

Review of registration requirements for new part-time doctors in New Zealand, Australia, the United Kingdom, Ireland and Canada

Sharon Leitch MBChB, MRNZCGP;¹ Susan M Dovey PhD²

ABSTRACT

INTRODUCTION: By the time medical students graduate many wish to work part-time while accommodating other lifestyle interests.

AIM: To review flexibility of medical registration requirements for provisional registrants in New Zealand, Australia, the United Kingdom, Ireland and Canada.

METHODS: Internet-based review of registration bodies of each country, and each state or province in Australia and Canada, supplemented by emails and phone calls seeking clarification of missing or obscure information.

RESULTS: Data from 20 regions were examined. Many similarities were found between study countries in their approaches to the registration of new doctors, although there are some regional differences. Most regions (65%) have a provisional registration period of one year. Extending this period was possible in 91% of regions. Part-time options were possible in 75% of regions. All regions required trainees to work in approved practice settings.

DISCUSSION: Only the UK provided comprehensive documentation of their requirements in an accessible format and clearly explaining the options for part-time work. Australia appeared to be more flexible than other countries with respect to part- and full-time work requirements. All countries need to examine their registration requirements to introduce more flexibility wherever possible, as a strategy for addressing workforce shortages.

KEYWORDS: Family practice; education, medical, graduate; government regulation

¹Amity Health Centre, Dunedin, New Zealand

²Dunedin School of Medicine, University of Otago, Dunedin

Introduction

Internationally, changing medical workforce patterns causes difficulties for health workforce planners. While the demand for health care escalates due to ageing populations and other processes, doctors are in scarce supply. This situation has been attributed to feminisation of the medical workforce and cultural influences on work practices.

Women now make up at least 50% of medical school graduates in many countries,¹ including New Zealand (NZ),² Australia,³ the United Kingdom (UK),⁴ Ireland⁵ and Canada.⁶ Women doctors have different work patterns from men in terms of activity rates while at work, hours

of work, lifetime work patterns and retirement rates.⁷⁻⁹ Around 80% of women doctors aged over 40 years have children and, like women traditionally, they bear the major burden of child-bearing and rearing and make the biggest career sacrifice in terms of maternity leave and subsequent part-time work.^{10,11}

Outdated hospital culture, debt from 'user pays' culture, and generational cultural influences all contribute to both male and female doctors seeking flexibility in their training and employment. The influence of generation X (people born between 1961 and 1981) and Y (the following generation) doctors has also placed more emphasis on balance of work, family and lifestyle, such

J PRIM HEALTH CARE
2010;2(4):273-280.

CORRESPONDENCE TO: Susan Dovey

Associate Professor,
Dunedin School of
Medicine, University
of Otago, PO Box 913,
Dunedin, New Zealand
susan.dovey@otago.ac.nz

that flexible work hours and patterns are an attractive option for both males and females.^{12,13} These new generations of doctors are attempting to fit into health care structures designed for the less self-empowered, less techno-competent users of previous generations.¹⁴

Although a recent UK study shows that many junior doctors feel ill-prepared for the transition from medical school into the medical workforce,¹⁵ we could find no published literature specifically addressing registration processes. Medical registration is required to work as a doctor in most countries and internationally follows the same basic pattern: mandatory registration before commencing employment as a doctor; provisional registration for an intensively supervised period, followed by full registration with less supervision and increased flexibility. This study focuses on medical registration requirements only for same-country graduates as requirements for International Medical Graduates often differ. Governments invest a great deal in training doctors, and hope to retain most of their own medical graduates, so if any flexibility is to be found for new medical graduates, it is likely to be for same-country doctors. This study aimed to make international comparisons of the flexibility of registration requirements for medical graduates wishing to work part-time, particularly focussing on the first year following graduation (postgraduate year one, PGY1, intern year, or core training period). Specifically, we aimed to find answers for the questions: 'what is required for provisional medical registration?' and 'is it possible for provisional registrants to work part-time?'

The countries chosen for this study were NZ, Australia, the UK, the Republic of Ireland and Canada. These countries share key features: English is the dominant language, there is some reciprocity of recognition of degree qualifications, and there is similarity between the British-based educational and medical philosophies.

Method

Medical registration

Medical registration authorities take different forms internationally. The New Zealand Medical

Council authorises the registration of practising doctors and monitors the training of medical students and new doctors. The professional Colleges are responsible for vocational training.

The Australian Medical Council assesses and accredits medical courses and specialty training programmes, but independent Medical Boards of each state or territory are responsible for registration. Prevocational postgraduate medical training is the responsibility of another independent body—the Postgraduate Medical Council or Institute of Medical Education and Training. Vocational training is undertaken through the Colleges.

In the UK, the General Medical Council is an independent body responsible for keeping a register of qualified doctors and promoting medical education standards. Regional Foundation Schools provide prevocational postgraduate education, offering new doctors a range of different settings and clinical environments. Deaneries are responsible for postgraduate medical education and continuing professional development of all doctors and dentists. Colleges provide vocational training.

In the Republic of Ireland, the Medical Council registers Irish doctors and assures undergraduate and postgraduate medical education quality. Local medical school deans oversee prevocational postgraduate education. The Colleges provide vocational training.

The Medical Council of Canada provides the qualification Licentiate of the Medical Council of Canada for entry into practice, which together with an approved undergraduate medical degree, is required for medical registration. Registration is the role of regional bodies, usually the College of Physicians and Surgeons of (Region). Most Canadian new medical graduates are enrolled in university-based residency programmes and registered for postgraduate education. Doctors remain on the educational register until they complete residency, when they register for Independent Practice. The national certifying bodies (for family medicine the College of Family Physicians of Canada and for other specialties the Royal College of Physicians and Surgeons of Canada) accredit the university-taught but hospital-based residency programmes. Many issues

relevant to the current research are determined by universities rather than by the registering body. Canadian law regarding parental leave and associated working conditions also applies to junior doctors.

Data collection methods

Internet searches during 2008 provided the main data source. Further clarification was sought by emailing and phoning the relevant bodies in charge of registration. A table of the web addresses by country can be found as Appendix 1 in the online version of this paper.

Data

Data were collected from each of 20 regions shown in Table 1. Each state of Australia and Canada was analysed independently. Collectively, the countries and separate states are denoted 'regions' in this report. Northwest Territories, Nunavut, Prince Edward Island and Yukon were excluded from Canadian data as they do not have an independent medical registration body. Non-English language information from Quebec was also excluded.

Where answers to the study questions were ambiguous, such as 'at board discretion', more specific information was requested by email. Phone calls were used as a final means of obtaining information.

The investigation for each region commenced with the relevant medical regulatory body website. This provided satisfactory information only for NZ—the only study country where a single Medical Council oversees every part of the registration process. For Australia and the UK, the postgraduate medical training body websites were then examined. For Canada, university postgraduate medical websites were examined and, if this was insufficient, the regional residents' union collective agreement. This particularly applied if the region had several different postgraduate medical education providers. This information was used to construct tables to organise the data and to facilitate comparison. Each section was then examined and qualitative comparisons made between regions.

WHAT GAP THIS FILLS

What we already know: Doctors are in short supply internationally and the junior doctor workforce tends to be internationally mobile. Their early vocational training period comes at a time in their lives when they are often seeking flexible work arrangements.

What this study adds: This study offers new insights into the flexibility of early vocational training in the countries most likely to be sharing their new medical graduates. Australia may have the most flexible training requirements, the UK has the most accessible information, and Canada is substantially different from the other study countries.

Results

Table 1 (a, b, c) provides the study's results for the 20 regions.

Time to complete provisional registration

In all regions, time to complete provisional registration was either one or two years. Two-thirds of regions had a provisional registration period of one year (13: 65%), for six it was two years, and in one region this was not stated. In Canada, five (of nine) regions had an explicitly stated core training period of two years in a residency programme. Three others had a core training period of one year or less, and in one region this was not stated. The core training period was usually determined by the provider university.

In the UK, junior doctors are enrolled in a two-year foundation programme, but provisional registration applies only for the first year. This is also the case for at least four of the eight regions in Australia.

Extended provisional registration

Provisional registration, therefore, is mainly the realm of NZ, Australia, the UK and Ireland; a total of 11 regions. Extending the provisional registration period was possible (for example, for reasons of maternity leave or working part-time) in 10 regions; one region did not state this information. Regions in Canada generally referred to local maternity leave legislation. This typically referred to the length of leave allowed, rather than extending the training period. Canada was

the only country stating that discretion was available in terms of time required for satisfactory completion of the residency programme (stated for three of nine regions): this related to the entire residency rather than specifically the core training period.

Excluding Canada, the time allowed for extended provisional registration period ranged from two to four years. Some regions required the provisional registration period to be completed within two years (5: 45%). Two regions allowed this period to be extended over three years. In South Australia the provisional registration period could be extended over four years, but an email stated that the internship must be completed

within three years following registration. Three regions did not state this information.

Additional restrictions to registration

Additional restrictions to registration were noted particularly in reference to extending the provisional registration period, or working part-time. These additional restrictions had some common themes (Table 2).

Part-time options in the provisional registration period were available in 75% of the regions, not available in 10%, and possibly available in the two regions whose registration bodies have delegated this approval to another postgraduate

Table 1. Pre-registration regulations

Table 1a. Pre-registration regulations for New Zealand, the UK, and the Republic of Ireland

	New Zealand	UK	Ireland
Time to complete provisional registration	1 year	1 year	1 year
Extended provisional registration period allowed (for maternity leave etc.)	2 years	Yes; equivalent to full-time 1 year	At discretion of dean of graduate's medical school
Additional restrictions to registration	Need to complete four 10-week rotations. Need to complete three consecutive 3/12 runs satisfactorily prior to application for general registration	Must complete requirements for Foundation Year One Programme. Flexible trainees must work at least half-time	Under Statutory Instrument No. 285 (2003) an internship should consist of 12 consecutive months and must be completed satisfactorily before the intern may be awarded a certificate of experience
Part-time/job share option	Yes	Yes	No; at discretion of medical school dean
Required disciplines during registration period	1 category A medical run, 1 category A surgical run, and 2 others (A or B)	Medicine and surgery	Medicine and surgery
Optional disciplines during registration period	See text	Varies depending on post or programme	O&G, paed, psych, emergency, GP, perioperative medicine
Approved practice setting	Yes	Yes	Yes
University-based postgraduate programme	No	Foundation Programme (first 2 years following graduation) overseen by a postgraduate dean, who heads each postgraduate deanery. Undergraduate deans head the medical schools. They are not governed by, nor do they have any formal relationship with, the postgraduate deaneries	Medical school dean provides a certificate of experience

Table 1b. Pre-registration regulations for Australian states

	Australian Capital Territory	New South Wales	Northern Territory	Queensland	South Australia	Tasmania	Victoria	Western Australia
Time to complete provisional registration	1 year	1 year	1 year	1 year	1 year	1 year	1 year	1 year
Extended provisional registration period allowed (for maternity leave etc.)	2 or more years	3 years	2 years	3 years	Up to 4 years	N/S	If agreed by hospital and Postgraduate Medical Council of Victoria	2 or more years
Additional restrictions to registration	N/S	Need to complete five 10-week rotations Need to have one full-time 10-week term component (usually completed at commencement of internship)	Need to complete four 10-week rotations Need to have one full-time 10-week term component (usually completed at commencement of internship)	Each term must be at least 10 consecutive weeks in length	Internship must be completed within 3 years of graduation	Availability of part-time work depends on hospital and PMIT	N/S	Availability of part-time work depends on hospital
Part-time/job share option	Yes	Yes	Yes	Yes	Yes	Possible	Yes	Yes
Required disciplines during registration period	Medicine, surgery, emergency, plus 2 other rotations	Medicine, surgery, emergency	Medicine, surgery, emergency	Medicine, surgery, emergency	Medicine, surgery, emergency, or general practice	Medicine, surgery, emergency	Medicine, surgery, emergency	Medicine and surgery
Optional disciplines during registration period			General practice	General practice and rural runs				Emergency desirable
Approved practice settings required	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
University-based postgraduate programme	No Placements allocated by Medical Appointments and Training Unit in ACT Dept of Health; ultimately overseen by NSW IMET	No Allocation of intern placements, PG training and welfare of prevocational trainees PGY1 and 2 coordinated by Institute of Medical Education and Training	No 2-year Prevocational Clinical Education Programme overseen by Northern Territory Postgraduate Medical Council	N/S Postgraduate Medical Council accredits junior doctor training programmes, mainly PGY1 and PGY2	No Training overseen by Postgraduate Medical Council of South Australia	No Postgraduate Medical Institute of Tasmania responsible for PGY1–3	N/S Prevocational training overseen by Postgraduate Medical Council	No Prevocational training overseen by Postgraduate Medical Council

N/S = not significant

Table 1c. Pre-registration regulations for Canadian provinces

	Alberta	British Columbia	Manitoba	New Brunswick	Newfoundland and Labrador	Nova Scotia	Ontario	Saskatchewan	Quebec
Time to complete provisional registration (equivalent)	2 years	2 years; core of 44 weeks	2 years	2 years	1 year	2 years	1 year	2 years	N/S
Extended provisional registration period allowed (for maternity leave etc.)	Maximum of 1 year off for maternity leave	Maximum of 1 year off for maternity leave	Yes	N/S	Yes Maximum of 1 year off for maternity leave	N/S	Maximum of 1 year off for maternity leave	Maximum of 1 year off for maternity leave	N/S
Additional restrictions to registration	Waiver of training possible in exceptional circumstances		Must complete an accredited postgraduate training programme. Part-time work must be equivalent to full-time for 2 years	Must satisfactorily complete an accredited postgraduate training programme The college has discretion to be lenient on the total amount completed	All core rotations must be completed working full-time; part-time rotations must be at least 50% of a full-time Programme director's discretion as to when residency complete	Must satisfactorily complete an accredited postgraduate training programme	Must complete an accredited post-graduate training programme and examinations	Part-time work generally approved if 50–80% of full-time	60% patient contact French

N/S = not significant

agency (e.g. university). Table 3 shows the possibility of part-time work, including the need for explicit special approval.

All regions required new doctors to work in practice settings approved either by a postgraduate medical body (Australia, Ireland, the UK), the Medical Council (NZ), or a university (Canada).

Training during the first postgraduate year varied in delivery and was country-specific. Australia, NZ and the UK had intern education provided by the employing hospital, whereas Canada and Ireland had a university-based postgraduate programme. All regions within Australia have their hospital-based training overseen by an independent medical training institute. In NZ the hospital-based training is overseen by the NZ Medical Council. In the UK, a postgraduate foundation programme is undertaken in the employing hospital, and is overseen by local independent

medical bodies known as postgraduate deaneries; these are unrelated to undergraduate (medical school) deans.

Discussion

This research project made an international review of the flexibility of registration requirements for new medical graduates who wish to undertake paid employment and training on a part-time basis, as there is considerable international movement in the junior doctor workforce. The research was limited to the provisional registration period, as this period may have the least flexibility in working conditions but the greatest consistency among the study countries, allowing comparisons to be made. The main result from this research was that there are many similarities between the study countries in their approaches to junior doctors with regard to registration requirements in the first postgraduate year. We could find no previous research support-

Table 2. Common themes for registration requirement restrictions in 20 regions

Theme	No. of regions	% of regions
Must complete postgraduate requirements	11	55%
Full-time component to training required	5	25%
Minimum part-time requirement stated	3	15%
Rotation length specified	5	25%

ing this result but it is important because of the increasing globalisation of the medical workforce, particularly early in doctors' careers.

Flexibility of registration requirements was indicated by the value accorded to allowing part-time work and by having limited prior approval rules. We looked for guidelines that clearly stated how to meet registration requirements, including minimum requirements for part-time work, maximum time allowed for an extended provisional registration period, and whether any full-time component is required. Additional signs of a flexible registration body may include guidance for new medical graduates on work-life balance, how to job-share, and how to balance service with training requirements when working part-time.

While registration requirements may be flexible, the ability to work part-time also depends on the flexibility of workplaces to accommodate part-time doctors. In the traditional hospital establishment, shifting from the 'house doctor', available 24 hours a day, to 'part-time' doctor may be difficult. Well-linked teams and effective job-sharing may ease this transition and facilitate healthier working hours. In many countries government regulations are already impacting hours of work and forcing change.¹⁶ Few regions had this type of information explicitly stated. Emails for further information were frequently misconstrued as from an international medical graduate

seeking registration or employment advice, rather than from a researcher seeking information.

Across all study regions there are similarities in medical registration requirements, the primary one being that doctors must be registered to practise medicine. A provisional registration period applies to all study countries except Canada, where an educational registration is applicable for doctors engaged in vocational training. Most regions (65%) had a provisional registration period of one year, even if they had foundation or core training periods of two years. Most regions allowed extensions of this provisional registration period (73%), ranging from two to four years for completion. Restrictions to extension had several common themes; the most common was that doctors must complete postgraduate requirements during the extended period. Part-time work was possible in at least 75% of regions. Only two regions stated part-time or job share options were not possible. There was unanimous agreement that basic training must occur within approved practice settings.

There was a strong geographical distribution of results for some questions. Canada conducts medical registration differently from the other study countries, having neither a prevocational postgraduate period, nor a true equivalent for the provisional registration period. Extensions of the provisional training period were applicable only for the other regions. Canadian literature referred

Table 3. Potential to work part-time during provisional registration period in 20 regions

	Yes	Possibly	No	Not stated	TOTAL
Part-time option possible	15 (75%)	2 (10%)	2 (10%)	1 (5%)	20 (100%)
Special approval explicitly required	7 (35%)	2 (10%)	1 (5%)	10 (50%)	20 (100%)

to extending the training (residency) period only through parental leaves of absence, and made mention of state parental leave policy.

Delivery of postgraduate education varied by country, although most training worldwide took place within employing hospitals. Providers of postgraduate prevocational education in Australia, NZ and the UK were based in hospitals, while in Canada this education was provided by a university.

Educational oversight and accreditation clearly had regional differences as well. In Australia the regional Postgraduate Medical Councils or Institute of Medical Education and Training both accredit junior doctor training programmes, and provide oversight for the education provided. In Ireland and Canada some educational oversight is provided by the Medical Council, and presumably also through the universities' independent accreditation processes. In NZ these roles are held by the Medical Council. In the UK this role was undertaken by local deaneries.

Several regions stand out as being particularly flexible. Australia, which may be more consistent across the country than these results suggest, also appears quite flexible, particularly in the fact that the amount of full-time work required seems small but reasonable (one 10-week period) and relatively manageable compared to NZ (requiring three consecutive runs or nine months in a row full-time). The UK had all of the Foundation Programme requirements fully stated in an easily accessible website. It was one of the very few places to formally state the options for part-time work. The explicit statement of this information indicated the matter had been given careful consideration, and that the special needs of a changing medical workforce have been taken seriously. While flexible registration requirements do not mean part-time work is readily available, they do provide guidance for both employers and new doctors seeking employment compatible with the conflicting needs of family and work.

Conclusion

The medical workforce is changing, and medical registration is one prerequisite for employment as

a doctor in most countries. This research provides a snapshot of 2008 practices of international medical registering bodies for the provisional registration period. There are likely to be small changes since then as the processes evolve in different countries. The study gives new insights into the flexibility of the registering bodies' ability to accommodate new doctors who wish to work part-time. However, it was limited to only six countries and more research, involving more countries, would give greater insight into the training and environments supporting junior doctors. All countries need to examine registration requirements and other components of medical training and employment processes in light of the changing medical workforce and the international health workforce crisis.

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COMPETING INTERESTS

Dr Sharon Leitch declares a potential competing interest because she received funding from the RNZCGP under the Research Fellowship programme.

Appendix: Web references by country

Country	Web references
NEW ZEALAND	Medical Council of New Zealand http://www.mcnz.org.nz/
AUSTRALIA	Australian Medical Council http://www.amc.org.au/
Australian Capital Territory	Medical Board of the Australian Capital Territories http://www.medicalboard.act.gov.au/ ACT Government Health Information http://health.act.gov.au/c/health?a=da&did=10146918&pid=1175733566
New South Wales	New South Wales Medical Board http://www.nswmb.org.au/ Institute of Medical Education and Training http://www.imet.health.nsw.gov.au/
Northern Territory	Northern Territories Government; Health Professionals Licensing Authority http://www.health.nt.gov.au/Health_Professions_Licensing_Authority_HPLA/Health_Registration_Boards/Medical_Board/index.aspx Northern Territory Postgraduate Medical Council http://www.ntpmc.org.au/prevocationaltraining/index.htm
Queensland	Medical Board of Queensland http://www.medicalboard.qld.gov.au/ Postgraduate Medical Education Council of Queensland http://www.pmcq.com.au/
South Australia	Medical Board of South Australia http://www.medicalboardsa.asn.au/ The Postgraduate Medical Council of South Australia http://www.pmc.sa.org.au/index.php
Tasmania	Medical Council of Tasmania http://www.medicalcounciltas.com.au/ Postgraduate Medical Institute of Tasmania http://www.pmit.utas.edu.au
Victoria	Medical Practitioners Board of Victoria http://medicalboardvic.org.au/ Postgraduate Medical Council of Victoria http://www.pmc.vic.com.au/
Western Australia	The Medical Board of Western Australia http://www.medicalboard.com.au/ The Postgraduate Medical Council of Western Australia http://www.pmc.wa.health.wa.gov.au/home/index.cfm
UNITED KINGDOM	General Medical Council http://www.gmc-uk.org/ The Foundation Programme http://www.foundationprogramme.nhs.uk/pages/home/training-and-assessment
IRELAND	Medical Council of Ireland http://www.medicalcouncil.ie/
CANADA	Medical Council of Canada http://www.mcc.ca/ The Royal College of Physicians and Surgeons of Canada http://rcpsc.medical.org/ Canadian Resident Matching Service http://www.carms.ca/
Alberta	College of Physicians and Surgeons of Alberta http://www.cpsa.ab.ca/home/home.asp University of Alberta http://www.med.ualberta.ca/education/pgme/index.cfm University of Calgary http://www.medicine.ucalgary.ca/postgrad
British Columbia	College of Physicians and Surgeons of British Columbia https://www.cpsbc.ca/cps University of British Columbia MD Postgraduate programme http://www.med.ubc.ca/education/md_postgrad.htm
Manitoba	College of Physicians and Surgeons of Manitoba http://www.cpsm.mb.ca/
New Brunswick	College of Physicians and Surgeons of New Brunswick http://www.cpsnb.org/
Newfoundland and Labrador	College of Physicians and Surgeons of Newfoundland and Labrador http://www.nmb.ca/Registration.asp Memorial University of Newfoundland http://www.med.mun.ca/pgme/home.aspx
Northwest Territories	Government of the Northwest Territories http://www.hlthss.gov.nt.ca/english/health/default.htm
Nova Scotia	College of Physicians and Surgeons of Nova Scotia http://www.cpsns.ns.ca/ Dalhousie University Faculty of Medicine http://postgraduate.medicine.dal.ca/
Nunavut	Government of Nunavut; Health and Social Services http://www.gov.nu.ca/health/
Ontario	College of Physicians and Surgeons of Ontario http://www.cpso.on.ca/ Professional Association of Interns and Residents of Ontario http://www.pairo.org/
Prince Edward Island	College of Physicians and Surgeons of Prince Edward Island http://www.cpspei.ca/
Quebec	College des Medecins du Quebec (English pages only) http://www.cmq.org/ McGill Faculty of Medicine http://www.medicine.mcgill.ca/postgrad/ Federation medecins residents Quebec (English pages only) http://www.fmrq.qc.ca/formation-medicale/index_ang.cfm
Saskatchewan	College of Physicians and Surgeons of Saskatchewan http://www.quadrant.net/cps/
Yukon	Government of Yukon; Community Services http://www.community.gov.yk.ca/