

Canadian Association of General
Surgeons Residents Committee



RESIDENCY SURVIVAL GUIDE

2019-2020 Edition

Table of Contents

<u>CAGS AND THE RESIDENT COMMITTEE</u>	<u>3</u>
<u>TEXTBOOKS</u>	<u>4</u>
STANDARD SURGICAL TEXTBOOKS: THE LEGENDS	4
OTHER HELPFUL GENERAL REFERENCES	5
ATLASES, BOOKS ON SURGICAL TECHNIQUE	6
POCKET REFERENCES	7
<u>NATIONAL EXAMS</u>	<u>9</u>
LMCC II	9
SURGICAL FOUNDATIONS	9
ROYAL COLLEGE EXAM	9
CAGS EXAM	10
<u>RESEARCH FUNDING</u>	<u>11</u>
NATIONAL AND INTERNATIONAL FUNDING SOURCES	11
SURGICAL SOCIETY SOURCES	12
ROYAL COLLEGE GRANTS	13
PROVINCIAL GRANTING SOURCES	13
ONLINE RESOURCES FOR GRANTS AND PROPOSAL WRITING	13
ONLINE FUNDING RESOURCES	13
<u>CONFERENCES</u>	<u>15</u>
<u>ELECTIVES</u>	<u>16</u>
<u>FELLOWSHIPS</u>	<u>21</u>
PER SUBSPECIALTY	22
PER UNIVERSITY	23
<u>FINDING A JOB</u>	<u>27</u>
<u>MILESTONES IN GENERAL SURGERY RESIDENCY</u>	<u>29</u>
<u>INTERNATIONAL SURGERY</u>	<u>31</u>
<u>PROFESSIONAL RESOURCES AND RESIDENT ASSOCIATIONS</u>	<u>33</u>

CAGS AND THE RESIDENT COMMITTEE

Welcome to General Surgery!

The Canadian Association of General Surgeons Residents Committee developed this handbook for you, a General Surgery resident. We are comprised of twenty-one residents representing all of the General Surgery programs across the country.

And, welcome to CAGS!

Check out the resident's Facebook page at "[CAGS Residents](#)" for interesting articles and information related to General Surgery. Be sure to like our page! Follow CAGS Residents via our Twitter account ("[CAGS Residents](#)") as well!

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TEXTBOOKS

Before we begin the details, our general consensus on textbooks:

MUST HAVE ONE OF

- Schwartz
- Sabiston
- Greenfield's
- American College of Surgeons

ONE SURGICAL ATLAS

CAMERON (consider after Principles of Surgery)

Senior level: access to "Surgical Clinics of North America" through CMA website

Standard surgical textbooks: The Legends

All available online for free at <http://www.cma.ca>. These books are generally equivalent, so pick one to start your adventure in General Surgery Reading. We suggest you borrow them from the library or peruse online before you buy.

Principles of Surgery: Schwartz

- Advantages: General guide on all general surgical issues. Anatomy, embryology, pathophysiology.
- Disadvantages: Not an atlas or surgical technique book. Too detailed at times, difficult to recall all material read in one sitting.
- Use for: Outlining presentations, POS, a starting point for junior residents, general overview of all topics.

Sabistons

- Advantages: General guide on all general surgical issues. Includes anatomy, embryology, pathophysiology. Some of us think it is the most useful of the three in preparing for oral exams and attending's quizzes as opposed to Greenfield's being better for preparing for written exams.
- Disadvantages: Not an atlas or surgical technique book. Too detailed at times, difficult to recall all material read in one sitting.

- Use for: Outlining presentations, POS, acts as starting point for junior residents, general overview of all topics.

Greenfield

- Advantages: Some find it easier to read and remember chapter details.
- Disadvantages: Again, no specific operative details.
- Use for: Overview for junior and senior residents, good review book.

ACS Surgery. (American College of Surgeons)

- Advantages: Available online, updated yearly, free with your ACS or CMA membership, review questions and end of every chapter.

Cameron: Current Surgical Therapy

- Advantages: Clinically relevant, contains algorithms, good preparation for senior years post POS. Provides a very focused and manageable overview of specific subtopics.
- Disadvantages: Minimal anatomical information, minimal pathophysiology, difficult for junior residents due to lack of background knowledge. Different authors for each edition therefore little continuity between editions.

Other helpful general references

Lange: Current Diagnosis and Treatment - Surgery

- Advantages: Brief, concise, portable, introduction to a topic, information on other surgical specialties.
- Disadvantages: Not enough detail. Not appropriate for advanced levels.
- Use for: Junior residents, medical students, on call issues.

Rush Review of Surgery

- Advantages: Pure question and answer format. Mostly only useful for self-assessment as there is only brief explanation of answers. Very helpful to check knowledge of concepts and identify weak areas.

ABSITE Review

- Advantages: Good reference for POS, portable, easy to read, additional subspecialty information.
- Disadvantages: Too general for senior years, no surgical techniques.

Operative Dictations in General and Vascular surgery

- Advantages: Helpful for learning to dictate. Great script/starting point.

Top Knife

- Well-loved book on emergency general surgery. Easy to read style, fun for all ages. Great tips for surgeons interested in trauma.

Cope's Early Diagnosis of the Acute Abdomen

- Advantages: reasoned approach to physical exam. A classic. Latest edition is 2010.
- Disadvantages: Not a good quick reference, this is more a cover-to-cover read.

Chassin's Operative Strategy in General Surgery: An expositive atlas

- Advantages: Excellent approach to most general surgical operations in a concise and practical format. Nice figures and well written. Good description of the steps of an operation, useful for preparing for oral exams.
- Disadvantages: May not be the most up to date textbook regarding surgical decision-making.

Shackelford, Surgery of the Alimentary Tract

- Advantages: Complete review of pathologies of the GI tract. Used by some programs as THE review book for PGY-5. Especially good for pancreaticobiliary tract. Outstanding figures.
- Disadvantages: Does not cover non-GI general surgery.

Acute Care Surgery: Principles and Practices

- Advantages: Good for residents interested in acute care surgery/trauma/ICU. Head-to-toe approach to surgical emergencies.
- Disadvantages: NOT a review book.

Atlases, Books on Surgical Technique

Skandalakis: Surgical Anatomy and Technique: A pocket manual

- Advantages: Quick reference for surgical anatomy and technique if you have not reviewed the operation beforehand. Good to keep in locker.

- Disadvantages: Not very detailed, no thorough anatomy, all pictures in black and white.
- Use for: Reviewing operation and techniques pre-op.

Zollinger: Atlas of surgical operations

- Advantages: Lots of pictures, the classic atlas.
- Disadvantages: Minimal written detail, cumbersome and not portable.

Mastery of surgery

- Advantages: Covers a lot of laparoscopic and open surgery, information on pre-operative and post-operative care, thorough review of anatomy, excellent colour pictures. Available online.
- Disadvantages: Not a quick reference, not always up to date.
- Use for: Learning operations.

Operative anatomy: Scott-Connor, Dawson

- Advantages: Focuses in on important anatomy for surgical procedure, good written details on how to perform operation.
- Disadvantages: Could use more pictures, not a lot of information on pre and post-operative management and complications.
- Use for: Learning operations

Maingot's Abdominal operations, Volume I and II

- Advantages: Good mix of text and atlas. Great technical details. Clear illustrations and good literature review. Benefits both senior resident and general surgeon.
- Disadvantages: Not portable (except newest edition)

Atlas of Laparoscopic Surgery

- Advantages: Atlas of laparoscopic procedures, both basic and advanced. Includes commentaries and illustrations.

Pocket references

The Mont Reid Surgical Handbook

Good for R1 and preparing right before a case or consult, point form and brief.

On Call: Principles and Protocols, and On Call: Surgery

Excellent reference for ward management, junior resident level.

MD Anderson

Concise review on all cancers, including epidemiology, diagnostic tests and treatment algorithms. Good references. Only draw-back: very specific to MD Anderson protocols.

University of Toronto Surgical Oncology Manual

A concise and practical guide to nearly all cancers general surgeons have to deal with.

NATIONAL EXAMS

LMCC II

The clinical version of the LMCC I. Mandatory for all Canadian residents. Price: \$2470 (if on time). Deadlines: January 30 for the Spring exam; June 30 for the Fall exam.

<http://mcc.ca/examinations/mccqe-part-ii/>

Preparation suggestions: old case scenarios and Toronto Notes. There seems to be a lot of repetition from old exams.

Surgical Foundations

All surgical residents must complete. Usually it's done in second year, but can be delayed if necessary. Yearly sitting in April. You must apply for assessment of training (Deadline: April 30 for the following Spring exam; Price: \$645 (if on time). They then email you the following November with another registration form and ask for fees for the exam (Deadline: February 1 for upcoming April exam; Price: \$780).

http://www.royalcollege.ca/rc/faces/oracle/webcenter/portalapp/pages/viewDocument.jspx?document_id=TZTEST3RCPSCED002007&_afLoop=27368252662282266&_afWindowMode=0&_afWindowId=null#!%40%40%3F_afWindowId%3Dnull%26document_id%3DTZTEST3RCPSCED002007%26_afLoop%3D27368252662282266%26_afWindowMode%3D0%26_adf.ctrl-state%3D14p89guh1n_13

Preparation suggestions: form a group and practice together. Practice Questions are very useful, and widely available from upper year residents; read around them to find the answers. See textbook section for suggested reading. There is often repetition noted from previous exams.

Royal College Exam

Written early May in various centres; oral component mid-June in Ottawa.
Deadlines: Apply for assessment of training the year before (deadline end of April for the next year's exams; Price: \$630) AND THEN Registration Form (deadline: Feb 1 of year of exam; Price: \$3400)

http://www.royalcollege.ca/portal/page/portal/rc/common/documents/credentials/canadian_residency_training_application_e.pdf

Preparation: form a study group and meet regularly. Divide up material into subjects and pick appropriate readings. Go through subjects one at a time (eg: liver, breast, colorectal, etc.). NO CRAM STUDYING! Participate in mock orals and start as early as second year.

CAGS Exam

This is a national exam taken by all residents in General Surgery, in every year of residency training, usually sometime in February. It is a multiple-choice exam. Purposes include preparation for the final Royal College exam and measuring progress in training – marks may be compared across your own years, and within your year's cohort.

RESEARCH FUNDING

To obtain dedicated research time it is important to figure out who will pay your salary. As soon, as you leave your regular residency for more than 6 months most provinces will consider that you are no longer providing a service that is worth being remunerated.

Many programs in Canada have internal funds to allow residents to pursue dedicated research. However, these funds can be limited. It is therefore important to apply for external funding. If you manage to get external funds, you will not only be able to pay for lunch, but you will also benefit from the prestige of peer-reviewed funding. It is a great way to validate the importance of your project and begin building your academic capital.

It will be worthwhile to discuss research with a research chair in your program. Some programs have a Surgeon Scientist Program, which may fund you as a resident to complete a M.Sc. or Ph.D. This is tied in with the accredited Royal College of Physicians and Surgeons Clinician Investigator Program at some schools. Find out if this program exists where you are. See <http://www.royalcollege.ca/rcsite/education-strategy-accreditation/innovations-development/initiatives/clinician-scientist-e>.

Below are a few key sources of external funding. Keep in mind that there may be other specialty specific funding agencies not listed. Make sure to ask your supervisor about all possible funding opportunities and apply to as many as you can. The process of applying for these types of grants will help you understand your project better and will help you perfect your writing skills.

National and international funding sources

Canadian Institute of Health Research (CIHR)

- Masters and doctoral awards. Application deadline changes annually
- Fellowship award. Application deadline changes annually

Candidates must choose one or the other. Those with a strong research background and/or previous graduate work may be competitive for the

Fellowship award. Those with little or no research experience are probably best suited to the Master's award.

<https://www.researchnet-recherchenet.ca/rnr16/search.do?fodAgency=CIHR&fodLanguage=E&view=currentOpps>

Surgical society sources

Canadian Association of General Surgeons

- Canadian Surgical Research Fund
- <http://www.cags-accg.ca/index.php?page=113>
 - o Value = \$10,000 x 1 year
 - o Application deadline: June/July each year

American College of Surgeons

- Resident Research Scholarships. (2 year scholarship)
- <http://www.facs.org/memberservices/research.html>

Association of Academic Surgeons

- Research Fellowship Award
- <https://www.aasurg.org/awards/>

Society of University Surgeons

- SUS Surgical Research Fellowship Award.
- <http://www.susweb.org/sus-resident-scholar-award>

Society of Gastrointestinal and Endoscopic Surgeons

- SAGES research grant
- <http://www.sages.org/projects/research-grants/>
- <http://www.sages.org/projects/research-grants/grant-begin/>
 - o Value = up to \$30,000 x 1 year
 - o Application deadline November each year

Canadian Society of Colon and Rectal Surgeons

- Canadian Society of Colon and Rectal Surgeons Operating Grant
- <http://cscrs.ca/research/>
 - o Value = \$10,000 x 1 year
 - o Application deadline: June each year

Royal College Grants

Canadian Royal College

- Medical Education Research Grant
- <http://www.royalcollege.ca/rcsite/awards-grants-e>
 - o Value = \$50,000 over a maximum of 3 years, maximum of \$25,000/year
 - o Up to \$10,000 in salary support
 - o Application deadline: March each year

Provincial granting sources

There are many provincial grants available, however for the most accurate and timely information you may wish to seek out your Research/Program Director.

Online Resources for Grants and Proposal Writing

CIHR IG: Guidebook for New Principal Investigators:

<http://www.cihr-irsc.gc.ca/e/27491.html>

NIH Grant Writing Tip Sheets

http://grants.nih.gov/grants/grant_tips.htm

How to Write a Good Proposal

http://fhs.mcmaster.ca/healthresearch/guide_grantsmanship.html

Grant Writing Resources

http://www.schulich.uwo.ca/research/services/grant_writing_resources.html

Online Funding Resources

Royal College of Physicians and Surgeons of Canada Awards and Grants

<http://www.royalcollege.ca/rcsite/awards-grants-e>

Community of Science

<http://www.cos.com/>

Physicians' Services Inc Foundation, Resident Research Program

<http://www.psifoundation.org/ForApplicants/ResidentResearchGrants.php>

Canadian Surgical Research Fund

<http://www.cags-accg.ca/index.php?page=112>

Canadian Society for Clinical Investigation

<http://www.csci-scrc.ca>

American Society of Colon and Rectal Surgeons

<https://www.fascrs.org/educational-grants-and-awards>

American College of Surgeons Resident Research Scholarships

<http://www.facs.org/memberservices/acresident.html>

NSERC

http://www.nserc-crsng.gc.ca/Media-Media/Index_eng.asp

CONFERENCES

Conferences are a great opportunity to present research, gather information on the latest and greatest technology and guidelines, and of course meet up with friends from medical school and foster relationships with surgical colleagues across Canada and internationally. Here are a variety of conferences to check out for 2020:

CAGS: Canadian Surgical Forum (September 24-26, 2020, Vancouver)

CATS: Canadian Association of Thoracic Surgeons (September 24-26, 2020, Vancouver)

CAPS: Canadian Association of Paediatric Surgeons (September 10-12, 2020, Winnipeg, September 23-25, 2021, St. John's)

ACS: American College of Surgeons (October 24-28, 2020, Washington, October 16-20, 2021, San Diego)

APSA: American Pediatric Surgery Association (May 14-17, 2020, Orlando, May 20-23, 2021, Phoenix)

Critical Care Canada forum (October 4-7, 2020, Toronto, December 5-8, 2021, Toronto)

Trauma, Critical Care & Acute Care Surgery (April 5-8, 2020, Las Vegas, April 11-14, 2021, Las Vegas)

SAGES: Society of Gastrointestinal and Endoscopic Surgeons (April 1-4, 2020, Cleveland, OH, April 7-10, 2021, Las Vegas)

AHPBA: Americas Hepatico-Pancreatico-Biliary Association (March 4-8, 2020, Miami, March 17-21, 2021, Miami)

ASCRS: American Society of Colon & Rectal Surgeons (June 6-10, 2020, Boston, April 24-28, 2021, San Diego)

STS: Society of Thoracic Surgeons (January 25-28, 2020, New Orleans, January 30-February 2nd, 2021, Austin)

AATS: American Association for Thoracic Surgery (April 25-28, 2020, New York, May 1-4, 2021, Seattle)

SSO: Society Surgical Oncology (March 25-28, 2020, Boston)

AAES: American Association Endocrine Surgeons (May 6-8, 2018, Durham, April 4-6, 2020, Birmingham)

ELECTIVES

Electives are great opportunities for meeting people for potential fellowships as well as jobs in the future. Most of us have been told that you should probably have an idea of whether or not you might want to pursue a fellowship by the beginning of your fourth year.

University of British Columbia

- Co-Program Directors: Dr. Tracy Scott, tscott@providencehealth.bc.ca, Dr. Ahmer Karimuddin, akarimuddin@providencehealth.bc.ca
- Division Chief Dr. Morad Hameed, morad.hameed@vch.ca
- Post-graduate program manager Luiza Shamkulova
- Email: luiza.shamkulova@ubc.ca Phone: 604.875.4111 ext. 23105
- Fellowships offered: Trauma/ACS, MIS, HPB, Thoracics, Colorectal surgery, Surgical oncology & Pediatric surgery

University of Alberta

- All electives have to go through the PGME office. Check out their policies at <http://www.med.ualberta.ca/programs/residency/postgraduateprograms/incoming>
- Fellowships offered: ACS, MIS/Bariatrics, HPB. Find contacts at <http://www.generalsurgery.med.ualberta.ca/ed-for-fel.html>

University of Calgary

- Program Administrator: Erin Layton
- Email: gsresidencyprogram@albertahealthservices.ca
- Fellowships offered: Endocrine Surgery (PD: Dr. Janice Pasioka, Janice.Pasioka@albertahealthservices.ca), Surgical Oncology (PD: Dr. Greg McKinnon, mckinnon@ucalgary.ca), Hepatobiliary (PD: Dr. Chad Ball, ball.chad@gamil.com), Colorectal (PD: Dr. Don Buie, wdbuie@ucalgary.ca), Trauma (PD: Dr. Rohan Lall, Rohan.Lall@albertahealthservices.ca), Upper GI surgery (PD: Dr. Neal Church, Neal.Church@albertahealthservices.ca), Vascular (PD: Dr. Paul Petrasek, Paul.Petrasek@albertahealthservices.ca), Thoracics (PD: Dr. Sean Grondin, Sean.Grondin@albertahealthservices.ca), Paediatric Surgery (PD: Dr. Steven Lopushinsky, Steven.Lopushinsky@albertahealthservices.ca)

University of Saskatchewan

- Program Director: Dr. Gavin Beck
- Administrator: Karen Bader
- Phone: (306) 844-1091
- Fax: (306) 844-1522
- Email: karen.bader@usask.ca

University of Manitoba

- Academic Administrator: Laura-Lee Bouchard -->
LBOUCHARD@hsc.mb.ca
- Telephone: 204-787-7581 (HSC Office) / 204-237-2096 (SBH Office)
- Fax: (204) 940 8970
- Fellowships offered: MIS (PD: Ben Yip, byip@sbgh.mb.ca), Vascular Surgery (PD: Dr. Joshua Koulack, JKoulack@exchange.hsc.mb.ca), Thoracics (PD: Dr. Gordon Buduhan, gbuduhan@gmail.com), Pediatric Surgery (Contact Dr. BJ Hancock, BJHancock@exchange.hsc.mb.ca), Colorectal Surgery (contact Dr. Ben Yip, byip@sbgh.mb.ca), ENT oncology (PD: Dr. Alok Pathak, alok.pathak@cancercare.mb.ca)

Northern Ontario School of Medicine

- Contact Cyndy Smith program coordinator at cysmith@nosm.ca.
- Phone: (807) 766-7444
- She is able to direct residents to contacts at hospitals throughout Northern Ontario.

University of Western Ontario

- Contact Christine Ward, Program Administrator at Christine.ward@lhsc.on.ca
- Fellowships offered: Transplant/HPB (PD: Dr. Doug Quan, douglas.quan@lhsc.on.ca), MIS (PD: Dr. Chris Schlachta, Christopher.schlachta@lhsc.on.ca), Breast (PD: Dr. Muriel Brackstone, murielbrackstone@lhsc.on.ca), Thoracics (PD: Dr. Dalilah Fortin, dalilah.fortin@lhsc.on.ca)

McMaster University

- Program director: Dr. Michael Marcaccio
- Contact: Katie Niblock (program assistant)
- Phone: (905) 521-2100 x 73932
- Email: niblock@mcmaster.ca

- Current electives offered: MIS (contact program assistant above)
- Fellowships offered: MIS
(<http://www.cmas.ca/fellowships.aspx>), Trauma (contact Dr. Edward Passos at edward.passos@medportal.ca), Breast (contact Elyse Cornell at cornele@mcmaster.ca)

University of Toronto

- Program director: Dr. Najma Ahmed (ahmedn@smh.ca)
- Administrative assistant: Stacy Palmer (palmers@smh.ca)
- Contact the PGME electives program at
<http://electives.pgmeutoronto.ca/electives>
- And PGME application instructions for electives, fellowships training, observerships and residency at
<http://www.pgme.utoronto.ca/content/applicants>
- Fellowships offered: breast, colorectal, surgonc, HPB, MIS, peds, transplant, trauma/ACS -
<http://generalsurgery.utoronto.ca/edu/fellow.htm>

Queen's University

- Contact Nicole de Smidt (nicole.desmidt@kingstonhsc.ca)
- Fellowships: Critical Care Medicine (Contact Kim Telford, program assistant, telfordk@kgh.kari.net, PD: Dr. David Messenger, david.messenger@queensu.ca)

University of Ottawa

- Contact Isabel Menard (imenard@toh.ca)
- Fellowships offered: Colorectal (PD: Dr. Husein Moloo, hmoloo@toh.on.ca), Pediatric Surgery (PD: Dr. Kyle COWAN, kcowan@cheo.on.ca), MIS/Bariatrics (PD: Nicole Kolozsvari (nkolozsvari@toh.ca), Vascular (PD: Dr. Tim Brandys, tbrandys@ottawahospital.on.ca), Thoracics (PD: Dr. Donna Maziak, dmaziak@toh.on.ca), Critical Care (PD: Dr. Rakesh Patel, rpatel@toh.on.ca), trauma (PD: Jacinthe Lampron (jlampron@toh.ca), Breast (Erin Cordeiro, ecordeiro@toh.ca), Surgical Oncology (Carolyn Nessim, cnessim@toh.ca)

McGill University

- Contact Rita Piccioni at rita.piccioni@muhc.mcgill.ca or Jessica at generalsurgery.med@mcgill.ca

- Fellowship information is available at <https://www.mcgill.ca/pgme/admissions/prospective-fellows> (under General Surgery)
- MIS, Bariatrics, HPB

Dalhousie University

- Contact: Crystal Marsman, administratrice de programme
- Email: crystal.marsman@nshealth.ca
- Phone: (902) 473-2810
- Fellowships in MIS/Advance Endoscopy/HPB and Transplant/Pediatric General Surgery
- <https://fellowshipcouncil.org/fellowship-programs/>

Memorial University of Newfoundland

- Contact program administrators, Cheryl Perkins and Carol at Surgical.Education@med.mun.ca

Laval University

- Program Director: Dr Mony Chhiv
- Phone : 418 656-2131, ext 408943
- Email : programmesdeptchirurgie@fmed.ulaval.ca

University of Sherbrooke

- Program director: Dr Émilie Comeau
- Administrator: Lise Gaudy.
- Email : chirurgieprogramme-fmss@usherbrooke.ca
- Phone : 819 346 1110 ext.12371

University of Montreal

- Program director: Dr Pierre Dubé
- Administrator: Yamina Bachi
- Phone: 514-252-3400, ext. 7267/5910
- Fax: 514-252-3894
- Fellowships offered: MIS/bariatrics (Sacré-Coeur Hospital), HPB/transplant (CHUM), thoracics (<https://medpostdoc.umontreal.ca/programmes/chirurgie-thoracique/>), vascular (<https://medpostdoc.umontreal.ca/programmes/chirurgie-vasculaire/>), pediatric surgery

(<https://medpostdoc.umontreal.ca/programmes/chirurgie-pediatrique/>)

- Fellowship conditions: https://deptmed.umontreal.ca/wp-content/uploads/sites/7/2011/08/demarches_statut_moniteur_clinique.pdf

FELLOWSHIPS

General Surgery can be a stepping-stone to a variety of fellowship opportunities. There is more detailed information for residents about surgical fellowships in Canada on the Residents portion of the CAGS website (www.cags-accg.ca; look under residents and applying for fellowships.)

Be sure to check the dates for application for these fellowships – often the process to apply is in fourth year or the year prior to your final year of residency.

Fellowship Council offers fellowships in Advanced GI MIS, Advanced GI, Flexible Endoscopy, Bariatric, HPB and/or a non-ACGME Colorectal and Thoracic Surgery within Canada and United States. You apply in your PGY4 year to start fellowship after PGY5. Application opens mid December each year and its deadline is March/April following year. Interviews occur from April to May and the rank list must be submitted by end of May. Match results are available mid June. <https://fellowshipcouncil.org>

Other fellowships include but are not limited to:

- Acute Care Emergency Surgery
- Bariatric Surgery
- Breast Surgery
- Colorectal Surgery
- Head and Neck Surgical Oncology
- Hepatopancreaticobiliary
- Transplant
- Minimally Invasive Surgery
- Pediatric Surgery
- Surgical Oncology
- Thoracic Surgery
- Trauma Surgery
- Vascular Surgery
- Intensive Care/Critical Care

Here is some information re: applications to the programs as well as organizations associated with those subspecialties. This is not a complete list, but will hopefully provide you with more information.

Per Subspecialty

Thoracics

- Apply to individual programs across the country (state where they are offered) although this may be changing soon.
- CATS: Canadian Association of Thoracic Surgeons, AATS: American Association of Thoracic Surgeons (www.canadianthoracicsurgeons.ca; www.aats.org)

Vascular Surgery

- Apply to individual programs, interviews should be in a similar time period and offers should all be made on May 15. Many programs do not adhere to these guidelines, though. In US, vascular program admission is through a match through the nrmp. (www.nrmp.org)
- Of note, many programs are moving away from offering vascular surgery fellowships due to the introduction of direct entry programs into vascular surgery
- CSVS: Canadian Society of Vascular Surgery, SVS: Society of Vascular Surgeons (US) (www.canadianvascular.ca; www.vascularweb.org)

Pediatric Surgery

- Application is through a North American fellowship match administered through the NRMP (National Residency Matching Program) in the US (www.nrmp.org)
- CAPS: Canadian Association of Paediatric Surgeons (www.caps.ca)

Surgical Oncology

- Application is through a match through the Society of Surgical Oncology
- SSO: Society of Surgical Oncology (www.surgonc.org)

Colorectal

- Application is through nrmp in the US and application is to individual programs in Canada (www.nrmp.org)
- ASCRS, CSCRS (www.fascrs.org; www.cscrs.ca)

Breast surgery

- Apply through a match through the Society of Surgical Oncology (www.surgonc.org)

Transplant

- Apply through a match program through the American Society of Transplant Surgeons (www.astso.org)

MIS/bariatrics

- Application is through a match through the Fellowship Council (www.fellowshipcouncil.org)
- Match in 4th year of residency
- SAGES (Society of American Gastrointestinal and Endoscopic Surgeons) (www.sages.org)

Hepatopancreaticobiliary

- Application is through the Fellowship Council (www.fellowshipcouncil.org)
- AHPBA (Americas HepatoPancreato Biliary Association) and IHPBA (International HPB Association) (www.ahpba.org and www.ihpba.org)

Trauma

- Application in Canada is through individual programs.

Critical Care

- Application is a match through CARMS (www.carms.ca)

Endocrine Surgery

- Application is a match through the American Association of Endocrine Surgeons (www.endocrinesurgery.org)

Acute care surgery

- Application is to individual programs in Canada

Head and Neck

- Application is through a match through the American Head and Neck Society (www.ahns.info)

Per University

Memorial University– No fellowship positions

Queen's University – No fellowship positions

University of Saskatchewan Fellowship

1) Acute Care Surgery Dr. Paul Hayes c/o Karen Bader Royal University Hospital, Room 70 Ellis Hall 103 Hospital Drive Saskatoon, SK S7N 0W8

University of British Columbia Fellowships

- 1) HPB – Stephen Chung, Director – stephen.chung@vch.ca
- 2) Advanced MIS – Adam Meneghetti, Director - adam.meneghetti@vch.ca
- 3) SPH Colorectal – Terry Phang, Director - tphang@providencehealth.bc.ca
- 4) Trauma/ACS – Emily Joos emilie.joos@vch.ca and Morad Hameed morad.hameed@vch.ca
- 5) Surgical Oncology (2 yr) trevor.hamilton@vch.ca
- 6) Thoracic Surgery (Royal College) (VGH): Dr. Alexander Lee (PD) / Program assistant: Liana Polsinelli, liana.polsinelli@vch.ca
- 7) Thoracic Surgery (MIS) (VGH): Dr. Anna McGuire / Program assistant: Glenn Pabilon, glenn.pabilon@vch.ca
- 8) Pediatric surgery: Dr. Robert Baird (PD) / Senior Program Assistant: Bindy Sahota, bsahota@cw.bc.ca

University of Ottawa Fellowships

- 1) Colorectal Fellowship – PD Dr. Husein Moloo hmoloo@toh.ca PA Isabel Menard imenard@toh.ca
- 2) General Surgical Oncology Fellowship – PD Dr. Carolyn Nessim cnessim@toh.ca PA Isabel Menard imenard@toh.ca
- 3) Breast – Supervisor: Dr. Erin Cordeiro ecordeiro@toh.ca
- 4) Bariatric – Supervisor: Dr. Nicole Kolozsvari nkolozsvari@toh.ca
- 5) Trauma – Supervisor: Dr Jacinthe Lampron jlampron@toh.ca
- 6) Vascular - Supervisor: Dr. Tim Brandys, tbrandys@ottawahospital.on.ca
- 7) Thoracics - Supervisor: Dr. Donna Maziak, dmaziak@toh.on.ca
- 8) Soins intensifs - Supervisor: Dr. Rakesh Patel, rpatel@toh.on.ca

McMaster University Fellowships

- 1) Trauma Fellowship – Emily Hutchinson, Admin hutchinem@HHSC.CA and Dr. Edward Passos is the Director (edward.passos@medportal.ca)
- 2) MIS – Marie Fairgrieve, CMAS Manager mfairgri@stjosham.on.ca
<https://www.cmas.ca/skills-training/fellowships>
- 3) Breast - Dr. Barbara Heller, Director; contact Elyse Cornell at cornele@mcmaster.ca

University of Alberta Fellowship

1) Acute Care Emergency Surgery Dr. S. Widder Tel: 780-407-2005 2D4.27
Walter Mackenzie Centre Fax: 780-407-2144 8440-112 Street NW Edmonton,
AB T6C 2B7 email: heather.allen@ahs.ca
<https://www.ualberta.ca/surgery/divisions/general-surgery/fellowship>

University of Manitoba Fellowship (18-24 month program)

- 1) Pediatric Surgery Contact Information: bjhancock@hsc.mb.ca Dr. B.J. Hancock, FRCSC, FACS Section Head, Pediatric General Surgery Director of Surgical Postgraduate Medical Education AE201 – 840 Sherbrook Street Winnipeg, MB R3A 1S1 Tel: 204-787-1246
- 2) Head & Neck Surgical Oncology Fellowship (one year program) Contact Information: alok.pathak@cancercare.mb.ca Dr. Alok Pathak, Program Director GF440A 820 Sherbrook Street Tel: 204-787-3215
- 3) Thoracic Surgery (2 year program) Contact Information – surgfellow@hsc.mb.ca Dr. Larry Tan, Program Director GE 6611 810 Sherbrook Street Tel: 204-787-3791 Apply to Department of Surgery-Thoracic Surgery Fellowship Attention: Fellowship Program Applications
- 4) Vascular Surgery (2 year program) Contact Information: surgfellow@hsc.mb.ca Dr. Joshua Koulack, MD Z3409 Tache Avenue Winnipeg, MB R2H 2A6 Tel: 204-237-2571 Apply to Department of Surgery – Vascular Surgery Fellowship Attention: Fellowship Program Applications
- 5) MIS Fellowship (1 year) Directors: Directors: Ben Yip <BYIP@sbgh.mb.ca>; Ramzi Helewa <rhelewa@sbgh.mb.ca>

Dalhousie University Fellowships

- 1) MIS – c/o James Ellsmere at james.ellsmere@nshealth.ca 2) HPB – c/o Dr. Scott Livingstone at scott.livingstone@nshealth.ca

McGill University Fellowship Montreal, QC

- 1) Trauma Surgery Fellowship (1 year) Dr. Tarek Razek Director, Trauma Fellowship Program Program Director, General Surgery Program 1650 Cedar Avenue, L8.136
Montreal, Quebec H3G 1A1 T: 514-934-1934
- 2) Minimally Invasive Surgery Fellowship (1 year) Maria Cortese,
Administrator McGill MIS Fellowship Steinberg- Bernstein Centre for Minimally

Invasive Surgery Montreal General Hospital, Room L9.309, 1650 Cedar Avenue
Montreal, Quebec H3G 1A4 T: 514.934.8044 F: 514.934.8438 E:
maria.cortese@muhc.mcgill.ca

3) Minimally Invasive Bariatric Surgery Fellowship Dr. Olivier Court Room
E16.165B, Montreal General Hospital 1650 Cedar Avenue, Montreal, QC. H3G
1A4

T: 514-843-1531 E-mail: olivier.court@muhc.mcgill.ca

4) HPB and Transplant Surgery Fellowship Dr. Peter Metrakos Room
D02.7743.1, Glen Hospital, 1001 Décarie Blvd., Montreal, Quebec H4A 3J1 T:
514.843.1600

5) Thoracic Surgery Fellowship (1 year) Dr. Jonathan Spicer [Fellowship Director]
Plus a Colorectal Surgery Residency (As this is Royal College Accredited
Program)

University of Toronto Fellowships

<http://surgery.utoronto.ca/general-surgery-fellowships>

- 1) Colorectal Surgery Program
- 2) General Surgical Oncology Program
- 3) Hepatobiliary Surgical Oncology Program
- 4) Minimally Invasive Surgery Program
- 5) Pediatric Surgery Program
- 6) Transplant Program
- 7) Trauma Program
- 8) Breast

Western University Fellowships

<https://www.schulich.uwo.ca/generalsurgery/education/fellowship/index.html>

- 1) Transplant Fellowship Program
- 2) MIS & Robotics Fellowship Program
- 3) Breast Fellowship

FINDING A JOB

Times seem to be tight at the moment for job finding as a General Surgeon in Canada. This has become such a current issue that task forces have been created at the Royal College and other stakeholder levels. There is obviously no one solution to the problem, and most jobs continue to be found by being in the right place at the right time and by word of mouth and contacts but we felt it may be helpful to offer some tips. It is never too early to begin to think about what you want to do at the end of residency and to begin to make contacts.

- Find a mentor
- Keep track of all extracurricular activities/groups you are involved with for your resume
- Do research – important for fellowships, which are important for jobs. Try to get published as the first author.
- Several websites are devoted to finding a job...
 - CAIR TIPS page (www.cair.ca)
 - Links to job websites in all provinces
 - CAGS website (www.cags-accg.ca)
 - OAGS website for jobs in Ontario (www.oags.org)
 - Other specialty organizations and American College of Surgeons (www.facs.org)
- Ask staff about how their careers developed
- Use your program directors and other staff to put in a word for you at a place/hospital you would like to work at
- Do electives in hospitals you would like to work in, and ask them what they would need in the future for jobs (ask what type of specialty training they will require)

Quebec

The Quebec job system consists in positions granted by the government called PREMs (“regional plans for medical resources”). There is a defined number of spots per region in Quebec. As in the rest of Canada, times are hard, but available positions can be found at:

<http://www.msss.gouv.qc.ca/sujets/organisation/medecine-au-quebec/medecine-specialisee/prem/postes-disponibles>

Ontario

A combination of hospital administrators/government funding and head of each surgery division determines which jobs are available. They are listed at:

<http://www.oags.org/joblisting.html>

Newfoundland

A fellowship is required to work in tertiary care centres. There is a broad scope of practice, including ACS and endoscopy. No general surgeons in the province perform thyroid surgery.

Nova Scotia

Positions are posted on the Doctors Nova Scotia website (<https://doctorsns.com/>). Additionally, consider e-mailing the coordinators in each of the Nova Scotia Health Authority (NSHA) districts to see if there are any positions available.

Alberta

Available positions can be found on the following website:

<http://www.doctorjobsalberta.com/>

MILESTONES IN GENERAL SURGERY RESIDENCY

Our flexible guideline of EXPECTATIONS for residents throughout the years:

OPERATION	PGY 1-2	PGY 3-4	OPERATION	PGY 1-2	PGY 3-4
Exploratory Laparotomy	Assist/ Surgeon	Surgeon	Axillary LN dissection	Assist/ Surgeon	Surgeon
Exploratory Laparoscopy	Assist/ Surgeon	Surgeon	Thoracotomy	Surgeon	Surgeon
Laparoscopic Appendectomy	Surgeon	Surgeon	Lung resection	Assist/ Surgeon	Assist/ Surgeon
Open Appendectomy	Assist/ Surgeon	Surgeon	Vascular reconstruction	Assist	Assist/ Surgeon
Laparoscopic Cholecystectomy	Surgeon	Surgeon	Pelvic exenteration	Assist	Assist/ Surgeon
Open Cholecystectomy	Assist/ Surgeon	Surgeon	Low Anterior Resection	Assist/ Surgeon	Surgeon
Umbilical Hernia Repair	Surgeon	Surgeon	Abdominoperineal resection	Assist/ Surgeon	Assist/ Surgeon
Laparoscopic inguinal hernia repair	Assist/ Surgeon	Surgeon	Liver resection	Assist/ Surgeon	Assist/ Surgeon
Open inguinal hernia repair	Surgeon	Surgeon	Whipple Procedure	Assist/ Surgeon	Assist/ Surgeon
Lysis of Adhesions	Surgeon	Surgeon	Common Bile Duct Exploration	Assist	Assist/ Surgeon
Small bowel resection/ reanastomosis	Assist/ Surgeon	Surgeon	Thyroidectomy	Assist/ Surgeon	Surgeon
Colectomy (hemi/STC)	Assist/ Surgeon	Surgeon	Parathyroidectomy	Assist	Assist/ Surgeon

Breast Lumpectomy	Surgeon	Surgeon	Parotidectomy	Assist	Assist/ Surgeon
Mastectomy	Assist/ Surgeon	Surgeon	Transplant	Assist	Assist/ Surgeon

*Please note the level of responsibility for each operation is extremely hospital/rotation/university-dependent. By your PGY 5 year, you should be the main surgeon (with staff assistance as needed) in most cases, assuming they are not fellow-level/subspecialty cases. At the end of 5 years, we all come out just about the same.

INTERNATIONAL SURGERY

Keen to participate in an International Surgery elective? Many residents hope to incorporate an international experience into their residency training. Below are several great online resources available to help make this happen. This list is not exhaustive. Contribute your experiences to the CAGS Wiki Surgery site. Some schools also have departments set up specifically to facilitate these experiences – ask your Program Director for direction.

Resource Suggestions

Key Sites

Canadian Association of General Surgery (CAGS) International Surgery Committee

<http://internationalsurgerycanada.com>

- Facilitates CAGS members interested in the developing world
- Provides names of CAGS members interested in International Surgery.
- Details information on CAGS international collaborative surgical projects and several international initiatives of CAGS members.

American College of Surgeons (ACS) – Operation Giving Back

<http://www.operationgivingback.facs.org>

- Provides information to help surgeons and surgical residents find and organize volunteer opportunities aboard.

Academic Offices of International Surgery

Vancouver – Branch for International Surgery

<http://www.internationalsurgery.ubc.ca>

<http://internationalsurgery.med.ubc.ca/education-courses/graduate-certificate-in-global-surgical-care/>

International Surgery Initiatives

Canadian Network for International Surgery (CNIS)

<http://www.cnis.ca>

- The world's largest organization of International Surgery.
- Runs programs in seven African countries that focus on surgical skills teaching, injury prevention, and safety promotion.

<http://www.operationgivingback.facs.org/content2271.html>

World Health Office (WHO)

<http://www.who.int/surgery/publications/imeesc/en/index.html>

- WHO recommendations for minimum standards in surgical care

PROFESSIONAL RESOURCES AND RESIDENT ASSOCIATIONS

Links to resident associations

Newfoundland/Labrador: PARNL: <http://parnl.ca/>
Nova Scotia/New Brunswick/PEI: PARI-MP: www.parimp.ca
Quebec: FMRQ: www.fmrq.qc.ca
Ontario: PARO: www.pairo.org
Manitoba: PARIM: www.parim.org
Saskatchewan: PAIRS: www.usask.ca/pairs
Alberta: PARA: www.para-ab.ca
British Columbia: PAR-BC: <http://www.par-bc.org>

Professional associations

Canadian Medical Association: <http://www.cma.ca>
British Columbia Surgical Society: <http://www.bcscs.ca/>
Alberta Medical Association: <http://www.albertadoctors.org/>
Saskatchewan Medical Association: <http://www.sma.sk.ca/>
Doctors Manitoba: <http://www.docsmb.org/>
Ontario Medical Association: www.oma.org
Ontario Association of General Surgeons: <http://www.oags.org/>
College des Medecins du Quebec: <http://www.cmq.org/>
New Brunswick Medical Society: <http://www.nbms.nb.ca/>
Doctors Nova Scotia: <http://www.doctorsns.com/>
Medical Society of Prince Edward Island: <http://www.mspei.org/>
Newfoundland and Labrador Medical Association: <http://www.nlma.nl.ca>

Links to Other Organizations of interest to General Surgery

American College of Surgeons: www.facs.org
Resident and Associate Society: www.facs.org/ras-acs/
Society of American Gastrointestinal and Endoscopic Surgeons: www.sages.org
American Society of Clinical Oncology: www.asco.org
Society of Surgical Oncology: www.surgonc.org

Also see fellowships section for further organizations



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MAKE MANAGING YOUR FINANCES A HABIT

Dr. Jason Baxter (not his real name) is looking forward to earning his first paycheck as a resident in family medicine this summer. It will be a welcome change from relying on student loans and his line of credit through the four years of medical school.

Like all R1s in British Columbia, Jason's salary will be \$50,661 this year, as determined by the collective agreement. After income taxes and other deductions, that works out to about \$3,400 a month.

“When you’re a resident, the income is so low that I don’t think it makes sense to try to save or seriously try to pay down an enormous debt.”

Since family medicine is only a two-year residency, Jason feels that putting aside savings and other aspects of financial planning can wait until he's in practice.

“When you’re a resident, the income is so low that I don’t think it makes sense to try to save or seriously try to pay down an enormous debt,” he says. “It will be much easier when you’re practising and billing large amounts.”

In theory, this sounds reasonable. After all, there may not be much left of Jason's \$3,400 once he has paid for accommodation, food, transportation and other expenses.

Why struggle and scrimp if all he could possibly save is \$100 a month? The answer has to do with forming habits.

SHAPE YOUR FINANCIAL HABITS NOW

For Jason and other medical residents at this stage of their careers, it's wise to view financial planning as a habit-forming exercise as much as an end goal. Making the tasks a habit—through practice and repetition—allows you to operate on autopilot later on.

As Charles Duhigg notes in his bestseller *The Power of Habit: Why We Do What We Do in Life and Business*: “Champions don't do extraordinary things. They do ordinary things, but they do them without thinking, too fast for the other team to react. They follow the habits they've learned.”

Managing your finances might seem complex and time-consuming at first. But the key is to get used to doing it, regardless of how much debt you can pay off or how much money you can save or invest. Once you're finished residency and are preparing for practice, it's one less thing you'll need to learn. And that will be a blessing, since there will be new financial issues to deal with as a practising physician.

Here are three areas of your finances to focus on during residency.

1. TAKE STOCK OF YOUR DEBT.

Confirm the outstanding balances of your student loans and line of credit. Student loans typically have a grace period of six months after the end of your studies before you have to start making payments. Be aware, however, that interest starts accumulating right away.

Get an estimate of your monthly loan repayment amount through [CanLearn's Loan Repayment Estimator](#). The calculator shows, for instance, that if you owe \$100,000 and plan to repay over a 10-year period, it will mean a monthly payment of \$1,197 based on a 7.7% interest rate (5% fixed plus 2.7% prime).

That's \$14,364 a year. For some residents, debt repayment can run much higher, into tens of thousands a year. These amounts obviously need to be factored into your budget.

2. UNDERSTAND YOUR CASH FLOW AND DEAL WITH DEBT ACCORDINGLY.

Let's assume you have an after-tax income of \$3,400 a month. Figure out how much you need to spend on basic living costs and other expenses, and calculate what you'll have left.

If you need to spend about \$2,400 a month on rent, food, transportation and other expenses, you'll have \$1,000 remaining. Decide how much you want to set aside for debt and then set up automatic loan repayments so money comes out of your account on payday.

3. SET UP A SAVINGS AND INVESTMENT PLAN.

Let's say that after paying your monthly costs, including your debt, you expect to be left with \$100.

Is it worthwhile to save an amount this small at this stage of your career? Yes, because the act of regular saving and investing sets the stage for good habits down the road. It may be small now, but \$1,200 a year can grow significantly over the long run.

Use the [compound growth calculator](#) on [md.cma.ca](#) to see how your savings can grow over time.

By saving and investing early, you get a chance to become more comfortable with money management, riding the market's ups and downs, and making progress toward your financial goals. Once you earn more income as a practising physician, you will be equipped to make financial decisions more easily.

This article is courtesy of MD Financial Management ([md.cma.ca](#)). As CMA members, medical residents have access to objective financial advice through MD Financial Management.

These presentations are provided for informational purposes only and should not be considered investment advice or an offer for a particular security or securities. Please consult your MD Advisor for additional information concerning your specific wealth management needs.

MD Financial Management provides financial products and services, the MD Family of Funds and investment counselling services through the MD Group of Companies. For a detailed list of these companies, visit [md.cma.ca](#).

4 FINANCIAL CHALLENGES FACING MEDICAL RESIDENTS

Residency is a significant milestone. It's one of the most demanding stages of your career, yet you also need to focus on these four key financial issues.

1 FIGURING OUT YOUR DEBT PAYMENTS

Finishing medical school means you may need to start paying off your loans if you borrowed funds for medical school. Here are some things to be aware of:

Government loans

- Repayment rules differ by province
- Find out if you qualify for a student loan forgiveness program

VS.

Medical student and resident lines of credit

- Repayment rules differ by financial institution
- Payments can often be deferred but interest has been accruing since day one



2 MANAGING COMPETING FINANCIAL PRIORITIES

Once you start earning a salary, you may find you have competing financial priorities—all converging at the same time.



I need to pay off my student debt.



I want to start a family.



I want to buy a home.



How much should I be saving?

3 PREPARING FOR THE GAP IN INCOME

Between the end of your residency and the time you start billing, there could be two or three months in which you have no income.



Receive last paycheck as a resident

Set up practice and start billing

Receive first payment as a practising physician

4 PLANNING FOR THE TRANSITION TO PRACTICE

Depending on your field of practice, transitioning to clinical work will require various start-up and ongoing costs.



Exam fees
• \$5,000 family medicine
• \$6,000 specialists



Professional dues
• \$13,000



Operating expenses for first year: solo practice
• \$75,000



Initial office set-up: solo practice
• \$50,000

Source: Canadian Medical Association, New in Practice Guide 2017

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ACCESS TO MD FINANCIAL MANAGEMENT

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