

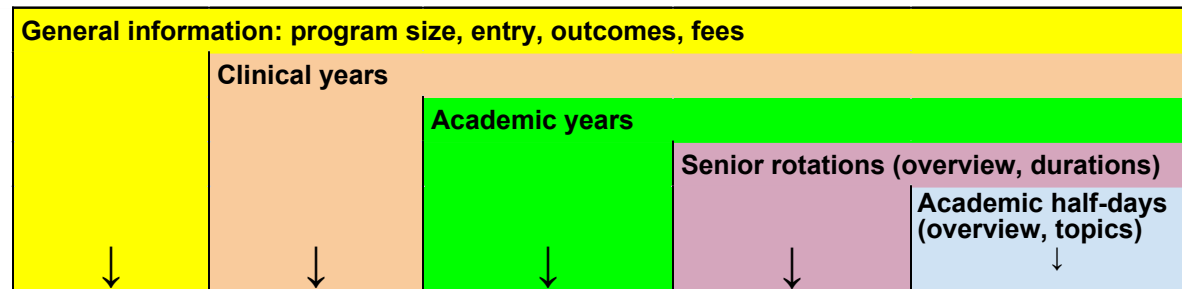
# A Comparison of Public Health and Preventive Medicine Residency Programs in Canada

*developed and maintained by the Resident Council of Public Health Physicians of Canada*

This document provides comparative information on the 14 different public health and preventive medicine programs across Canada. It is maintained voluntarily by residents for our own interest.

For those updating the document: Please be aware of confidentiality concerns relating to exam pass rates in small programs. Consider providing aggregate data over five years and avoiding precision (e.g. ">75%").

The information in this document is organized into seven worksheets. See below.



University	Last updated	Current number of residents Total: 144 Median: 9	Fees that resident must pay	Conference funding provided to residents	Median: 500	Annual number of entry positions			Most recent accreditation results	Royal College exam preparation	Outcomes in last 5 years	
					Best estimate (numeric)	CaRMS positions	Positions for international medical graduates (IMGs) and funding	Re-entry positions (and funding)			Percentage of residents passing Royal College exam on first attempt	Percentage of graduates practicing public health
UBC	August 2014	15	Masters tuition, UBC annual fee, PHPMPA	approx. \$1500/year total funding for all educational expenses	1500	2	0	2	Accreditation review successful in Nov 2013	no reserved study time, 3 mock written exams per year for all residents, monthly mock oral exams for senior residents		about 70% to 90% (depending on the definition of PHPM)
U of Alberta	July 2015	9	PGME tuition: \$968.39/year, MPH tuition: variable approx \$10 000 total, CMPA: approx \$1700/year, CMA/AMA: approx \$90/year, CPSA/CFPC: \$100/year, other fees depending on programme (for example FMRA dues of \$65/year). In recognition of PGME tuition, CMPA and other fees yearly practice stipend of \$2000 is given annually and flex credits may be allocated for an additional \$1000.	Depends on funding available though PGME; historically about \$650 a year that may be used for conferences, books and other academic expenses	\$650	2	1-2 through AIMG (Alberta International Medical Graduate) programme depending on year	Variable; none recently but something under consideration. Would depend on funding available.	Fully accredited. Next review 2017.	Twice yearly formal written and oral exams for all residents. Monthly oral exams beginning September for R5s. AHD "on-call" cases presented by and to senior residents as mock Royal College oral question each week in AHD. AHD monthly quizzes in written format based on public health content of CMAJ. Resident-organised and programme supported Google-drive with exam material. Resident-organised study groups.	100% (2012-2014)	100% (2011-2014)
U of Calgary	7/1/2015	14	PGME Annual Registration Fee (\$250), PGME Tuition Fee (\$480.43 per term), Graduate Program fees for MSc students, CMPA fees	\$2000 maximum per conference. Sponsored conferences are subject to yearly budget. CPHA and Immunization conferences are sponsored on alternating years for PGY-2 and up. If resident is presenting at a conference, further PGME (competitive) and program funding available.	2000	3	2 positions through Alberta International Medical Graduate (AIMG) program with funding.	Re-entry applicants welcome.	Full accreditation Feb. 2015.	Oral and written exams are held twice per year. Written SAQs are reviewed at AHD.	Pass rate for FRCPSC exam is >90% in last 5 years	>90% in last 5 years
U of Saskatchewan	May 2014	4	50% of Masters Tuition, PAIRS fees (around \$60 per month), no CMPA (paid for), no SMA/CMA fees	yes, about \$500/year with more funding available if you are presenting	500	0-1 per year	0 first round	yes-Funding will come from Provincial Government	Next accreditation 2015	TBD	N/A (new program)	N/A (new program)
U of Manitoba	November 2013	6	0	\$500/year	500	1	no dedicated IMG spot, but possible on second iteration of Carms	Re-entry possible depending on number of residents in program and funding availability		Throughout program with written twice per year and oral practice exams very regularly	>85% over past five years	>90% in last 5 years
NOSM	November 2013	6	CPSO/PHPMPA fees. \$600 to register as a postgraduate student at NOSM. Plus CPSO and CMPA fees.	\$500 per year	500	2	no dedicated IMG spot, but possible on second iteration of Carms	Re-entry applications welcome		Practice oral exam questions with program direction once a month during rounds.	100% (2012)	100% (2012)
McMaster U	July 8, 2015	11	Residents are required to pay a registration fee to McMaster University of \$500. This is the same in all Ontario programs as per the PARO-CAHO agreement.	\$1000 per year. Resident have often been able to claim more than \$1000 as funds often remain at the end of the year.	1000	2		1 Occasional. Currently, plan is not to accept any for the near future.	2015: Full Approval	Practice written exam twice a year. Practice oral exam once a year through work in progress academic half days. Senior residents (PGY-4) have additional practice oral exams (twice a year). PGY-5 residents prepping for exams have an intense schedule of practice exams.	80% (2010-2013)	71% (2008-2013 graduates)
U of Toronto	November 2013	25	U of T PGME Registration fee: \$500/year; Tuition for master's program of student's choice (at U of T or elsewhere); plus CPSO and CMPA dues.	Yes. All graduate and senior residents are provided with a stipend from the resident Professional Development Fund, the amount of which varies from year to year. Usually, the funding is in the range of \$400-600 annually and is determined at the start of each academic year by the program's treasurers. All junior residents are provided with funding from their family medicine program and are not eligible for funds from the resident fund. These amounts range from \$200 - \$300 each year.	500	Negotiated with PGME on a yearly basis. This number has been 3 for the past 3 years.	Negotiated with PGME on a yearly basis. The number of spots over the past 2 years has been 0.	considered on a per capita basis by the RPC.	April 2013: Full approval	Practice exams 1-2 times a year, and practice oral exam questions weekly, at rounds.	Majority of residents pass on first try (unknown exact numbers)	Unknown. From the past few graduating years, most grads practice some form Public Health
Queen's U	October 2013	13	\$600 registration fee yearly, tuition for academic year(s), plus CPSO and CMPA	yes, ~\$1000/yr for academic conference/courses	1000	2	no specific IMG position, entry via CaRMS possible	ad-hoc basis	upcoming review, Nov 2013	Intermittant practise oral question and written exams. Currently no residents imminently writing, so limited exposure at present. Plan to scale up as need dictates.	N/A (new program)	Small, young program. However three former residents currently in A/MOH roles and one at CDC
U of Ottawa	July 2012	10	UoO residency registration fee \$500/year, plus CPSO, and CMPA fees	Yes: \$2500 / resident during residency; preferences for senior residents; encouragement for presentation.	500	2 to 3	1 through CaRMS in 2009 and 2010. No position in 2011.	none specific, on ad-hoc base.		Written mock exams. 2/year starting PGY3. Oral mock exam once per year starting PGY-3. During AHD, rotating oral exam question once per month, starting PGY-3.	1 resident did exam in 2012 was successful, 1 resident will do exams in 2013	
McGill U	June 2015	5	\$700/year tuition + \$100/year student fees	~\$650/year unrestricted educational funding (depends on funding from PGME) - Additional \$500/year for conferences starting in R3	650	1	no specific IMG position, entry via CaRMS possible	Ad hoc	Fully accredited in 2013	Annual written practice exam (R1-R5). Weekly lunch-hour sessions (R4-R5). 9-12 oral practice sessions in R5.	>75% in the last 5 years	>75% in the last 5 years
U de Montréal	July 2014	9	\$700/year tuition		0	2	No funding	Ad-hoc			>75% in the last 5 years	

University	Last updated	Current number of residents	Fees that resident must pay	Conference funding provided to residents	Median: 500	Annual number of entry positions			Most recent accreditation results	Royal College exam preparation	Outcomes in last 5 years	
		Total: 144 Median: 9			Best estimate (numeric)	CaRMS positions	Positions for international medical graduates (IMGs) and funding	Re-entry positions (and funding)			Percentage of residents passing Royal College exam on first attempt	Percentage of graduates practicing public health
U de Sherbrooke	July 2014		9 \$700/year tuition, (special agreement for all residents in Québec)	\$400/year (also for books) + \$500 once in the residency if presenting in a conference or other event	425	2		Ad-hoc	Accreditation evaluation to come in 2016	Weekly lunch-hour sessions in R4 and R5 and extra sessions in the last months before the oral exam	>75% in the last 5 years	>75% in the last 5 years
U de Laval	July 2014		8 \$700/year tuition	Varies	0	2		Ad-hoc		Yes	>75% in the last 5 years	>75% in the last 5 years

University	Last updated	Rotations				Certification				Can residents participate in PH&PM academic half day during clinical years?
		Which clinical rotations are mandatory?	Rural rotations: Available? Mandatory?	Rural rotation funding?	Available clinical rotations in public health-relevant areas	CCFP: mandatory, optional, or not available?	CCFP attained in two years or longitudinally?	Percentage of residents completing CCFP?	What clinical training do non-CCFP residents follow?	
UBC	August 2014	one year rotating internship	Dependent upon clinical training program	Yes through UBC Family Medicine residency program	yes	Optional	years 2 and 3	80%	rotating internship determined in cooperation with program director (fairly flexible)	yes, once per month officially, although practically doesn't always happen
U of Alberta	July 2015	CCFP: 2 years through combined programme with family medicine; family med, rural family med, psych, IM, gen sx, ortho, ER, peds, CCU, obs-gyne. Many options integrated into family medicine blocktime. 1 block public health in PGY1, 2 blocks in PGY2 (occ med and prov lab). BCT: 1 year, includes gen sx, obs gyne, ortho, psych, peds, ER, CCU/ICU.	Available, yes. Mandatory minimum 8 weeks (2 blocks) in PGY2 if in family medicine. 4 weeks in senior years for public health. Not mandatory if BCT in first year.	Yes. Depends on which programme rotation is arranged through. At a minimum lodging and transportation costs provided.	Yes. STI clinic, TB clinic, ID, occupational medicine, travel medicine, WCB, inner-city.	Optional; most CMG complete CCFP.	PGY1 and PGY2 currently; as family medicine moves to integration may be more flexible.	Near 100% CMGs, few AIMG	Non-CCFP residents do basic clinical training (BCT) in PGY1.	Yes, mandatory. Family medicine residents released for 3 of 4 half days per month in addition to family medicine AHD. Non-CCFP residents expected to attend every AHD.
U of Calgary	7/1/2015	PGY-1: Introduction to Public Health, Calgary Urban Project Society (CUPS), Obstetrics, Psychiatry, Geriatrics, Family Medicine (Public Health setting), Emergency, Internal Medicine, Infectious Diseases, Pediatrics, TB/STI	Rural Family Medicine rotation (supported) is mandatory during clinical year. Additional rural rotations are available, including a (supported) Senior Medical Officer of Health rotation in Yellowknife.	Rural rotations are funded through the Distributed Learning Rural Initiative.	Clinical rotations are offered in STI clinic, TB clinic, travel medicine clinic, inner city clinics, aboriginal health clinic, IP&C, addictions medicine, infectious diseases, etc.	Not available	N/A	N/A	See clinical training.	Yes, academic half-day is protected time for all residents.
U of Saskatchewan	May 2014	yes, one year of clinical rotations	Yes, mandatory	Program, rural rotation funding is increasing at Uof S	Yes	Available on an irregular basis (last offer was for the 2012 entry spot, none since)	years 1 and 2	New program - no data	Various - Mandatory rotations in PGY 1 (internal medicine, infectious disease, family medicine, pediatrics, emergency medicine, obstetrics)	Yes
U of Manitoba	November 2013	Family medicine training program, or one year clinical rotating internship	Rural rotations most definitely available	Cost covered, both in family medicine or basic clinical year	Yes, through the FM program - Occupational health, Community clinic rotation, Teen clinics, STI clinics through Womens Health	Optional	years 1 and 2	90%	Additional electives and PHPM orientated rotations	Yes
NOSM	November 2013	PGY-1 includes an introduction to public health block, and a mix of hospital and community-based rotations. The rotating clinical year was the same as first year of CCFP training.	Two blocks of rural family medicine rotations are mandatory	Accommodation is provided by NOSM	Yes, available through Sudbury/Thunder Bay/Simcoe Muskoka health units. Other Northern Health Units also willing to participate.	Optional	Year 1 and 2		Mandatory rotations in PGY1	Junior residents are required to attend PHPM round once a month.
McMaster U	July 8, 2015	As part of the first year, internal medicine (2 months); pediatrics (1 month inpatient, 1 month emergency medicine); geriatrics (1 month); emergency medicine (2 months); obstetrics & gynecology (2 months); medical microbiology (1 month)	Two blocks of rural family medicine rotations are mandatory if completing CCFP	For travel or lodging through Mac-Care ( <a href="http://maccare.mcmaster.ca/">http://maccare.mcmaster.ca/</a> )	Occupational medicine, STI clinics, and travel medicine are easy to arrange. TB Clinics are difficult to create.	Optional; decision can be finalized during PGY1 year.	CCFP obtained longitudinally over first 3 years (integrated with masters/public health rotations)	60% (2010-2013)	mandatory rotations in PGY1; additional clinical rotations are entirely optional (i.e. may do no additional clinical rotations, or may do rotations in any clinical field of interest)	For BCT residents yes (mandatory); For residents on rotation blocks towards CCFP, participation is rarely possible
U of Toronto	November 2013	Must fulfill Family Medicine requirements and obtain CCFP. The specific clinical rotation schedule as part of the full 2 year family medicine program is determined based on the hospital site to which you are assigned (each site has a slightly different curriculum).	Mandatory 2 months in a rural community as part of fulfilling the Family Medicine requirement; Available but not mandatory from PGY-3 onwards;	Some funding from Family Medicine Department	Inner city family practice, shelter medicine, addictions, STI clinics, immigrant and refugee clinic, various youth clinics (e.g. mental health), TB clinics. Some family medicine sites even make this mandatory (e.g. at St Mike's hospital site you have to do two months of shelter and inner city health)	Mandatory	Two years	100 % (as it is mandatory)	N/A	Most junior residents in PGY1 and 2 are given opportunities to attend PHPM residents while on service in family medicine, but not on off-service rotations. Electives are variable depending on the nature of the elective pursued.
Queen's U	7/1/2015	Depends on whether doing CCFP, typically a fairly typical suite of R1 rotations in family medicine. R2 content depends on whether doing CCFP. Program is actively working towards increased emphasis on PHPM relevant rotations during R1-2. (e.g., aboriginal communities, addiction medicine, sexual health, prison med)	yes - although Queen's Family Medicine tries to take resident circumstances into consideration when assigning rotations. Not all Family Med rotations are available in Kingston	post grad/ ROMP provides housing and travel funding	yes - STI clinic, street youth, prison medicine, mat/child. Increased emphasis on providing these to PHPM residents.	optional	PGY1 and PGY2 currently;	Majority complete CCFP (8/9 current residents)	With program director approval, would have option to add an additional year of PHPM optional rotations and/or increased time for academics (e.g., doctoral or thesis time)	Yes in R1 during family medicine rotations (6/12 months). PD support for also offering during family med rotations of R2 year, however still being phased-in. Negotiable on off service rotations.
U of Ottawa	February 2014	BCT stream: 13 rotations x 4weeks/rotation, FM stream: 26 rotations x 4wks, 6-8 in FM	BCT Stream: Available, but not mandatory. FM Stream: 2 Rotations in rural FM in Eastern Ontario	BCT Stream: Funding available through ERMEP. FM Stream: Funding through FM residency program and/or ERMEP	Community Health Centres, Ottawa Public Health Sexual Health clinic, Ottawa Hospital TB clinic, Infectious Disease rotation, Refugee Health	BCT Stream: No. FM Stream: Mandatory. Stream determined at entry into program	CCFP attained in two years. No longitudinal option.	New option - 1 completed. 1 in progress.	Public Health Orientation, Internal medicine, Pediatrics, Surgery, Obs/Gyne, Emergency, Infectious Diseases, Psychiatry, Family Medicine (2 rotations), Electives (3 rotations)	Yes, but do not have dedicated time for AHDs, so scheduling attendance is difficult during clinical years.
McGill U	June 2015	Minimum 1 year; 2 options available: - CCFP: 2 consecutive years at start of program, rotations as per Family Medicine residency program - Basic Clinical Training (BCT): 1 year at start of program, half family medicine, half electives	- If CCFP: Mandatory - If BCT: Encouraged but not mandatory	Yes - for transportation and housing, plus cost of living stipend for very remote sites	Infectious diseases, tropical medicine, addictions medicine, social pediatrics, adolescent medicine, rural/remote/Aboriginal medicine, student health, environmental/occupational medicine	Optional	First two years	80%	6 blocks family medicine 6 blocks electives	Yes
U de Montréal	?				Residents may go through family medicine, internal medicine or pediatrics. Whichever is chosen, residents must complete a list of required rotations (incl. Peds, derm, pulmonology etc). Rotations in addictions medicine, inner city health and others available.	Not available	N/A	0%		Yes
U de Sherbrooke	July 2013	1 year (Pediatrics, infectious disease, family med (3 months), geriatrics, psychiatry)	Not mandatory but available (Trois-Rivières)	Funding from Fédération des médecins résidents du Québec (Full funding for housing, some funding for transportation and sometimes for food)	Optional: travellers health, refugee health, HIV clinic, youth clinic, methadone clinic	Not available (it's also not mandatory to have a CCFP certification to do clinical work in Quebec)	N/A	0%		Yes

University	Last updated	Rotations				Certification				Can residents participate in PH&PM academic half day during clinical years?
		Which clinical rotations are mandatory?	Rural rotations: Available? Mandatory?	Rural rotation funding?	Available clinical rotations in public health-relevant areas	CCFP: mandatory, optional, or not available?	CCFP attained in two years or longitudinally?	Percentage of residents completing CCFP?	What clinical training do non-CCFP residents follow?	
U de Laval	7/8/2015	1 year : family med (3 mo), pediatrics (2 mo), infectious disease (1 mo), geriatrics (1 mo), psychiatry (1 mo), emergency (1 mo), dependance and palliative care (1 mo), internal medicine (2 mo)	Optional	Funding from Fédération des médecins résidents du Québec	Mandatory: methadone clinic	Not available	N/A	0%	First year of family medicine program	No

University	Last updated	Type of academic program(s) available	Length of program	Tuition fees (per year)	Application procedure for academic program (incl. entrance requirements)	Ability to continue with clinical work if desired	Can residents attend academic half day during academic years?
UBC	August 2014	MSc Health Sciences or MPH taken in first year of program	2 terms (MSc), 3 terms + practicum (MPH)	about \$4000	Through School of Population and Public Health, general requirements met by all residents upon graduation from medical school	Longitudinal clinical electives are possible. Academic year precedes clinical training years, so residents are not yet licensed as family physicians and thus unable to locum. Re-entry residents who have prior clinical licenses may locum on their own time outside of their academic commitments.	yes
U of Alberta	July 2015	Variable. Most residents choose a course-based stream of MPH through the School of Public Health.	Variable. On average 18 months with some overlap of MPH project and PH rotation.	Depends on degree (thesis vs course based) and stream chosen; approx \$10 000 total	Application process per Graduate Studies/School of Public Health.	Yes but outside of "residency" hours so typically evening shifts, rural locums.	Yes, mandatory.
U of Calgary	7/1/2015	Through University of Calgary Department of Community Health Sciences, residents have option of MSc (thesis-based, specialization in public health, epidemiology, biostatistics, health economics or health services).	Academic year is 12 months of protected time for academic coursework with 18 months to complete mandatory courses. MSc requires additional time.	U of C residents (all specialities): \$480.43/term. Tuition waived for graduate courses outside a degree program. MSc: \$5593.50, plus \$1627.38 for additional years.	If resident wishes to enter a graduate degree program (not required), application is made through the Department of Community Health Sciences (or other relevant department on case-by-base basis). Specific requirements for degree streams can be found on the CHS departmental website. General requirements are met by graduation from medical school.	Residents are allowed to "moonlight" once they have passed LMCC-II exam, or work as family physician if they have CCFP designation, as long as clinical work does not interfere with residency program duties.	Yes. AHD is protected time for all residents.
U of Saskatchewan	May 2014	MPH at the School of Public Health, U of S/no other program attempted to date	12-18 months	about \$4000	through Department of Community Health and Epidemiology or School of Public Health, general requirements met by all residents upon graduation from medical school	yes, Program director is flexible	yes
U of Manitoba	November 2013	MPH and MSc	Max 5 years to complete MSc and 3 years to complete MPH	Paid for through residency program (no cost to resident)	Automatic acceptance if coming in through the residency program so application is a formality with usual required documents	Yes	Yes
NOSM	November 2013	MPH or MSc	12-18 months	varies depend on programs	Resident must apply the program that approved by program director.	Yes. Clinical electives are possible. ?Moonlighting	Yes
McMaster U	July 8, 2015	academic programs available include masters programs at McMaster University (MSc Health Research Methodology, MPH), University of Toronto (MPH Epidemiology), University of Waterloo (MPH, not preferred program).	McMaster MSc in Health Research Methodology is potentially completed in 1 year, though often it takes longer. The University of Toronto Masters is 16–20 months depending on whether a heavier course load is taken. Plan is that for entering 2014 residents, a new MPH at McMaster University will be the only option except in special cases (e.g. already has a relevant master's degree)	Residents must pay. Tuition is about \$5,000 per term for the MSc in Health Research Methodology at McMaster, and about \$10,000 per year for the MPH at University of Toronto. Number of terms one studies is variable.	Residents must apply along with all non-resident applying to the McMaster MSc in Health Research Methodology. Residents wishing to take their degree elsewhere would have to apply independantly as well. For the MSc at McMaster, the application procedure includes an application form, a statement of intent, reference letters, transcripts and at least a B+ average. For the incoming 2016 cohort onwards, incoming residents will be pre-admitted for the new MPH at McMaster.	Residents pursuing family medicine certification continue with clinical training through their PGY-3 year. Moonlighting as a family physician is permissible as long as performance in the residency program is not compromised.  For residents not pursuing family medicine certification, elective clinical experiences are allowed and the program may facilitate gaining special competence in one of the four areas in which the College of Physicians and Surgeons of Ontario will allow a PHPM specialist to practice. Namely, these are tuberculosis medicine, travel medicine, STI medicine, or occupational medicine.	Academic half days remain mandatory during the academic training components. Sometimes a resident cannot attend because of a course that occurs at the same time and they are excused. Additionally, 3 half days may be missed each term for reasons of needing time to study.
U of Toronto	November 2013	Extremely flexible; most residents do Masters in Public Health (at Harvard, Hopkins or London School of Hygiene and Tropical Medicine), or Masters in Health Sciences at UofT; many other options would also be considered (eg in other subject areas such as Masters in Education, or even MBA)	Varies depending on school and program- typically between 10 and 18 months	These fees vary depending on where a UofT student undertakes their Masters.	Varies depending on the program and school; Residents strongly encouraged to apply to in house master's program at U of T	This is supported if it can be arranged outside of regular residency hours and doesn't compromise completion of resident responsibilities.	Depending on location of program and schedule of courses; many residents if studying away from UofT join rounds by teleconference or skype.

University	Last updated	Type of academic program(s) available	Length of program	Tuition fees (per year)	Application procedure for academic program (incl. entrance requirements)	Ability to continue with clinical work if desired	Can residents attend academic half day during academic years?
Queen's U	7/1/2015	MPH, MSc Epidemiology	MSc = 2 years, MPH = 16 months (practicum also can count towards PHPM rotations if planned in advance and suitable to project)	varies. About \$15 K at Queen's, other options would cost significantly more (e.g., J Hopkins; LSHTM)	Through Dept of Grad Studies at Queen's, PHPM resident should be easily accepted.	yes, if outside regular work hours and doesn't compromise PHPM requirements	yes, when scheduling permits
U of Ottawa	July 2012	MSc. Epidemiology	M. Sc. Epidemiology courses: 21 cr. and Thesis. Length: 2yrs - 4yrs. (PHPM residents don't have to write the thesis, it is encouraged). Support from the Program to write thesis on a project related to one of the PHPM sites in Ottawa (PHAC, DND, FNIB - proposed topics for a Thesis)	approx. 2800\$/semester as a full time student	Through Department of Graduate Studies- requirements: baccalaureate degree, min B+, English language proficiency.	yes, on residents' own time; should not interfere with residency training; so far, travel medicine and sexual health will be explored by residents.	yes.
McGill U	June 2015	MSc Epidemiology (thesis-based) or MSc Public Health (practicum)	MSc Epi (thesis-based, preferred) or MPH (practicum-based, discouraged): 2 years  Intensive MSc for clinicians: 1 year	None (beyond basic residency tuition)	Through Department of Epidemiology, same as any other non-medical-resident applicant. All resident applicants have been successful in last 5 years.	Yes, but only in your spare time	Yes, though sometimes a class might conflict with the half-day, in which case you will have the choice of which to attend
U de Montréal	?			None (beyond basic residency tuition)			
U de Sherbrooke	July 2013	M.Sc. in clinical science ("sciences cliniques") with a specific orientation in community health, research option compulsory, some students have done their MPH in other universities as well	2 years	None (beyond basic residency tuition)	Easy to enter	Residents who wish to continue clinical work has to take action for it - it could count as a longitudinal 4th year optional rotation	Yes, it's mandatory
U de Laval	7/8/2015	Masters in community health, masters in epidemiology	18 months	About 200\$ for biostatistics class (beyond basic residency tuition)	Easy to enter	Difficult	Yes, it's mandatory



University	Last updated	Core rotations			Relationships with preceptors				Rotations outside the home base city			Other opportunities	
		Total duration of public health rotations (core + electives)	Graded responsibility	Details of call	What is the teaching expectation for preceptors to provide during rotations?	How much time in a week is spent by preceptors teaching residents, and in what ways (e.g. dedicated teaching sessions, reviewing resident work)?	To what extent do residents do work that is work that would otherwise be done by one's preceptor (i.e. medical officer of health, associate/deputy medical officer of health)	How are preceptors evaluated?	Possibility for rotations outside the home base city, within Canada or international	Funding for rotations outside the home base city	Ability to continue with clinical work if desired	Opportunity to act as AMOH/MOH during R5 year	Opportunity to participate in the field epidemiology program
UBC	August 2014	17 months core, 28 months total (assuming completion of 2-years fam med)	Encouraged, but dependent on resident and preceptors facilitating it	Variable. When at health authorities generally 1 week per month. During family med often 1 in 4	Not formalized, varies by rotation, but expected to ensure rotation objectives are met.	Varies by rotation. Generally there is substantial one-on-one time reviewing work.		- Anonymous free-text evaluations after each rotation, provided to preceptor when 3 are available, residents remain concerned about confidentiality related to negative evaluations - Annual resident meeting where general program feedback is discussed	yes	yes, funding partially covers cost for mandatory rotations and a specific elective	Longitudinal clinical electives are possible. If residents wish to locum on their own time, this generally occurs on evenings/weekends outside of residency commitments.	No	Yes
U of Alberta	July 2015	21 to 44 months. About half of PGY4, all of PGY5 and 12 weeks in PGY1 and PGY2 if in CCFP; all of PGY2-5 and 4 weeks in PGY1 if BCT. Depending on MPH practicum may overlap with a rotation giving more pure public health in PGY4.	Yes. Reflected in evaluation.	Call for Edmonton Zone Medical Officer of Health, 1 week in 4, after hours (1630 to 0830 the next day weekdays, 24/7 weekend and holidays) home call starting in PGY3. Additional responsibilities for call depending on rotation. In PGY1 and PGY2 call per family medicine or BCT rotations, usually 1 in 4 in house for hospital rotations and home call for family medicine outpatient and some obstetrics.	Varies based on rotation; most preceptors have areas of speciality/focus that they teach on.	Varies based on rotation; senior residents meet with mentors, preceptors teach one on one during rotations and teaching is done weekly at AHD.	Varies by rotation. Mostly learning, rather than service focused (compared to in-house off-service rotations).	Anonymous feedback forms completed for every rotation, shared with staff once a sufficient number have accumulated to protect resident anonymity. Programme director open to on-going feedback. Most preceptors meet mid-way through rotations to discuss informally.	Yes.	Varies.	Yes but outside of "residency" hours so typically evening shifts, rural locums.	Yes.	Yes
U of Calgary	7/1/2015	Minimum: 12 months Recommended: 18 months	The concept of graded responsibility is encouraged but is resident dependent rather than embedded formally in rotation requirements.	Residents take MOH on-call during core field rotations. Call is home-call, scheduled as 7 day blocks, and 1:4. MOHs are first call after hours for CDC issues.	Preceptors are expected to meet with residents to ensure core knowledge competencies are obtained.	Varies by rotation. Generally, preceptors meet with residents for 2-4 hours per week for 1:1 teaching	Varies by rotation but is generally low other than on-call, CDC, and senior MOH.	Standardized electronic evaluation using One45 system.	Yes - it is the resident's responsibility to organize off-site electives and secure funding (other than established Global Health training sites - Tanzania, Yellowknife, Geneva).	Yes - funding in place for select rotations as part of Global Health Orientation of the program (Tanzania, Yellowknife, Geneva)	Residents are allowed to "moonlight" once they have passed LMCC-II exam, or work as family physician if they have CCFP designation, as long as clinical work does not interfere with residency program duties.	6 month senior field rotation in PGY-5 with senior management competencies as focus.	Yes
U of Saskatchewan	May 2014	3 years	Should be, but challenges continue empassing this in rural centres where they have little exposure to residents	Depends on rotation		Varies by rotation		Process currently under review	yes, international 1-6 months	yes, funding partially covers cost	yes	Expectation for senior rotation	Yes
U of Manitoba	November 2013	3 years	Yes	Depends on rotation.	Varies depending on rotation; objectives reviewed to ensure core knowledge competencies are obtained	Informal, depends on rotation.	Varies depending on rotation.	Anonymous evaluation forms; aggregation procedure currently being reviewed	Yes, it is up to residents to arrange and fund.	Primarily just for travel.	Yes, on own time	Yes, required	Yes
NOSM	November 2013	3 years	reflexed in evaluation	Depends on rotation	Varies depending on rotation, but generally 1 hour per week.	Varies depending on rotation, but generally 1 hour per week; combination of discussion regarding core competencies and work / learning being done on rotation.	Varies depending on rotation.	Very small program - residents are encouraged to evaluate preceptors face-to-face, can approach chief resident or program director if concerned about a negative experience	Yes. Residents are able to do rotation outside of home base, within Canada and International. Availability of funding and assistance with arrangements varies depending on site.	Availability of funding (for travel and accomodation) varies depending on site.	Yes - on one's own time.	?	?
McMaster U	October 7, 2013	19 months if doing Family Medicine; 22 months, if not doing Family Medicine	Graded responsibility is achieved through progressive responsibility and objectives through a rotation, as well as an increase in responsibility in the Senior Management rotation. Graded responsibility is also encouraged through resident self-direction	No mandatory call duties (some informal call arrangements can be made at certain sites)	Minimum standard of 1 hour a week that preceptors must spend with residents each week, about half of which is a teaching session, and half of which is a discussion of work being done on rotation	30-45 minutes is typical as part of the 1 hour meeting each week on a rotation. They are generally a discussion where the resident is expected to have prepped on the topic and a Socratic dialogue or discussion occurs	Residents generally work on special projects. On communicable disease and environmental health rotations, residents will be delegated issues brought to the AMOH by managers, nurses, and inspectors, though this is a minority of work. On the senior management rotation, residents will do mostly AMOH-level work.	Anonymous evaluation forms completed at end of every rotation, aggregated every 2 years and discussed with staff by program director, for staff with at least 3 evaluations. Residents can also opt to have their evaluation shared in non-aggregated form.	Yes, residents can do rotations anywhere in Ontario (Public Health Ontario is a popular option). Elsewhere in Canada is possible too (PHAC, FNIHB, BCDC are popular options), though there are Provincial Government restrictions on the amount of time that can be spent on such rotations. International rotations are possible too, but difficult to arrange sometimes.	A resident can tap into the funding for conferences (which is \$1000 per year). Rural rotations can be funded using MacCare as well ( <a href="http://maccare.mcmaster.ca/">http://maccare.mcmaster.ca/</a> )	Yes, as long as it does not interfere with performance in residency program.	Yes. Program is very supportive of this and will accommodate time towards this.	
U of Toronto	November 2013	15 months of mandatory rotations and the remainder is elective time (length varies depending on length of graduate school program)	Graded responsibility is achieved through progressive responsibility and objectives through a rotation, as well as an increase in responsibility in the Senior Management rotation. Graded responsibility is also encouraged through resident self-direction	Vary depending on rotation	Varies depending on rotation, expectation that student and preceptor meet to ensure basic knowledge competencies are met	Variable	Varies depending on rotation, generally mix of special projects assigned to student (EH, CD) and AMOH/MOH level work (when on SM rotation)		For accredited rotations, most accredited training sites are in Toronto and the Greater Toronto Area. There are some accredited federal sites in Ottawa, commonly PHAC and FNIH, but these often require an individual resident contract agreement and sometimes an elective agreement through the University of Ottawa. There are also local public health units at Middlesex-London, Perth District, Simcoe-Muskoka, and Niagara which are accredited and accept residents from UoT. There is also an accredited site at Nova Scotia through the distance agreement between Nova Scotia Regional Health and UoT. For unaccredited rotations, the sky is the limit; residents have gone everywhere from Iqaluit to Geneva to Bhutan.	Only as provided by specific agencies or health units. (ie not provided by program)	There is no protected time officially in the final two years of residency (PGY4 and 5) to continue clinical work, and the official policy on moonlighting is that as long as it does not affect your resident responsibilities, then it is accepted with some reservation. Unofficially, many residents are able to secure some time from some supervisors to work clinically part-time. Other residents who are particularly keen on maintaining clinical practice (e.g. in Efr) sometimes will discuss reducing their residency from 1.0 FTE to 0.8 or 0.6 FTE to allow for more clinical opportunities (e.g. shifts.) These requests are dealt with on a case-by-case basis.	This varies depending on which health unit one pursues their senior management rotation at as well as resident initiative in requesting activities and responsibilities. Generally speaking most residents act as an associate and not an MOH, and even still, under the guidance of an associate MOH.	Yes
Queen's U	7/1/2015	usually 2 years		depends on rotation, no more than 10 days out of 30 can be home call as per contract, home call paid at 52.50/day as per contract	Varies	Varies	Varies with preceptor, typically effort is made to ensure resident is "first line" contact to AMOH office.	Anonymous evaluation forms aggregated every 2-3 years, but no minimum number of evaluations	yes	For mandatory rotations, Queen's post grad has some funding and housing available	yes	yes - 4-6 months senior management rotation at local health unit	Yes (must plan far in advance to initiate application process)



University	Last updated	Core rotations			Relationships with preceptors				Rotations outside the home base city		Other opportunities		
		Total duration of public health rotations (core + electives)	Graded responsibility	Details of call	What is the teaching expectation for preceptors to provide during rotations?	How much time in a week is spent by preceptors teaching residents, and in what ways (e.g. dedicated teaching sessions, reviewing resident work)?	To what extent do residents do work that is work that would otherwise be done by one's preceptor (i.e. medical officer of health, associate/deputy medical officer of health)	How are preceptors evaluated?	Possibility for rotations outside the home base city, within Canada or international	Funding for rotations outside the home base city	Ability to continue with clinical work if desired	Opportunity to act as AMOH/MOH during R5 year	Opportunity to participate in the field epidemiology program
U of Ottawa	July 2012			depends on rotation; cannot exceed PAIRO contract, home call is paid as per PAIRO contract				Through discussion at resident meeting every three months, anonymous feedback provided collectively by residents to staff through program director	Yes. Confirmed possibility in Gatineau, Quebec - the requirement of mastering the French language is being met. Other possibilities not explored yet.	not yet explored	yes, as long as it does not interfere with residency program schedule, no resident is currently doing this as of July 2012	Yes if at Ottawa Public Health for senior rotation	Yes
McGill U	June 2015	2 years	Yes	Home call for 1 week at a time in R4: - 6-8 weeks of infectious disease call during ID rotations - 6 weeks of environmental health call during EH/OH rotations	Variable	Not much aside from academic half-days	Very little	Anonymous evaluation forms at end of every rotation, but university requires four evaluations before releasing anonymous feedback forms even to program director, which almost never happens. Process currently under review.	Yes, maximum 3 months outside of Quebec	Not guaranteed (may change soon if rural rotations become mandatory)	Difficult but possible in your spare time or elective time	No (unless sought out as an elective)	Yes
U de Montréal	?							Anonymous evaluation forms at end of every rotation, but university requires four evaluations before releasing anonymous feedback forms even to program director, which almost never happens. Process currently under review.					
U de Sherbrooke	7/1/2015	2 years	Yes	Exposure to calls in environmental health and in infectious diseases starts in R-3 (frequency not yet decided). Minimum for calls in environmental health, infectious diseases and occupational health is once every 4 weeks. Residents are encouraged to do more calls.	Varies from one rotation to the other. It is expected that the objectives for each rotation are met. The preceptor complements the training of the resident with case discussions and teaching depending on the cases and learning opportunities that occurred during the rotation.	Variable	Varies from one rotation to the other. Very often, residents do the work the preceptor would normally do in a regular day of work.	Anonymous evaluations are combined annually. Typically they will contain feedback from 1-3 residents, so confidentiality may be an issue in some situations. Evaluations are expected to be respectful and constructive in any case, so residents are not concerned about confidentiality.	Yes, a maximum of 6 months in institutions that are not part of the Quebec universities' network is permitted for the whole 5-year residency.	Funding from Fédération des médecins résidents du Québec	Possible, clinical work done longitudinally may count as a rotation.	No	Yes
U de Laval	7/8/2015	2 years and 6 mo	?	During communicable disease and environmental health rotations (usually R3) : 1 every 4 weeks; R4 and R5 (first half) : 1 every 8 weeks, with communicable disease and environmental health alternating	Varies	Variable	Variable	Anonymous evaluation forms at end of every rotation, but university requires four evaluations before releasing anonymous feedback forms even to program director, which almost never happens. Process currently under review.	Yes, international maximum three months	Funding from Fédération des médecins résidents du Québec	Difficult	No	Yes

University	Last updated	Introduction	Specific subject areas									Senior/integrative rotations			Electives	Rural PH: mandatory, optional, or unavailable?
			Surveillance / health information	Communicable disease	Environmental health	Occupational health	Promotion/prevention (injury, chronic dz)	Policy	Management/planning	Aboriginal health	Other (see comments)	Senior MOH (urban)	Senior MOH (rural)	Provincial public health		
UBC	August 2014	2	0	3	2	2	0	0	0	2	0	3	3	0	?	Mandatory
U of Alberta	July 2015	1	1	4	3	1	2	2	1	2	2	24	1	3	2	Mandatory
U of Calgary	7/1/2015	1	2	3	2	0	2	0	2	2	0	6	0	0	12	Optional
U of Saskatchewan	11/24/2014	0	3	0	4	1	0	0	0	0	0	6	3	3	?	Mandatory
U of Manitoba	November 2013	0	0	0	0	1	0	0	0	0	1	9	3	6	?	Mandatory
NOSM	November 2013	1	0	3	3	0	3	3	6	3	0	0	0	0	6	Mandatory
McMaster U	7/1/2015	1	0	3	3	0	3	3	6	0	3	0	0	0	?	Quasi-Mandatory
U of Toronto	7/8/2015	1	0	3	3	0	2	2	6	0	0	0	0	0	?	
Queen's U	7/1/2015	0	0	3	3	0	3	3	3	0	0	0	0	0	?	
U of Ottawa	9/2/2014	0	4	3	3	0	6	4	6	0	0	0	0	0	12	
McGill U	June 2015	1	2	6	3	3	5	0	4	1	0	0	0	0	4	Optional
U de Montréal	7/1/2015	1	2	4	3	3	5	0	4	1	0	0	0	0	4	
U de Sherbrooke	July 9th 2015	0	2	4	3	3	5	0	4	0	0	0	0	0	5	Optional
U de Laval	7/8/2015	2	2	5	4	3	6	0	2	0	4	0	0	0	6	Optional

University	Last updated	Day	Time	Frequency	Format	Can out-of-town residents join by teleconference/videoconference?	Other information
UBC	August 2014	Fridays	1pm-4pm	Weekly	AM Grand Rounds (optional), first hour journal club (also do hot topics, journal reviews, e.g. CMAJ, etc.), second and third hour: presentation from AHD curriculum + related guest speaker. Once monthly mock orals in AM, (senior residents only); mock written exams 3x/year in AM; during the summer day-long field trips are taken (e.g. to safe injection facility)	yes	
U of Alberta	July 2015	Fridays	1-5 pm	Weekly	Variable. Typically open with a framework discussion by a junior resident where a public health framework is applied to a public health news item/hot topic. Then a mock-oral by and for a senior resident often based on an on-call case presented. Monthly written quizzes based on public health content of CMAJ. Bi-weekly journal club. Resident presentation on core topics, on a 2 year rotating cycle. Often visiting speakers present.	Yes.	We have a list of topics residents sign up for to present. This list covers topics within the objectives of training and is on a 2 - year rotation. Residents are required to present a certain number of times in an academic year depending on PGY-level and stream of training.
U of Calgary	7/1/2015	Fridays	1pm-4pm	Weekly	Academic half-days take place Friday afternoons. From 12-1pm, residents attend rounds (Community Health Sciences departmental seminars). The curriculum for AHDs has been recently revised and has moved away from the conventional didactic format to formats that emphasize the application/practice of core public health knowledge competencies. Several modes of delivery are used, including a PBL-type format based on a closed Wiki platform, structured learning events (i.e. CD or EH online modules), and review of project work, public health newsfeeds, etc. A faculty member is in attendance for most AHDs.	Yes - Various methods including teleconference, videoconference (Skype, Adobe Connect), and other platforms (Smart Board (interactive white board) have been used to connect with other programs and off-site residents.	AHD is sometimes used as an opportunity to participate in relevant workshops, seminars, and courses. Program Director is open to recommendations from resident body.
U of Saskatchewan	May 2014	Fridays	2pm-5pm (summer months) or 3pm-6pm (winter months)	Weekly	4 week rotations (1) Journal club (2) Resident led sessions (3) Hot topics (4) Epi review) for the first hour, then join UBC via Skype for second 2 hours	teleconference, webinar, Skype	
U of Manitoba	November 2013	Fridays	1:30pm-4:30pm	Weekly	2 hours on specific subject according to set out 2 year curriculum then 1 hour for discussion, journal review, resident issues, etc.	Via teleconference	
NOSM	November 2013	Fridays	9am-12pm	Weekly	Joint rounds with U of Toronto every Friday from 8:30-11:00. NOSM rounds monthly from 11:00-12:30	Residents join in by teleconference with U of Toronto rounds and by video conference with NOSM rounds	
McMaster U	October 7, 2013	Fridays	9am-12pm	Weekly	three hours. every month there is journal club (1 hour with MoHs in health region, 2 hours amongst residents), a lecture from faculty or outside expert and a work-in-progress presentation by one of the residents. Occasionally field trips are organized.	currently possible by teleconference, but often logistically not done. generally residents are excused from academic half days if more than 1 hour away from Hamilton	
U of Toronto	November 2013	Fridays	8:30am-12pm	Weekly	Academic half-days are on Friday mornings and follow this format: 8:30am – 11:30am: Topic of the week (usually more informal teaching - senior resident leading this discussion/teaching more junior residents) PLUS formal presentation given on a public health topic by residents +/- faculty/guest presenter. From 11:00am – 12:00pm – Field Notes, which is an internal program meeting during which an oral practice question is carried out between a senior resident and a program director for the first fifteen minutes, followed by forty-five minute discussions on program issues and upcoming events.	Teleconference facilities are provided by Bell Enterprise conference solutions. UofT has a remote site in Nova Scotia as well as an agreement with the NOSM residency program and Queen's program; these residents often call in to participate. Other residents from other Ontario medical schools frequently make use of the call in facilities as well.	

University	Last updated	Day	Time	Frequency	Format	Can out-of-town residents join by teleconference/videoconference?	Other information
Queen's U	7/1/2015	Fridays	8:30 or 9am-12pm (varies)	Weekly	60 min presentation with a framework basis, 30 min discussion. Approx 20min Communicable Dis Update (in conjunction with CD staff at health unit). Remainder of time is for field notes, journal club, exam prep etc depending on the day	yes	We regularly join UofT rounds for initial presentation. Aim is to increase our active role in facilitation of these sessions.
U of Ottawa	July 2012	Fridays	9am-12pm	Weekly	The AHD are a mix of journal club, resident-led presentation, faculty presentations, field trips and courses. The courses will include: Communicable Disease, Public Health Administration, Environmental Health, Health Policy, Ethics, Health Promotion.	The residents outside the city are able to attend the webinars and to join the teleconference.	
McGill U	June 2015	Fridays	1:30pm-4:30pm	Every 2 weeks	Delivered by 1 or 2 experts and 1 or 2 residents, mostly didactic with some small group exercises, in French.	All academic half-days are videoconferenced for all sites in Quebec.	
U de Montréal	June 2015	Fridays	1:30pm-4:30pm	Every 2 weeks	Delivered by 1 or 2 experts and 1 or 2 residents, mostly didactic with some small group exercises, in French.	All academic half-days are videoconferenced for all sites in Quebec.	
U de Sherbrooke	June 2015	Fridays	1:30pm-4:30pm	Every 2 weeks	Delivered by 1 or 2 experts and 1 or 2 residents, mostly didactic with some small group exercises, in French.	All academic half-days are videoconferenced for all sites in Quebec.	
U de Laval	June 2015	Fridays	1:30pm-4:30pm	Every 2 weeks	Delivered by 1 or 2 experts and 1 or 2 residents, mostly didactic with some small group exercises, in French.	All academic half-days are videoconferenced for all sites in Quebec.	

Domain	Topic	UBC	Alberta	Calgary	Saskatchewan	Manitoba	NOSM	McMaster	Toronto	Queens	Ottawa	Quebec
Surveillance	Overview	Yes	Yes	Yes						Yes		Yes
Communicable diseases	Outbreak investigation/management	Yes	Yes	Yes						Yes		Yes
	Surveillance of infectious diseases	Yes	Yes							Yes		Yes
	Immunization/VPD	Yes	Yes	Yes				Yes		Yes		Yes
	Nosocomial infection control	Yes	Yes	Yes				Yes				Yes
	STBBI	Yes	Yes	Yes						Yes		Yes
	Vector-borne diseases/zoonoses	Yes	Yes							Yes		
	Emerging infectious diseases		Yes							Yes		Yes
	IHR/quarantine	Yes								Yes		
	Mass gatherings									Yes		
Occupational/environmental health	Occupational health overview	Yes	Yes					Yes		Yes		
	Occupational health hot topics											Yes
	Risk assessment/management	Yes	Yes	Yes						Yes		Yes
	Risk communication	Yes	Yes	Yes				Yes		Yes		
	Toxicology		Yes									Yes
	Cluster investigation			Yes						Yes		Yes
	Air quality	Yes	Yes	Yes						Yes		Yes
	Water quality	Yes	Yes	Yes						Yes		Yes
	Waste management		Yes	Yes						Yes		
	Radiation									Yes		
	Built environment	Yes	Yes	Yes				Yes		Yes		Yes
Food safety	Yes	Yes	Yes						Yes			
Environmental health hot topics	Yes						Yes		Yes		Yes	
Emergency planning/management	Overview	Yes	Yes	Yes						Yes		Yes
	Natural disasters/extreme weather		Yes							Yes		
	Terrorism preparedness									Yes		



	Child health and development	Yes	Yes				Yes	Yes	Yes
	Elder health						Yes	Yes	Yes
	Aboriginal health	Yes	Yes				Yes	Yes	Yes
	Immigrant/refugee health	Yes	Yes					Yes	Yes
	Prison health	Yes	Yes					Yes	Yes
	International health	Yes	Yes						Yes
Management	Human resources/leadership	Yes		Yes			Yes	Yes	Yes
	Financial resource management	Yes		Yes			Yes	Yes	Yes
	Population health assessment		Yes	Yes			Yes		
	Health needs assessment		Yes	Yes				Yes	
	Priority setting	Yes	Yes						
	Program planning	Yes	Yes	Yes			Yes	Yes	
	Program evaluation	Yes	Yes	Yes			Yes	Yes	Yes
	Project management	Yes							
	Quality improvement		Yes	Yes				Yes	Yes
	Organizational change management	Yes	Yes					Yes	Yes
	Health technology assessment	Yes	Yes						Yes
	Economic evaluation	Yes	Yes				Yes	Yes	
	Stakeholder engagement		Yes	Yes				Yes	
Transversal competencies	Communication strategy	Yes	Yes					Yes	
	Media relations	Yes	Yes					Yes	Yes
	Ethics	Yes	Yes				Yes		Yes
	Equity/social determinants	Yes	Yes				Yes	Yes	Yes
	Cultural safety						Yes	Yes	
	Advocacy		Yes				Yes		
	Career planning		Yes					Yes	Yes