

# CanadaQBank

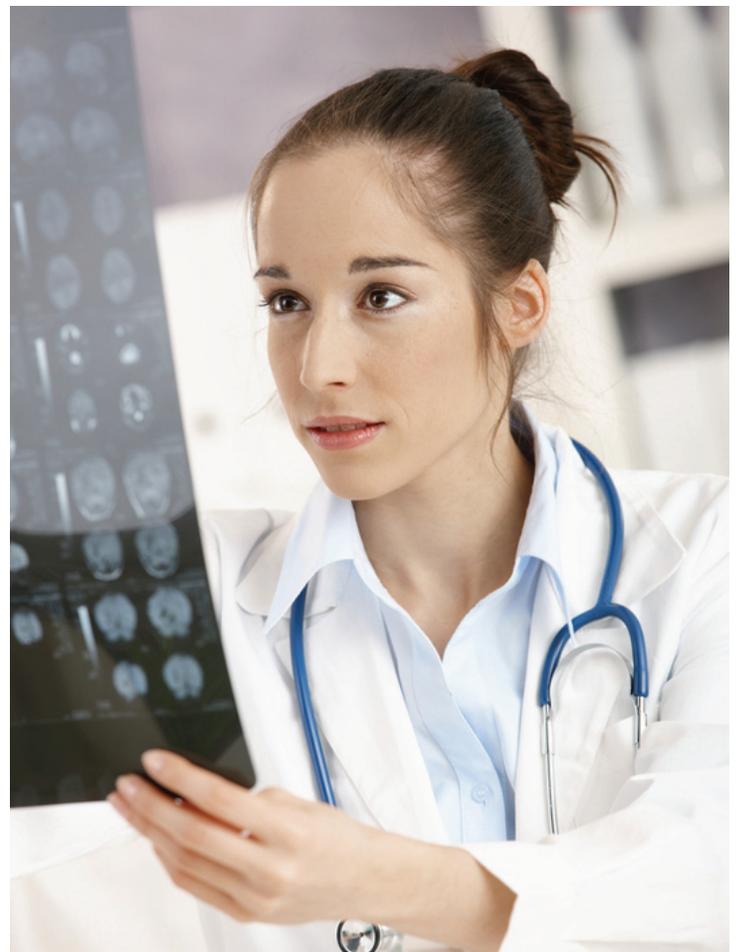
CanadaQBank is an online test preparation service for the medical licensing exams of Canada. Our features, accuracy and expertise in question and case creation will give you the very best studying experience available. Thousands of medical students and physicians worldwide use CanadaQBank to help them prepare for the MCCEE, the MCCQE Part 1 and the MCCQE Part 2. Please sign up and be on your way to passing these exams with the highest scores possible, or check out our free demo QBanks.

## We are the best!

Come find out why »

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# Canadians Studying Abroad

## Yes, You Can Practice Medicine in Ontario!



If you are a Canadian studying abroad, the door is now open for you to practice medicine in Ontario.

You are defined as a Canadian studying abroad if you:

- Have Canadian citizenship; and
- Are studying medicine at a recognized/ accredited medical school outside Canada.

**You can come home. We'll show you how!** ■

To get started, register with us by filling out the online registration form:

<http://www.healthforceontario.ca>

**Contact:**

**HealthForceOntario Marketing and Recruitment Agency**

Toll-Free International: 1-800-596-4046 ext. 5

Email: [opportunity@HealthForceOntario.ca](mailto:opportunity@HealthForceOntario.ca)

Facebook Page:

<http://www.facebook.com/HealthForceOntario>

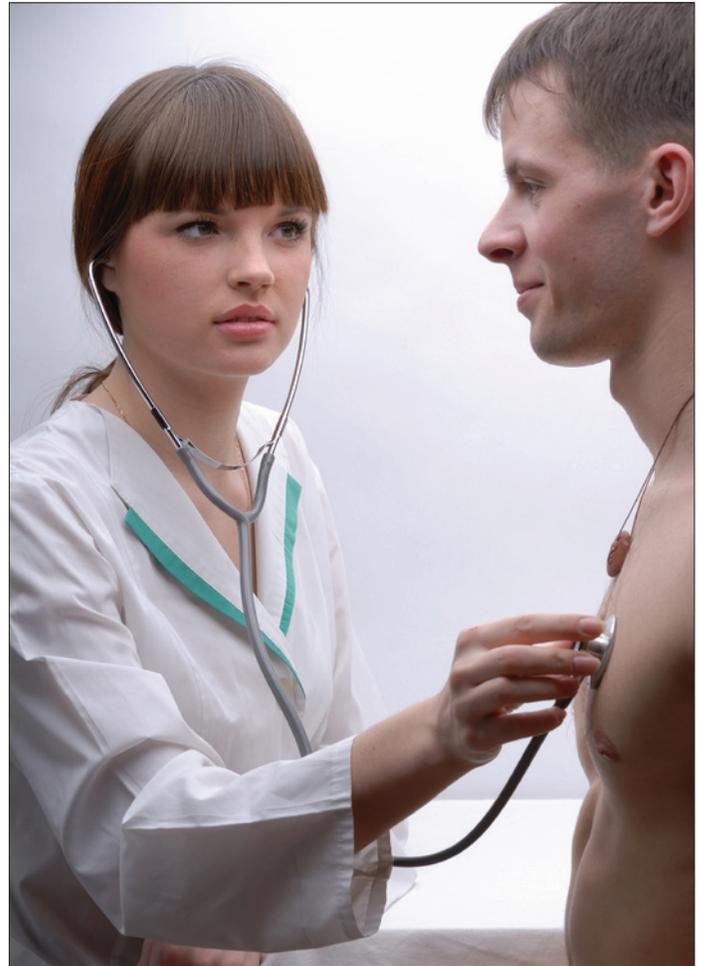
# MCCQE Part 2 Experience

## A Letter from a Subscriber

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If you don't want to read everything below, here is a one-paragraph summary of my opinions: I think the biggest error physicians make in preparing for MCCQE Part 2 is mistaking it for a real clinical exam that is used in many other countries. So they read Bates 500 page physical exam book and really go overboard trying to prepare for very difficult cases. This would work if an experienced physician was observing and grading every case, then he could recognize from experience how competent you are and give you an overall grade at the end. However in MCCQE Part 2 you are graded by layperson ACTORS who are PROHIBITED from making ANY clinical or subjective judgments on your performance - they only make checkmarks on a checklist. So it's entirely possible to conduct a brilliant exam and recognize the correct diagnosis yet get a failing grade if you use intuition or your own "checklist" that worked well in the real world. The point is - even if you have no idea how to diagnose a real patient you can get 100% on this exam by blindly following the sample checklists, but you can get in a lot of trouble using real-world methods, Bates, or OSCE books since they are not specific to this exam.

Everything below is just my opinion. I am not revealing any details of what I saw when I took this exam (not allowed by the Medical Council of Canada - MCC). I don't guarantee everything I say about the way it's scored is correct. But it's probably mostly correct. It's possible the exam and/or scoring has changed a bit since I took it. This exam is a not that hard compared to MCCEE and MCCQE Part 1 - with a few days practice you can pass the MCCQE Part 2, obviously there are no shortcuts to passing the MCCEE and MCCQE Part 1. The MCCQE Part 2 is definitely NOT like some clinical exams found in Europe, where you have to examine a real sick



patient while a panel of doctors looks on and then questions you on what you found. MCCQE Part 2 is a breeze, but you don't want to try taking it with no preparation whatsoever, especially if you've never been inside a Canadian hospital.

I'll admit I found this exam very easy, but that doesn't mean you will - I spent two years with daily patient contact in Canada. First, specifically for IMGs, many will not know anything about the Canadian medical system. Second, the expense and visa problems faced by many IMGs to get to this exam are so extreme that they need to be 100% certain of passing it. Third, the passing →

rate over the initial year of MCCQE Part 2 was very high - THIS SEEMS TO NO LONGER BE THE CASE. There are some very reliable reports that, due to pressure from the residency directors association not to pass so many people, the MCC has started grading this thing a lot tougher. Don't take this exam lightly, there is a lot of time pressure. Most of the grade is from the patient, and they do not evaluate any medical skills. If their checklist says palpate abdomen and you press on their belly - full grade no matter how well or badly you did it. If you do a wonderful complete cardiovascular exam and it's not on the checklist - total waste of time, you've just lowered your grade.

A large part of the grade is completely non-medical: Smile, speak slowly, clearly in simple language, intro, hand washing, if patient is in pain show concern, etc. Patients put on a real act, simulating dementia, stroke, deafness, malingering, stupidity, etc. It's very hard to go thru the whole checklist in the allotted time, even if you were holding it in your hand. You must not treat this as a real patient encounter - they are just acting, and are constrained by strict rules specifying EXACTLY how they answer. You are wasting time asking anything not on the checklist, they are prohibited from saying anything not on their script.

The only medical part of the grade is what you write, graded by the staff at the MCC. Again they don't read it very carefully, just make sure it's in legible English and covers the whole page (not easy to do in 5 minutes). Obviously they don't know what you actually asked the patients.

Two major points they look for: Everything in the D/d (Differential Diagnosis) must be supported by history/physical findings you wrote. If you write Hypothyroidism there better be something about cold, menstruation, hair, fatigue, etc. written in the space above, plus a neck exam in PE (Physical Exam).

Everything in the workup must directly relate to

something in the D/d to the left, either to support or exclude one of your differentials. This is the litmus test they use to see if you are actually acting as a physician or just putting down stuff you memorized to fill up space. They cross check each differential to some part of your Hx (History) and PE and if it looks OK - full grade. If hypothyroidism is one of your diagnoses there better be a TSH/T4 in on the right side of the page. Less than ten minutes is not enough to write a thorough note, you should do it in point form with abbreviations. Finally - do not put any treatment or consultations in the workup, only lab tests, radiology studies, etc.

Eight of the fourteen cases in my exam where extremely similar to these CanadaQBank.com cases, you can draw your own conclusions on how to direct you preparations.

Some cases you encounter will be new or after a few minutes you still won't know the diagnosis - usually because the patient is being "difficult" or just keeps saying I'm tired or whatever. Most cases, maybe 8, will be very easy - the patients respond to all you questions with very detailed, classical answers with all sorts of associated symptoms and details, leaving do doubt about the Dx. However YOU DON'T NEED TO KNOW THE Dx. It's possible this patient has no Dx and his case is evaluating you ability to deal with a manipulative difficult patient.

Don't panic, just move on, examine some systems and put down 2 to 5 things that might be wrong. No one is grading you for writing the "correct" dx. More importantly the scores from all the cases are combined, and you can completely mess up two of them and still pass easily.

Lately some people with excellent command of English and great clinical skills have been taking the MCCQE Part 2, finding it easy and enjoyable, and then getting the shock of their lives when they get a failing result. I can't imagine anything more painful than writing out another \$1650 check, going to Toronto (or wherever) again, sitting thru →

that MCCQE Part 2 introduction lecture.... Ouch. IN SHORT, being a good doctor with perfect English is no guarantee in passing. Of course the reason is as with the rest of the boards there is a trick to doing well. In this case it's knowing why the patients are doing what they are and what's on the checklist they'll be filling out when you leave the room.

Although I am fluent in English and had adequate preparation I ran out of time on a few patients, before I got a grip on myself and started budgeting my time. Despite the MCC claims of objectivity research shows that the most important determinant of the score you get from the patient is the subjective overall impression they got - likeability, friendliness, feeling of competence, etc. It goes without saying that having to leave the room before starting your PE or in mid-sentence of your patient instructions will leave an impression of incompetence and cloud their grading, even if you did relatively well on the checklist. Therefore come hell or high water you must divide you allotted 15 minutes into three parts and follow your plan to the second - first ask the usual questions, then stop talking and do a confident & competent FOCUSED physical exam of relevant systems, then stop, look at you patient, and give him/her a minute of your probable Dx, course of action, lifestyle change advice, etc, then say goodbye and walk out with style. This presentation is worth a hundred times more than squeezing in a few more useless questions during your history taking, remember these people are not really sick.

Again, never forget that the "patients" are trained professional actors and not real people. If he moans when moving, holds his head, sways when getting up, says "My mom died of cancer, do you think that's what I have?" - EVERYTHING HE DOES - he is not doing this because he is hung over, tired, in a bad mood, just an annoying jerk, or whatever. All this things are on his script and checklist and require an immediate response - reassurance, patient education, further questioning, etc. If you elicit joint pain or belly pain or whatever during PE - it's not

because the patient is old and his arthritis is flaring up - HE IS ACTING, and you must get the duration location etc of the pain and move on. These patients have a SINGLE SPECIFIC MAJOR PROBLEM & COMPLAINT that they are acting out, you must discover it early on, and ask about & examine the relevant area. This is a simple problem, either a stroke or migraine or chest pain or dementia - NOT A COMBINATION OF MANY PROBLEMS THAT YOU SEE IN REAL PATIENTS - you do not need to attempt to get to the bottom of multiple problems as you would in a real 45 minute full exam, as soon as you find something stick to it and move along, you only got a few minutes left.

These simulated patients are PROFESSIONALS and are very good at evaluating the set of skills the MCC wants to test. Unfortunately most of these skills are non-obvious even to good doctors.

Empathize. Show genuine concern. Acknowledge everything the patient does or says that's unusual. Whenever a patient says something exciting - pain, family Hx, allergy, whatever - FOLLOW up with a single (at least) specifying question or statement: when, how long, how does that make you feel, what color exactly was the diarrhea, etc. This is a must, and that's all they are looking for - verification and summation.

If you are getting a lot of non-specific or neutral answers to a line of questioning - STOP, move on to something else. You are barking up the wrong tree and further questions will get you nowhere. If you ask the right question the patients will directly and clearly answer with some abnormal info, they don't try to trick you, but whatever is not on their script they won't elaborate on. If a patient is playing a stroke victim he won't come out and say it, and will continue not mentioning the relevant Hx as long as you are talking about chest pain, bowel movements or whatever, but as soon as you mention clumsiness, vision loss, fainting, etc, he'll immediately come out with all the classic signs / symptoms of stroke in the history. It's actually harder that it looks, you can see →



these people sitting there waiting to give you the info but you have to ask the right question first.

Actually all the questions you need to ask and physical exam points you need to check cases must become second nature to you. This is why people who fail have no idea what went wrong - they thought they did well and they would do great in a real clinic with real patients, but little did they know that here they are graded very specifically on pacing, transitions, rapport, etc.

You'll have maybe up to 3 patients with mental / social problems - crazy, demented, drugs, alcohol, whatever, so you better be real ready to do memory tests, have them repeat numbers backwards, CAGE, explain a proverb, etc, instead of a physical (see last section of notes).

I really believe your actual physical exam skills are unimportant, just press on belly, look at JVD, stick an ophthalmoscope in front of their face, tap on knee with hammer - you are just pretending and so are they. The patients are not allowed to grade your actual medical skills, and no-one else is looking to see whether you are using the otoscope correctly or not either.

Remember the checklists you see in the CanadaQBank.com cases – during the exam cut the crap and just go thru them in order like a machine: duration, location, radiation, onset, EVERYTHING, in order. Unlike anything else you might say you are actually guaranteed a point for these things, don't forget at the end of the day your grade is just a bunch of dots they fill in that will be scanned into a computer, no humans involved, so if you forget to ask about the radiation of the darn pain you're down a point no matter how well you got the Dx in the end or if you talked eloquently about smoking cessation for 5 minutes (worth the same point as a 3 second question, no bonus for being thorough), because the patient does not write any words on your scorecard, just little dots.

Just memorize the CanadaQBank.com cases. Don't bother reading Bates and Harrison's for this

exam, it'll get you nowhere. To see more checklists you may want to sign up for a subscription at [www.CanadaQbank.com](http://www.CanadaQbank.com).

Do not bother asking anything not on the checklist of these cases, there is NO PROVISION in this exam to raise your grade for a lot of thorough but not to the point questioning. If it's not on the checklist the patient can't grade you. Keep this in mind for any cases that are unfamiliar, stay very focused, you won't have much time for chit-chat.

Finally, not on these checklists are a few things mentioned in the official MCCQE part 2 manual at [mcc.ca](http://mcc.ca) (read the manual very carefully it gives away LOTS of pointers on how they score), having to with transitions thru different parts of the exam, telling the patient what you're about to do, using non-medical language, washing your hands, and so on: each of these dozen or more points is graded on every single patient.

Most people fail the "data gathering" component, i.e. the checklists, and pass the English and patient note. Unfortunately failing any part of MCCQE Part 2 fails you for the whole thing.

It's up to the patient to decide if you showed respect for their modesty when moving the gown, summarized what you found, acknowledged their concerns, etc, so you better make a conscious effort to DO all these things in an exaggerated obvious manner, they add up to a big part of your grade, so make sure all 10 patients check off "YES" next to every point.

Good Luck.

Sophia L.



# Spotlight on New Brunswick



Do you have a license to practice medicine in any U.S. state? If so, you may qualify to work in New Brunswick, Canada.

Wisconsin, Wyoming and Puerto Rico give full unrestricted medical graduates to Foreign Medical Graduates after only one year of residency (post graduate) training done in the U.S. ■

## DETAILS HERE:

<http://www.cpsnb.org>

Also visit for related information:

<http://www.cpsnb.org/>

<http://www.nbms.nb.ca/home.php>

<http://www.gnb.ca/0396/index-e.asp>

<http://www.gnb.ca/0396/licensing-e.asp>

## DETAILS HERE:

FSMB:

[http://www.fsmb.org/usmle\\_eliinitial.html](http://www.fsmb.org/usmle_eliinitial.html)

Wisconsin Board of Medicine:

<http://www.drl.state.wi.us>

Wyoming Board of Medicine:

<http://wyomedboard.state.wy.us>

Puerto Rico Board of Medicine:

(787) 782-8928



# Appendix

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Steps to becoming a licensed practicing physician in Canada:

## Step 1: Take the exams

### Medical Licensing Exams of Canada

Prepare for the exams --> Canada QBank:  
<http://www.canadaqbank.com/>

Take the exams --> Medical Council of Canada:  
<http://www.mcc.ca/>

## Step 2: Learn as much as you can about how to be a physician in Canada

### IMG Support Groups and Information resources

#### ***Association of International Medical Doctors of British Columbia***

c/o Coordinator, BCITP Net (British Columbia Internationally Trained Professionals Network)  
Surrey Delta Immigrant Services Society  
1107-7330 137th Street  
Surrey, BC V3W 1A3  
Email: [bcitp\\_net@sdiss.org](mailto:bcitp_net@sdiss.org)  
Tel: (604)-729-6598  
Web: <http://aimd.bcitp.net>

#### ***Alberta International Medical Graduates Association (AIMGA)***

1409 Edmonton Trail NE, Suite 205  
Calgary, Alberta T2G 3K8  
Tel: (403)-520-7730/ (877)-520-7730  
Email: [aimga@shaw.ca](mailto:aimga@shaw.ca)  
Web: <http://www.aimga.ca>

#### ***Association of Foreign Medical Graduates of Manitoba (AFMGM)***

Email: [most51@hotmail.com](mailto:most51@hotmail.com)  
Tel: (204) 284-8509  
Location: Winnipeg, Manitoba

#### ***Association of International Physicians and Surgeons of Ontario (AIPSO)***

2 Carlton Street, Suite 820  
Toronto, ON M5B 1J3  
Tel: (416) 979-8611 | Fax: (416) 979-9853  
Email: [info@aipso.ca](mailto:info@aipso.ca)  
Web: <http://www.aipso.ca>

#### ***Access Centre for Internationally Educated Health Professionals:***

<http://www.healthforceontario.ca/>

#### ***Hamilton International Healthcare Professionals***

c/o Settlement and Integration Services (SISO)  
360 James Street North, Lower Concourse  
Hamilton, ON L8L 1H5  
Tel: 905-521-9917 ext 256 | Fax: 905-521-9216  
Email: [hihp@siso-ham.org](mailto:hihp@siso-ham.org)  
Web: <http://www.siso-ham.org>

#### ***Kitchener-Waterloo***

c/o Kitchener-Waterloo Multicultural Centre  
46 Mount Hope Street, Kitchener, ON N2G2J3  
Tel: (519) 745-2531 | Fax: (519) 745-5857  
Email: [kwmc@kwmc.on.ca](mailto:kwmc@kwmc.on.ca)  
Web: <http://www.kwmc.on.ca>

#### ***London***

c/o London Cross Cultural Learner Centre  
505 Dundas Street, London, ON N6B 1W4  
Tel: (519) 432-1133 | Fax: (519) 660-6168  
Email: [cclc@lcclc.org](mailto:cclc@lcclc.org)  
Web: <http://www.lcclc.org>

**Welland/ Niagara-St. Catharines**

c/o Welland Heritage Council and  
Multicultural Centre  
26 East Main Street, Welland, ON L3B3W3  
Tel: (905) 732-5337 (Welland)  
Tel: (905) 685-1353 (St. Catharines)  
Email: whc@on.aibn.com  
Web: <http://www.wellandheritagecouncil.com>

**Ottawa**

c/o Catholic Immigration Centre  
219 Argyle Avenue, Ottawa, ON K2P2H4  
Tel: (613) 232-9634 | Fax: (613) 232-3660  
Email: cic@cic.ca  
Web: <http://www.cic.ca>

**Windsor**

c/o Windsor-Essex International  
Medical Graduates  
P.O. Box 27056  
7720 Tecumseh Road East  
Windsor, ON N8T 3N5  
Tel: (519) 991-0763  
Email: windsor@aipso.ca

**Guelph**

c/o Guelph and District Multicultural Centre  
214 Speedvale Avenue West, Unit 7  
Guelph, ON N1H1C4  
Tel: 519 836 2222 | Fax: 519 837 2884  
Email: mailbox@gdmc.org  
Web: <http://www.gdmc.org>

**Québec, International Medical  
Graduates (IMGs):**

<http://www.cmq.org/>

**Association of International Physicians  
& Surgeons of Nova Scotia (AIPSNS)**

c/o Association of International Physicians  
& Surgeons of Nova Scotia  
One Research Drive  
Dartmouth Nova Scotia B2Y 4M9  
(902) 442-4655  
Email: info@ietp-ns.ca  
Web: [http://www.ietp-ns.ca/association\\_phys.html](http://www.ietp-ns.ca/association_phys.html)

**Step 3: Obtain a residency  
(post graduate training position)  
in Canada**

**Specific Programs for International  
Medical Graduates**

**British Columbia:**

**International Medical Graduates of  
British Columbia (IMG-BC) Program**

661-1190 Hornby Street Vancouver, British Columbia  
CANADA, V6Z 2K5  
Tel: (604) 682-2344 local 62655  
Fax: (604) 806-9902  
Email: ehchan@providencehealth.bc.ca  
Web: <http://www.imgbc.med.ubc.ca/Home.htm>

**Alberta:**

**Alberta International Medical  
Graduate Program**

University of Calgary, Faculty of Medicine  
Room G212, Health Sciences Centre  
3330 Hospital Drive N.W.  
Calgary, Alberta T2N 4N1  
Tel: (403).210.8184  
Fax: (403).210.8166  
Email: aimg@ucalgary.ca  
Web: <http://www.aimg.ca>



***Calgary Clinical Assistants Program***

Southport Tower  
10301 Southport Lane SW, #5122  
Calgary, Alberta Canada T2W 1S7  
Tel: 403 943 0764 | Fax: 403 943 0916

**Clinical Opportunities for International  
Medical Graduates in Alberta**

***IMGCP - International Medical Graduate  
Clinical Preceptorship***

***IMGSP - International Medical Graduate  
Surgical Preceptorship***

***Capital Health, Medical Affairs***

***Physician Preceptorship Programs***

Suite 500, North Tower, Capital Health Center  
10030 – 107 Street, Edmonton, AB T5J 3E4  
Tel: (780) 735-0702 | Fax (780) 735-0756  
Email: PhysicianPreceptorship@capitalhealth.ca  
Web: <http://www.capitalhealth.ca/international>

**Saskatchewan:**

**Pilot Project for the Assessment of IMGs**

***The College of Physicians and Surgeons of  
Saskatchewan***

Associate Registrar  
211 4th Avenue South  
Saskatoon, SK, S7K 1N1  
Tel: (306) 244-7355  
Email: salteb@shin.sk.ca  
Web: <http://www.quadrant.net/cpss/registration/index.html>

**Manitoba:**

***Medical Licensure Program for International  
Medical Graduates***

c/o International Medical Graduates  
Program (IMGP)  
University of Manitoba Faculty of Medicine  
270 – 727 McDermot Avenue  
Winnipeg, Manitoba, R3E 3P5  
Tel: (204) 789-3616  
Web: <http://www.gov.mb.ca/health/mlpimg/index.html#ensure>

**Ontario:**

***CEHPEA: Centre for the Evaluation of Health  
Professionals Educated Abroad***

80 Bloor Street West, 9th Floor - Suite 902  
Toronto, Ontario, M5S 2V1  
Tel: (416) 924-8622 | Fax: (416) 924-8921  
Email: info@cehpea.ca  
Web: <http://www.cehpea.ca>

**Quebec:**

**Reconnaissance d'équivalence du Diplôme  
universitaire en médecine et de la formation  
postdoctorale**

***Collège des médecins du Québec***

2170, boul. René-Lévesque Ouest  
Montréal, Québec, H3H 2T8  
Tel: (514) 933-4441  
Toll Free: 1-888-633-3246 | Fax: (514) 933-3112  
Email: info@cmq.org  
Web: <http://www.cmq.org>



**Recrutement Santé Québec  
(Recruitment Health Quebec)**

**Direction de la main-d'oeuvre médicale  
(Medical Workforce Directorate)**

**Ministère de la Santé et des Services  
Sociaux (Department of Health and  
Social Services)**

1075, chemin Ste-Foy, 10th floor  
Québec (Québec) G1S 2M1  
Fax: (418) 266-6978  
Email: [RSQ.md@msss.gouv.qc.ca](mailto:RSQ.md@msss.gouv.qc.ca)  
Web: <http://www.msss.gouv.qc.ca/sujets/organisation/medecine/rsq/index.php?home>

**Nova Scotia:**

**Clinician Assessment for Practice Program  
(CAPP)**

**College of Physicians and Surgeons  
of Nova Scotia**

Suite 200, 1559 Brunswick St.  
Halifax, Nova Scotia  
Canada, B3J 2G1  
Tel: (902) 482-2917  
Toll-free Tel: (Nova Scotia only):  
1 (877) 282-7767 | Fax: (902) 422-7476  
Email: [gmacpherson@cpsns.ns.ca](mailto:gmacpherson@cpsns.ns.ca)  
Web: <http://www.capprogram.ca>

**Newfoundland:**

**Clinical Skills Assessment and Training  
(CSAT) Program**

Program Coordinator  
Faculty of Medicine,  
Memorial University of Newfoundland  
c/o Western Memorial Regional Hospital  
P.O. Box 2005, Corner Brook, Newfoundland  
and Labrador, A2H 6J7  
Email: [csat@swgc.mun.ca](mailto:csat@swgc.mun.ca)  
Tel: (709) 639-2728 | Fax: (709) 634-9175

**Step 4: Obtain a license to practice  
medicine in Canada**

**Provincial/Territorial Licensure Authorities**

**College of Physicians and  
Surgeons of British Columbia**

Suite 400, 858 Beatty Street  
Vancouver, BC V6B 1C1  
Tel: (604)-733-7758 or 1-800-461-3008  
Fax: (604)-733-3503 (general)  
(604)-694-6104 (registration)  
Email: [questions@cpsbc.ca](mailto:questions@cpsbc.ca) or  
[registration@cpsbc.ca](mailto:registration@cpsbc.ca)  
Web: <http://www.cpsbc.ca>

**College of Physicians and Surgeons  
of Alberta**

900 Manulife Place  
10180 - 101 Street  
Edmonton, AB T5J 4P8  
Tel: (780)-423-4764  
Physicians-only line: 1-800-320-8624  
Fax: (780)-420-0651  
Email: [registration@cpsa.ab.ca](mailto:registration@cpsa.ab.ca)  
Web: <http://www.cpsa.ab.ca/Homepage.aspx>

**College of Physicians and  
Surgeons of Saskatchewan**

211 Fourth Avenue South  
Saskatoon, SK S7K 1N1  
Tel: (306)-244-7355 or 1-800-667-1668  
Fax: (306)-244-0090 (general)  
(306)-244-2600 (registrar)  
Email: [cpss@quadrant.net](mailto:cpss@quadrant.net)  
Web: <http://www.quadrant.net/cpss>



**College of Physicians and Surgeons of Manitoba**

1000 - 1661 Portage Avenue  
Winnipeg, MB R3J 3T7  
Tel: (204)-774-4344 | Fax: (204)-774-0750  
Web: <http://www.cpsm.mb.ca>

**College of Physicians and Surgeons of Ontario**

80 College Street  
Toronto, ON M5G 2E2  
Tel: (416)-967-2603 or 1-800-268-7096  
(general); (416)-967-2606 (physicians only)  
Email: [feedback@cpsy.on.ca](mailto:feedback@cpsy.on.ca)  
Web: <http://www.cpsy.on.ca>

**Le Collège des médecins du Québec  
(College of Physicians of Quebec)**

2170, boulevard René-Levesque Ouest  
Montréal, QC H3H 2T8  
Tel: (514)-933-4441 ou 1-888-MÉDECIN  
Fax: (514)-933-3112 | Email: [info@cmq.org](mailto:info@cmq.org)  
Web: <http://www.cmq.org>

**College of Physicians and Surgeons  
of New Brunswick**

1 Hampton Road, Suite 300  
Rothesay, NB E2E 5K8  
Tel: (506)-849-5050 or 1-800-667-4641  
Fax: (506)-849-5069 | Email: [info@cpsnb.org](mailto:info@cpsnb.org)  
Web: <http://www.cpsnb.org/>

**College of Physicians and Surgeons  
of Newfoundland & Labrador**

139 Water Street, Suite 603  
St. John's, NL A1C 1B2  
Tel: (709)-726-8546 | Fax: (709)-726-4725  
Email: [cpsnl@cpsnl.ca](mailto:cpsnl@cpsnl.ca)  
Web: <http://www.cpsnl.ca>

**College of Physicians and Surgeons  
of Nova Scotia**

Suite 5005 - 7071 Bayers Road  
Halifax, Nova Scotia, B3L 2C2  
Tel: (902)-422-5823 or  
1-877-282-7767 (toll-free)  
Fax: (902)-422-5035  
Email: [registration@cpsns.ns.ca](mailto:registration@cpsns.ns.ca)  
Web: <http://www.cpsns.ns.ca>



**College of Physicians and Surgeons  
of Prince Edward Island**

199 Grafton Street  
Charlottetown, PE C1A 1L2  
Tel: (902)-566-3865 | Fax: (902) 566-3986  
Web: <http://www.cpspei.ca>

**Yukon Medical Council**

c/o Registrar of Medical Practitioners  
Box 2703 C-5  
Whitehorse, YT Y1A 2C6  
Tel: (867)-667-5111 | Fax: (867)-667-3609  
Email: [consumer@gov.yk.ca](mailto:consumer@gov.yk.ca)  
Web: <http://www.yukonmedicalcouncil.ca>

**Department of Health and Social Services  
Government of the Northwest Territories  
Medical Registration Committee**

PO Box 1320  
Yellowknife, NT X1A 2L9  
Tel: (867)-920-8058 | Fax: (867)-873-0484  
Email: [jeannette\\_hall@gov.nt.ca](mailto:jeannette_hall@gov.nt.ca)  
Web: <http://www.hlthss.gov.nt.ca>

**Department of Health and Social Services  
Government of Nunavut  
Medical Registration Committee  
Professional Licensing**

2nd Floor NCC Building, Box 390  
Kugluktuk, NU X0B 0E0  
Tel: (867)-975-5700 | Fax: (867)-975-5705  
Email: [bvandenasse@gov.nu.ca](mailto:bvandenasse@gov.nu.ca)  
Web: <http://www.nunavut-physicians.gov.nu.ca>

**Step 5: Find a job as a physician**

**Physician Recruitment**

**British Columbia:**

[http://www.healthmatchbc.org/hmbc\\_physicians.asp?pageid=634](http://www.healthmatchbc.org/hmbc_physicians.asp?pageid=634)

**Alberta:**

<http://www.albertaphysicianlink.ab.ca/>

**Calgary, Alberta:**

<http://www.calgaryhealthregion.ca/ccap/>

**Saskatchewan:**

<http://www.healthcareersinsask.ca/>

**Manitoba:**

<http://www.wrha.mb.ca/careers>

**Ontario:**

<http://www.health.gov.on.ca/english/providers/program/uap/about/recruit.html>

**Quebec:**

<http://www.msss.gouv.qc.ca/sujets/organisation/medecine/rsq/index.php?home>

**New Brunswick:**

<http://www.gnb.ca/0396/index-e.asp>

**Nova Scotia:**

<http://www.gov.ns.ca/health/employment.asp>

**PEI:**

[http://www.gov.pe.ca/health/jobopp/job\\_opportunities.php](http://www.gov.pe.ca/health/jobopp/job_opportunities.php)

**Newfoundland:**

<http://www.nlphysicianjobs.ca/>

**Yukon:**

<http://www.hss.gov.yk.ca/>

**NorthWest Territories:**

<http://www.hlthss.gov.nt.ca/Careers/default.asp>

**Nanavut:**

<http://www.gov.nu.ca/health/>



# Other Important Websites

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**IMG Canada:** <http://www.img-canada.ca>

**Communication and Cultural Competence Program:** <http://icarus.med.utoronto.ca/ccp/>

**Foreign Credentials Referral Office:** <http://www.credentials.gc.ca/>

**Physician Credentials Registry of Canada (PCRC):** <http://www.pcrc.org/en/>

**Canadian Resident Matching Service:** <http://www.carms.ca/>

**Association of Faculties of Medicine of Canada:** <http://www.afmc.ca/>

**Canadian Association of Interns and Residents:** <http://www.cair.ca/>

**Canadian Post-M.D. Educational Registry:** <http://www.caper.ca/>

**Canadian Federation of Medical Students:** <http://www.cfms.org/>

**College of Family Physicians of Canada:** <http://www.cfpc.ca/>

**Canadian Medical Association:** <http://www.cma.ca/>

**Canadian Medical Association Journal:** <http://www.cmaj.ca/>

**Council of Ontario Faculties of Medicine:** [http://ohs.cou.on.ca/\\_bin/home/cofm.cfm](http://ohs.cou.on.ca/_bin/home/cofm.cfm)

**Federation of Medical Regulatory Authorities of Canada:** <http://www.fmrac.ca/>

**Royal College of Physicians and Surgeons of Canada:** <http://rcpsc.medical.org/>

**Health Canada:** <http://www.hc-sc.gc.ca/>

**Ontario Medical Association:** <http://www.oma.org/>

**Society of Rural Physicians of Canada:** <http://www.srpc.ca/>

**Going to Canada:** <http://www.directioncanada.gc.ca/>



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