

CBT Canada | TeleCBT

Fellowship in Medical CBT

FM CBT

Twelve Month Part-Time Program



The Spirit of CBT

“People are not troubled by things, but by their judgments about things.” —Epictetus

*“Our present thoughts build our life of tomorrow: our life is the creation of our mind.”
—The Dhammapada*

“There is nothing either good or bad but thinking makes it so.” —William Shakespeare

“The mind is its own place, and in itself can make a heaven of hell, a hell of heaven.” —John Milton

Floods will rob us of one thing, fire of another. These are conditions of our existence which we cannot change. What we can do is adopt a noble spirit, such a spirit as befits a good person, so that we may bear up bravely under all that fortune sends us and bring our wills into tune with nature’s. —Seneca

*“When a man is a prey to his emotions he is not his own master, but lies at the mercy of fortune.”
—Benedict de Spinoza*

*“Life consists in what a man is thinking of all day.”
—Ralph Waldo Emerson*

“The wise man is always happy—keeping an eye on his logic.” —Cicero

“The greatest revolution of our generation is the discovery that human beings, by changing the inner attitudes of their minds, can change the outer aspects of their lives.” —William James

*“The best way to predict your future is to create it.”
—Abraham Lincoln*

“If you are distressed by anything external, the pain is not due to the thing itself, but to your estimate of it; and this you have the power to revoke at any moment.” —Marcus Aurelius

“Your living is determined not so much by what life brings to you as by the attitude you bring to life; not so much by what happens to you as by the way your mind looks at what happens.” —Khalil Gibran

“Everything can be taken from a man but one thing: the last of human freedoms—to choose one’s attitude in any given set of circumstances, to choose one’s own way.” —Viktor Frankl

*“The meaning of things lies not in the things themselves, but in our attitude towards them.”
—Antoine de Saint-Exupéry*

*“Men’s happiness or unhappiness depends no less upon their temperament than upon fortune.”
—François duc de La Rochefoucauld*

*“Misery is almost always the result of thinking.”
—Joseph Joubert*

“Happiness depends, as nature shows, less on exterior things than most suppose.” —William Cowper

“We cannot solve our problems with the same thinking we used when we created them.” —Albert Einstein

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🌀 National Winner 🌀

**College of Family Physicians of Canada
Continuing Professional Development Program Award**

FMCBT

Fellowship in Medical Cognitive Behavior Therapy



supratentorial medicine



Dear Colleague:

Thank you for your interest in the *Fellowship in Medical CBT (FMCBT)*, co-sponsored by CBT Canada and TeleCBT.

Are you drawn to human psychology and personal growth? Do you want skills and confidence in the most researched and effective psychotherapy? Would you welcome the option of working more from home?

The *Fellowship in Medical CBT* delivers CBT Canada's complete curriculum—all fifteen modules, five core and ten specialty—through live, interactive Zoom instruction, supported by clinical mentoring and journal clubs. Behind that curriculum is thirty years of refinement. Since 1996, CBT Canada has trained over 10,000 Canadian physicians in medical CBT and has received the CFPC's *National CME Program Award*.

Medical CBT Fellows graduate with the skills and confidence to expand their scope of practice, the FMCBT designation and 150 Mainpro+ credits.

Fellows train alongside a national cohort of physicians committed to medical CBT. The collegial network is frequently cited as one of the program's most valuable benefits. Top graduates are considered for the TeleCBT clinical team and may be invited to join CBT Canada's faculty at vacation CME programs, including cruise and international offerings.

For Ontario-based physicians, remuneration for the one-year, part-time program starts at \$76,549.²⁰. Physicians practising outside Ontario are invited to explore *Alternative Pathways* (p. 21).

Application deadlines are **August 7, 2026** (September 9 start); **December 4, 2026** (January 6 start); and **August 6, 2027** (September 8 start). Midterm applicants are occasionally considered.

For questions about the application process, contact TeleCBT's Clinical Director, Christine Uchida (christine.uchida@telecbt.ca). We hope you'll join us.

Sincerely,

A handwritten signature in black ink that reads 'Greg Dubord'.

Greg Dubord, MD
FMCBT Director

Eligibility Requirements



A strong interest in human psychology—and in personal growth



Excellent self-awareness



Excellent communication skills



An appreciation for the many pluses of working from home



An unrestricted licence to practise medicine in a Canadian jurisdiction *



Eligibility to bill a provincial health plan *



Canadian Medical Protective Association (CMPA) malpractice insurance *



* Exceptions apply. Email Christine Uchida (christine.uchida@telecbt.ca) for details.

CBT CANADA



supratentorial medicine



Greg Dubord, MD is the Founder and Director of CBT Canada, and the leading advocate of medical CBT—the integration of cognitive behavior therapy’s tested techniques into day-to-day family practice appointments. Dr. Dubord directs the *Fellowship in Medical CBT (FMCBT)*.

Dr. Dubord has taught with the University of Toronto’s *Department of Psychiatry* for nearly twenty-five years, and has given CBT workshops for over ten other Canadian medical schools—many on an annual basis. He presented over fifty workshops for *Family Medicine Forum*, including every year from its inception in 2000 until COVID-19.

Dr. Dubord has given in-person workshops in all thirteen Canadian provinces and territories, and in over a dozen overseas countries. In total, he has presented over 500 one-day (or longer) workshops on medical CBT.

The *University of Toronto* has honoured Dr. Dubord with both the *Continuing Mental Health Education Award* (from the *Department of Psychiatry*) and the *CME Teacher of the Year* award (from the *Faculty of Medicine*).

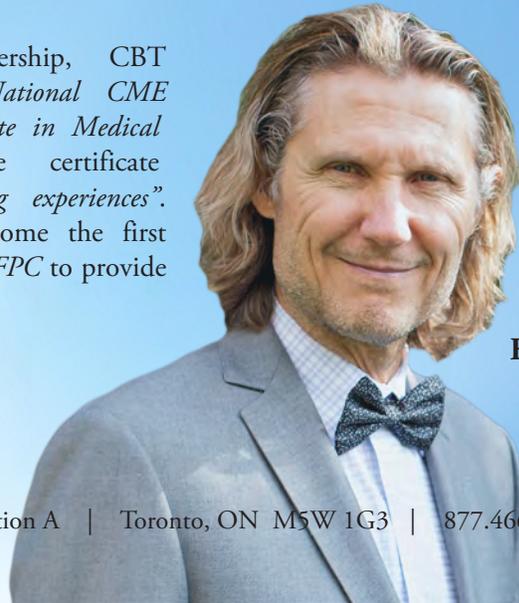
Under Dr. Dubord’s leadership, CBT Canada won the *CFPC’s National CME Program Award* for its *Certificate in Medical CBT (CMCBT)*, citing the certificate program’s “exceptional learning experiences”. CBT Canada went on to become the first institution authorized by the *CFPC* to provide three-credits-per-hour CME.

Dr. Dubord completed his orthodox CBT training under the “Father of CBT”, Dr. Aaron Beck (1921–2021). He was the first Canadian *Beck Institute Fellow*, and is a Founding Fellow of the international *Academy of Cognitive and Behavioral Therapies*.

Dr. Dubord was deeply influenced by his three-year, one-on-one apprenticeship under UofT *Psychiatry* Chair and *homme de lettres* Dr. Vivian Rakoff (1928–2020). Their tutoring discussions focused on the clinical applications of the wisdom of the arts, literature, philosophy, and world religions—and (best of all) humour.

In the late 1990s, the *Clarke Institute of Psychiatry* (now CAMH) recruited Dr. Dubord to establish UofT’s *Advanced CBT Institute*. Dr. Dubord directed both the *Advanced CBT Institute* and the *Psychiatry Department’s CBT Certificate Program* for over a decade.

When he’s not teaching physicians CBT, Greg’s passions include mountain biking, sea kayaking, skiing—playing frisbee with his Belgian Malinois—but most meaningfully, being the best husband and father he can be.



Greg Dubord, MD
Fellowship Director

The History of TeleCBT

The story of TeleCBT began in 2015, when Toronto social worker Christine Uchida, MSW set out to eliminate the geographic barriers preventing Canadians from accessing expert CBT. TeleCBT opened its virtual doors two years later, on August 31, 2017.

When provincial governments declared a state of emergency on March 17, 2020, most mental health professionals were caught completely off guard. Clinics hurriedly cobbled together telehealth “systems” dependent on temporary relaxations in privacy regulations. TeleCBT had been operational for over two and a half years. Today, with nearly a decade of continuous operation, TeleCBT’s mature platform plays a vital role in helping Canadians access CBT—regardless of where they live. Here are some facts about TeleCBT’s system:

- ✓ TeleCBT provides highly-personalized physician–patient matching, with dedicated back office staff and seasoned clinicians who handle patient transitions when a case requires a different clinical fit
- ✓ TeleCBT is covered by the *Ontario : WIZ Insurance Plan* (OHIP) and many employee benefit plans (based on *Blue Cross, Canada Life, Great West Life, Green Shield, Manulife, Sunlife*, etc.)
- ✓ Over thirty-five MSW students from the University of Toronto and UWaterloo have completed their clinical placements with TeleCBT
- ✓ All of TeleCBT’s servers are physically located within Canada, and the privacy of all TeleCBT appointments is safeguarded with end-to-end encryption with the 128-bit *Advanced Encryption Standard*
- ✓ TeleCBT is fully compliant with Canada’s *Personal Information Protection and Electronic Documents Act* (PIPEDA) and the *Personal Health Information Protection Act* (PHIPA)
- ✓ TeleCBT has over one hundred personnel, encompassing several dozen areas of expertise.
- ✓ TeleCBT’s clinicians speak both official languages and over a dozen additional languages, including Arabic, Farsi, Hindi, Korean, Mandarin, Portuguese, Punjabi, Romanian, Spanish, Ukrainian, and Urdu.



Program Components

All FMCBT components are 100% online

- 1.** **Fellowship Orientation** consists of a six-hour review of the fundamentals of cognitive behavior therapy (including case conceptualizations, strategies, and techniques), along with an introduction to TeleCBT forms and charting.
- 2.** **Fellowship Classes** are taught by Dr. Greg Dubord, a *UofT CME Teacher of the Year*. Dr. Dubord works through CBT Canada's complete curriculum—all fifteen modules—over the course of over 48 interactive hours (see pp. 9–12).
- 3.** **Medical CBT Rounds** (group mentoring) is one hour per week (48 sessions total). *Medical CBT Fellows* learn to assess themselves using the *Cognitive Therapy Rating Scale*, discuss challenging cases, and recap & expand upon *Fellowship Classes*.
- 4.** **Medical CBT Journal Club** is one hour per month. Program Director Dr. Greg Dubord reviews key studies from the major journals in psychology, psychotherapy, and psychiatry. *Fellows* may contribute reviews reflecting their interests.
- 5.** **FMCBT Evaluations** consist of *Cognitive Therapy Rating Scale* assessments and a three-hour final examination (multiple choice questions).

FMCBT

Fellowship in Medical Cognitive Behavior Therapy

Fellowship Classes

The Fellowship in Medical CBT draws from CBT Canada's full catalogue of fifteen modules—five core and ten specialty. All modules are delivered live and interactively via Zoom by Program Director Dr. Greg Dubord.

The curriculum spans 48 hours of instruction, with every tool designed for versatility: equally effective in a ten-minute primary care encounter or a dedicated psychotherapy session.

CORE MODULES (*n* = 5)

- **Ten-Minute CBT**
No-Bullshit Tools for Busy Clinicians
- **CBT Tools**
Canada's #1 CBT Workshop
- **CBT Tools Practice**
Skills Consolidation
- **Bedside Manners 2.0**
The Dreadfully Soft Stuff That Drives Hard Outcomes
- **SuperDoc**
Leveraging CBT to Maximize Physician Resiliency

SPECIALTY MODULES (*n* = 10)

Depression

The Complete CBT Package

Dysthymia

CBT's Pathway Out of Chronic Depression & Suicidality

Functional Disorders

Freedom from Frequent Frustration

GAD

Quieting the Anxious Mind

GriefWork

Growing from Life's Inevitable Losses

Happiness Science

Evidence-Based Guidance for the Universal Human Quest

Personality Disorders

Manage Them Before They Manage You

PTSD

From Post-Traumatic Stress to Post-Traumatic Growth

Social CBT

Tactical Tools to Boost Belonging

Teen CBT

Guiding Adolescent Growth

🌀 **National Winner** 🌀

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Core Modules



Ten-Minute CBT. No-Bullshit Tools for Busy Clinicians. An introductory workshop reviewing ten of the 26 tools covered in the full *CBT Tools* module, along with highly practical tips harvested from other three-hour modules. Medical CBT is specifically designed for the ultra-brief appointments typical of primary care. An excellent choice for a high-impact introduction—or a refresher of material taken before. (3 hours)



CBT Tools. Canada's #1 CBT Workshop. A sleeves-up immersion in over 26 tools used to change patients' maladaptive beliefs and behaviours, with step-by-step demonstrations of how to integrate each tool into ten-minute appointments. Participants gain familiarity and comfort through coached practice in dyads. Emphasizes practical assessment tools, homework compliance enhancers, and change-oriented charting. (6 hours)



CBT Tools Practice. Skills Consolidation. Begins with a one-hour review of the 26 tools of persuasion from *CBT Tools*, including recent updates. The middle section is a private self-assessment: participants rate their ability to identify tools used in scripted encounters. The final section consists of group role plays applying over 26 tools of persuasion to clinical scenarios. (3 hours)

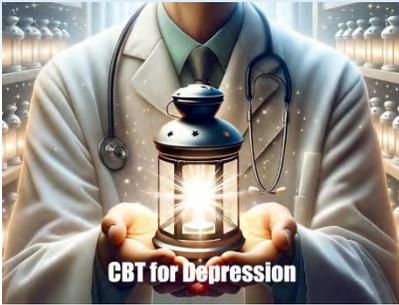


Bedside Manners 2.0. The Dreadfully Soft Stuff That Drives Hard Outcomes. A recent meta-analysis found that 28% of behaviour change outcomes depend on the strength of the doctor-patient relationship. This workshop covers the “dreadfully soft stuff” that drives hard outcomes—e.g., vaccine acceptance, med adherence, smoking cessation, exercise prescriptions, rehab compliance—and patient satisfaction. Nothing is heroic but everything is practical in this complaint prevention primer. (3 hours)

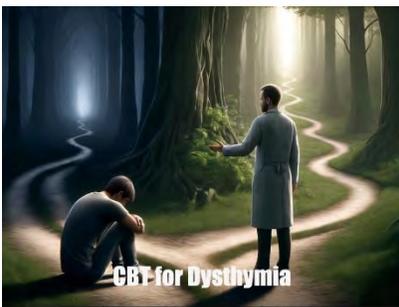


SuperDoc. Leveraging CBT to Maximize Physician Resilience. This module equips you with versatile CBT tools to improve the functioning and mental health of your patients, your family, and your colleagues—and the ongoing project called “you.” This is a serious workshop that even saw-wielding orthopods can relate to, with nary a mention of yoni steaming or herbal colonics—and absolutely no Zoom group hugs. (3 hours)

Specialty Modules



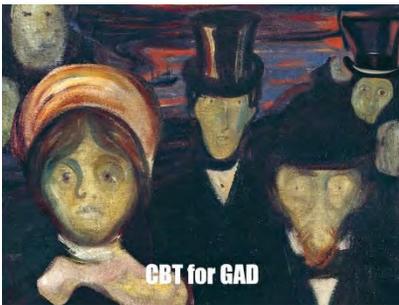
Depression. The Complete CBT Package. Since Aaron Beck's Version 1.0, CBT has been on a steady path of refinement—shedding low-yield components and incorporating higher-yield ones. This workshop integrates contemporary CBT with other respected modalities, both established and emerging. The tools are designed for the physician's most demanding practice days. *(3 hours)*



Dysthymia. CBT's Pathway Out of Chronic Depression & Suicidality. Covers three related topics: brief CBT for dysthymia, victimhood culture (an exacerbant on the rise), and brief CBT for suicidality—focusing on precisely what to say in the moment to reduce the patient's motivation to act. A landmark NIMH study found that with “CBT 2.0”, over 85% of the chronically depressed improved 50% or more. *(3 hours)*



Functional Disorders. Freedom from Frequent Frustration. It's all in *your* head that no treatment is helpful. The terminology is medicine's most muddled—hysteria, hypochondriasis, psychosomatic, somatoform, health anxiety, and MUS overlap. CBT doesn't require perfect labels—only recognition that symptoms are real and treatable. We cover nine conditions: dementia worry, fibromyalgia, illness anxiety disorder, IBS, migraine, panic disorder, perimenopause, PMDD, and tinnitus. *(3 hours)*

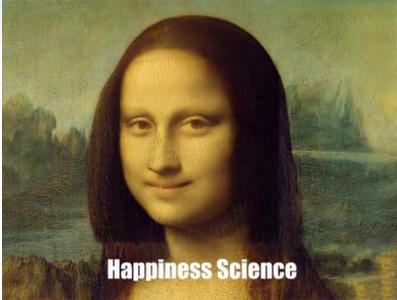


GAD. Quieting the Anxious Mind. Many people suffer from anxiety all their lives—a bloody shame given how effective CBT can be. Patients, family, friends—and even the occasional non-surgical doctor: nobody is immune. This highly practical module works through case studies of excessive worry, generalized anxiety disorder, and common contemporary fears. The focus is on cognitive and behavioral techniques that take ten minutes or less. *(3 hours)*



GriefWork. Growing from Life's Inevitable Losses. What are DSM-5-TR's criteria for the new Prolonged Grief Disorder? Kübler-Ross's DABDA is dead—what new recovery model is both evidence-based and empowering? Is it bereavement or is it depression, and how should management differ? Concrete tools for the bereaved, with tricks to boost compliance. Also addresses relationships beyond their “best before” dates and careers that feel soul-draining. *(3 hours)*

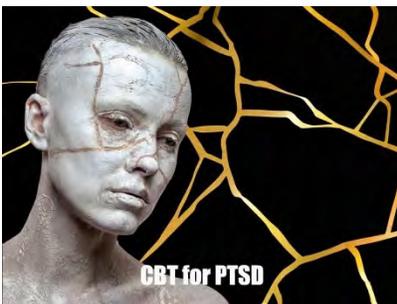
Specialty Modules



Happiness Science. Evidence-Based Guidance for the Universal Human Quest. Each year, over 1,000 academic papers are published in the compelling field of positive psychology. This module begins with definitions and measurement, then reviews what the science actually says about the conditions, habits, and interventions that reliably increase human happiness. CBT Canada’s most upbeat and broadly applicable module. (3 hours)



Personality Disorders. Manage Them Before They Manage You. Over 12% of your patients likely have a personality disorder—and 75% of those with illness anxiety disorder have at least one. This module is a systematic review of DSM-5’s ten personality disorders across the “MAD”, “BAD”, and “SAD” clusters, with emphases on rapid diagnosis, modular treatments, and clinician coping. We end with an expanded section on borderline personality disorder and managing non-suicidal self-injuries with tools from CBT, DBT, and ACT. (3 hours)



PTSD. From Post-Traumatic Stress to Post-Traumatic Growth. This module begins with the core CBT techniques for trauma, before turning to special topics including the curious case of EMDR, “emotional baggage” (old traumas), the eye-opening forgiveness research, hindsight bias, imaginal rescripting, intergenerational trauma, ACEs, complex PTSD, trauma-informed care, and what data we have on medical marijuana. The workshop concludes with the emerging and exceedingly hopeful literature on post-traumatic growth. (3 hours)



Social CBT. Tactical Tools to Boost Belonging. Loneliness is sometimes called “the new smoking”—when chronic, it erodes both emotional and physical health. You see it every day: the quiet desperation in your patients’ eyes. We review dozens of proven strategies covering ten-minute couples counseling, social anxiety, adult sibling dynamics, the science of friendship, co-rumination, emotional contagion, ostracism, and retirement anxiety. (3 hours)



Teen CBT. Guiding Adolescent Growth. Over 50% of kids in grades 7–12 now have moderate-to-serious psychological distress; 18% have contemplated suicide (OSDUHS, 2023). Today we have ten emerging stressors: device addictions, social media contagion, narcissism, pornography, sleep deprivation, commitment phobia, safetyism, incel ideology, eco-rumination, and violent gaming. The module concludes with GPA Science: research-backed methods to improve grades. (3 hours)

Fellowship Journal Club

This is truly *La Belle Époque* for CBT, as never before has there been so much exciting clinical research. Indeed, the number of clinically-relevant papers has become almost overwhelming. Program Director Dr. Greg Dubord hosts a monthly journal club to review key studies—from the full breadth and depth of psychology and psychiatry *Fellows in Medical CBT* are welcome to contribute paper reviews based on their own individual interests:

Addictive Behaviors
Advances in Mental Health
Advances in Mind-Body Medicine
Aging and Mental Health
American Journal of Drug and Alcohol Abuse
American Journal of Psychiatry
American Journal of Psychotherapy
Annals of Behavioral Medicine
Annual Review of Clinical Psychology
Archives of Psychiatry and Psychotherapy
Archives of Suicide Research
Archives of Women's Mental Health
Behavior Modification
Behavior Therapy
Behavioral Disorders
Behavioral Interventions
Behavioral Medicine
Behaviour Change
Behaviour Research and Therapy
Behavioural and Cognitive Psychotherapy
BJPsych Bulletin
BMC Psychiatry
Borderline Personality Disorder & Emotion Dysregulation
British Journal of Clinical Psychology
British Journal of Psychiatry
British Journal of Psychotherapy
British Medical Journal

Burnout Research
Canadian Journal of Addiction Medicine
Canadian Journal of Psychiatry
Clinical Psychological Science
Clinical Psychologist
Clinical Psychology and Psychotherapy
Clinical Psychology Review
Clinical Psychology: Science & Practice
Cognitive and Behavioral Practice
Cognitive Behaviour Therapy
Cognitive Therapy and Research
Comprehensive Psychiatry
Contemporary Family Therapy
Couple and Family Psychology
Current Opinion in Behavioral Sciences
Current Opinion in Psychiatry
Depression and Anxiety
Depression Research and Treatment
Drug and Alcohol Dependence
Emotional and Behavioural Difficulties
Epidemiology and Psychiatric Sciences
European Journal of Psychotraumatology
European Psychiatry
Evidence-Based Mental Health
General Hospital Psychiatry
Harvard Review of Psychiatry
Health Psychology

Fellowship Journal Club

- Health Psychology Review
- International Journal of Clinical and Health Psychology
- International Journal of Cognitive Therapy
- International Journal of Emergency Mental Health
- International Journal of High Risk Behaviors & Addiction
- Journal of the American Medical Association
- JAMA Psychiatry
- Journal of Abnormal Psychology
- Journal of Addiction Medicine
- Journal of Affective Disorders
- Journal of Anxiety Disorders
- Journal of Behavior Therapy and Experimental Psychiatry
- Journal of Behavioral Addictions
- Journal of Behavioral Medicine
- Journal of Clinical Psychiatry
- Journal of Clinical Psychology
- Journal of Clinical Psychology in Medical Settings
- Journal of Cognitive Psychotherapy
- Journal of College Student Psychotherapy
- Journal of Consulting and Clinical Psychology
- Journal of Counseling Psychology
- Journal of Creativity in Mental Health
- Journal of Emotional and Behavioral Disorders
- Journal of Evidence-Based Psychotherapy
- Journal of Gambling Issues
- Journal of Gay and Lesbian Psychology
- Journal of LGBT Issues
- Journal of Marital and Family Therapy
- Journal of Mental Health
- Journal of Obsessive Compulsive Disorder
- Journal of Personality and Social Psychology
- Journal of Psychiatric Research
- Journal of Psychiatric Rehabilitation
- Journal of Psychosomatic Research
- Journal of Psychotherapy
- Journal of Psychotherapy Integration
- Journal of Sex and Marital Therapy
- Journal of Social and Clinical Psychology
- Journal of Traumatic Stress
- Lancet Psychiatry
- Law and Human Behavior
- LGBT Health
- Mental Health and Physical Activity
- Mental Health and Social Inclusion
- Molecular Psychiatry
- New England Journal of Medicine
- Personality and Mental Health
- Personality Disorders: Theory, Research, and Treatment
- Political Psychology
- Psychiatric Clinics of North America
- Psychological Medicine
- Psychology & Psychotherapy
- Psychology of Addictive Behaviors
- Psychosomatic Medicine
- Psychotherapies
- Psychotherapy
- Psychotherapy and Psychosomatics
- Sexual Addiction and Compulsivity
- Sexual and Relationship Therapy
- Sleep Disorders
- Sleep Medicine Clinics
- Stress and Health
- World Psychiatry





Patient Matching

Growth is maximized when you work towards the edge of your comfort zone. But what's *Plan B*? What's the protocol when you encounter a patient in your *Fellowship in Medical CBT* with whom you feel poorly matched?

For example, you may be comfortable treating patients with generalized anxiety disorder, panic disorder, or major depression, but feel over your head with borderline personality disorder. You may be at ease with social anxiety, insomnia, and illness anxiety, but lack confidence in managing substance abuse. You may be adept with the management of simple phobias, postpartum depression, and PTSD, but trichotillomania makes you pull your hair out. Although hopefully with time you'll feel at ease in treating all of the above, it's definitely not expected at the beginning of your *Fellowship in Medical CBT*.

Until you get your feet wet (or until you request otherwise), you will be assigned patients with relatively straightforward cases of anxiety and/or depression. However, as you progress through the *Fellowship in Medical CBT*, you'll find yourself increasingly comfortable with (and likely eager for the challenge of) patients with greater complexity—hopefully up to and including some with personality disorders.

Rest assured you'll never be knowingly assigned patients you're not comfortable managing. And should you ever find yourself too far outside your comfort zone, simply let your clinical director know. If we can't coach you through it, your patient will be reassigned. Although a healthy challenge is good, we don't want anyone's stethoscope tied in a knot.



Teaching Testimonials

Many physician leaders have taken CBT Canada workshops over the past thirty years. Alumni include CFPC presidents (both national & provincial), department chairs, residency training program directors—and even a few doctors who are comfortable using drills & saws.

Highly relevant to family physicians for physical & mental problems... state-of-the-art techniques superbly presented.
—Donald Butt, MD, FCFP, President, College of Family Physicians of Canada

Powerfully useful tools for patient care—and for self-care.
—Michael Malus, MD, FCFP, Chief, Department of Family Medicine, Jewish General Hospital, McGill University

Rekindles the spirit & enthusiasm for medical practice... I daresay this was one of the most enjoyable CME events I've ever attended. —Tim Kolotyluk, MD, FCFP, President, Alberta College of Family Physicians

Very informative, evidence-based and up-to-date. Dr. Dubord is a wonderfully engaging teacher who is clear, concise and practical. Excellent for front-line mental health care. —Eric Young, MD, CCFP, FRCPC, British Columbia Deputy Provincial Health Officer

When family doctors ask me how to help patients rely less on opioids, I always steer them to these workshops—these are essential skills for working with patients in pain.
—Lori Montgomery, MD, FCFP, Medical Director, Chronic Pain Centre, University of Calgary

Although we tend to think of CBT as an important therapeutic tool in family practice, I have found it to be extremely helpful in the ED environment as well. I cannot recommend these medical CBT workshops highly enough!
—Jeff Eppler, MD, FRCPC, Scientific Co-Chair, Canadian Association of Emergency Physicians (2017)

Pithy pearls... my work in the clinic would have been way easier if I'd had this training back in medical school.
—Johanna Murphy, MD, FRCPC, Director, General Internal Medicine Fellowship, Queen's University School of Medicine

A great workshop... simple, practical & relevant... and humorous & really entertaining! —Linda Reid, MD, FCFP, Lead Faculty, Behavioural Medicine, UBC Family Practice Residency Program

A very enjoyable workshop, and highly impactful.
—Shusmita Dhar, MD, ABIM, Brigham & Women's Hospital, Harvard Medical School

I wish I'd had this training at the start of my medical practice—it would have saved me much headache & heartache. This series of workshops should be a mainstay for all those in family medicine... The presentation style & content are exceptional. —Harry Vedelago, MD, FCFP, ABAM, Chief of Addiction Medicine, Homewood Health Centre

Impressive and practical—one can never get too much CME on this topic—there is no finish line. Endless opportunities for personal growth. —Peter Nieman, MD, FRCPC, FAAP, Department of Pediatrics, University of Calgary (& “The 100 Marathon Man”)

Terrific workshop... “spot on” relevant... engaging & enthusiastic... high impact professionally & personally... I will definitely be back for more. —Madeleine Montpetit, MD, FCFP, Physician Lead, Faculty Development, Department of Family Medicine, University of Ottawa



Teaching Testimonials

A fun yet focused presentation—I learned something about teaching... and truly useful on a day to day basis, both for self-care & patient care. —Anne Woods, MDiv, MD, FCFP, Director, Division of Palliative Care, McMaster University

Well above average... an overall excellent workshop. —Thomas M. Bailey, MD, FCFP, President, College of Family Physicians of Canada

Very practical and ready to use immediately... Recommended “+++”. —Nadia Knarr, MD, FCFP, Chief of Family Medicine, Belleville General Hospital

Very enjoyable and certainly useful. —David W. Tannenbaum, MD, FCFP, Chairman, Department of Family Medicine, University of Toronto

Practical tools for busy office practices... well organized & highly entertaining. Every family physician should be exposed to this training. —Pierre Larouche, MD, CCFP, Professeur titulaire, Université de Montréal

Highly knowledgeable speakers... very practical for primary care... tool-based and not just theoretical. —Amanda Bell, MD, FCFP, Regional Assistant Dean, McMaster University (Niagara Campus)

Fun with specific & clear points... very practical... well worth the time... CBT should be core training for all physicians. —Peter MacKean, MD, FCFP, President, College of Family Physicians of Canada

Excellent, practical & up-to-date info... very enjoyable & fun. —Steve Kraus, MD, CCFP(EM), President, Northwest Territories Medical Association

A great course to learn CBT and apply it to your practice immediately. —Joyce Tsang-Cheng, MD, FCFP, Acting Director, UBC Student Health Services

Very valuable workshops... I now have a much larger pool of techniques to use when dealing with difficult patients & situations. —Marilyn Raizen, MD, FRCPC, Pediatric Emergentologist, Health Sciences Centre, University of Manitoba

A very worthwhile exercise. —Bruce Wright, MD, FCFP, Regional Associate Dean, Vancouver Island, UBC Faculty of Medicine

Very helpful... an excellent course which I would highly recommend to others. —Jane Philpott, MD, CCFP, Chief, Department of Family Medicine, Markham Stouffville Hospital (Canadian Minister of Health, 2015-17)

Family medicine oriented... very useful & accessible. —Thomas R. Freeman, MD, FCFP, Chairman, Department of Family Medicine, Western University (UWO)

Very good & helpful in coping with life issues, both for our patients and ourselves. —Gordon Riddle, MD, FCFP, President, Ontario College of Family Physicians

I felt totally engaged and challenged. Short, sweet, to the point. —Dietmar Raudzus, MD, FCFP, Chairman, St. Paul's Hospital CME Conference for Primary Care Physicians

We're pleased and proud... a marvellous program. —Jamie Meuser, MD, FCFP, Director of CPD/CME, College of Family Physicians of Canada

Very useful... and easy to understand with a good relaxed style. —David Cree, MD, CCFP, President, General Practice Psychotherapy Association (MDPAC)

If I'd had medical CBT training back in medical school, I would have spent less time feeling helpless/hopeless—as would my patients. —Claudette Chase, MD, FCFP, President, Ontario College of Family Physicians



Teaching Testimonials

Techniques that are applicable to every area of medicine... should be a mandatory part of medical training. —Angie Hong, MD, FCFP, Dipl ABOM, Bariatric Medicine, North York General Hospital

An excellent program I would recommend to anyone. I strongly believe these medical CBT workshops should be part of residency training, not just for patient care, but also for personal well-being. —Tuhin Bakshi, MD, FCFP, President, Alberta College of Family Physicians

Puts my workshops to shame. —Kirk Lyon, MD, FCFP, Mentorship Taskforce Chair and Former Residency Director, Department of Family & Community Medicine, University of Toronto

Very well organized & very enjoyable workshops... and very helpful in approaching patients with anxiety about cancer diagnosis & treatment. This material should be incorporated more into medical school training. —Phillip Wright, MSc, MD, FRCPC, Radiation Oncologist, Saskatchewan Cancer Agency, University of Saskatchewan

A captivating presentation style and an outstanding workshop overall... very applicable to hospital life & physician well-being. —Colin Marsland, MBChB, FRCPC, Department of Anesthesiology, University of Otago, Wellington, New Zealand

Excellent... practical & entertaining. —Cameron Ross, MD, FCFP, Lead Faculty, Evidence Based Medicine, UBC Family Practice Residency Program

Very expert & very well run. Ideal for the busy practitioner to deal with mental health issues in the office setting—and it's helpful for personal resilience & wellness as well. —Stephen Darcy, MD, FCFP, Behavioural Medicine Coordinator, Faculty of Medicine, Memorial University of Newfoundland

Ranks in the top 5% of the CME I've taken over the years. —Barbara Stubbs, MD, FCFP, Director, Professional Development Program, Department of Family and Community Medicine, University of Toronto

One of the best training setups I've ever seen in hundreds of educational experiences over the past 50 years. —John Crosby, MD, FRCPC, Medical Post columnist

Very user-friendly and plain language... practical points that are readily adaptable... definitely worth the time. Kami Kandola, MD, MPH, FCFP, ACBOM, ABPM, DTM&H, Chief Public Health Officer, Government of the Northwest Territories

Very practical and confidence-building. Very engaging speaker and packed with evidence-based information. —Olivia MacLeod, MD, FRCPC, Child and Adolescent Psychiatry, University of Ottawa

Well-organized and relevant. Applicable not just to psychiatric counseling, but in various medical scenarios (chronic pain, motivating diabetics, etc.). Very highly recommended. —Nadia Alam, MD, CCFP, Past-President, Ontario Medical Association

Much more practical than other psychiatric training... it is essential and should be given to all family medicine residents. —François Lehmann, MD, FCFP, Chairman, Department of Family Medicine, Université de Montréal.

Excellent. I would have used these tools in every patient encounter. It would have revolutionized my early career and made my satisfaction with medicine vastly better. —Michael R. Lyon, MD, ABOM, Medical Director, Medical Weight Management Program



Teaching Testimonials

I wish I did this workshop years ago! The tools I learned about are so helpful. They can be used in almost every patient encounter. —Ruby Alvi, MSSc, MD, FCFP, Preclerkship Director, Department of Family and Community Medicine, University of Toronto

Tips/skills presented in an organized way... energy, insight & practical applicability. —Perle Feldman, MD, FCFP, Post-Graduate Program Director, Family Medicine, North York General Hospital

Highly recommended! Very practical, do-able & very applicable to family practice within the time constraints... and a fun way of learning. —Doris Kyeremateng, MD, FCFP, President, Manitoba College of Family Physicians

Clear and useful... speeds up visits... it would be a helpful part of the curriculum in medical training. —Brenda Maxwell, MD, FCFP, President, Manitoba College of Family Physicians

Very informative & helpful... fast-paced but rich in detail. Excellent—no suggestions for improvement. —Barry Finegan, MD, FRCPC, Chair, Department of Anesthesiology & Pain Medicine, University of Alberta

Fabulous! Highly relevant and consistently excellent! —John Hedden, MD, FCFP, President, Manitoba College of Family Physicians

Very pertinent to family medicine... many patients came to mind throughout the workshop. Great use of clinical examples & humour, and very engaging. —Joanne Maier, MD, CFPC, Medical Lead and Education Director, Brandon Campus, Department of Family Medicine, University of Manitoba

Flexible tools... highly adaptable... easily incorporated into practice. —Debra Boyce, MD, FCFP (CMPA President 2018-2020)

Important techniques... enhances building trust between doctor & patient and improves patients' satisfaction & compliance. —Basim Uthman, MD, Professor & Vice-Chair of Neurology, Weill Cornell Medical College in Qatar

Designed for GPs, but still very relevant for psychiatrists... loads of great tools to use in the clinic. —Rhonda Sommerville, MD, FRANZCP, Department of Psychiatry, University of Auckland

Very well organized & very polished CME... excellent overall. —Jock Murray, MD, CCFP(EM), Director, Family Medicine Emergency Program, Dalhousie University



❧ **National Winner** ❧

College of Family Physicians of Canada
Continuing Professional Development Program Award

Over 10,000 physician alumni



Collaborations

CBT Canada leads many training workshops in collaboration with Canada's medical schools—for residents, for faculty development, and/or for CME—a total of well over 100 academic workshops to date. The following are some of CBT Canada's academic collaborations:

April 16, 2015 | University of Alberta

May 7-9, 2015 | University of Toronto

May 13, 2015 | Queen's University

August 28-29, 2015 | McMaster University

September 18, 2015 | Western University

September 26, 2015 | University of Alberta

November 24, 2015 | McGill University

February 19, 2016 | University of Calgary

May 5-6, 2016 | University of Toronto

May 13, 2016 | Queen's University

June 3-4, 2016 | Memorial University

October 19, 2016 | McGill University

November 4, 2016 | Queen's University

December 2, 2016 | McMaster University

December 6, 2016 | McGill University

March 18, 2017 | University of Alberta

May 11, 2017 | University of Toronto

May 12, 2017 | Queen's University

July 14, 2017 | University of Alberta

September 15, 2017 | Western University

November 17, 2017 | Dalhousie University

November 28, 2017 | McGill University

December 1-2, 2017 | McMaster University

February 16, 2018 | University of Calgary

May 10, 2018 | University of Toronto

May 11, 2018 | Queen's University

May 18, 2018 | Dalhousie University

May 26-27, 2018 | Memorial University

June 15-16, 2018 | UBC

September 14-15, 2018 | UBC

November 27, 2018 | McGill University

December 7-8, 2018 | McMaster University

March 8, 2019 | University of Alberta

May 9, 2019 | University of Toronto

May 10, 2019 | Queen's University

May 31-June 1, 2019 | UBC

June 19, 2019 | Western University

September 13, 2019 | Western University

September 28-29, 2019 | Memorial University

October 5, 2019 | University of Alberta

November 11-12, 2019 | McMaster University

November 15, 2019 | Western University

November 22-23, 2019 | Dalhousie University

December 3, 2019 | McGill University

January 30, 2020 | University of Calgary

May 8, 2020 | Queen's University

December 1, 2020 | McGill University

January 22, 2021 | University of Alberta

April 13, 2021 | University of Saskatchewan

April 23, 2021 | Queen's University

May 15, 2021 | University of British Columbia

May 19, 2021 | Université de Montréal

November 28, 2021 | University of Saskatchewan

December 2, 2021 | McGill University

Alternative Pathways

The Fellowship in Medical CBT is designed to fit your practice, your geography, and your career goals. Whether you're looking for a comprehensive training-and-clinical experience or want to focus on treating patients from day one, we have a pathway for you.

1. Fellowship

Our flagship program—and our most popular. Fellows complete all fifteen modules (five core, ten specialty), weekly group case consultation, monthly journal club, and supervised clinical practice through TeleCBT. You'll treat real patients under mentorship from the start, building clinical confidence alongside formal instruction. Leads to the FMCBT designation.

2. Part-Time Fellowship

The identical curriculum, mentoring, and clinical requirements—on a schedule designed for physicians maintaining an active practice. All academic components are the same, but the clinical caseload is reduced to accommodate your existing commitments. Leads to the FMCBT designation.

3. CME-Only Fellowship

The complete Fellowship curriculum from anywhere in Canada. All classes, mentoring, journal club, and the final FMCBT examination are delivered online. Clinical hours are completed independently in your own practice and tracked monthly. Designed for physicians outside Ontario who want the full credential without relocating their clinical work. Leads to the FMCBT designation.

4. TeleCBT Associate

For physicians with foundational CBT training who want to practise CBT without the administrative burden. Associates treat patients independently through TeleCBT—and join a collegial community of like-minded physicians, with access to weekly mentoring, monthly journal club, and reduced tuition on any of CBT Canada's fifteen modules. Available only to Ontario physicians.

For detailed program requirements, contact registrar@cbt.ca

How to apply

1. Choose your desired program start date (*midterm applicants are occasionally accepted*):

Application deadline	Start date
August 7, 2026	September 9, 2026
December 4, 2026	January 6, 2027
August 6, 2027	September 8, 2027

2. Submit your application at cbt.ca/fellowship/apply

3. Schedule an interview with Christine Uchida at christine.uchida@telecbt.ca

Practise now with TeleCBT

Not every physician is ready for the full Fellowship—but some have enough CBT training to begin supervised clinical practice. TeleCBT Associates join Ontario’s leading virtual psychotherapy clinic, with the infrastructure to focus on what matters: your patients.

What TeleCBT provides:

- ✓ Administrative staff and scheduling
- ✓ OHIP billing handled for you
- ✓ Weekly clinical mentoring
- ✓ Monthly Journal Club
- ✓ Ongoing CBT Canada training
- ✓ Flexible schedule—work from home

What you provide:

- ✓ CPSO licence with OHIP billing privileges
- ✓ Demonstrated competence in CBT

We support your practice so you can focus on patients.

Interested? Contact physicians@telecbt.ca | www.TeleCBT.ca



CBT

CANADA



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