

FREQUENTLY ASKED QUESTIONS ABOUT FAMILY MEDICINE IN NUNAVIK



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RÉGIE RÉGIONALE DE LA NUNAVIK REGIONAL
SANTÉ ET DES SERVICES BOARD OF HEALTH
SOCIAUX DU NUNAVIK AND SOCIAL SERVICES



HOW MANY POSITIONS ARE AVAILABLE EACH YEAR?

It depends on the number of positions granted by the MSSS for our region under the regional medical manpower plan (RMMP). If the number of applicants exceeds the number of allocated positions, we are obliged to proceed with interviews followed by a selection process. 5 to 10 physicians are recruited each year. In case all the positions are filled and a candidate nevertheless wishes to work in Nunavik, it is possible to apply for dispensation with the MSSS.



ARE THERE MANY FUTURE PHYSICIANS WHO SUBMIT THEIR CANDIDATURE?

It varies from one year to the next, generally from 5 to 12.



IF I HAVE NOT PERFORMED AN INTERNSHIP IN NUNAVIK, WILL I BE PENALIZED IN THE SELECTION PROCESS?

Not necessarily. A prior internship in Nunavik is certainly a positive in a candidate's preparation for a future practice, enabling him¹ to explore the various settings (hospital or CLSC/point of service) and become familiar with the teams. On the other hand, if a candidate has not had the opportunity to perform an internship, some experience in another setting with limited resources or with a different culture could definitely prove to be an asset.



WHAT OTHER TRAINING WOULD BE PERTINENT TO PRACTISING IN NUNAVIK?

All training on emergencies (PALS, ATLS, PRN, ACLS, GESTA, EDU-practical aspect, CASTED and ALARM) are recommended before starting practice.

¹In the interest of simplicity, the masculine or feminine form is used in this text to denote either sex.



IS THE MU3 TRAINING OBLIGATORY OR AN ASSET?

It is an asset but is not absolutely necessary.



IS THE MU OBSTETRICAL TRAINING OBLIGATORY OR AN ASSET?

It is an asset but is not absolutely necessary. In Nunavik, most of the monitoring of pregnancy and childbirth is performed by midwives.



HOW MANY WEEKS EACH YEAR DO NEW PHYSICIANS HAVE TO WORK IN NUNAVIK?

A new medical resident must work 34 weeks per year for the first two years of her practice.



WHAT DOES THAT REPRESENT IN TERMS OF STAYS AND WHAT IS THE DURATION OF STAYS?

For the first years of practice, the number of stays and their duration can vary depending on the physician's preferences and the team's needs, and this according to the community where the physician occupies a position. Some physicians work several months before taking vacation (e.g., a stay of 16 weeks followed by a period of vacation/training of several weeks), whereas others stay for shorter periods (e.g., a stay of eight weeks followed by a period of vacation/training of four weeks).



HOW MANY FLIGHTS ARE REIMBURSED?

During the first two years of practice, the RAMQ reimburses full-time physicians for four return trips involving ongoing training as well as four return trips for vacation. If a physician has dependants (spouse or children), the number of flights reimbursed

is three each for the physician and the dependants. Depending on a physician's status (full or part time) and the number of dependants under the age of five years, other return trips are possible



WHAT IS FAMILY PRACTICE LIKE IN NUNAVIK (WITH OR WITHOUT APPOINTMENTS, HOSPITALIZATION, ETC.)?

Practice in a hospital (Puvirnituq on the Hudson coast, Kuujuaq on the Ungava) includes hospitalization, emergency, consultations with or without appointment, on-duty service in the hospital including medical evacuations (medevac) from the communities and obstetrics to support midwives.

The practice in CLSCs (points of service) is similar but does not include hospitalization or in-person attendance of medical evacuations from the communities.



Team work is a cornerstone of northern practice. All the communities can count on nurses with a broadened role who provide all front-line care: consultations without appointment, emergencies and on-duty service (assessment over telephone and in person). They can call a physician as needed.



WHAT IS THE PHYSICIANS' SCHEDULE LIKE?

In Puvirnituk (on the Hudson coast), the physician will be on the night or day schedule. The night schedule starts at 9:00 and covers duty until 9:00 the following morning. When on duty in Puvirnituk, the physician receives patients requiring emergency transfer by medical evacuation from the other communities of the coast. During the night, he will also work with the physician on duty for the communities, the latter physically based in one of the communities on the coast (Inukjuak, Salluit or Kuujjuaraapik for the Hudson). During the night schedule, the physician on duty in Puvirnituk always has a colleague on backup duty, also in Puvirnituk, who can be called anytime, if, for example, a patient needs to be intubated on site, or if he has to leave in order to pick up a patient by medical evacuation in another community. As needed, the physician on backup duty will take over for the on-duty service.

For physicians in Puvirnituk on the day schedule, the CLSC hours are from 9:00 a.m. to 5:00 p.m. The tasks alternate from one week to the next, such that everyone ends up providing all sorts of services: hospitalization (patients from Puvirnituk and transfers from the other communities), appointments for consultation (office), corridor consultations (emergencies, patients without appointment). One of the physicians on the day schedule will cover the period from 5:00 p.m. to 9:00 p.m., until the physician on duty for the night arrives.

For the points of service, the physician in Salluit, Inukjuak or Kuujjuaraapik performs what is called on-duty service in the community. When on duty, the physician starts at 5:00 p.m. and finishes at 9:00 the following morning. He is on duty for the patients of the community where he is physically present but is also on duty over telephone for all the other communities of the coast. Officially, there is no "day after duty" or physician on backup duty, but he may choose to take a few hours' break, if



DO PHYSICIANS WORK IN OBSTETRICS?

Yes, in fact, they work closely with the midwives who are responsible for front-line services: regular monitoring of pregnancy, post-partum follow-up and routine childbirth. The physicians get involved when an obstetrical emergency or complication occurs. Some physicians also possess training in surgical abortion and can perform curettage when required, for example, in case of post-partum hemorrhage or bleeding during the first trimester linked to a complete abortion.



WHAT TYPES OF CASES MIGHT A PHYSICIAN SEE IN A TYPICAL DAY?

Cases vary greatly! You might follow up a two-month-old baby, make home visits, manage a tuberculosis outbreak or even spend an entire day managing care for a serious trauma case.

needed, the day after being on duty. He can also call the second physician of his community if he is required to care for a critical patient. The physician on night duty in Puvirnituaq is also very valuable in terms of a second opinion and for support over videoconference if necessary. It is also the physician in Puvirnituaq whom he will call to transfer a patient by medevac.

On the Ungava coast, in principle, a physician in Kuujjuaq works Monday to Friday, 9:00 a.m. to 5:00 p.m., plus two weekends per month (in the summer when there are few physicians on the territory, this schedule could go up to three weekends per month, although this is rare). There is also on-duty service, which we refer to as “Duty 1” and “Duty 2.”

The main, recurrent roles are physician in the clinic, physician in the hospital, general physician (multiple tasks including liaison with laboratories, community calls, pediatric immunization clinic, sexual-health clinic and so forth), orthopedics and, finally, monitoring of pregnancy and women’s health as well as management of patient care.

There are also specialized roles (less frequent on the schedule): medical and therapeutic voluntary interruption of pregnancy, pediatrics, mental health, home care and elders, social pediatrics and follow-up of children at the group home. These tasks are distributed among the physicians according to their interests.

Duty 1 covers from midnight to 9:00 a.m. for the Kuujjuaq hospital and includes taking all calls from the communities of the Ungava coast. Duty 1 also covers obstetrical emergencies. We are normally on Duty 1 once or twice a week. The day after Duty 1, the physician goes on “day after duty” and works from 4:00 p.m. to midnight at the Kuujjuaq clinic. If things are quiet at the clinic, the physician may, from 9:00 p.m. onward, continue on-duty service from home.

Duty 2 covers the territory for medical evacuations requiring the presence of a physician on board to resuscitate or stabilize a patient from one of the communities, as well as assistance for the physician on Duty 1 if circumstances dictate at the Kuujjuaq clinic. We are normally on Duty 2 twice a week.



WHAT ABOUT ON-DUTY SERVICE?

See above. Moreover, the physician working in a CLSC or hospital may at any time be called by her midwife colleagues for a second opinion, in preparation for a difficult childbirth or for a transfer. Further, all other calls are filtered by our nurse colleagues: they call us after performing an assessment of the patient.

The cases that the physicians might deal with when on duty also vary greatly: obstetrical, neonatal and medical emergencies as well as trauma cases. Public-health emergencies (dog bites, botulism, tuberculosis, gastrointestinal infections from consumption of contaminated water, etc.) can also arise, along with deaths through suicide, homicide, natural causes, hypothermia, etc.





HOW MANY PHYSICIANS PRACTISE AT THE SAME TIME AT THE CLSCS OR HOSPITAL CENTRES?

For the Hudson, schedule permitting, there are six physicians at the health centre in Puvirnituk, two at the Salluit CLSC, three at the Inukjuak CLSC and one at the Kuujjuaraapik CLSC. The CLSCs of Ivujvik, Akulivik and Umiujaq are covered by nurses. One visit to each of the latter three communities by a physician, generally from Puvirnituk, is organized monthly.

For the Ungava, there are seven physicians at the health centre in Kuujuaq, one at the Kangiqsujaq CLSC and one at the Kangiqsualujuaq CLSC. One visit to each of the remaining four communities by a physician from Kuujuaq is organized every four to six weeks.



ARE THERE ANY SPECIFIC MEDICAL ACTIVITIES?

In the northern practice in Nunavik, there are no specific medical activities. All the physicians occupying a position share all the clinical tasks.



IS THERE A CT SCANNER OR MRI UNIT?

For the moment, none of the hospital centres has a CT scanner or MRI unit, although much effort is going toward correcting the situation. All patients requiring such an examination must be transferred to our referral centre (the McGill University Health Centre in Montréal).



DOES THE WEATHER OFTEN AFFECT EVACUATIONS?

Yes. Transfers are delayed quite often due to bad weather. The team of nurses and physicians are then obliged to make the most of the available resources (local workers, patient's family, social workers,

etc.), take the initiative and rely on their resourcefulness. Sometimes, during delays caused by the weather, the patient's condition takes a turn for the better, the result being that the transfer is no longer necessary.



WHAT ACTIVITIES (SPORTS, CULTURAL, ETC.) ARE AVAILABLE IN NUNAVIK?

The territory (commonly referred to as the "land") inhabited and explored by our fellow Inuit is both vast and extremely rich. Working here also means the privilege of living here and meeting the inhabitants, which greatly enriches the experience. It is an opportunity to learn more about the Inuit culture and its numerous activities (meals based on game, sewing, hunting, fishing, bingo, games during the holiday season, etc.).

Moreover, the land is a veritable playground for lovers of the outdoors (fishing, hiking, running, crosscountry skiing, etc.), and its nearness makes outings truly accessible to all, whether families, groups or solo outdoor-sport enthusiasts.



