a track and gym.

Cultural notes: Home to a Canadian Forces Base and home to the world famous “Snowbirds.”

Cost of living: Rent = \$980 (1BR) to \$1,600 (3BR) + utilities = \$190.11, 2022 data.¹²⁷



Community Stats

 **Population:** 34,000 (catchment 54,000)

 **Access:** 72 km (45 min) to Regina

 **Nearest center:** Regina

Program Stats

Training sites: Moose Jaw, Regina, & various rural locations

Number of residents:

CMG: 3

Competitive: 1

MOTP: 1

Elective time:

PGY1: 4 weeks

PGY2: 8 weeks

Miscellaneous:

- Full-service Family medicine with a longitudinal program.
- Close one-on-one learning with engaged preceptors.
- Potential experiences with Refugee Health, Home care, long-term care, Wakamow Detox centre, physiotherapy, Diagnostic imaging, aviation medicine.
- No specialist residents on site.
- Easy access on divided highway to big city educational & social opportunities while maintaining a small-town feel.

¹²⁶ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23482?programLanguage=en>

¹²⁷ Costs provided by program administration

North West

Located on Treaty 6 Territory and Homeland of the Métis.

[North West Site](#) | [Program video](#)

Program Highlights¹²⁸

Type of curriculum: Combination of Block and Integrated.

Curricular outline:

PGY1: Completely integrated family medicine with ER, OB, addictions, gen surg, peds, peds ER, care of the elderly, palliative, psychiatry, MSK, 4 weeks internal/CTU (in Saskatoon).

PGY2: Integrated FM, hospitalist, and EM along with a combination of block rotations including 2 weeks tertiary centre pediatrics, 4 weeks tertiary centre OB.

Unique features: Gain hours of emergency room, acute care, and primary care training. In addition to the usual rotations, our program also offers hospitalist or Acute Care Team (ACT) rotations, providing a chance to care for more complex patients within the hospital setting. Our site values work life balance, and we have a great group of faculty and residents to support this. You will be trained to be a comprehensive rural family physician and will have fun and enjoy the collegiality of our site while learning.

Scholarly activities: There is an active Research Division with a Primary Health Care Research Group. Annual resident research day.

Community Highlights

Recreation: Situated on North Saskatchewan River. In the winter, the City of North Battleford groomes 1.8km of trails for cross-country or skate skiing. We are also located close to Table Mountain which is the largest ski hill in Saskatchewan. The town also has a large recreational centre with a swimming pool and running track. We are located 30 minutes away from Jackfish/Murray Lake. There are lots of outdoor activities surrounding these lakes. We have an excellent golf course located in town (North Battleford Golf & Country Club).

Cultural notes: Located on Treaty 6 Territory and Homeland of the Metis. Diverse and growing population. Average age 39.4 yrs.

Cost of living: One of the lowest in the country. According to Money Sense Magazine's "Canada's Best Places to Live 2016", the average house price in North Battleford is about \$211,000 with a property tax of 2.57%. As of 2023, compared to national average, Battleford housing is 64% lower and cost of living is 16% lower.¹²⁹



Community Stats

Population: 13,800 (North Battleford), 4,000 (Battleford), 2,500 (Unity)

Access: 1.5h drive north of Saskatoon (135 km)

Nearest center: Saskatoon

Program Stats

Training sites:

City of North Battleford, Town of Battleford, Town of Unity, City of Meadow Lake, City of Saskatoon, City of Prince Albert, and other surrounding communities.

Number of residents:

CMG: 3

CMG/IMG: 1

Elective time:

PGY1: 4 weeks

PGY2: 5 weeks

Miscellaneous:

- The family medicine teaching unit is housed in a patient medical home.
- Extensive learning in emergency room settings with supportive FP and ERP support.

¹²⁸ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23108?programLanguage=en>

¹²⁹ <https://www.areavibes.com/battleford-sk/cost-of-living>

Resident Experiences



Resident Testimonial

“My favourite aspect of this program is the community and support we’re given. You’re never alone and everyone is invested in your learning. It offers a great opportunity to work with indigenous populations. The program also offers urban rotations so you get a great balance of experiences. The learning experience is great because of the small program size and 1:1 student-preceptor ratio!”

—Carol Yassa, R1

1. What is your most cherished aspect of the program or community?

My most cherished aspect of North Battleford is that our medical community feels like one big, happy family. As a new family medicine resident, and as a newcomer to Saskatchewan, I’ve felt welcomed and extremely well supported.

2. What convinced you that this program was the perfect fit for you?

My dream program would comprise of co-residents who support and uplift each other, and a program director who I feel comfortable approaching under any circumstance. North Battleford’s family medicine program has been just that.

3. What unique qualities set the program apart?

North Battleford’s program allows you to experience the perks of working in a small town, while still being close to bigger centres in Saskatoon. This proximity allows you to tailor your individual learning needs with ease.

—Daveena Sihota, R2 (2023)

6. What is your most cherished aspect of the program or community?

The people and community, friendly, accessible, has most things you need, and 1 hour from largest city in province.

7. Any remarkable surprises that you encountered?

Beautiful park, trails and ski hill.

8. What convinced you that this program was the perfect fit for you?

Excellent training, with good balance of rural and tertiary experiences.

9. What unique qualities set the program apart?

Wide skillset of each rural family doctor, they all wear many hats to which they are excellent and proficient providers.

10. What is the extent of travel required for rotations, if applicable?

Travel for rural experiences are reasonable, and tertiary experiences are under 1.5h.

11. Any additional experiences as a resident in your program?

Great supportive cohort and administration.

—Kiranjot Bhangoo, R2 (2023)

Resident Experiences

Pro Tips from current residents

“Throughout the CaRMS process make sure to ask residents what they think of their admin staff! The admin staff play a vital role in the flow and organization of your residency schedules/rotations!”

—Carol Yassa, R1 (2023)

“Be keen, be open to new experiences, and willing to provide comprehensive family medicine.”

—Kiranjot Bhangoo, R2 (2023)

Prince Albert

Located on Treaty 6 territory and Homeland of the Métis.

[Prince Albert Site](#) | [Program video](#)

Program Highlights¹³⁰

Site description: Midsize community (major referral centre for Northern Saskatchewan), full-service hospital.

Curricular outline:

PGY1	Duration	PGY2	Duration
Urban FM/Palliative /Geri	8 wks	Urban FM	13 wks
Rural FM	8 wks	Rural FM	21 wks
OB/GYN	6 wks	OB/GYN	4 wks
Electives	2 wks	Electives	10 wks
Anesthesia	4 wks	Exam Leave	1 wk
EM	4 wks	Seasonal Slowdown	1 wk
IM	5 wks	Consolidation Week	1 wk
Surgery/Orthopedics	6 (4/2) wks		
PAEDS	5 wks		
PSY	2 wks		
Orientation	1 wk		
Seasonal Slowdown	1 wk		
Consolidation Week	1 wk		

Unique features: The Victoria Hospital has 36,000 emergency visits per year and approximately 1600 deliveries. May participate in satellite clinics including fly in clinics. Opportunities for individuals to pursue experience in addictions and prison medicine.

Scholarly activities: Has an active Research Division with a Primary Health Care Research Group. There is an annual resident research day.

Community Highlights¹³¹


Recreation: Outdoors activities - skiing, hiking, hunting, fishing, snowmobiling, swimming, etc. Lots of beautiful lakes!


Cultural notes: Often considered the “gateway to the North”, Prince Albert’s location naturally provides residents with exposure to a diversity of patient demographics, culture, and pathology.

Cost of living: Approximately \$1,469/mo.¹³²



Community Stats

 **Population:** 41,000 (catchment 150,000)

 **Access:** 1.5h drive to Saskatoon

 **Nearest center:** Saskatoon

Program Stats

Training sites:
Prince Albert – Victoria Hospital, various rural training sites including remote northern and First Nation Communities.

Number of residents:
CMG: 6
Competitive: 1

Elective time:
PGY1: 2 weeks
PGY2: 10 weeks

- Miscellaneous:**
- Strong ER, Obstetrics, Pediatric, Anesthesia and Enhanced Surgical Skills exposure.
 - POCUS in clinic/ED.
 - \$1,200/year education fund and additional coverage of ALARM, ATLS, and PALS courses.
 - Monthly Cellphone funding.

¹³⁰ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23378?programLanguage=en>

¹³¹ <https://youtu.be/tkIFxpRUXcl>

¹³² <https://livingcost.org/cost/canada/sk/prince-albert>

Resident Experiences

Resident Testimonial

Thoroughly happy I matched to Rural Family Medicine at the Prince Albert site! Being from Saskatchewan, I heard early on of the strengths of this site and was fortunate enough to explore it during my electives despite COVID. This site is a great mix of busy, hands-on regional specialty rotations and true rural/remote experience. The best of both worlds for anyone interested in rural family medicine! There is ample opportunity for 1:1 preceptorship, hands-on procedures and independence. Due to the unique population we serve, there is lots of pathology, busy acute care services, trauma, busy obstetrics and Emergency room work, opportunities to explore Addictions medicine, and so on. We have a friendly close-knit residency group, and cannot wait to welcome a new cohort of resident friends!

1. On average, how much travel is required in this stream? (i.e. are you based on one community, or do you travel based on rotations, teaching, etc.)

Based out of Prince Albert. Travel required for 8 week rural family medicine block in R1 and 22 weeks rural family medicine block in R2, plus any electives you choose outside of Prince Albert. Everything else is based in Prince Albert.

2. What is the breadth/scope of family medicine in this program? Does your program's teaching emphasize particular rural skills (e.g. obstetrics, emergency medicine, mental health, etc.)?

Emphasis is on full-scope generalist practice. We have a very busy emergency room and residents do a full month rotation there as well as all their call in the ER (this ends up being 1 weekday call shift from 1700-2330 once a week and one weekend call shift (1200-2330) per month). We have a busy obstetrics service which you will do lots of call for and become very comfortable due to the level of independence given. We have some of the most time spent on rural rotations to really bring all your skills together, and opportunities to explore other areas of interest (i.e. ESS program, Addictions work).

3. What do you do for fun in your community?

"Visit near by lakes and parks for walks/hikes, kayaking/canoeing, and picnics"

4. What is the scope of practice of other specialties or rotations in this program? Do these specialties have their own residents or only family residents that rotate through?

We rotate through all the core specialties in R1 (Pediatrics, OBGYN, Emerg, Anesthesia, Surgery, Internal Med/ICU, Psych, Family Medicine x 2). There are no other Royal College specialties based out of Prince Albert so we are most often the only resident on that service. Occasionally there will be visiting Royal College residents in OBGYN, Surgery, Emergency or Pediatrics. We are also home to a R3 program in Enhanced Surgical Skills and will have 1-2 residents / year rotating through surgery and obstetrics for that.

5. Are there opportunities for extra training? (i.e. SIM, conferences, etc.)

Throughout the 2 years of your residency, it is mandatory for each resident to complete a quality improvement project. This is often done in groups with another resident or two, and is based on an area of interest and/or need you have highlighted.

6. What makes this program unique? What drew you to it?

The mix between access to regional specialty rotations and some of the most time spent rural. Great Emerg experience to feel comfortable working a rural ER. I am interested in pursuing an R3 in OSS and knew there is phenomenal obstetrics exposure here which will prepare me well should I continue down that path.

—Dr. Brianna Hutchinson, FMR1

South East

Located on Treaty 2, 4, 6, and Homeland of the Métis.

[South East Site](#) | [Program video](#)

Program Highlights¹³³

Type of curriculum: Integrated and Block.

Curricular outline:

PGY1: 33 weeks FM, 4 weeks obstetrics/pediatrics, 2 weeks psychiatry, 2 weeks anesthesia, 2 weeks general surgery, 6 weeks electives, 3 weeks total for orientation/consolidation week/seasonal slowdown.

PGY 2: 29 weeks FM, 4 weeks obstetrics, 4 weeks hospitalist/internal medicine, 6 weeks optional rural/remote selective in South East, 6 weeks electives, 3 weeks total for consolidation week/seasonal slowdown/exam week.

Unique features:

Integrated inpatients, long-term care/care of the elderly, palliative care, minor procedures, and emergency medicine. Offers rotations in smaller rural communities in your second year of training; each community with its unique strengths.

Scholarly activities:

Has an active Research Division with a Primary Health Care Research Group. There is an annual resident research day.

Community Highlights

Recreation:

Boasts an abundance of recreational activities including a swimming pool, skating arena, sports fields, golf course, lake, and sports simulators. Cross country ski trails are nearby.

Cultural notes:

Diverse patient population including First Nations and immigrant patients.

Cost of living:

Supporting communities sponsor housing when residents are outside of their home base, aside from electives. No parking fees.



Community Stats

Population: 3,200 (Moosomin), 5,800 (Humboldt), 10,000+ (Weyburn)

Access: Moosomin and Humboldt are 2.25h drive to Regina. Humboldt is 1h drive to Saskatoon. Weyburn is 1.25h drive to Regina.

Nearest center: Regina

Program Stats

Training sites:

Humboldt, Weyburn, and Moosomin are the 3 home bases. Training also occurs in Yorkton and Estevan +/- tertiary centres if needed.

Number of residents:

CMG: 3
Competitive: 1

Elective time:

PGY1: 6 weeks
PGY2: 6 weeks

Miscellaneous:

- Plenty of opportunity to perform procedures, inpatient care, and emergency care.
- Residents match internally to one of the 3 home bases.
- Flexible scheduling.

¹³³ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23014?programLanguage=en>

Resident Experiences

Resident Testimonial

“The South East site is an amazing program with three welcoming and friendly communities. The opportunities for one-on-one preceptorship, the wide scope of practice, and ability to chose your own adventure are just some of the unique aspects. We also have the ability to visit different communities for group learning and simulations, resident wellness, and University social events! I was surprised by the diversity of practice for family doctors in the South East. My week could include hospitalist, clinic, procedures, visiting long term care, ER call and more! After completing an observership in Saskatchewan, I knew rural medicine in the province was the right fit for me. Something completely unique to our program is that we are spread out over three different areas of the South East, allowing us to connect remotely for learning but also making the times we are together very special. Although we are spread out, the supportive environment from fellow residents and preceptors is unlike any other. Our family medicine rotations are purely based in our home site, we only travel for speciality rotations and any simulation learning days at other sites. I enjoy being able to work in other communities in the South East but having our home base for continuity of care of our family medicine patients.”

—Natasha Premji, FMR1

Pro Tips from a Resident

Be yourself, KEEP going, and show your wonderful personality!!

—Natasha Premji, FMR1

Swift Current

Located on traditional land referred to as Treaty 4 Territory, the original lands of the Cree, Ojibwe(OJIB-WĒ), Saukteaux (SO-TO), Dakota, Nakota, Lakota, and homeland of the Métis Nation.

[Swift Current Site](#) | [Program video](#)

Connect with us on social media!

[Facebook](#) | [Instagram](#): @usaskfamilymed

Program Highlights

Type of curriculum:

Block schedule with Integrated Longitudinal Experiences.

Curricular outline:

Our medical community boasts services in Family Medicine, Emergency Medicine, Obstetrics, Psychiatry, General Surgery, Internal Medicine, Urology, Pediatrics, and Radiology.

PGY1	Duration	PGY2	Duration
FM	17 wks	FM	24 wks
OB/GYN	6 wks	Rural FM	8 wks
EM	4 wks	Electives	10 wks
IM	4 wks	IM	4 wks
Surgery	4 wks	OB	4 wks
PAEDS	4 wks	Consolidation Week	1 wk
PSY	4 wks	Residents will have specific longitudinal experiences in Palliative Care, LTC, Urology, and EM throughout the two years of their program.	
Electives	4 wks		
Anesthesia	3 wks		
Orientation	2 wks		
Consolidation Week	1 wk		

Unique features:

- One-on-one teaching fostering long term relationships with faculty.
- Learner focused hospital environment.
- Finish residency with an abundance of generalist skills and clinical confidence.
- Competent in skills ranging from palliative care, acute inpatient medicine, ER, OBS, procedural skills and many more.
- Lifelong relationships created in a tight knit community.

Scholarly activities:

We have a dedicated Site Scholarship Lead with a keen interest in research. Our clinic and staff are actively engaged with QI projects within our community. There is also an annual Resident Scholarship Day for the residents to showcase their scholarly projects.



Community Stats

Population: 18,000 (catchment 44,000)

Access: 243 km (2.5h) to Regina

Nearest center: Regina

Program Stats

Training sites:

Your rural block can be organized at one of the following sites: Gull Lake, Fort Qu'Appelle, Humbolt, Ile-ala-Crosse, La Ronge, Meadow Lake, Melfort, Moosomin, Nipawin, Rosthern, Weyburn, Yorkton.

Number of residents:

CMG: 3

Competitive: 1

Elective time:

PGY1: 4 weeks

PGY2: 10 weeks

Miscellaneous:

- Cypress Health Region offers a full range of services that include: Acute care, Home care, Community and Population Health, LTC, Mental Health, Obs, Peds, Addictions Services, Support Services, Emergency Services and visiting specialties.
- State-of-the-art Sim Lab.
- Flexible scheduling.

Swift Current

Located on traditional land referred to as Treaty 4 Territory, the original

Community Highlights¹³⁴

Welcome to the community of Swift Current, Saskatchewan. The motto, "Where LIFE makes sense" truly holds true here.

Our community is home to the Cypress Regional Hospital which serves a catchment area of 44,000 people.

This city of 18,000 is the major population centre for Southwest Saskatchewan and lies midway between Regina and Medicine Hat on the Trans-Canada highway. We have big city amenities with small-town charm.

We are proud to boast a vibrant downtown business core as well as two shopping malls. We have a vibrant art, culture and entertainment scene. We have affordable housing and an excellent education system. We have endless sporting and recreation opportunities and a welcoming newcomer welcome center.

We are a close-knit community with a supportive physician group.

Outside of medicine, there are opportunities to explore the surrounding area including the Saskatchewan Landing Provincial Park or the Cypress Hills and Grasslands areas.

Within town, there is a weekly Farmer's Market in the summer and regular concert series at the historic Lyric Theatre in the winter. Lastly, we have great festivals in the spring including our unique Windscape Kite Festival, Long Days Nights Music Festival, and Frontier Days parade and fair.

Swift Current is overall an excellent place to live and work and our program is proud to train generalist family physicians capable of broad scope practice at the completion of their training.

Recreation:

Fantastic place to live with amazing outdoor green spaces, bike trails, golf courses and surrounded by provincial parks.

Cultural notes:

Live theatre and music culture.

Cost of living:

The average price of housing in Swift Current is \$275.00. Average rent is \$700-\$2,000/mo.¹³⁴

¹³⁴ USask Swift Current program administration

Resident Experiences

Resident Testimonial

I am extremely grateful for the time I spent at the Swift Current, U of S residency training site. In this small community (17000 pop + total catchment ~35000) you are usually one to one with preceptors and do not have to compete with other residents for patient or procedure exposure. Faculty are supportive, enthusiastic teachers who are true generalists. Vacuum deliveries, OR assists, central lines in the ER, long term care rounds, thoracentesis/paracentesis can all be in a week's work for a resident in this program. We have an excellent SIM lab on site as well that residents can use to hone skills in a lower-pressure environment. You will work hard in this program but the small resident cohort means you have lots of peer support. Minimal travel from the home site is required and the program is supportive of residents with young families.

Weaknesses of the program: limited exposure to Indigenous populations, limited immigrant/refugee exposure.

—Danica Bannerman, program graduate



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Grand Prairie



The University of Alberta, its buildings, labs, and research stations are primarily located on the traditional territory of Cree, Blackfoot, Métis, Nakota Sioux, Iroquois, Dene, and Ojibway/Saulteaux/Anishinaabe nations; lands that are now known as part of Treaties 6, 7, and 8 and homeland of the Métis. The University of Alberta respects the sovereignty, lands, histories, languages, knowledge systems, and cultures of First Nations, Métis, and Inuit nations.

Program Highlights¹³⁵

Type of curriculum: Block.

Curricular outline:

PGY1	Duration	PGY2	Duration
Rural FM	16 wks	Rural FM	16 wks
Regional FM	4 wks	Rural FM	8 wks
Anesthesia	4 wks	Electives	8 wks
Electives	4 wks	EM	8 wks
General Surgery	4 wks	IM	8 wks
OB/GYN	8 wks	Integrated Palliative Care	1 wk
Orthopedics	4 wks	PSY	4 wks
PAEDS	4 wks		
PAEDS EM (Stollery Children's Hospital)	4 wks		
Continuity Clinics	0.5 day/wk		

Unique features:

- Grande Prairie is learner focused and is distinctly non-service based. Residents select clinical duties based specifically for their learning value and are given the flexibility to tailor clinical duties to their individual learning needs.
- Residents enjoy tremendous flexibility when selecting call days and holiday time as well as choosing specific rural communities for their training, tailoring their choices to individual learning needs and future practice goals.
- Our site prides itself on the emphasis we place on resident wellbeing and the support we provide to our residents.
- Residents will receive enhanced training in areas which are crucial for practice in a rural setting. These include CPoCUS IP certification, CASTED course, and regular practice of critical care simulations and procedures.
- Grande Prairie residents have the opportunity to be actively involved in the teaching of medical students and other visiting learners.
- Additional funding is available for off site travel expenses and accommodations, as well as attending conferences.

[Family Medicine Residency Program](#)
[Grande Prairie FM Residency](#)
[Instagram](#)
[Facebook](#)
[Grande Prairie Tourism](#)

Community Stats

- Population:** 70,000. Catchment of ~300,000
- Access:** 5h drive or 1.25h flight from Edmonton
- Nearest center:** Edmonton

Program Stats

Number of residents:
CMG: 5
IMG: 1

Elective time:
12 weeks

Leave time:

- 20 vacation days each year.
- 6 days at winter break or another religious holiday.
- 10 days to prepare for national exam.

Miscellaneous:

- Through PARA: \$1000 Health spending account, \$1500 annual practice stipend, \$1500 CMPA reimbursement.
- Health benefits through Blue Cross
- 2-week paternity leave, 17 weeks maternity leave.
- A current driver's license and access to a vehicle are mandatory due to the distance between teaching sites.

¹³⁵ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23627?programLanguage=en>

Grand Prairie



Scholarly activities:

PGY1: Each resident does a workshop and completes four Evidence Based Medicine (EBM) projects throughout the year.

PGY2: A Practice Quality Improvement (PQI) project is completed in the 16 weeks family medicine block. Funding may be available to support presentation of resident projects at family medicine conferences and meetings.

Funding:¹³⁶

Accommodations for rotations outside of Grande Prairie are arranged and funded. Funding is available for offsite travel expenses. Reimbursement for ALARM, ATLS, NRP and PALS courses.

Community Highlights

Recreation:

Cross-country skiing, fat biking, snowshoeing, cycling, disc golf, golf, fishing, canoeing, hiking. Grande Prairie offers easy access to the beauty and recreational opportunities found in nearby mountain wilderness areas such as Grande Cache, Tumbler Ridge and Jasper.

Cultural notes:

The city of Grande Prairie is large enough to offer an extremely wide array of amenities, while still maintaining its small-town feel.

Cost of living:

Average monthly rental housing \$1,450. Average cost of living \$3,644/mo.¹³⁷ Maintenance costs of a vehicle (mandatory for program).

Special features:

Grande Prairie is the largest commercial centre north of Edmonton and is the economic hub of the “Peace Country” of northwestern Alberta and northeastern BC. Some Grande Prairie highlights include the Wapiti Nordic Ski Area, the Bear Creek Folk Music Festival, and the Eastlink Centre recreational complex.

¹³⁶ <https://www.para-ab.ca/agreement/>

¹³⁷ https://www.careerbeacon.com/en/cost-of-living/grande-prairie_alberta/52000-salary

Resident Experiences

Resident Testimonial

12. What is your most cherished aspect of the program or community?

Grande Prairie is an extremely well-run program, where your training can be greatly tailored to your career goals, in a completely learner-focused program with wonderful, friendly colleagues.

13. Any remarkable surprises that you encountered?

The flexibility and depth of the resident support of the Grande Prairie program never ceases to amaze me.

14. What convinced you that this program was the perfect fit for you?

The residents ahead of me seemed genuinely happy in the program, now in their position I feel the exact same way.

15. What unique qualities set the program apart?

We are next to the local shock/trauma helicopter base so we have had outstanding opportunities to train with them and at their simulator on a routine basis. We are provided year long passes to a superb sports multiplex, and the local trails are excellent year round. The hospital has an incredible ratio of staff outnumbering learners, so you have great flexibility in determining your own priorities when scheduling. Working 1:1 with staff is standard.

16. What is the extent of travel required for rotations, if applicable?

You can seek to rotate close to Grande Prairie or far away, it's your choice. I felt I had ample choices for many excellent locations, there are too many to all visit in one residency! You also attend a rotation for Pediatric Emergency medicine in the Stollery Hospital in Edmonton as well, which was a great experience.

17. Any additional experiences as a resident in your program?

I would come to the Grande Prairie residency program again in a heartbeat. It is an outstanding choice for rural medicine.

—Peter Holmes, R2 (2023)

Pro Tips

Taking the time to speak one on one with current residents (despite potentially time-consuming to achieve at scale) can be invaluable in finding out if you would mesh well with a program.

—Peter Holmes, R2 (2023)

Red Deer



The University of Alberta, its buildings, labs, and research stations are primarily located on the traditional territory of Cree, Blackfoot, Métis, Nakota Sioux, Iroquois, Dene, and Ojibway/Saulteaux/Anishinaabe nations; lands that are now known as part of Treaties 6, 7, and 8 and homeland of the Métis. The University of Alberta respects the sovereignty, lands, histories, languages, knowledge systems, and cultures of First Nations, Métis, and Inuit nations.

Program Highlights¹³⁸

Site description: Large community, full-service hospital.

Type of curriculum: Mixture of Integrated and Block.

Curricular outline:

PGY1	Duration	PGY2	Duration
Rural FM	16 wks	Rural FM	16 wks
Addictions	3 wks	Rural FM	8 wks
Anesthesia	2 wks	Electives	6 wks
DERM	1 wk	EM	4 wks
Electives	4 wks	IM	8 wks
EM	4 wks	OB	6 wks
Geriatric	2 wks	GYN	2 wks
General Surgery	8 wks	Palliative Care	2 wks
PSY	4 wks		
Orthopedics	4 wks		
PAEDS	4 wks		

Unique features:

Residents are assigned a Faculty Advisor and Staff Mentor in PGY1.

Scholarly activities:

PGY1: Each resident does a workshop in Brief Evidence Based Medicine (BEARs).

PGY2: A Practice Quality Improvement (PQI) project is completed in the family medicine block.

Funding:¹³⁹

Accommodations for rotations outside of Grande Prairie are arranged and funded.


Funding is available for off site travel expenses.


Reimbursement for ALARM, ATLS, NRP and PALS courses.

[Family Medicine Residency Program](#)
[Red Deer Residency Program](#)
[Instagram](#)
[Facebook](#)
[Red Deer Tourism](#)

Community Stats

 **Population:** 100,000

 **Access:** 1.5h drive from Edmonton or 1.5h drive from Calgary

 **Nearest center:** Edmonton and Calgary

Program Stats

Number of residents:

CMG: 9

IMG: 1

Elective time:

PGY1: 4 weeks

PGY2: 6 weeks

Leave time:

- 4 weeks each year.
- 6 days at winter break or another religious holiday.
- 5 days to prepare for national exam.

¹³⁸ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23049?programLanguage=en>

¹³⁹ <https://www.para-ab.ca/agreement/>

Red Deer



Community Highlights

Economy/Industry:

Oil & gas, distribution, manufacturing, agriculture.

Recreation:

Cross-country skiing, downhill skiing, skating, snowshoeing, cycling, disc golf, golfing, canoeing, fishing. Although Red Deer is in the middle of the prairies, it is only a 2h drive to either Nordegg or Canmore. This means day trips to the mountains!

Cultural notes:

Take a look around Red Deer, and you'll see a vibrant arts and culture community catering to all ages. Explore the culture of the city with a stroll along the pedestrian-friendly downtown streets, browse through one of the many art galleries. In the Edmonton-Calgary Corridor.

Cost of living:

Average rent is \$1,282/mo., average cost of living \$3,097/mo.¹⁴⁰
Maintenance costs of a vehicle (mandatory for program).

Resident Testimonial

"The Red Deer Hospital is a very busy place with a great variety of pathology and acuity. Despite a large patient population, staff will quickly learn who you are and ensure you're involved in interesting cases. We are fortunate to be the only resident program stationed in Red Deer and therefore you will be first in line to complete any procedures. The small program allows for ample learning opportunities while working one-on-one with staff that are genuinely invested in your learning and success. Outside of the hospital, the program organizes certifications including Casted, ALARM, team-based simulations, and EDE. The EDE course provides training in point of care ultrasound, a useful skill for rural practitioners. Finally, administrative staff are extremely supportive and will work closely with you to ensure your unique interests are met!

If you're looking for a program that provides you with the skills and confidence to practice broad scope rural family medicine, Red Deer is it!"

—Dr. Hanna Dunnigan, R1.

Miscellaneous:

- Through PARA: \$1000 Health spending account, \$1500 annual practice stipend, \$1500 CMPA reimbursement.
- Health benefits through Blue Cross.
- 2 weeks paternity leave, 17 weeks maternity leave.
- A current driver's license and access to a vehicle are mandatory due to the distance between teaching sites.

¹⁴⁰ https://www.careerbeacon.com/en/cost-of-living/red-deer_alberta

Yellowknife



The City of Yellowknife is located in Chief Drygeese territory. From time immemorial, it has been the traditional land of the Yellowknives Dene First Nation. We respect the histories, languages, and cultures of all other Indigenous Peoples including the North Slave Métis, and all First Nations, Métis, and Inuit whose presence continues to enrich our vibrant community.

Program Highlights¹⁴¹

Type of curriculum: Mixture of Integrated and Block.

Curricular outline:

PGY1	Duration	PGY2	Duration
FM Block* (YK)	16 wks	FM Block [†] (YK)	20 wks
Anesthesia (YK)	2 wks	GYN (YK)	4 wks
PSY inpatient (YK)	2 wks	EM (YK)	4 wks
General Surgery (YK)	4 wks	FM Community Block (Inuvik)	8 wks
Pediatrics (YK)	4 wks	Palliative (AB)	2 wks
FM Community Block (Iqaluit)	8 wks	Geriatrics (AB)	2 wks
PAEDS EM (AB)	4 wks	ICU (AB)	4 wks
Electives (CAN)	8 wks	Trauma (AB)	4 wks

*Integrated with OB, EM, Hospitalist, and community visits.

[†]Integrated with Outpatient PSY, Orthopedics/Sports Med, Addictions and community visits.

Unique features:

Residents will be part of an integrated primary care team based out of Yellowknife and will complete rotations throughout the NWT, Nunavut, Alberta, and travel clinics in smaller, remote communities of the NWT. They are also Canada's only full-time residency program based out of a circumpolar region.

Scholarly activities:

PGY1: Each resident does a workshop in Evidence-Based Medicine (EBM) and utilizes these skills to complete four small EBM research projects.

PGY2: A Practice Quality Improvement (PQI) project is completed during the 20-week family medicine block.

Funding:

Accommodations for mandatory rotations outside of Yellowknife are arranged and funded. Funding is available for off-site travel expenses. Reimbursement for ALARM, ATLS, NRP and PALS courses.

[Family Medicine Residency Program](#)
[Yellowknife Residency Program](#)
[Facebook](#) | [Instagram](#)
[Spectacular NWT Yellowknife](#)
[Practice NWT](#)
[City of Yellowknife](#)

Community Stats

- Population:** 21,000
- Access:** Flight from Edmonton
- Nearest center:** Edmonton

Program Stats¹⁴²

Number of residents:
CMG: 2
IMG: 0

Elective time:
8 weeks

Leave time (each year):

- 4 weeks' vacation.
- 6 days at winter break or another religious holiday.
- 4 flex days.

Miscellaneous:

- Through PARA: \$1000 Health spending account, \$1500 annual practice stipend, \$1500 CMPA reimbursement.
- Health benefits through Blue Cross.
- 2 weeks paternity leave, 17 weeks maternity leave.

¹⁴¹ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23481?programLanguage=en>

¹⁴² <https://www.para-ab.ca/agreement/>

Yellowknife



Community Highlights

Recreation:

Cross-country skiing, fat biking, snowshoeing, snowmobiling, dogsledding, fishing, canoeing, hiking.

Cultural notes:

Residents will have the opportunity to practice urban, rural, and remote medicine that will further their dedication to Indigenous health by working with and learning from the diverse Dene, Inuit, and Métis populations of the NWT. There are dedicated cultural training days and meetings with elders and leaders in the residents' linked communities.

Cost of living:

Housing, utilities, and sometimes groceries do cost more. In response, we have increased the Northern living allowance to help offset some of those costs per year for our residents. The program will also fund travel expenses and accommodations for community rotations and mandatory activities.

Special features:

Yellowknife is in a prime spot below the auroral oval, allowing for frequent viewing of the Aurora Borealis.

Resident Testimonial

“Yellowknife is NWT’s capital and the regional referral centre for a vast geographical area of NWT and regions of Nunavut, so we care for a wide variety of patient populations. This program also sends you around the catchment area for different rotations, including to Inuvik and Iqaluit as well as smaller communities, which are pretty neat experiences. Yellowknife itself is a city with a small-town feel: short commute, friendly folk, great access to activities, yet big enough for most creature comforts. There’s no shortage of adventure up here!”

—Dr. Sonja Poole, R2



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Lethbridge

Located on the traditional land of the Siksika (Blackfoot) people.



[Lethbridge UofC Website](#)

Program Highlights¹⁴³

Type of curriculum: Block.

Curricular outline:

PGY1	Duration	PGY2	Duration
FM	2 x 8 wks	FM	24 wks
IM	4 wks	EM	6 wks
Hospitalist	4 wks	Anesthesia	2 wks
PAEDS	4 wks	OB/GYN	8 wks
PAEDS EM	4 wks	ICU	4 wks
PSY	4 wks	Palliative	2 wks
Orthopedic/Sports Med	4 wks	Elective	6 wks
Elective	8 wks		
Surgery	4 wks		

Unique features:

- The Chinook Regional Hospital has a full complement of specialist and diagnostic facilities with an exemplary outpatient program. Residents have a home base in Lethbridge where they spend 8 months of the first year of their program. Training in rural settings outside of the regional centre occupies 16 weeks of the first year.
- 1:1 learning in hospital rotations, EM, and FM across Southern Alberta.




Scholarly activities:

Quality improvement project and journal club requirement for residents.

Funding:

- Accommodations for rotations outside of Lethbridge are arranged and funded.¹⁴³
- Funding is available for off-site travel expenses and academic workshops.¹⁴³
- Reimbursed or provided ACLS, BLS, ALARM, ATLS, NRP, ACoRN and PALS courses.¹⁴³
- Through PARA: \$1000 Health spending account, \$1500 annual practice stipend, \$1500 CMPA reimbursement; Health benefits through Blue Cross; 2 weeks paternity leave, 17 weeks maternity leave.¹⁴⁴

Community Stats

-  **Population:** 101,482
-  **Access:** 200 km south of Calgary, 1h from US border
-  **Nearest center:** Calgary

Program Stats

Training sites:

- Lethbridge, Calgary, Yellowknife, High River.
- All family practice experiences will be based in the core teaching communities of Bassano, Bow Island, Brooks, Camrose, Cardston, Claresholm, Crowsnest Pass, Drumheller, High River, Olds, Pincher Creek, Raymond, Stettler, Strathmore, Sundre, Taber, Three Hills and Whitehorse in the Yukon (when available).

Number of residents:

CMG: 9
IMG: 0

Elective time:

PGY1: 8 weeks
PGY2: 6 weeks

Miscellaneous:

- U of C offers enhanced skill programs in 6 areas.

¹⁴³ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23437?programLanguage=en>

¹⁴⁴ <https://www.para-ab.ca/agreement/>

Lethbridge

Located on the traditional land of the Siksika (Blackfoot) people.

Community Highlights

Recreation:

Hiking, fishing, golfing, camping, cycling, hockey, paddling, swimming and skiing. Located close to the Rocky Mountains and Waterton National Park.

Cultural notes:

Lethbridge has the University of Lethbridge and Lethbridge College, and has a vibrant student population. It also has a thriving cultural aspect with arts, entertainment, alternative energy, and an advanced communications infrastructure. Newly renovated Regional Airport.

Cost of living:

15% lower than national average. Housing prices are 58% lower than the national average.¹⁴⁵

¹⁴⁵ <https://www.areavibes.com/lethbridge-ab/cost-of-living/>

Medicine Hat

Located on the traditional lands of the Siksika (Blackfoot), Kainai (Blood), Piikani (Peigan), Stoney-Nakoda, and Tsuut'ina (Sarcee) as well as the Cree, Sioux, and the Saulteaux bands of the Ojibwa peoples.

[Medicine Hat UofC Website](#)

Program Highlights¹⁴⁶

Type of curriculum: Block.

Curricular outline:

PGY1	Duration	PGY2	Duration
FM	2 x 8 wks	FM	24 wks
IM	4 wks	EM	6 wks
Hospitalist	4 wks	Anesthesia	2 wks
PAEDS	4 wks	OB/GYN	8 wks
PAEDS EM	4 wks	ICU	4 wks
PSY	4 wks	Palliative	2 wks
Orthopedic	4 wks	Elective	6 wks
Elective	8 wks		
Surgery	4 wks		

Unique features:

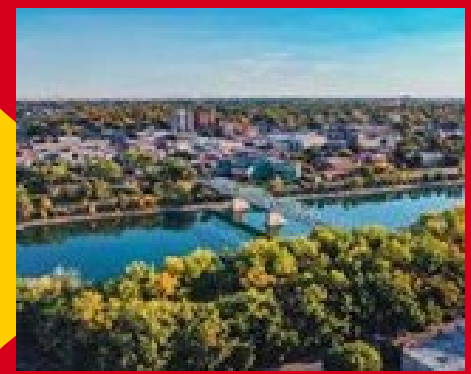
The 325 bed Medicine Hat Regional Hospital offers a full complement of acute care, inpatient, and outpatient services, including 24-hr emergency, obstetrics, surgical (general, orthopedic, plastics, ENT, gynecology, and urology), hospitalist, pediatrics, Psychiatry, Palliative Care, Geriatrics, and community health. Our residents have access to training for in-office procedures such as vasectomies, IUD insertions, removal of “lumps and bumps” and joint injections.

Scholarly activities:

Mandatory quality improvement project during PGY1, and scholarship research project during PGY2.

Funding:¹⁴⁷

- Accommodations for rotations outside of Lethbridge are arranged and funded.
- Funding is available for off-site travel expenses and academic workshops.
- Reimbursed or provided ACLS, BLS, ALARM, ATLS, NRP, ACoRN and PALS courses.
- Through PARA: \$1,000 Health spending account, \$1,500 annual practice stipend, \$1,500 CMPA reimbursement; Health benefits through Blue Cross; 2 weeks paternity leave, 17 weeks maternity leave.



Community Stats

- 📍 Population: 63,271
- 🗺️ Access: 290 km from Calgary
- ✉️ Nearest center: Calgary

Program Stats

Training sites:

- Medicine Hat, Calgary, High River, Lethbridge, Yellowknife.
- All family practice experiences will be based in the core teaching communities of Bassano, Bow Island, Brooks, Camrose, Cardston, Claresholm, Crowsnest Pass, Drumheller, High River, Olds, Pincher Creek, Raymond, Stettler, Strathmore, Sundre, Taber, Three Hills, and Whitehorse in the Yukon (when available).

Number of residents:

CMG: 7
IMG: 0

Elective time:

PGY1: 8 weeks
PGY2: 6 weeks

Miscellaneous:

- U of C offers enhanced skill programs in 6 areas
- In 2021, Maclean's ranking of Canada's Best Communities showed that the grit, perseverance, ingenuity, and strength rocketed “The Hat” into the top 5% best communities to live in and work remotely within Canada.

¹⁴⁶ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23806?programLanguage=en>

¹⁴⁷ <https://www.para-ab.ca/agreement/>

Medicine Hat



Community Highlights

Recreation:

Hiking, fishing, golfing, camping, cycling, hockey, paddling, swimming and skiing; 100 parks, 115 kilometers of walking/biking trails, seven golf courses, Dinosaur Provincial Park, and Writing-On-Stone Provincial Park.

Cultural notes:

The city offers residents many cultural and recreational activities and unique attractions such as the gaslight-themed downtown (200+ shops & services), state-of-the-art Esplanade Arts & Heritage Centre, the Medicine Hat Clay Industries National Historic District, and a 20-story high Saamis Tepee.

Cost of living:

\$2,695/mo. average cost of living.¹⁴⁸ \$800-1,100/mo. for 1-bedroom apartment in Medicine Hat.

Resident Testimonial

“Medicine Hat is a wonderful site for Rural Family Medicine! Our program is known for an incredible support staff, inclusive close-knit group of residents, caring and involved preceptors, and a feeling of family. Not only are we able to provide one-on-one teaching, but our program is learning-based, not service-based. We boast a flexible schedule that can be tailored to your particular interests through a variety of rural site placements and a range of available services. We have 2 days each month of academics that allow residents to come together as a group while maintaining continuity throughout the block. Our teaching uses a hybrid model for virtual and in-person academics to ensure all of our residents receive the best education opportunities available. Each resident has their own continuity mentor that aids them in excelling in the practice of Family Medicine.”

—Dr. Morgan Hay, R2

¹⁴⁸ https://www.careerbeacon.com/en/cost-of-living/medicine-hat_alberta






THE UNIVERSITY OF BRITISH COLUMBIA

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UBC Family Medicine Training Sites



View [CaRMS](#) map

-  Postgraduate Training Sites
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-  UBC Family Practice Office

Abbotsford-Mission

Located on the traditional land of the Coast Salish, S'ólh Téméxw (Stó:lō), Kwantlen, and Nuxwsa'7aq (Nooksack) Peoples.

[Abbotsford-Mission Site](#) | [Site Presentation](#) | [Abbotsford Site Video](#)

Program Highlights¹⁴⁹

Site description: Regional / Midsize full service.

Type of curriculum: Partial Integrated—one half day/wk in FM throughout PGY1.

Curricular outline: Thurs AM dedicated to core academic curriculum.

PGY1	Duration	PGY2	Duration
FM Community	16 wks	FM	16-18 wks
PAEDS	4 wks	Rural FM	8 wks
FM Emergency*	4 wks	Electives	14-16 wks
Surgery	4 wks	FP/ MSK/Orthopedics	4 wks
FP OB/GYN	4 wks	FM Palliative	4 wks
IM**	4 wks	FM Addictions	2 wks
Cardiology Consult	4 wks	PAEDS	2 wks
PSY	4 wks	FM EM	2 wks
FM Hospitalist	4 wks		
Anaesthesia	2 wks		
Nephrology	2 wks		

*Includes airway management in Anesthesia Department

**Includes Nephrology

Unique features:

- Abbotsford is a busy hospital with consultants in almost every specialty, yet small enough for that community feel and lots of opportunities to work one-on-one with staff.
- Methadone prescribing certification during addictions rotation.
- Residents schedule their own call; finishes at 11 pm except on OB.

Scholarly activities: PGY1: QI project. PGY2: scholar project.

Community Highlights

[City of Abbotsford](#) | [Abbotsford Parks, Recreation, & Culture](#)

Recreation: Mountain biking, hiking, white water rafting, camping, skiing.

Cultural notes: Large Punjabi and farming community; Abbotsford Symphony, International Airshow, Berry festival.

Cost of living: Average rent for 1-bedroom apartment is \$1,600/mo.



Community Stats

- Population:** 150,000
- Access:** Abbotsford International Airport; 71 km to Vancouver.
- Nearest center:** Vancouver

Program Stats

Training sites: Abbotsford, Mission, Surrey, multiple rural sites

Number of residents:

CMG: 8
IMG: 1

Elective time:

PGY2: 16-18 weeks

Vacation time:

- Residents have 4 weeks of vacation annually; 2 weeks taken in each 6-month period. Vacation weeks can only be taken in rotations of 4-weeks or more.

Miscellaneous:

- Abbotsford Regional Hospital (ARH) and Cancer Center is a 300-bed facility with a 200-bed medical unit, 2,500+ births per year, NICU (32+ wks), ICU, Cardiac Care Unit, and regional trauma center.
- Public transit is limited, and some placements require a commute—you need a car!

¹⁴⁹ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23388?programLanguage=en>

Chilliwack

Located on the traditional territories of the the Stó:lō Coast Salish Peoples.

[Chilliwack Site](#) | [Site Presentation](#) | [Chilliwack Site Video](#)

Program Highlights¹⁵⁰¹⁵¹

Site description: Regional / Midsize full service.

Type of curriculum: Modified Block.

Sample rotation:

PGY1	PGY 2	1 block = 4 weeks
FM	Surg	Block 1
FM	FM	Block 2
IM	Rural	Block 3
PSY	Rural	Block 4
OB	Addic	Block 5
	Ped	
Peds	FM	Block 6
ER	FM	Block 7
FM	Elec	Block 8
FM	Elec	Block 9
Pal	Elec	Block 10
PAEDS ER		
OB	Pal	Block 11
	Surg Sub	
Surg	FM	Block 12
ANA		
IM	FM	Block 13

Longitudinal experience in a busy ER. Longitudinal inpatient care. Weekly half days back in FM.

Unique features:

- All family practice preceptors have hospital privileges and provide most inpatient care.
- Chilliwack is home to first Canada's first integrated community Family Medicine Residency Program.
- Chilliwack General Hospital had a large renovation in 2010. They have a gorgeous, new ED, a new Ambulatory Care Dept, Pediatric Clinic and Short-stay beds, Orthopedic Clinic, and an in-hospital Primary Care Clinic.
- Some weeks of pediatrics are also available to be done at the BC Children's Hospital in Vancouver for NICU (Intermediate Nursery) experience, with accommodation provided.

Scholarly activities: PGY1: QI project. PGY2: scholar project.



Community Stats

- Population: 100,000
- Access: 100 km from Vancouver
- Nearest center: Vancouver

Program Stats

Training sites: Chilliwack and other regional settings in the Fraser Valley.

Number of residents:

CMG: 8
IMG: 1

Elective time:

PGY2: 3 blocks

Miscellaneous:

- Chilliwack General Hospital bed occupancy is 370 —175 acute care (includes 195 ECU including Heritage Village) and annually there are 7,624 acute in-patient discharges, 10,609 Surgical day care, 1645 inpatient Surgical, 760 deliveries, 56,367 emergency room visits and 118,917 ambulatory care visits. There are 110 physicians on active staff.

¹⁵⁰ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23648?programLanguage=en>

¹⁵¹ <https://carms.familypractice.ubc.ca/training-sites/chilliwack/>

Chilliwack

Located on the traditional territories of the the Stó:lō Coast Salish Peoples.

Community Highlights

[City of Chilliwack](#) | [Chilliwack Activities](#)

Recreation:

Hiking, mountain biking, paddling, fishing, camping, back-country skiing, rock climbing, a new cultural center, new YMCA and two city-operated recreational complexes.

Cultural notes:

Agricultural community. Close to Vancouver for arts and more urban culture.

Cost of living:

Average rent for a 1-bedroom apartment is \$1,700/mo.

Coastal

Located on the traditional lands of the səliłwətaʔt təməxw (Tseil-Waututh), Skwxwú7mesh-ulh Temíx w (Squamish), S'ólh Téméxw (Stó:lō), S't át imc Tmicw (St'at'imc), Lil'wat, Shishálh, and Tla'amin Nation (Sliammon) Peoples.

[Coastal Site](#) | [Site Presentation](#)

Program Highlights¹⁵²¹⁵³

Site description: Urban / Rural.

Full disclosure: This program is largely based at Lions Gate Hospital, located in North Vancouver. However, we think it's worth having in the catalogue because of its enhanced rural rotations - in some truly beautiful locations. Not quite sure whether you'll end up in an urban or rural setting (or somewhere in-between!)? Then this is the program for you!

Type of curriculum: Partially Integrated.

Curricular outline:

PGY1/ PGY2	Duration
FM (including 16 weeks of Rural)	46 wks
PAEDS	10 wks
Internal Medicine + Hospitalist	10 wks
Electives	10 wks
EM	8 wks
OB/GYN	6 wks
Surgery	6 wks
Mental Health	4 wks
Palliative Care	4 wks

Unique features: PGY1 is spent entirely on the North Shore. PGY2 has a 4-month rotation in a rural coastal community, plus 10 weeks of electives. The program offers regular simulation sessions, extensive rural practice experience, full spectrum of OB experience, surgical rotations, addictions medicine experience, and training in First Nations/Indigenous Health.

Scholarly activities: PGY1: QI project. PGY2: scholar project.

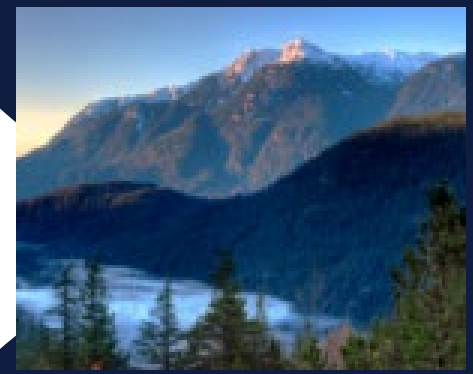
Community Highlights

[City of North Vancouver—Parks, Recreation & Culture](#)

Recreation: Internationally acclaimed mountain biking trails and skiing. Also loads of opportunity for hiking, sailing, river rafting, beaches, hot springs, etc.

Cultural notes: Varied urban and rural vibes.

Cost of living: 33% higher than national average (North Vancouver). The North Shore has rental accommodations. During the 4-month rural rotation in Y2, funding support is provided for accommodation.



Community Stats

- Population:** 250,000
- Access:** 13 km from Vancouver
- Nearest center:** Vancouver

Program Stats

Training sites: North Shore (Lion's Gate Hospital), Pemberton, Whistler, Squamish, Sunshine Coast, Powell River, Bella Bella, and Bella Coola

Number of residents:

CMG: 5
IMG: 4

Elective time:

- PGY1/2: 10 weeks
- Residents can do one month of interprovincial or international electives during their training.

Miscellaneous:

- LGH has one of the most advanced MRI's in Canada and is the 4th busiest hospital in Lower Mainland.

¹⁵² <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23089?programLanguage=en>

¹⁵³ <https://carms.familypractice.ubc.ca/training-sites/coastal/>

Kelowna Rural

Located on the traditional land of the Nl̓eʔkepm, Tm̓íxw (Nlaka'pamux), Syilx tmixw (Okanagan), and Okanagan Peoples.

[Kelowna Rural Site](#) | [Site Presentation](#) | [Rural Kelowna Video](#)

Program Highlights¹⁵⁴¹⁵⁵

Site description: Rural.

Type of curriculum: Block / Integrated.

Curricular outline:

PGY1	Duration	PGY2	Duration
Regional FM (community clinics in Okanagan)	8 wks (+ 0.5d/wk throughout year)	Rural FM (two rural communities in BC)	32 wks
PAEDS	8 wks		
IM / Hospitalist	8 wks	Electives	12 wks
OB/GYN	6 wks	EM or Trauma selective	4 wks
Emergency	4 wks	Transition to Practice	4 wks
ICU	4 wks		
Mental Health	4 wks		
Orthopedics / Sport Med	3 wks		
General Surgery	3 wks		
Palliative Care	2 wks		
Substance Use	1 wk		
Anesthesia	1 wk		

Unique features: This non-service-based program is well-suited to individuals who would like to work in a rural or small city setting. Individuals with personality traits of independence, self-direction, adventurousness and self-motivation will thrive in this environment. Also, if you are willing to travel and experience medical training at various locations with limited resources, then this opportunity is for you. The benefits include a wide exposure to acute and chronic medicine and lots of 'hands-on' experiences through simulation sessions and patient care.

Scholarly activities: QI project in PGY1 and scholar project in PGY2.

Community Highlights

Recreation: Skiing, biking, wineries, spas, lake activities, and great weather!

Cultural notes: Galleries, museums, theatres, casinos, artists' studios.


Cost of living: 7% higher than national average. A single person estimated monthly costs are \$1,384 without rent. Rent for a 1-bedroom averages \$1,864.80/mp. Basic utilities averages \$180/mo.¹⁵⁶



Community Stats

 **Population:** 150,000

 **Access:** Kelowna Airport; 4.5h drive to Vancouver

 **Nearest center:** Kelowna

Program Stats

Training sites: Kelowna and two 16-week rotations in rural communities such as Bella Coola, Creston, Grand Forks, Lillooet, Masset, Port McNeill, Queen Charlotte, Revelstoke, 100 Mile House, Cranbrook, Gibsons, Inuvik, Powell River, Smithers, Golden & Vanderhoof.

Number of residents:

CMG: 6

IMG: 3

Elective time:

PGY2: 12 weeks + 4 weeks mandatory EM or trauma elective

Miscellaneous:

- ALARM, ATLS, NRP, ACLS courses are subsidized.
- Funding for travel and subsidy for accommodations during mandatory R2 rotations.
- Some training sites provide free or low-cost accommodation.

¹⁵⁴ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23500?programLanguage=en>

¹⁵⁵ <https://carms.familypractice.ubc.ca/training-sites/kelowna-regional/>

¹⁵⁶ <https://www.numbeo.com/cost-of-living/in/Kelowna>

Kootenay Boundary

Located on the traditional, ancestral, and unceded territory of the Ktunaxa, Syilx, Secwépemc, and Sinixt Peoples.



[Kootenay Boundary Site](#) | [Site Presentation](#) | [Video: Resident's Perspective](#)

Program Highlights¹⁵⁷¹⁵⁸

Site description: Small town rural / Remote.

Type of curriculum: Block based with longitudinal elements in FM, OB, EM, & LTC.

Curricular outline:

All blocks involve 4 half-day sessions per week in your home clinic, except for electives and Remote Rural FP, which are full time rotations.

PGY1	Duration	PGY2	Duration
FM Home Clinic†	2 blocks*	High volume OB	1 block
IM	1 block	SC nursery/ PAEDS ER	1 block
ER	1 block	ER	1 block
Gen Surg	1 block	IM	1 block
Ortho/Anaesthesia	1 block	Chronic pain/FM Oncology	1 block
PAEDS	1 block	Mental Health	1 block
Hospitalist	1 block	Electives	3 blocks
Elective	1 block	Exam Prep / Practice Mgmt	1 block
OB	1 block	FM Home Clinic†	3 blocks
ICU	1 block		
Remote Rural FM	2 blocks		

*Block = 4 weeks; FM Home Clinic = 8 weeks in Sep/Oct, 2 weeks mid residency, 10 weeks at the end of R2

Unique features:

- Academic days every month, with two academic weeks/year.
- Simulation lab, POCUS and exam preps.
- Can head to mainland for three rotations (peds EM, intermediate nursery, and high volume Obstetrics).

Scholarly activities:

QI project in PGY1 and scholar project in PGY2.

Community Stats

- 📍 **Population:** 80,000
- 🗺️ **Access:** Castlegar Regional Airport; 650 km from Vancouver; 650 km from Calgary
- ✉️ **Nearest center:** Kelowna

Program Stats

Training sites: Two main sites at Kootenay Boundary Hospital in Trail and Kootenay Lake Hospital in Nelson. Trail, Nelson, Castlegar, Rossland, Fruitvale, Salmo, Grand Forks, Christina Lake, Greenwood, Kaslo, Nakusp, Midway, New Denver, and Rock Creek.

Number of residents:

CMG: 4
IMG: 1

Elective time:

PGY1: 1 block
PGY2: 3 blocks

Miscellaneous:

- Call requirements are usually 1 weekday/week, and 1 weekend per month. Self-directed.

¹⁵⁷ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23207?programLanguage=en>

¹⁵⁸ <https://carms.familypractice.ubc.ca/training-sites/kootenay-boundary/>

Kootenay Boundary

Located on the traditional, ancestral, and unceded territory of the Ktunaxa, Syilx, Secwépemc, and Sinixt Peoples.

Community Highlights

Recreation:

The Colombia River Valley is the heart of BC's "Powder Hwy", which is known for its backcountry skiing. Also has great nordic skiing, mountain biking, kayaking, rock-climbing, hiking, and camping.

Cultural notes:

Close to USA border. Music Festivals (Shambhala, Kaslo Jazz fest, Tiny lights, Canada Rock fest). World class carving, pottery studio, local theater, etc.

Cost of living:

Rental costs start at \$1,500/mo. Eligibility for student loan forgiveness of up to \$8,000 per year.

Special features:

*** If you want a reliable airport in the winter months this is not the right fit. Having a 4-wheel drive vehicle is essential – bonus points if you've got a fresh set of winter tires and nerves of steel.

North Okanagan

Located on the Traditional, Ancestral, and Unceded Territories of the Syilx (Okanagan) Nation and Secwépemc (Shuswap) Nation.

[Okanagan North Site](#) | [Site Video](#)

Program Highlights¹⁵⁹¹⁶⁰

Site description: Regional / Midsize Rural.

Type of curriculum: Integrated Longitudinal / Block.

Curricular outline:

Numerous longitudinal experiences through both years. Residents spend at least one-half day every week with a primary preceptor. There are attached patient panels for LTC, obstetrics, and palliative care.

PGY1	Duration	PGY2	Duration
Intro to FM	5 wks	Rural	8 wks
ER	4 wks	Electives ^e	12 wks
Children & Adolescents	4 wks	FM ^f	19 wks
Maternity & Newborn Care	4 wks	Addictions	2 wks
IM	4 wks	Oncology	2 wks
Hospitalist	4 wks	Health Equity Care ^g	6 wks
Surgical & Procedural Skills ^a	6 wks	Transitions to Practice	1 mo
FM ^b	11 wks		
Selectives ^c	4 wks		
Mental Health	4 wks		
Physiatry ^d	1 wk		

^a Gen Surg, Ortho, Aneas, Gyne

^b Option to do 2 weeks in Salmon Arm in June

^c Local electives

^d Focus on MSK

^e Options for international electives

^f Options to work with additional preceptors during FM weeks

^g Okanagan Indian Band, Urgent Care, Downtown Mental Health, OPT clinic

Unique features:

- Dedicated time to working with vulnerable populations.
- Flexible learning schedule with plenty of elective time.
- Control over your call shifts with various primary care options.
- Few other residents onsite to compete for learning experiences.
- High exposure to Team-Based care via training alongside NP's, RN's, and allied health teammates.
- Prioritization of resident wellness with supportive mentors and regular wellness nights to explore all the beauty of our communities.
- New and subsidized resident housing awaiting your arrival.
- Becoming a celebrity as the first class of North Okanagan residents!


Scholarly activities: Scholar project is a mandatory research project included as part of the curriculum.



Community Stats

 **Population:** 40,000

 **Access:** 446 km (5h) to Vancouver

 **Nearest center:** Kelowna

Program Stats

Training sites:

- Primarily based in Vernon.
- Vernon, Armstrong, Lumby, Enderby, Salmon Arm.

Number of residents:

CMG: 4

IMG: 0

Elective time:

16 weeks

Miscellaneous:

- Our UBC Academic Space is in the newer Polson Tower of the Vernon Jubilee Hospital. There are two lecture rooms equipped with video conferencing, SIM lab, multiple call rooms, shower, resident lounge, and supportive staff nearby. There is also a library on site kept up to date with all the learning materials you need.
- Eligible for Student Loan Forgiveness of \$8000 per year.

¹⁵⁹ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/24672?programLanguage=en>

¹⁶⁰ <https://carms.familypractice.ubc.ca/training-sites/north-okanagan/>

North Okanagan

Located on the Traditional, Ancestral, and Unceded Territories of the Syilx (Okanagan) Nation and Secwépemc (Shuswap) Nation.



Community Highlights

Recreation:

Hiking, golfing, mountain biking, hitting up the many lakes nearby! Silver Star Mountain Resort is nearby. Downhill skiing not for you? Check out the [Sovereign Lake Nordic Club](#).

Cultural notes:

Live local theatre, jazz club, breweries and cideries, many stand up comedy shows and much, much more. Check it out!

Cost of living:

Average rent for a 1-bedroom apartment is \$1,700/mo.

Northern Rural— Prince George

Located on the traditional land of the Dakel Keyoh (CBᑭᑭᑭᑭ), Lheidli T'enneh, and Dēnéndeh.



[Northern Rural PG Site](#) | [Site Presentation](#) | [Northern Rural Video](#)

Program Highlights¹⁶¹¹⁶²

Site description: Northern midsize full service / Remote.

Type of curriculum: Block.

Curricular outline:

Training takes place in full service (urban or rural) Family Practice.

PGY1	Duration	PGY2	Duration
FM	6 wks	Rural community FM	32 wks
General surgery	4 wks	Electives	12 wks
Orthopedics	4 wks	FM	4 wks
Medicine CTU/ambulatory care	6/2 wks	Trauma or EM selective	4 wks
PAEDS CTU/ambulatory care	6/2 wks	Surgical skills	1 wk
OB/GYN	6/2 wks	Palliative care	Over 2y
PSY (in/outpatient)	4 wks		
Emergency	4 wks		
ICU	4 wks		
Native Health Centre/street med	2 wks		
Addictions	2 wks		

^a Including Horizontal electives in regional hospitals, 2 blocks of 4 months in 2 communities, decided by the rural match.

Unique features:

- ++ Hands on experience.
- High level of autonomy / Minimal stability (lots of moving around).
- Financial incentives: rural loan forgiveness, affordable housing, accommodation stipend on rural blocks.
- Support (\$) for extra courses: ATLS, CARE, HOUSE, SRPC, etc.
- 1 in 4 call with call-free Fridays. Surgical skills and electives include trauma unit rotations at Vancouver General Hospital to allow increased exposure to high acuity patients. SIM lab sessions and US training! Special focus on Indigenous Health.

Scholarly activities:

PGY1: QI project. PGY2: R2s complete a scholar project and present their work at the end of their second year at Scholar Day.

Community Stats

- 📍 **Population:** 78,675; 250,000+ catchment area
- 🗺️ **Access:** 8hr drive, 1.5hr flight from Vancouver; 7.5hr drive to Edmonton. International Airport.
- ✉️ **Nearest center:** Prince George

Program Stats

Training sites:

- Northern: Inuvik, Smithers, Hazelton, Vanderhoof, Haida Gwaii—Masset, Queen Charlotte City.
- Interior: Cranbrook, Creston, Golden, Grand Forks, Revelstoke, Invermere.
- Coast: Gibsons, Lillooet, Powell, River Bella, Coala.

Number of residents:

CMG: 5
IMG: 0

Elective time:

PGY2: 12 weeks + 4 weeks selective (EM or trauma)

¹⁶¹ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23415?programLanguage=en>

¹⁶² <https://carms.familypractice.ubc.ca/training-sites/northern-rural/>

Northern Rural— Prince George

Located on the traditional land of the Dakel Keyoh (CBᵛ ʒᵒᵛ), Lheidli T'enneh, and Dënéndeh.

Community Highlights

Recreation:

Hunting, fishing, (*lovin' every day* 🎵) golfing, camping, cycling, hockey, hiking, paddling, swimming, and skiing. Go cheer on the Junior A hockey team—Prince George Cougars!

Cultural notes:

Vibrant and multicultural community, known as the “Capital of the North”. Thriving arts scene with local symphony and semi-professional theatre; two local breweries and many excellent restaurants.

Cost of Living:

Average cost for 1-bedroom apartment is \$1,500/mo.

Miscellaneous:

- Average age 33.
- Indigenous population 15%.
- 300 days of sunshine/year.
- No traffic.
- University Hospital of Northern BC:
 - full service GPs, 80 specialists (Gen Sx, OBGYN, Ortho, IM, Psych, Peds, Anesthesia, Emerg).
 - UBC Northern Medical Program (mentorship for med students).
 - Visiting specialty residents (IM, OB, GenSx, Ortho, Peds).
 - Referral Centre for Northern Health.
 - 219 beds.

Okanagan South

Located on the traditional land of the Nleʔkepmx Tmíxʷ (Nlaka'pamux), Syilx tmíxʷ (Okanagan), and Okanagan People.

[Okanagan South Site](#) | [Site Presentation](#) | [Okanagan South Video](#)

Program Highlights¹⁶³¹⁶⁴

Site description: Midsize Rural.

Type of curriculum: Block, Longitudinal Family Practice.

Curricular outline:

PGY1	Duration	PGY2	Duration
Orien/ FM	4 wks	Rural	16 wks
FM	4 wks	Local Elective	4 wks
Community Inpatient Service	2 wks	ER (PRH/SOGH)	4 wks
PSY	5 wks	Care of Und.	4 wks
IM	5 wks	OB (PRH)	2 wks
Surg/Sub-Specialty	2 wks	IM	2 wks
EM (PRH)	4 wks	Away Elective	4 wks
FM	4 wks	Away Elective	4 wks
IM Sub-specialty	4 wks	Procedural Skills	2 wks
Pediatrics	2 wks	FM	2 wks
Care of Und	2 wks	Palliative & FM	4 wks
PAEDS EM (BCCH)	8 wks	Transition to Practice	4 wks
OB/GYN (PRH)	2 wks		
Rural Princeton	2 wks		

BCCH, BC Children's Hospital; PRH, Penticton Regional Hospital; SOGH, South Okanagan General Hospital

[UBC Family Medicine Residency Site Comparison Chart](#)

Unique features: Special focus on Addictions, Emergency Medicine and Hospitalist. Newly renovated ER, SIM room and new POCUS room!

Scholarly activities: Mandatory research project included as part of the curriculum.

Community Highlights

Recreation: Swimming, boating, windsurfing, kiteboarding, golf, rock climbing, hiking and cycling most of the year, and downhill skiing and snowboarding, cross-country skiing and snowshoeing in the winter.

Cultural notes: In Penticton, there is a newly renovated Community Centre and a state-of-the-art South Okanagan Events Centre, with festivals and cultural events throughout the year. Largest farmer's market in the interior! (Go load up with some fresh peaches).

Cost of living: Average cost for a 1-bedroom apartment is \$1,600/mo.



Community Stats

Population: 35,000 (Penticton); 90,000 catchment area

Access: 420 km (4.5h) to Vancouver

Nearest center: Kelowna

Program Stats

Training sites: Based in Penticton, with the communities of Summerland, Oliver, Osoyoos, Keremeos and Princeton.

Number of residents:

CMG: 5

IMG: 1

Elective time:

PGY2: 3 blocks (12 weeks)

Miscellaneous:

- The medical community is made up of 127 family physicians, 80 specialists and 37 consulting staff.

¹⁶³ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/22979?programLanguage=en>

¹⁶⁴ <https://carms.familypractice.ubc.ca/training-sites/okanagansouth/>

Prince George

Located on the traditional land of the Dakel Keyoh (CBᑭᑭᑭ), Lheidli T'enneh, and Dēnédēh.

[Prince George Site](#) | [Prince George Video](#) | [Northern Health](#)

Program Highlights¹⁶⁵¹⁶⁶

Site description: Regional / Northern midsize full service.

Type of curriculum: Block.

Curricular outline:

PGY1	Duration	PGY2	Duration
FM (community)	8 wks	FM (community)	20 wks
General Surgery	4 wks	Rural	8 wks
Orthopedics	4 wks	EM	8 wks
Medicine—CTU/ambu	6/2 wks	ICU/CCU	4 wks
PAEDS—CTU/ambu	3/3 wks	Electives	12 wks
OB/GYN	6/2 wks	Geriatrics (Horizontal rotations w/ FM block)	2 wks
PSY in/outpatients	4 wks	Palliative Care	Over 2 y
EM	4 wks		
Native Health Centre/Street Med	4 wks		
Addictions	2 wks		

PGY1 rural options (potentially more in future):

- Quesnel – General Surgery, ER
- Williams Lake – General Surgery, ER, Ob/Gyn, Peds

Unique features:

- Strong focus on northern and rural medicine. Optional rural experiences during core R1 and R2 rotations. Optional mentorship in rural committee work and policy development.
- Unique Indigenous Health and Addictions Medicine rotations.
- SIM labs and POCUS!
- Teaching opportunities with medical students at the Northern Medical Program in Prince George.
- Heavy call (1 in 4 with call free Fridays). Lots of training in emergency and acute care medicine.
- This is an intense program but produces physicians capable of holding their own in rural hospitals and high acuity settings.

Scholarly activities:

Mandatory QI project during PGY1, and scholarship research project during PGY2.



Community Stats

- 📍 **Population:** 74,000; 250,000+ catchment area
- 🌐 **Access:** 752 km to Vancouver; 738 km to Edmonton; International Airport
- ✉️ **Nearest center:** Prince George

Program Stats

Training sites: University Hospital of Northern BC

Number of residents:
CMG: 6
IMG: 4

Elective time:
PGY2: 12 weeks

- Miscellaneous:**
- A 2-year return-of-service is attached for IMG applicants and must be filled within the Northern Health Authority.

¹⁶⁵ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23804?programLanguage=en>

¹⁶⁶ <https://carms.familypractice.ubc.ca/training-sites/prince-george/>

Prince George

Located on the traditional land of the Dakel Keyoh (ᑕᑲᑭ ᑭᑭᑭ), Lheidli T'enneh, and Dēnéndeh.

Community Highlights

[City of Prince George](#)

Recreation:

Hiking, fishing, golfing, camping, cycling, hockey, paddling, swimming and skiing; and WHL Prince George Cougars hockey.

Cultural notes:

Vibrant and multicultural community, known as the “Capital of the North”. Thriving arts scene with local symphony and semi-professional theatre; two local breweries and many excellent restaurants.

Cost of living:

Average cost for 1-bedroom apartment is \$1,500/mo.¹⁶⁷

¹⁶⁷ <https://www.zumper.com/rent-research/prince-george-bc>

Rural Fort St John (Northeast)

Located on the traditional land of the Dane-zaa Peoples.

[Program Site](#) | [Site Presentation](#) | [Fort. St. John Video](#) | [Recruitment Video](#)

Program Highlights

Site description: Small town rural / Remote.

Type of curriculum: Integrated.

Curricular outline:¹⁶⁸

PGY1: 2 blocks each of OB/GYN, EM, IM, Gen Surg/Anesthesia; 3 blocks of FM with one block of Palliative Care and outpatient Psychiatry. While in the blocks residents do 1/2-day FM q week or full-day 2x/mo. 2 mandatory out-of-town blocks in R1 (IM and Palliative Care).

PGY2: 6 blocks for individual learning plan Electives (examples include inpatient pediatrics and ICU and a trauma elective in South Africa). The rest of the blocks would be at the Fort St John site spreading across other disciplines as per individual learning plans with the last 4 months being part of the "Transition into Practice." There is 1 mandatory elective in R2 which is PAEDS EM at BCCH.

Unique features:¹⁶⁹

- Call—1 day/week, 1 weekend day/month (focus on maternity and emergency). Lots of babies and workplace traumas.
- R2—6 months of electives, 6 months of RURAL family practice (full scope possible).
- Internal medicine—mix of hospitalist care with GP's and CTU in Victoria
- Very few learners—every procedure and learning opportunity is yours.
- ALARM, ATLS, ACLS, NRP, HOUSE, and the Essential Surgical Skills Course are funded for residents. Local education is provided in Emergency Department for POCUS/FAST and bedside ultrasound teaching is provided in the Prenatal Clinic.

Scholarly activities:

PGY1: QI project. PGY2: a more in-depth project in an area of interest.


Funding:


For the mandatory blocks funding is provided for travel and accommodation.




[Instagram](#)

Community Stats

 **Population:** 21,000; 70,000 catchment area

 **Access:** 1,395 km (14h) from Vancouver; 664 km (7h) from Edmonton.

 **Nearest center:** Prince George; Grande Prairie, AB

Program Stats

Training sites: Fort St. John, travel for palliative care and one block of IM in R1, Pediatric ER at BC Children's and mandatory ICU/Hospitalist/trauma in R2, optional total of 6 blocks of electives in R2 (opportunities for international electives such as South Africa).

Number of residents:

CMG: 2

IMG: 2

Elective time:

20 weeks +/- 4 in a small rural community

¹⁶⁸ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23588?programLanguage=en>

¹⁶⁹ <https://carms.familypractice.ubc.ca/training-sites/rural-fort-st-john/>

Rural Fort St John (Northeast)

Located on the traditional land of the Dane-zaa Peoples.



Community Highlights

[City of Fort St. John](#) | [Northern Activities](#)

Recreation:

Hiking, cross-country and downhill skiing, snowmobiling, quadding, horseback riding, hunting, boating, and fishing. Many indoor sports are available. Choirs, bands, theatre companies, a potter's guild and visiting performing artists.

Cultural notes:

Populations: new immigrants—fastest growing south Asian population in BC; many farmers and oil and gas workers; local Indigenous communities (Doig, Halfway River, Moberly, Blueberry); unique communities: Mennonite, Hutterite, and Russian communities.

Cost of living:

Average cost of a 1-bedroom apartment is \$1,300/mo. Rent stipend of \$446/mo. by the Division of Family Practice. Loan forgiveness programs available.

Not yet convinced? Check out their insta: [@fsj_fmresidency](#)

Miscellaneous:

- The North East Health Services Delivery Area (NEHSDA) facilities—including Dawson Creek and Fort St John as well as smaller communities—provide, per annum 91,000 ER visits, 900 deliveries, 35,000 inpatient days, and 5000 surgeries.
- There are over 60 physicians working in the northeast of BC providing over 1000 services per day.

Rural Immersion

As you explore these sites throughout Northern BC, please be mindful of the Traditional, Ancestral and Unceded Territories in which they lie on.

[Program Site](#) | [CaRMS Video](#)

Program Highlights¹⁷⁰¹⁷¹

Site description: Small town rural / Remote.

Type of curriculum: Integrated Longitudinal.

Curriculum overview:

New program focuses on full-scope training for doctors in low-resource rural hospitals. Internal matching process determines residents' longitudinal community placement. Academic support linked to PG and Northern Rural Residency sites. Be prepared to travel and have those winter tires handy!

Unique features:

- Enhanced resident autonomy and flexibility.
- Early and continuous hands-on training throughout the two-year residency.
- Tailored education for smaller communities, fostering a diverse skillset.
- Emphasis on longitudinal medicine for comprehensive patient care.
- Cultivate strong relationships with preceptors, patients, and local healthcare teams.
- Live in a vibrant rural community, with resident choice in community selection.

Scholarly activities: Weekly ½-day academic sessions with clinical case discussions, core topics, and resident presentations, often including SIM sessions. Annual Scholarship Day in June in Prince George. PGY1: Mandatory QI project. PGY1/2: Over 2 years, residents must complete a scholar project and present their work at Scholarship Day.

Recreation: If you're an outdoor enthusiast in both snow and sunshine, then this residency is for you! Skiing, fishing, hiking, swimming, hunting – you name it. If you don't spend the bulk of your spare time outside... there aren't many entertainment options indoors and this might not be the choice for you.

Cultural notes: VERY variable. Note that many of these populations are rural and/or remote. Do your research of each town before committing!

Cost of living: Average rent for a 1-bedroom apartment is \$1,600/mo.



Community Stats

Population: 500 (McBride) to 23,000 (Quesnel) and everywhere in-between!

Access: Variable

Nearest center: Prince George

Program Stats

Training sites: Eligible communities include Chetwynd, Smithers, Quesnel, Valemount, McBride, Mackenzie, Tumbler Ridge, Vanderhoof, Burns Lake

Number of residents:
CMG: 4

Elective time:
Resident Driven

¹⁷⁰ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/24873?programLanguage=en>

¹⁷¹ <https://carms.familypractice.ubc.ca/training-sites/rural-immersion-2/>

Rural Northwest — Terrace

Located on the traditional territories of the Tk'emlúps te Secwepemc People.

[Terrace Site](#) | [Site Presentation](#) | [Video: Training in Rural + Northern BC](#)

Program Highlights

Site description: Small town rural / Remote.

Type of curriculum: Integrated.

Curricular outline:¹⁷²

PGY1/PGY2 Overview		
Rotation	Duration	Notes
FM	32 wks	Including 4-8 wks in an alternate community (Haida Gwaii, the Nass Valley or Hazelton) in R2.
EM	4 wks	To complement the required rotations, visiting specialty services and local expertise are available in ENT, Ophthalmology, Urology, Radiology, Neurology, Endocrinology, Rheumatology, Cardiology, Geriatrics, Medical Oncology, Palliative Care and Psychiatry.
OB/GYN	8 wks	
PAEDS	12 wks	
PSY	4 wks	
IM	8 wks	
Surgery	8 wks	
MSK	4 wks	
Electives/Selectives	16 wks	

Unique features:¹⁷³ Although primarily located in the Northwest region of BC, 16 weeks take part in other regions around the province.

Independence: hands-on with patient encounters; procedure experience; responsible for own learning.

Enhanced curriculum: ACLS, ATLS, ALARM, NRP, and HOUSE courses.

Scholarly activities: Scholar project is a mandatory research project included as part of the curriculum. Opportunity to participate in Society of Rural Physicians of Canada conference.

Community Highlights

[City of Terrace](#) | [Terrace Parks & Recreation](#)

Recreation: Terrace and its surrounding area are an outdoor enthusiast's dream. Skiing, fishing, hiking, biking and many other outdoor activities are easily accessible.

Cultural notes: Active arts and theatre community in town. From Houston to Haida Gwaii, the Terrace site consists of a diverse population with a high degree of exposure to Indigenous patients.

Cost of living: Average rent for a 1-bedroom apartment is \$1,400/mo.



Community Stats

Population: 15,500; 80,000 catchment area

Access: 1351 km (15h) to Vancouver; 575 km (6h) to Prince George

Nearest center: Prince George

Program Stats

Training sites: Mills Memorial Hospital

Number of residents:
CMG: 2
IMG: 0

Elective time:
2–3 blocks

Miscellaneous:

- Mills Memorial Hospital:
 - Full-service.
 - 40 inpatient beds.
 - 5 ICU beds, 10 bed ER, 10 psychiatric beds, 3 L&D rooms.
 - 14 family physicians, 5 internists, 4 general surgeons, 3 peds, 1 urologist, 1ENT, 1 OBGYN, 3 optho, 1 psych, 2 EM, 4 anesthesia, visiting specialists

¹⁷² <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23420?programLanguage=en>

¹⁷³ <https://carms.familypractice.ubc.ca/training-sites/rural-northwest-terrace/>

Vancouver Island — Strathcona

Located on the traditional territories of the Laich-kwil-Tach Peoples and the K'omoks First Nations.



[Strathcona Program Site](#) | [Site Presentation](#) | [Strathcona Video](#)

Program Highlights¹⁷⁴

Site Description: Midsize full service / Rural.

Type of curriculum: Partial Integrated.

Curricular outline:

PGY1	Duration	PGY2
FM (home clinic)	4 wks	R2 is dedicated to Family Medicine and can include up to 4 months of optional (remote) Rural rotation time and 8 weeks of (optional) elective time. You also have the opportunity to integrate longitudinal experiences into your FM week including ER, OB, MSK, Dermatology, Indigenous Health clinics.
OB	8 wks	
Child and adolescent health	4 wks	
Mental Health	4 wks	
Surgery	6 wks	
IM	8 wks	
Hospitalist	4 wks	
EM	5 wks + longitudinal sessions	
FM	12 wks	

Unique features:

- Multi-preceptor model. Each rotation begins with a conversation with your rotation lead to consider goal setting to help define your experience.
- In the last few weeks of residency, there is potential opportunity to cover the FM preceptor office (GP Practicum) for two weeks!
- Commuting between Comox Valley and Campbell River occurs regularly—driving is essential.

Scholarly activities:

Academic Half Day teaching Friday afternoons in Comox Valley or Campbell River.

R1: QI project. R2: scholar project. Site Scholarship Day annually in May/June: residents present their scholarly work to local community.¹⁷⁵

Community Stats

Population: Campbell River 35,000; Comox Valley 65,000

Access: 200 km to Vancouver; 235 km to Victoria; requires ferry travel

Nearest center: Victoria (by land), Vancouver (by land/ferry or air)

Program Stats

Training sites: Campbell River & Comox Valley (comprising the communities of Courtenay & Comox)

Hospitals: North Island Hospital; Comox Valley Hospital and Campbell River & District General Hospital

Number of residents:
CMG: 7
IMG: 2

Elective time:
PGY2: 2 blocks (8 weeks)

¹⁷⁴ <https://carms.familypractice.ubc.ca/training-sites/vancouver-island-strathcona/>

¹⁷⁵ <https://phx.e-carms.ca/phoenix-web/pd/ajax/program/1463/23742?programLanguage=en>

Vancouver Island — Strathcona

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Community Highlights

Activities: [Courtenay](#) | [Comox](#) | [Campbell River](#)

Recreation:

Strathcona Park is beautiful and nearly endless. Hit up Mt Washinton for some skiing, snowshoe the nearby peaks, or take advantage of all that the ocean has to offer.

Cultural notes:

Alongside all the common themes (museums, art centers, breweries, etc.). Campbell River has a home-grown chainsaw carving event called Transformations on the Shores.

Cost of living:

Average rent for a 1-bedroom apartment is \$1,800/mo.¹⁷⁶

¹⁷⁶ Program Coordinator, Strathcona Site