

# Special Council Meeting Agenda

February 9, 2021 @ 7:00pm (Microsoft Teams)



Item	Time	Topic and Objective(s)	Purpose	Page
1	7:00pm	Call to Order and Opening Remarks (J. van Vlymen)	N/A	N/A
2	7:10pm	<b>Medical Council of Canada Qualifying Examination Part II (S. Tulipano)</b> <ul style="list-style-type: none"><li>Discuss the challenges regarding the Medical Council of Canada Qualifying Examination Part II and consider a draft policy for approval to release for consultation</li></ul>	Decision	1
3	7:55pm	Adjournment (J. van Vlymen)	N/A	N/A

# Council Briefing Note

February 2021

<b>Topic:</b>	Medical Council of Canada Qualifying Examination Part II
<b>Purpose:</b>	For Decision
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation
<b>Public Interest Rationale:</b>	<p><b>Accessibility:</b> Ensuring individuals have access to services provided by the health profession of their choice and individuals have access to the regulatory system as a whole</p> <p><b>Protection:</b> Ensuring the protection of the public from harm in the delivery of health care services</p>
<b>Main Contact(s):</b>	Samantha Tulipano, Director, Registration & Membership Services Amy Block, Senior Legal Counsel, Legal Office
<b>Attachment(s):</b>	<p>Appendix A: Letter of Support from the Council of Ontario Faculties of Medicine Deans</p> <p>Appendix B: Toronto Star News Article</p> <p>Appendix C: MCCQE II FAQ (MCC update letter)</p> <p>Appendix D: Proposed Policy - <i>Requirement for Successful Completion of Part 2 of the MCCQE – Pandemic Exemption</i></p> <p>Appendix E: Nova Scotia's MCCQE II Proposal</p>

## Issue

- The Medical Council of Canada Qualifying Examination Part II (MCCQE Part II), one of the requirements for issuance of an independent practice certificate, has been postponed as a result of COVID-19. There are presently no scheduled sittings and it remains unclear when applicants will be permitted to challenge the examination.

- Due to the emergent situation, Council is asked to support the Registration Committee's proposed policy and approve it for release for notice to the Ministry of Health, the coordinating Minister under the *Ontario Labour Mobility Act, 2009*, and the medical regulatory authorities in Canada under Section 22.21 of the *Health Professions Procedural Act*

## Background

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- Standards and qualifications for issuance of an Independent Practice (IP) certificate include:
  - Successful completion of Parts I and II of the Medical Council of Canada Qualifying Examination;
  - Certification by examination by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada;
  - One year of postgraduate medical education or active medical practice in Canada; and
  - Canadian Citizenship or Permanent Resident Status.
- Across Canada, with the exception of New Brunswick, the Licentiate of the Medical Council of Canada is a fundamental requirement for a full licence. Specifically, a candidate for a full licence must have:
  - A recognized Medical Degree;
  - The Licentiate of the Medical Council of Canada; and
  - Certification with the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada.
- In March 2020 the Royal College of Physicians and Surgeons of Canada, College of Family Physicians of Canada and Medical Council of Canada postponed the Spring 2020 sittings of their respective examinations due to the COVID-19 crisis in Canada.
- The impact of this means that the graduating cohort of residents in Ontario expected to complete their training in June were not permitted to sit the qualifying examinations, and therefore, according to our Regulation, were ineligible for an IP certificate.
- As soon as CPSO learned that the Royal College of Physicians and Surgeons of Canada, College of Family Physicians of Canada and Medical Council of Canada exams were being postponed, the Registration Committee worked to find ways that CPSO could mitigate impact on residents in the province while still operating within our overarching legislative framework.
- The Registration Committee met in mid-March and determined that these candidates who were unable to sit their examination due to COVID-19 and were otherwise eligible for

licensure may be registered under the *Restricted Certificates of Registration Policy for Exam Eligible Candidates*. The Registration Committee approved 2020 final year residents who were unable to sit the examinations due to COVID-19, and these applicants were issued time limited restricted certificates permitting practice under supervision in accordance with the policy.

- To adapt to the emergent situation, the Registration Committee expedited registration of qualified candidates, modified expectations around supervision, and exempted this group from a subsequent application fee.
- The certificates were issued for a period of 6 months with the expectation that candidates would be able to sit the postponed examinations in the fall.
- The Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada re-scheduled and completed their 2020 examinations by early fall as anticipated. These Colleges also agreed to accept alternate means for achieving certification (completed virtually and successful completion without requirement of the Objective Structured Clinical Examination in-person component).
- The Medical Council of Canada, however, did not offer an alternate means for completing their examination and intended to proceed with a face-to-face in person examination at the end of October.
- By mid-October COVID-19 cases were on the rise and residents and other stakeholders began to express discomfort with the Medical Council of Canada's examination plan.
- Towards the end of October, in face of the concerns, the Medical Council of Canada again postponed the Qualifying Examination Part II, to an anticipated February 2021 date, which at the time of this note has been cancelled.
- The postponement of the examination and lack of planning for an alternate means to complete the examination (the Medical Council of Canada continues to plan for an in-person examination) has created a significant backlog of candidates that continues to grow in number (*Appendix A*).
- Further, the Medical Council of Canada has not yet confirmed a date for when the Medical Council of Canada Qualifying Examination Part II will resume. This is affecting all physicians scheduled to challenge the examination in 2020 and 2021 and will likely affect those who were hoping to challenge the examination in future resulting in additional backlog (*Appendix B*). On January 20, 2021, the Medical Council of Canada provided a

Backgrounder on Questions regarding the MCCQE Part II (*Appendix C*) and offered further information below.

## Current Status and Analysis

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- In 2020, CPSO issued 655 certificates under the Restricted Certificates of Registration for Exam Eligible Candidates - Restricted Certificates of Registration for 2020 Final Year Residents During the COVID-19 Crisis Directive. The certificates were issued for a period of 6 months, with an expiry date of December 31, 2020.
- By the end of 2020, we had 65 individuals on the "2020" certificates who had successfully completed the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada examinations but were missing Medical Council of Canada Qualifying Examination Part II and could therefore not be transferred to an Independent Practice certificate. The Registration Committee approved the extension of these certificates until June 30, 2021.
- The planned February 2021 Medical Council of Canada Qualifying Examination Part II date has of yet not been rescheduled (*Appendix B*). When it is, there are capacity concerns as the Medical Council of Canada will now be looking at scheduling four cohorts for the examination (Spring 2020, October 2020, February 2021 and the upcoming graduating cohort of Spring 2021).
- The Medical Council of Canada Qualifying Examination Part II is typically sat in the second year of residency training, which will mean 1497 residents in Ontario will be unable to challenge the exam this year. Of that, 653 are graduating family medicine residents who will be missing the Medical Council of Canada Qualifying Examination Part II and therefore, be ineligible for an Independent Practice certificate.
- The number of impacted candidates will continue to increase substantially if the exam remains unavailable as these numbers are representative only of physicians practicing in Ontario.
- Unlike the information we had when registering exam-eligible candidates in 2020 with restricted certificates, we are in a different position at this time as there continues to be a concern regarding the significant backlog of candidates and there remains no scheduled set of examination dates from the Medical Council of Canada.
- In 2020, final year resident candidates were also missing Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada and the Medical Council of Canada Qualifying Examination Part II examinations. Since the postponement of the

Spring examinations, the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada were able to hold their examinations and certify candidates by alternate means (virtual exams, etc.) and will continue to do so for 2021. On the Medical Council of Canada's part, they recently have indicated their intent to offer an exam in a virtual format using a semi-continuous delivery model, which they indicate they expect to begin offering in May 2021, although a scheduled date has yet to be released (*Appendix C*).

- Being mindful that CPSO does not wish to create additional burden for those impacted by the multiple postponements of the exam, and considering that the pass rate on the first try is very high and that these candidates have completed acceptable residency training and obtained certification by the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada, Council is being asked to consider the Registration Committee proposal to exempt applicants from the requirement of the Medical Council of Canada Qualifying Examination Part II.
- The proposed policy (*Appendix D*) provides that the Registration Committee may direct the Registrar to issue a certificate of registration authorizing independent practice to applicants who are lacking MCCQE Part II where:
  - The applicant demonstrates that they were eligible to challenge the Medical Council of Canada Qualifying Examination Part II at the May 2020, October 2020, and/or February 2021 sittings\*;
  - The applicant is presently registered in Ontario or was registered in Ontario at the time that they were eligible to challenge the Medical Council of Canada Qualifying Examination Part II at the May 2020, October 2020, and/or February 2021 sittings;
  - The applicant was within 24 months from the completion of their postgraduate training at the time that they were eligible to challenge the Medical Council of Canada Qualifying Examination Part II at the May 2020, October 2020, and/or February 2021 sittings;
  - The applicant otherwise meets the prescribed requirements for an Independent Practice Certificate of Registration; and
  - The applicant satisfies the non-exemptible requirements set out in Section 2(1) of *Ontario Regulation 865/93\*\**.

**\*Note:** The Policy may be extended to apply to future scheduled sittings of the Medical Council of Canada Qualifying Examination Part II as may be required during the pandemic.

**\*\*Note:** Applicants with prior exam failures may be directed to the Registrar for review by the Registration Committee under Section 2(1) of Ontario Regulation 865/93.

In other words, the specific cohort who meets the above noted requirements will be issued an Independent Practice Certificate without the Medical Council of Canada Qualifying Examination Part II.

## Considerations

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- The proposed policy (*Appendix D*) is not intended to eliminate the Medical Council of Canada Qualifying Examination Part II across the board; is intended to address the challenges that exist for current members whose path to independent licensure is impeded because of the unavailability of the Medical Council of Canada Qualifying Examination Part II. It applies equally to Canadian graduates and international medical graduates. The exception is narrow and is limited to the cohort in Ontario who have been affected by the unavailability of the Medical Council of Canada Qualifying Examination Part II exam resulting from the pandemic.
- Exempting the Medical Council of Canada Qualifying Examination Part II does depart from the Federation of Medical Regulatory Authorities of Canada Canadian Standard. An Ontario member with a full license will have access to licensure anywhere in the country. While Nova Scotia appears to be making an exception (*Appendix E*), to date, we are not aware of any other provinces granting full licensure. The policy is not aimed at changing the Canadian Standard but is aimed to address issues arising because of the pandemic.
- Applicants who have attempted Medical Council of Canada Qualifying Examination Part II and failed will be considered by Registration Committee under Section 2(1) of *Ontario Regulation 865/93*.
- The proposed policy incorporates the requirement adopted by Nova Scotia which limits the exemption to those that were within 24 months of their training at the time of their eligibility to sit the examination.
- Applicants under this policy will require review by the Registration Committee. An expedited application and approval process will be implemented where no non-exemptible (Section 2) concerns arise.
- The policy may be extended to apply to other future scheduled sittings of the Medical Council of Canada Qualifying Examination Part II as may be required during the pandemic.

## Next Steps

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- Should Council approve the proposed policy, next steps are as follows:

Following Council's approval, the policy will be circulated for notice in accordance with Section 22.21 of the *Health Professions Procedural Code (HPPC)* which provides that if the College wishes to amend the standards and qualifications for a certificate of registration, it shall,

- (a) give notice of the proposed new or amended standards to,
  - (i) the Minister of Health
  - (ii) the co-ordinating Minister under the *Ontario Labour Mobility Act, 2009*
  - (iii) the medical regulatory authorities in Canada
- (b) afford the medical regulatory authorities opportunity to comment.

- Following the consultation process, the policy will be presented to Council in March for final approval.

## Questions for Council

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1. Does Council agree that addressing this issue supports the strategic plan and our role in serving the public interest?
  2. What feedback does Council have regarding next steps (if any)?
  3. Does Council approve the policy for notice in accordance with Section 22.21 of the *Health Professions Procedural Code (HPPC)*?
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# Council Motion

<b>Motion Title</b>	Requirement for Successful Completion of Part 2 of the MCCQE – Pandemic Exemption
<b>Date of Meeting</b>	February 9, 2021

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

The College engage in the notice and consultation process in accordance with section 22.21 of the *Health Professions Procedural Code*, in respect of the draft policy "Requirement For Successful Completion of Part 2 of the MCCQE – Pandemic Exemption" (a copy of which forms Appendix " " to the minutes of this meeting).



January 27, 2021

Nancy Whitmore  
Registrar and CEO  
College of Physicians and Surgeons of Ontario  
80 College Street  
Toronto, Ontario M5G 2E2

Dear Dr. Whitmore,

I write to you today on behalf of COFM and PG Deans to express our support for an alternative route to licensure given the current inability to complete the MCCQE Part II.

At the beginning of the pandemic, CPSO was instrumental in providing our graduates with a provisional license that allowed a degree of independent practice with supervision until the candidate could sit the MCCQE Part II. With the ongoing delay in exam offering and the growing backlog, this is becoming a greater concern.

COFM and PG Deans strongly believe that allowing postgraduate trainees the opportunity to demonstrate competency by accepting relevant certification from the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC) as an acceptable alternative to LMCC is the best way to move forward. An exemption for current graduates is prudent, and consideration should be given for next year's graduates, or until such time a virtual exam becomes available.

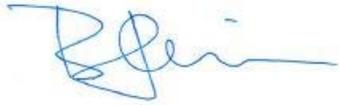
Ontario medical residents are some of the most highly qualified practitioners who will continue to provide safe, effective and quality care to all Ontarians.

We look forward to continued engagement and discussion with you in the future

Sincerely,

Dr. Glen Bandiera  
PGM: COFM Co- Chair  
Associate Dean, PGME  
University of Toronto

Dr. Lorne Wiesenfeld  
PGM: COFM Co-Chair  
Vice Dean, Postgraduate Medical  
Education  
University of Ottawa



Dr. Bernard Jasmin  
COFM Co-Chair  
Dean, Faculty of Medicine  
University of Ottawa



Dr. Paul O'Byrne  
COFM Co-Chair  
Dean and Vice-President  
Faculty of Health Sciences,  
McMaster University



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CANADA

# Amid an uproar over cancelled tests, some say the body that oversees medical exams for resident doctors seeking licences is 'obsolete'

By **Ben Huang** Special to the Star  
Mon., Jan. 4, 2021 | ⌚ 8 min. read

🔄 Article was updated 19 hrs ago

*Doctors have been on the front lines of the pandemic fight. But less noticeably to the public, COVID has also been disrupting the education and training of medical students and residents seeking their licences. [Second of two parts.](#)*

A [century-old organization](#) oversees mandatory exams for Canadian resident doctors — tests plagued this year by late cancellations. The problems have led to critics calling the organization, a registered charity that holds \$54 million in assets, an expensive and obsolete relic.

Three times a year, the Medical Council of Canada (MCC) administers a clinical exam that young physicians must pass before obtaining their licences from provincial colleges. Nearly 5,000 are administered [each year](#).

But in 2020, after two rounds of COVID-era tests were mishandled, residents have joined long-time critics of the exam, and the council itself. Exams cancelled in October on 48 hours' notice, which have yet to be rescheduled, cost many graduating residents a crucial licensing pre-requisite and non-refundable travel and accommodation fees. Some doctors are unhappy with the council sitting on so much money that residents have paid.

"This exam is not just an inconvenience," says Dr. Mike Benusic, a public health physician and former member on the board of directors for the Resident Doctors of Canada. "It's a distraction from residents focusing on becoming experts in their specialty and ultimately is a disservice to the public."

For now, graduated resident doctors who have not been able to take the exam have been given [provisional](#) licences that allow them to practise medicine, but at a significant pay cut and with required supervision.

Critics say residency training programs have their own examinations, and that with a national movement towards [competency-based](#) medical education, the Medical Council of Canada no longer fills a necessary role.

"The MCC exams come from an era before we had more standardized licensing," says Dr. Michelle Cohen, a family doctor and assistant professor at Queen's University. "This is examining for a role that no longer exists." Cohen is among physicians now calling on provincial colleges to grant medical licences without the MCC exams.

## Appendix B

Resident doctors travel from across the country to major urban centres like Vancouver, Toronto, or Ottawa for the exam called the MCCQEII, made up of a series of 10 clinical assessments that take a full day to complete. And most recently, the council postponed its March exam cycle.

“I think we need to look at what the MCC is really useful for,” says Dr. Olivier Fortin, a former president for the Fédération des médecins résidents du Québec (FMRQ). “Their business is exams but they’re not even able to give us quality exams, as we’ve realized over the past few months.”

Dr. Maureen Topps, the executive director and chief executive officer of the MCC, says the exam assesses for critical doctoring skills that “aren’t just nice-to-haves,” and the test also assesses doctors at an appropriately early time in their residencies, giving them a chance to improve.

But Benusic says “medical education has really progressed to a point where (the MCC) is obsolete.”

“The MCC was founded in 1912 when ... anyone could have been a doctor. And in the 1970s, people used to finish a one-year internship and work as a general practitioner. It made sense at the time to have a national exam to ensure competence before entering practice,” he says.

“Now we’ve moved way past that. Every doctor is now required to complete a residency for two to five years, whether a [CCFP](#)-certified family physician or a [Royal College](#)-certified specialist. Each residency has its own massive final examination. The MCC no longer provides a final check for graduates.”

Dr. Michael Marrin, a former president of the MCC, says: “It is a fair concern that the content of the (MCCQEII) overlaps with examinations” by the Certification in the College of Family Physicians and the Royal College of Physicians and Surgeons of Canada residency programs.

Marrin adds that after all doctors became required to complete “either a family medicine or specialty residency, the timing of the MCCQEII became problematic.”

He points out that, in 2013, the MCC did attempt to [hybridize](#) with the final licensing exam for family doctors, and that the MCC thought this was a good idea. After [three years](#), the family practice college pulled out.

Beyond that, he adds, “The MCC has a first-class psychometric team that can ensure the validity of the exams. Other countries have looked to the MCC’s expertise for designing their own exams.

“Having been an examiner myself, I have seen examples of poor skills.”

Benusic counters that medical education in Canada is now shifting toward competency-based design, in which doctors are continually evaluated for years rather than judged on standalone exams.

“We’re moving even further away from a model where the MCCQEII has any relevance,” he says.

And the exam is not cheap.

It costs \$2,780, on top of an administration fee that [increased](#) this year from \$200 to \$1,390. Most resident doctors are paying the fees from a position of debt, with approximately a third of residents owing more than [\\$140,000](#) in student loans, and some owing up to \$600,000.

Meanwhile, in 2019, the MCC reported more than \$54 million in assets, including owning its \$24-million headquarters in Ottawa, and paid its 212 employees more than \$21 million in salaries and benefits. It has been [recognized](#) as one of the National Capital Region’s top employers due to its wellness benefits and pension plans for employees.

The MCC is a [registered charity](#) in Canada, which makes it exempt from income tax.

Topps, the CEO, says these assets included advance exam fees used to cover and administer upcoming exams, and that owning the building allows the MCC to avoid paying lease costs.

According to Topps, the MCC engages in charitable activities such as promoting research and development in medical knowledge evaluation and maintaining a [national registry](#) of physicians eligible for licences.

“You have to have experienced the frustrations of applying for licensing in more than one province to appreciate the benefit” of the registry, says Marrin.

But some residents also challenge the organization’s charitable status.

“Who are (the MCC’s) donors? They’re charging residents close to \$3,000 for each exam,” says a former resident representative for the Resident Doctors of Canada who didn’t want their name published due to concerns about a backlash. “Most of their revenues come from the exams they deliver.”

## Appendix B

This year's [annual report](#) estimated that 74 per cent of the MCC's revenue, which has been more than [\\$40 million](#) for each of the past two years, came from examination charges. Whereas, residents say, less than [\\$1 million](#) is being spent on exam development and research combined.

There are no suggestions of malfeasance, but residents remain frustrated.

"With the amount of money we residents are pouring into this organization ... the service we're getting back is suboptimal," says Fortin. "It's been the case for a decade or so, but this year is absolutely horrendous."

Dr. Samantha Pomroy, a second-year family medicine resident in St. John's, says "I paid \$2,980 in May for the exam, which didn't happen. Now it'll be sitting there in the MCC's accounts for over a year."

She adds, "There are thousands of us in the same boat. Over 2,000 people were supposed to write (the exam) in October, and there's probably another 2,000 people who were supposed to write it in May as well. There's going to be a huge backlog of people ... Right now, they have no plan in place and it's been nine months since the pandemic started."

Dr. Giuliana Guarna, an obstetrics-gynecology resident in Hamilton, echoed the concern: "I still have not received any confirmation of when I'll be able to write the exam."

Adding fuel to the fire, the MCC recently [dismissed](#) criticisms as "opportunistic and poorly informed" and made [changes](#) to its governance structure that residents say make it more difficult for their voices to be heard. In October, it cut its governing council from 52 to 12 people and eliminated any reserved positions for residents, [citing](#) logistical challenges and lack of full member participation under the old model.

"(Residents) are the ones who fund their salaries. Now they've blatantly cut us from their decision-making" says Fortin.

The MCC [promises](#) an advisory forum where residents will have room for input. And, in a letter to residents, it [encourages](#) "learners and learner organizations" to nominate candidates for the new governing council.

But Fortin says it's not clear how the new governance model will work in practice.

"We've requested regular meetings with the MCC before to discuss things that aren't going well," he says. "But there's a complete lack of transparency. We (FMRQ) learned with everyone else about the exam cancellations — just two days before."

Cohen says, "I think it's up to the provincial colleges now. Physicians and medical associations need to be pushing the colleges."

She and Benusic join a growing group of physicians calling for licence-granting provincial colleges, to no longer require the MCC examinations. At present, only New Brunswick's [college](#) is doing that.

However, in many provinces, legislation is a major obstacle.

"For most provinces, the MCC is baked into the legislation saying to be a practising physician, you have to pass the MCCQEII. In Ontario, it's baked into the [Medicine Act](#). So at the level of provincial legislation, that law should be changed," says Cohen.

Cohen says the current situation of provisional licences, with required supervision, has led to lost jobs and has especially affected rural communities, which are less likely to have other doctors available to supervise graduates.

"We're in the middle of a health crisis where we need doctors," she says. "This particularly affects communities that need new doctors the most."

Benusic adds, "It's going to be interesting in the future because there's going to be family doctors who have worked for months into a pandemic who then have to prove they are competent."

"What happens if they fail (the exam)? Does it mean they were incompetent and shouldn't have been helping during the pandemic?"

**Read Part 1:** [COVID-19 has forced big changes on med schools. Will some newly graduated doctors miss out on key experience?](#)

*Ben Huang is an emergency medicine resident physician in Vancouver, and a fellow in Global Journalism at the Dalla Lana School of Public Health.*

## More from The Star & Partners



*La version française suit.*

### **Backgrounder on questions regarding the MCCQE Part II**

Since its inception in 1912, one of the founding principles of the Medical Council of Canada (MCC) has been to administer a national standardized qualification to enable the ease of movement of physicians between regulatory jurisdictions in Canada – a process that remains challenging to this day.

The MCC also plays a critical role in the assessment of International Medical Graduates (IMGs) who seek licensure in Canada. Canada is not self-sufficient in training physicians and currently approximately 26% of practising physicians in Canada were trained overseas (see [\*A profile of physicians in Canada\*](#)). While there are robust and standardized accreditation systems for assessing medical schools' undergraduate and postgraduate training programs in Canada and the United States of America (USA), this is not the case in the majority of other global jurisdictions.

Currently, there are approximately 3,300 operational medical schools listed in the World Directory of Medical Schools and approximately 150 new schools are added each year. The Medical Council of Canada Qualifying Examination (MCCQE) Part I and the MCCQE Part II, in addition to the National Assessment Collaboration (NAC) Examination, designed specifically for assessment of IMGs, are used as a screening assessment by Practice-Ready Assessment (PRA) programs across the country.

#### **What was the original purpose of the MCCQE Part II and how has it evolved to assess current competencies required?**

A joint statement was made in 1991 by the then Association of Canadian Medical Colleges (now the Association of Faculties of Medicine of Canada) and the Federation of Medical Licensing Authorities of Canada that, effective January 1, 1994, the successful completion of the MCCQE Part II would be a prerequisite for licensure to practise in a province or territory.

An *excellent overview of the Medical Council of Canada Qualifying Examination (MCCQE) Part II* was written and published in the Canadian Medical Education Journal (CMEJ) in 2016 by Dr. Ian Bowmer, former CEO and Executive Director of the MCC.

Overtime, the MCCQE Part II has evolved, particularly as a result of requests from the medical regulators to focus on areas commonly seen as resulting in complaints – namely communication skills, patient safety and professional behaviours; it has moved from its earlier focus on medical expert, particularly as a result of the work of the *Assessment Review Task Force* (ARTF), to focus on the foundational clinical skills required of all physicians regardless of specialty. The MCCQE Part II Test Committee regularly reviews and updates the exam content, and recent work has focused on cultural aspects of care, conflict resolution, intra and interdisciplinary relationships, with work on content and objectives related to the opioid crisis and Indigenous Health. In addition, its work has recently been further informed by the Black Lives Matter movement. MCC exam objectives are used in every medical school to inform their curriculum requirements. Assessment truly does drive learning.

**What are the competencies assessed by the MCCQE Part II, that are not assessed by the certification examinations?**

The MCCQE Part II uses a blueprint that was updated with new requirements and implemented in 2018. The blueprint can be directly mapped to the CanMEDS roles and offers an assessment framework that is highly complementary to the CanMEDS and CanMEDS-FM frameworks. The Qualifying Examinations Blueprint and Content Specifications ensure examination of fundamental core physician competencies and activities (assessment/diagnosis, management, and communication and professional behaviours) in various dimensions of care that physicians regularly encounter (health promotion and illness prevention, acute and chronic care, and psychosocial aspects of care).

Discipline specific expertise is the purview of the certification colleges - the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC).

**What is the rationale for the timing of this exam?**

Timing of the exam was reviewed by the ARTF and our Council at the time and it was agreed that placement post medical school and after a defined period of postgraduate training was appropriate. Consolidation of clinical skills continues to evolve during the first year of postgraduate training such that earlier testing may not demonstrate adequate ability. For more information, see the published research entitled “Do OSCE progress test scores predict performance in a national high-stake examination?”

**Will there be changes to the next session of the MCCQE Part II in 2021 or its pass mark given that candidates will have more practical experience and are further from the end of undergraduate medicine?**

The MCCQE Part II assesses core clinical skills that must be acquired and should be maintained and sustained during all future medical practice. Given the extensive input by the Federation of Medical Regulatory Authorities (FMRAC) members to request and inform that updates to the blueprint should focus on areas of concern in future practice, this exam should not be regarded as a “timed” demonstration of skill acquisition that can then be forgotten.

As a result of the pandemic and public health requirements, the MCCQE Part II Test Committee and the Central Examination Committee (CEC) had adapted the in-person examination to remove specific physical examination activities, which formed only a minor component of the assessment, in order to minimize direct contact. The MCCQE Part II is a criterion-referenced exam for which the pass/fail is determined by comparing an individual candidate’s score to a standard (as reflected by the pass score) regardless of how others perform. Representative expert physicians from across Canada conduct an extensive standard-setting exercise and judge the content of the exam in conjunction with candidate performance to establish a pass score that is then recommended for approval by the CEC.

**Are there meaningful differences in the pass rate for graduates of Canadian medical schools who challenge the exam after Post-Graduate Year (PGY)-1 versus later in their residency?**

The MCC’s records only differentiate between first-time and repeat takers rather than by when a candidate chooses to challenge the exam. Because of the deferred exams in 2020, we can now identify a group who is further advanced in training but has not yet challenged the exam.

**Is there a correlation between pass rates in the MCCQE Part II and pass rates for the CFPC or RCPSC certification examinations?**

A *review*, looking at IMGs following a PRA pathway and attempting the CFPC certification exam and their MCCQE Part I status, was completed and published in 2014.

Another *study* was done exploring the relationship with the MCCQE Part II with the findings being:

- Clinical Exam / Simulated Office Oral (SOO) component individually predict PRA outcomes
- The MCCQE Part I scores predict CFPC scores and status (SAMPs) component
- The MCCQE Part II scores predict CFPC scores and status on the SOO component

No work has been done with RCPSC examinations.

Of 1,929 CFPC candidates in Canadian medical schools, between 2017 and 2018, 96% passed at the first attempt; of 2,716 RCPSC candidates, 94% passed at the first attempt.

It is important to highlight, however, that published **research demonstrates that the MCC examinations are predictive of future difficulties in practice** including patient complaints (both for the MCCQE Part I and II), inappropriate prescribing practices for benzodiazepines and opioids (the MCCQE Part II) and an increased risk of unacceptable quality of care peer assessment outcome.

References can be found here:

<https://jamanetwork.com/journals/jama/article-abstract/208633>

<https://jamanetwork.com/journals/jama/article-abstract/195623>

<https://mcc.ca/media/IAMRA-2018Poster-A.DeChamplain.pdf>

<https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2923.2009.03534.x>

**How does a candidate obtain access to the MCCQE Part II, prior to the pandemic postponements and going forward (Is it first come, first served until the examination is full or are other variables considered)?**

Prior to the COVID-19 pandemic, the MCC has had capacity to offer the exam to all PGY-2+ candidates. While PGY-1 candidates can apply to write the exam, priority is given to those further along in training. Other special considerations are also reviewed for priority access including, for example, those applying for PRAs. Random selection from other candidates is used to fill vacant positions.

For upcoming exam administrations, priority will be given to those who were not able to write their exam due to the postponed May and October 2020 sessions, since many will now have a provisional, temporary or restricted license. Only when the delayed candidates have been processed will new registrations be accepted.

**Has the MCC considered changing the timing of the examination as it relates to the candidate's training program? For example, could the examination conceivably be offered to all at the end of medical school?**

Please see previous answers. A change in timing would require a complete review by multiple stakeholders, Council and the Central Examination Committee.

For the next session of the MCCQE Part II in 2021, the MCC plans to offer the exam in a virtual format using a semi-continuous delivery model.

**Is the MCC contemplating any changes to the exam in the short term so that it can continue to be offered, regardless of a situation like the pandemic? Is the MCC contemplating long-term changes?**

We are currently shifting to a virtual exam delivery offering for the MCCQE Part II expected in May 2021.

The exam had already been modified in anticipation of being able to offer the exam in October 2020 in respect to how physical examination skills are assessed.

As part of the shift to virtual delivery, we are exploring the use of technology to assess skills more directly – e.g., audio files of heart murmurs, videos demonstrating abnormal findings.

The MCC successfully ran a very similar clinical performance exam, the NAC Examination in September 2020 while adhering to all public health requirements and anticipates doing the same in March 2021.

**How many eligible candidates are waiting to take the MCCQE Part II? What is the plan to deal with this backlog and what is the plan for the 2021 cohort?**

Currently, we have 2,133 candidates who were deferred from the May 2020 administration and generally anticipate approximately 2,400 candidates per session – so adding those also deferred from October, there are approximately 4,550 current candidates. In addition to exploring virtual exam delivery, we are also looking at more frequent exam delivery and moving away from only offering exam sessions twice per year in 2021. This will allow us to reduce the backlog and be able to offer a timely exam experience to the 2021 candidate group.

**Additional information**

**Assessment Innovation Task Force**

The MCC is in the process of implementing an Assessment Innovation Taskforce, comprised of health care and medical education professionals, that will be asked to identify emerging competencies required of all physicians, especially as identified by the impact of the COVID-19 pandemic and a shift to virtual care delivery; the increasingly important need to assess cultural humility and cultural competencies; team-based care delivery and technology-enabled care. The Taskforce will also be asked to contemplate novel and updated mechanisms for assessment and to capture its findings and recommendations in a report.

The report prepared by the Taskforce will be used to inform strategic planning to be undertaken by the MCC's fully constituted new Council which will be in place at our next Annual Meeting in 2021. With the adoption of a new By-Law at the MCC Annual Meeting in October 2020, a Transition Council is currently in place.

**MCCQE Part II as an acceptable alternative in other countries**

At the end of June 2020, the Education Commission for Foreign Medical Graduates (ECFMG) announced that in the absence of the National Medical Board of Examiners (NBME) clinical performance assessments, the MCCQE Part II is an acceptable alternative for IMGs for residency training in the USA.

**The importance of standardized assessments**

The importance of a national, objective, independent and highly standardized assessment process for physicians cannot be underestimated. Pass rates for MD graduation and completion of postgraduate

## Appendix C

residency training are high and these do not provide information that allows identification of individuals with observed difficulties.

The MCC emerged 108 years ago from the need for a national and uniform system for examination supporting appropriate licensure and allowing physician mobility. This has not changed. Canada has seventeen medical schools all with varying models of education and approaches to key concepts such as social accountability. While accreditation as a peer review process carefully reviews the educational environment and what is being taught, independent validation through objective assessment is necessary to ensure that what has been taught has been learned and can be demonstrated. Without a national standardized approach, as identified in the Medical Regulatory Authorities' agreed-on requirements for the "Canadian Standard for Independent Practice," there is a risk of reprising and increasing the fragmentation of the health-care system and impacting on safe patient care delivery in Canada.



### Document d'information sur les questions concernant l'EACMC, partie II

Depuis sa fondation en 1912, l'un des principes originaux du Conseil médical du Canada (CMC) consiste à administrer une qualification nationale standardisée afin de faciliter la mobilité des médecins parmi les différentes instances réglementaires des provinces et territoires au Canada — un processus toujours complexe à ce jour.

Le CMC exerce par ailleurs un rôle essentiel dans l'évaluation des diplômés internationaux en médecine (DIM) qui aspirent à obtenir un permis d'exercice au Canada. La formation des médecins au Canada n'est pas autosuffisante et à l'heure actuelle, quelque 26 % des médecins en exercice au pays ont été formés à l'étranger (voir *Profil des médecins au Canada*). Bien que des systèmes d'accréditation rigoureux et standardisés soient en place au Canada et aux États-Unis pour évaluer les programmes de formation de premier cycle et postdoctorale des facultés de médecine, ce n'est pas le cas dans la majorité des autres pays du monde.

Quelque 3 300 écoles de médecine fonctionnelles figurent actuellement au World Directory of Medical Schools et environ 150 nouveaux établissements s'y ajoutent chaque année. L'examen d'aptitude du Conseil médical du Canada (EACMC), partie I, et l'EACMC, partie II, en plus de l'examen de la Collaboration nationale en matière d'évaluation (CNE), conçu expressément pour l'évaluation des DIM, servent d'évaluation préalable dans le cadre des programmes d'évaluation de la capacité à exercer (ECE) dans l'ensemble du pays.

#### **Quel était l'objectif initial de l'EACMC, partie II, et dans quelle mesure a-t-il évolué afin d'évaluer les compétences actuelles requises?**

En 1991, l'Association des facultés de médecine du Canada et la Fédération des ordres des médecins du Canada ont déclaré conjointement qu'à compter du 1<sup>er</sup> janvier 1994, la réussite de l'EACMC, partie II, devenait une condition préalable à l'obtention d'un permis d'exercice dans une province ou un territoire.

En 2016, le Dr Ian Bowmer, ancien chef de la direction et directeur général du CMC, a rédigé pour le Canadian Medical Education Journal (CMEJ) un *brillant aperçu de l'examen d'aptitude du Conseil médical du Canada (EACMC), partie II*.

L'EACMC, partie II, a évolué, notamment à la suite des demandes des organismes de réglementation médicale de se concentrer sur des domaines généralement considérés comme donnant lieu à des plaintes — à savoir les compétences en communication, la sécurité des patients et les comportements professionnels ; il n'est plus centré sur l'expertise médicale, notamment dans la foulée des travaux du *Groupe de travail pour la révision des évaluations*, mais sur les compétences cliniques fondamentales exigées de tous les médecins, quelle que soit leur spécialité. Le Comité d'épreuve de l'EACMC, partie II, revoit et met à jour régulièrement le contenu de l'examen. Ses récents travaux ont porté sur les aspects culturels des soins, la résolution des conflits, les relations intra et interdisciplinaires, mais aussi sur le contenu et les objectifs liés à la crise des opiacés et à la santé autochtone. Ses travaux ont par ailleurs été récemment étoffés à la lumière du mouvement *Black Lives Matter*. Les objectifs des examens du CMC servent à orienter les programmes d'études de chaque faculté de médecine. L'évaluation est un véritable moteur de l'apprentissage.

### **Quelles compétences l'EACMC, partie II, évalue-t-il en dehors de celles visées par les examens de certification?**

L'EACMC, partie II, suit un plan directeur, actualisé selon les nouvelles exigences, mis en œuvre en 2018. Le plan directeur peut être directement mis en correspondance avec les rôles CanMEDS et offre un cadre d'évaluation hautement complémentaire aux cadres CanMEDS et CanMEDS-MF. Le [Plan directeur et les spécifications de contenu des examens d'aptitude](#) garantissent l'évaluation des compétences et des activités fondamentales des médecins (évaluation/diagnostic, gestion, communication et comportements professionnels) selon les diverses dimensions des soins que les médecins sont amenés à rencontrer régulièrement (promotion de la santé et prévention des maladies, soins aigus et chroniques et aspects psychosociaux des soins).

L'expertise particulière à chaque discipline est du ressort des organismes de certification — le Collège des médecins de famille du Canada (CMFC) et le Collège royal des médecins et chirurgiens du Canada (CRMCC).

### **Pourquoi dois-je subir l'examen à ce moment de mon cheminement?**

À l'époque, le Groupe de travail pour la révision des évaluations et notre Conseil ont étudié le moment propice de subir l'examen et ont jugé opportun de le faire passer après l'école de médecine et à la suite d'une période définie de formation postdoctorale. Les compétences cliniques évoluent et se consolident au fil de la première année de formation postdoctorale, de sorte que tout examen précoce peut s'avérer inapproprié pour démontrer les aptitudes visées. Pour plus d'information, veuillez consulter cette étude qui se penche sur la relation entre les résultats d'épreuves de progression de type ECOS et les résultats à un examen national à enjeux élevés ([Do OSCE progress test scores predict performance in a national high-stake examination?](#)).

### **Des changements seront-ils apportés à la prochaine session de l'EACMC, partie II, en 2021, ou à sa note de passage, considérant que les candidats disposeront d'une plus grande expérience pratique et qu'ils seront plus éloignés de la fin de leur formation de premier cycle en médecine?**

L'EACMC, partie II, évalue les compétences cliniques essentielles à acquérir et à entretenir au cours de toute pratique médicale ultérieure. Considérant les nombreuses demandes et remarques des membres de la Fédération des ordres des médecins du Canada (FMRAC), qui souhaitent que les mises à jour du plan directeur ciblent des domaines de préoccupation liés à la pratique ultérieure, cet examen ne doit pas être envisagé comme une démonstration « programmée » de l'acquisition de compétences pouvant être ensuite oubliées.

En raison de la pandémie et des exigences de santé publique, le Comité d'épreuve de l'EACMC, partie II, et le Comité central des examens (CCE) ont adapté l'examen en personne en y supprimant certaines activités d'examen physique, qui ne constituaient qu'un élément mineur de l'évaluation, afin de réduire le plus possible les contacts directs. L'EACMC, partie II, est un examen à interprétation critérielle pour lequel la réussite ou l'échec est déterminé en comparant la note individuelle d'un candidat au standard de réussite (tel que présenté par la note de passage), peu importe le rendement des autres candidats. Des médecins experts représentatifs de partout au Canada mènent un exercice exhaustif d'établissement du seuil de réussite et évaluent le contenu d'examen en conjonction avec le rendement des candidats afin d'établir une note de passage qui est ensuite recommandée au CCE pour être approuvée.

**Observe-t-on des différences notables dans le taux de réussite des diplômés des facultés de médecine canadiennes qui passent l'examen après leur première année de formation postdoctorale et ceux qui le passent plus tard au cours de leur résidence?**

Les registres du CMC ne distinguent que les candidats qui passent l'examen pour la première fois et ceux qui le passent pour la deuxième fois ou plus, et non le moment où un candidat choisit de le passer. En raison du report des examens en 2020, nous disposons désormais d'un groupe de candidats plus avancés dans leur formation, mais qui n'ont pas encore passé l'examen.

**Existe-t-il une corrélation entre le taux de réussite à l'EACMC, partie II, et le taux de réussite aux examens de certification du CMFC ou du CRMCC?**

Une *étude*, portant sur les DIM qui suivent un parcours d'ECE et qui se soumettent à l'examen de certification du CMFC et leur statut à l'EACMC, partie I, a été réalisée et publiée en 2014.

Une autre *étude* fut réalisée afin de sonder la relation avec l'EACMC, partie II, dont les résultats ont démontré ce qui suit :

- L'examen clinique et la composante d'entrevue médicale simulée (EMS) permettent de prédire individuellement les résultats de l'ECE ;
- Les résultats de l'EACMC, partie I, prédisent les résultats et le statut du CMFC quant aux simulations cliniques écrites abrégées (SAMPs) ;
- Les résultats de l'EACMC, partie II, prédisent les résultats et le statut du CMFC quant à la composante EMS.

Aucune étude n'a été réalisée concernant les examens du CRMCC.

Parmi les 1 929 candidats du CMFC issus des facultés de médecine canadiennes, entre 2017 et 2018, 96 % ont réussi l'examen à leur première tentative; parmi les 2 716 candidats du CRMCC, le taux s'élève à 94 %.

Il est toutefois important de souligner que les **études publiées démontrent que les examens du CMC sont révélateurs des difficultés observées ultérieurement dans la pratique**, notamment en ce qui concerne les plaintes des patients (tant pour l'EACMC, partie I, que pour l'EACMC, partie II), les pratiques de prescription inappropriées pour les benzodiazépines et les opioïdes (l'EACMC, partie II) et un risque accru de résultats inacceptables en matière d'évaluation par les pairs de la qualité des soins. Voici quelques références :

<https://jamanetwork.com/journals/jama/article-abstract/208633>

<https://jamanetwork.com/journals/jama/article-abstract/195623>

<https://mcc.ca/media/IAMRA-2018Poster-A.DeChamplain.pdf>

<https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2923.2009.03534.x>

**De quelle manière un candidat parvient-il à s'inscrire à l'EACMC, partie II (avant le report occasionné par la pandémie et dans l'avenir)? Est-ce premier arrivé, premier servi, jusqu'à ce que l'examen soit complet ou d'autres variables sont-elles prises en compte?**

Avant la pandémie de la COVID-19, le CMC était en mesure d'offrir l'examen à tous les candidats en deuxième année de formation postdoctorale (R-2) ou d'une année ultérieure. Bien que les candidats en première année de formation postdoctorale (R-1) puissent s'inscrire à l'examen, la priorité est donnée à ceux dont la formation est plus avancée. D'autres particularités sont également considérées pour la priorité d'accès, notamment les candidats soumettant une demande d'ECE. Les places vacantes sont ensuite pourvues par une sélection aléatoire parmi les autres candidats.

Pour les prochaines sessions d'examens, la priorité sera accordée à ceux n'ayant pas pu passer leur examen en raison du report des sessions de mai et d'octobre 2020, puisque plusieurs d'entre eux disposeront d'un permis provisoire, temporaire ou restreint. Lorsque les candidats inscrits aux sessions reportées auront passé l'examen, les nouvelles inscriptions seront acceptées.

### **Le CMC a-t-il envisagé de revoir le moment de l'examen en fonction du programme de formation du candidat? Par exemple, l'examen pourrait-il être proposé à tous à la sortie de l'école de médecine?**

Veillez vous référer aux réponses précédentes. Changer le moment de l'examen nécessiterait une révision complète par de multiples intervenants, le Conseil et le Comité central des examens.

Pour la prochaine session de l'EACMC, partie II, en 2021, le CMC envisage de proposer l'examen dans un format virtuel en utilisant un modèle de passation semi-continu.

### **Le CMC envisage-t-il de modifier l'examen à court terme afin de pouvoir continuer à le proposer indépendamment d'une situation telle que la pandémie? Le CMC envisage-t-il des changements à long terme?**

En ce moment, nous mettons en place une offre d'examen virtuel pour l'EACMC, partie II, qui devrait débuter en mai 2021.

L'examen avait déjà fait l'objet de modifications quant à la manière d'évaluer les compétences en matière d'examen physique afin de pouvoir l'offrir en octobre 2020.

En ce qui concerne l'offre virtuelle, nous envisageons le recours à des technologies permettant d'évaluer les compétences de manière plus directe (p. ex., fichiers audio de souffles cardiaques, vidéos démontrant des résultats anormaux).

Le CMC a administré avec succès un examen de performance clinique très similaire, l'examen de la CNE, en septembre 2020, tout en respectant toutes les exigences de santé publique et compte faire de même en mars 2021.

### **Combien de candidats admissibles sont dans l'attente de l'EACMC, partie II? Quel est le plan pour traiter cet arriéré et quel est le plan pour la cohorte de 2021?**

En ce moment, nous avons dû reporter l'examen de 2 133 candidats en mai 2020. De manière générale, environ 2 400 candidats passent l'examen chaque session et comme l'épreuve d'octobre 2020 a aussi été reportée, ce sont environ 4 550 candidats qui sont en attente de subir l'examen. En plus d'explorer la possibilité d'offrir des examens virtuels, nous envisageons également d'en accroître la fréquence et de proposer des sessions d'examen plus de deux fois par année à partir de 2021. Cela nous permettra de réduire l'arriéré et d'offrir une expérience d'examen au moment approprié au groupe de candidats de 2021.

## **Renseignements supplémentaires**

### **Groupe de travail sur l'innovation en matière d'évaluation**

Le CMC s'affaire à mettre en place son Groupe de travail sur l'innovation en matière d'évaluation, composé de professionnels des soins de santé et des facultés de médecine, dont le mandat consistera à déterminer les nouvelles compétences médicales de base requises, en particulier celles mises en évidence par l'impact de la pandémie de la COVID-19 et à la lumière du passage aux soins virtuels. Il abordera également le besoin de plus en plus important d'évaluer l'humilité et les compétences culturelles, la prestation de soins en équipe et les soins basés sur la technologie. Il lui sera également

demandé d'envisager des modalités d'évaluation nouvelles et actualisées et de consigner ses conclusions et recommandations dans un rapport.

Le rapport du Groupe de travail servira à éclairer la planification stratégique du nouveau Conseil du CMC, qui sera en place lors de notre prochaine réunion annuelle en 2021. Depuis l'adoption d'un nouveau règlement administratif lors de la réunion annuelle du CMC en octobre 2020, un Conseil de transition est désormais en place.

### **L'EACMC, partie II, comme substitut valable dans d'autres pays**

À la fin de juin 2020, l'Education Commission for Foreign Medical Graduates (ECFMG) a annoncé qu'en l'absence d'épreuves d'évaluation de performance clinique du National Medical Board of Examiners (NBME), l'EACMC, partie II, constituait un substitut valable à une formation en résidence aux États-Unis pour les DIM.

### **Importance des évaluations standardisées**

L'importance d'un processus d'évaluation national, objectif, indépendant et hautement standardisé pour les médecins ne peut être sous-estimée. Le taux d'obtention du diplôme de médecine et le taux d'achèvement de la formation médicale postdoctorale sont élevés et ne permettent pas d'identifier les personnes présentant des difficultés observables.

Le CMC est né il y a 108 ans dans le but d'établir un système national et uniforme d'examens, qui soutient le processus d'autorisation d'exercice et qui permet la mobilité des médecins. Cela n'a pas changé. Le Canada compte dix-sept facultés de médecine, toutes dotées de modèles d'enseignement et d'approches différentes autour de concepts clés tels que la responsabilité sociale. Alors que l'accréditation au moyen d'un processus d'évaluation par les pairs se penche attentivement sur le cadre de formation et le contenu enseigné, une validation indépendante au moyen d'une évaluation objective est nécessaire pour garantir que les enseignements ont été acquis et peuvent être démontrés. Sans une approche nationale standardisée, telle qu'identifiée dans les exigences convenues par les ordres des médecins pour la Norme canadienne d'obtention d'un permis d'exercice de la médecine, il existe un risque de fragmenter à nouveau et davantage le système de soins de santé et d'entraver la prestation de soins sûrs aux patients au Canada.

## REQUIREMENT FOR SUCCESSFUL COMPLETION OF PART 2 OF THE MCCQE – PANDEMIC EXEMPTION

The standards and qualifications for the issuance of a certificate of registration authorizing independent practice, set out in Section 3 of Ontario Regulation 865/93, stipulate that the applicant must have:

1. A degree in medicine.
2. Successfully completed Part 1 and Part 2 of the Medical Council of Canada Qualifying Examination.
3. Completed a clerkship at an accredited medical school in Canada; or one year of postgraduate medical education at an accredited medical school in Canada; or one year of active medical practice in Canada.
4. Certification by examination by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC); and

Part 2 of the Medical Council of Canada Qualifying Examination (known as “MCCQE2”) is a clinical examination administered by the Medical Council of Canada which is challenged in locations across Canada, typically after completion of 12 months of postgraduate training.

The MCCQE2 is important as a reliable, independent and objective method of assessment of an applicant’s broad-based medical knowledge, skills, judgment and professional attitude.

Due to the pandemic, MCCQE2 examinations scheduled for May 2020 and October 2020 were postponed indefinitely. Applicants in Ontario who otherwise qualified for Independent Practice Certificates but were lacking MCCQE2 were issued restricted certificates permitting practice under supervision in accordance with the Restricted Certificates of Registration for Exam Eligible Candidates.

The MCCQE2 examination scheduled for February 2021 has been cancelled. At this time, it is not clear when the MCCQE2 exam will be made available to eligible candidates.

This Policy provides an exception to the licensure requirement for the MCCQE2 for applicants whose pathway to independent licensure in Ontario has stalled due to the pandemic-related postponements of the examination in circumstances set out below.

### MCCQE2 Pandemic Exemption

The Registration Committee may direct the Registrar to issue a certificate of registration authorizing **independent practice** to applicants who are lacking MCCQE2 where:

- i) The applicant demonstrates that they were eligible to challenge the MCCQE2 at the May 2020, October 2020, and/or February 2021 sittings\*;
- ii) The applicant is presently registered in Ontario or was registered in Ontario at the time that they were eligible to challenge the MCCQE2 at the May 2020, October 2020, and/or February 2021 sittings;
- iii) The applicant was within 24 months from the completion of their postgraduate training at the time that they were eligible to challenge the MCCQE2 at the May 2020, October 2020, and/or February 2021 sittings;
- iv) The applicant otherwise meets the prescribed requirements for an Independent Practice Certificate of Registration and,
- v) The applicant satisfies the non-exemptible requirements set out in Section 2(1) of Ontario Regulation 865/93.

**\* Note:** The Policy may be extended to apply to other future scheduled sittings of the MCCQE2 as may be required during the pandemic.

**\*\*Note:** Applicants with prior exam failures may be directed to the Registrar for review by the Registration Committee under Section 2(1) of Ontario Regulation 865/93.



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## BRIEFING NOTE

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TO: Executive Committee

FROM: Dr. Keri McAdoo, Deputy Registrar

SUBJECT: Pandemic-Related Exceptions to the Requirement for the Medical Council of Canada Qualifying Examination (MCCQE) Part II

MEETING DATE: Friday, December 18, 2020

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### **ISSUE BEFORE THE EXECUTIVE COMMITTEE**

The Executive Committee is asked to approve the attached policy on *Pandemic-Related Exceptions to the Requirement for the Medical Council of Canada Qualifying Examination (MCCQE) Part II*.

This policy was developed in response to recent decisions made by the Registration Policy Committee regarding the role of the Medical Council of Canada Qualifying Examination (MCCQE) Part II as a licensure requirement, particularly in the setting of multiple postponements of this examination due to the pandemic.

### **ABOUT THE MCCQE PART II EXAM**

The MCCQE Part II is the second of two examinations that lead to the LMCC designation (Licentiate of the Medical Council of Canada).

The MCCQE Part I is a written examination typically completed during the end of the fourth year of medical school. The MCCQE Part II is a clinical examination, currently challenged after 12 months of postgraduate training.

Across Canada, the LMCC is a fundamental requirement for a Full licence. Specifically, a candidate for a Full licence must have:

- A recognized Medical Degree;
- The Licentiate of the Medical Council of Canada (LMCC); and
- Certification with the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada (RCPSC).

With the exception of New Brunswick, these are the licensing requirements across the country. Currently, Nova Scotia is the only province to have a policy – supported by legislation – for [Acceptable Alternatives to the LMCC](#).

### **REASONS FOR REVIEW OF THE LICENSURE REQUIREMENT FOR THE MCCQE PART II**

The pandemic has led to 3 postponements of the MCCQE Part II that were scheduled for May 2020, October 2020 and February 2021. This has created a significant backlog of candidates that is only going to grow in number.

Further, the MCC has not yet confirmed a date for when the MCCQE Part II will resume. This is affecting all physicians scheduled to challenge the examination in 2020 and will likely affect those who were hoping to challenge the examination in 2021, perhaps longer with the resulting backlog.

All Canadian Medical Regulatory Authorities (MRAs) have been asked by affected physicians to be flexible in their approach to licensing in this situation and all have committed to ensuring licensure for those cohorts affected.

### **ROLE OF THE LMCC IN NOVA SCOTIA**

In Nova Scotia, the requirement for the LMCC (MCCQE Parts I and II) for a Full licence is set out in the [Medical Practitioners Regulations](#). The requirement for the MCCQE Part II for other licence types is set by College policy.

<b>Licence</b>	<b>LMCC Requirements</b>
<a href="#">Full Licence</a>	<a href="#">LMCC</a> or an <a href="#">acceptable alternative</a>
<a href="#">Defined Licence</a>	MCCEE <i>or</i> the MCCQE Part I at initial licensure <i>and</i> Eligible to challenge the MCCQE Part II <i>and</i> Required to obtain the MCCQE Part II or an acceptable alternative to the LMCC during the time-limited licence
Postgraduate Practising Licences <a href="#">External Moonlighting</a> and <a href="#">Internal Moonlighting</a>	MCCQE Parts I and II
Practice Ready Assessments <a href="#">Family Medicine</a> and <a href="#">Specialists</a>	MCCQE Part I <i>and</i> NAC OSCE* <i>or</i> MCCQE Part II
<a href="#">Clinical Assistant Licence</a>	MCCQE Part I <i>and</i> NAC OSCE* <i>or</i> MCCQE Part II

\* National Assessment Collaboration Objective Structured Clinical Examination

## **MATTERS CONSIDERED BY REGISTRATION POLICY COMMITTEE**

### **Current landscape in Nova Scotia**

The following licence types are impacted by the postponement of the MCCQE Part II:

- Full licence
- Postgraduate Practising licence (Internal and External Moonlighting)
- Clinical Assistant licence
- Practice Ready Assessment for Family Medicine and Specialists

Both the RCPSC and the CFPC certification examinations were postponed in the spring of 2020 due to the pandemic. As a result, all of the newly graduated, Canadian trained physicians in June of 2020 did not qualify for Full licensure as they did not have their Canadian certification with either certifying College.

These examinations were all re-scheduled and completed at the time of this briefing note. There are currently a very small number of this cohort who do not have their MCCQE Part II and therefore do not qualify for a Full licence despite obtaining their certification examination. The vast majority of the 52 newly graduated, Canadian-trained physicians licensed in Nova Scotia have been converted to a Full licence.

Also affected are 43 physicians on a Defined licence on their respective pathways to Full licensure. Of those physicians, only those who currently hold their Canadian certification and their MCCQE Part I would be impacted by the ongoing postponement of the MCCQE Part II as they also would have had the opportunity to challenge the certification examinations during the re-scheduling. At present, there are 11 physicians on a Defined licence with their certification but have not yet achieved the MCCQE Part II.

An unknown number (typically 15-25 per year) of postgraduate trainees wishing to obtain a postgraduate practising licence do not qualify for this licence type as the MCCQE Part II is required.

There remains an option for candidates applying for a Clinical Assistant licence or a Practice Ready Assessment as current policy allows for the National Assessment Collaboration Objective Structured Clinical Examination (NAC OSCE) or the MCCQE Part II and the former has continued to be offered during the pandemic.

### **Jurisdictional Scan**

No other MRA indicated that they are contemplating changing the licensing requirements of the LMCC though we are aware of discussions across the country.

### **The MCC**

The Registration Policy Committee reviewed the history of the examination, pass rates and written submissions from the MCC, Dalhousie University's Dean of Medicine and Associate Dean of Postgraduate Medical Education and the President of Maritime Resident Doctors.

### **DISCUSSION OF THE REGISTRATION POLICY COMMITTEE**

The Committee had a lengthy, in-depth discussion regarding the licensing requirement of the MCCQE Part II and whether any decisions should be made on a temporary or permanent basis. It was decided that the status quo was not fair as the current requirement is to obtain an examination that is currently impossible to achieve as is not being offered.

After reviewing and weighing all of the presented material, the Committee felt it was most prudent to focus on a temporary approach, specifically the postponements due to the COVID-19 pandemic.

The Committee decided to apply an exception for the requirement of the MCCQE Part II for both Canadian graduates as well as international graduates. The Committee noted that it was not fair to either group to be required to obtain an examination that was not currently available. It was further noted that the MCCQE Part II is designed for postgraduate trainees after their second year of postgraduate training. There was concern that the further away from that timeframe, the more challenging it would be for the candidate to be successful in this foundational examination. This has long been an argument for mid-career internationally trained physicians.

The Committee accepted Canadian certification as a reasonable competency assessment in lieu of the MCCQE Part II. The Committee was comfortable with this decision, given that Canadian postgraduate training programs provide extensive training, supervision and assessment in the context of the Canadian healthcare system. Furthermore, physicians on a regular Defined licence receive an adequate amount of supervision over a 2-year period giving sufficient time to acclimatize to the Canadian healthcare system. These considerations are reflected in the motions approved by the Registration Policy Committee.

### **MOTION APPROVED BY THE REGISTRATION POLICY COMMITTEE**

*A reminder about the Registration Policy Committee's authority to waive criteria:*

As per Section 5 of the Medical Practitioners Regulations, the Registrar and the Registration Committee may waive any of the criteria for the registration or licensing or renewal of a licence set out in the regulations for either a requirement by law, or if it is consistent with the objects and purpose of the College.

Should the Committee decide to waive the legislated criteria for the LMCC for Full licensure, it will be doing so under this authority. Waiving criteria for licensure must not be undertaken lightly and consideration for the ramifications and implications is clearly important.

For all other licence types, waiving the requirement for the LMCC or MCCQE Part II is simply a matter of policy change.

### **The following motion was approved by Registration Policy Committee:**

To approve the following changes to the licensure requirement for the MCCQE Part II in response to the exam being unavailable due to the ongoing COVID-19 pandemic:

1. Graduates of Canadian postgraduate training programs

- 1.1. The Registrar will accept certification from the respective certifying College (CFPC or RCPSC) as an acceptable alternative to the LMCC for applicants for independent practice who were:
  - a. eligible to challenge the MCCQE Part II for the May 2020, October 2020 or the February 2021 sitting(s) AND who were
  - b. within their first 24 months of their postgraduate training program.
- 1.2. The Registrar *may* consider certification from the respective certifying College (CFPC or RCPSC) as an acceptable alternative to the LMCC *at the request of applicants* for independent practice who were:
  - a. eligible to challenge the MCCQE Part II for the May 2020, October 2020 or the February 2021 sitting(s) AND who were
  - b. more than 24 months into their postgraduate training program.
2. Defined licensees

The Registrar will accept two years of supervised practice in Nova Scotia satisfactory to the Registrar as an acceptable alternative to the LMCC for Defined licensees who were eligible to challenge the MCCQE Part II for the May 2020, October 2020 or the February 2021 sitting(s).
3. Postgraduate trainees in a Canadian postgraduate training program

The Registrar will waive the requirement for the LMCC for applicants for a Postgraduate Practising (Moonlighting) Licence who were eligible to challenge the MCCQE Part II for the May 2020, October 2020 or the February 2021 sitting(s).
4. Practice Ready Assessment candidates or Clinical Assistants

The licensure requirement for the MCCQE Part II will be at the discretion of the Registrar for applicants who were eligible to challenge the MCCQE Part II for the May 2020, October 2020 or the February 2021 sitting(s).

#### **ACTION REQUIRED OF THE EXECUTIVE COMMITTEE**

The above motion was incorporated into a new policy, *Pandemic-Related Exceptions to the Requirement for the Medical Council of Canada Qualifying Examination (MCCQE) Part II* (attached).

The Executive Committee is asked to approve the new *Pandemic-Related Exceptions to the Requirement for the Medical Council of Canada Qualifying Examination (MCCQE) Part II*.

## Pandemic-Related Exceptions to the Requirement for the Medical Council of Canada Qualifying Examination (MCCQE) Part II

<b>SECTION</b>	Registration		
<b>APPLICABLE LEGISLATION</b>	Medical Practitioners Regulations – Section 5 and Section 19, 3(a)(ii) As per Section 5 of the Medical Practitioners Regulations, the Registrar and the Registration Committee may waive any of the criteria for the registration or licensing or renewal of a licence set out in the regulations for either a requirement by law, or if it is consistent with the objects and purpose of the College.		
<b>APPLICABLE POLICIES</b>	<ul style="list-style-type: none"> <li>- <a href="#">Acceptable Alternatives to the LMCC</a></li> <li>- <a href="#">Clinical Assistant Licence</a></li> <li>- <a href="#">Postgraduate Practising Licence (External Moonlighting)</a></li> <li>- <a href="#">Postgraduate Practising Licence – Internal Moonlighting</a></li> <li>- <a href="#">Pre-screening Criteria for PRA in Family Medicine</a></li> <li>- <a href="#">Screening Criteria for Practice Readiness Assessment (PRA) for Specialist</a></li> </ul>		
<b>APPROVED BY</b> Registration Policy Committee Executive Committee	<b>APPROVAL DATE</b> December 18, 2020 --	<b>REVIEWER</b> Deputy Registrar	<b>REVIEW DATE</b> April 2021

### Purpose

The purpose of this policy is to lay out the temporary exceptions to the licensure requirement for the Medical Council of Canada Qualifying Examination (MCCQE) Part II for physicians affected by the pandemic-related postponements of the MCCQE Part II in May 2020, October 2020 and February 2021.

### Background

The MCCQE Part II is the second of two exams that lead to the LMCC designation (Licentiate of the Medical Council of Canada).

In Nova Scotia, the requirement for the LMCC for a Full licence is set out in Section 19, 3(a)(ii) of the Medical Practitioners Regulations. The requirement for the MCCQE Part II for other licence types is set by College policy.

The outbreak of the COVID-19 pandemic in early 2020 led to the postponement of three sittings of the MCCQE Part II – specifically, May 2020, October 2020 and February 2021. This has created a significant backlog of candidates that will continue to increase. As a result, several physicians are unable to meet the licensing requirement of obtaining the LMCC for Full licensure.

This policy is in response to an exceptional circumstance, namely the COVID-19 pandemic. Therefore, this policy is applicable on a temporary basis for a limited period of time. This policy will be reviewed in April 2021 to determine if any further action is required.

### Policy

The College will allow the following exceptions to the requirement for MCCQE Part II for applicants for licensure who were affected by the postponements of the May 2020, October 2020 and February 2020 sitting(s) of the MCCQE Part II:

#### 1. Graduates of Canadian postgraduate training programs

- 1.1. The Registrar will accept certification from the relevant certifying College (CFPC<sup>1</sup> or RCPSC<sup>2</sup>) as an acceptable alternative to the LMCC for applicants for independent practice who were:
  - 1.1.1. eligible to challenge the MCCQE Part II for the May 2020, October 2020 or the February 2021 sitting(s) **AND** who were
  - 1.1.2. within their first 24 months of their postgraduate training program at the time of the May 2020, October 2020 or the February 2021 sittings.
- 1.2. The Registrar *may* consider certification from the respective certifying College (CFPC<sup>1</sup> or RCPSC<sup>2</sup>) as an acceptable alternative to the LMCC *at the request of applicants* for independent practice who were:
  - 1.1.1. eligible to challenge the MCCQE Part II for either the May 2020, October 2020 or the February 2021 sitting(s) **AND** who were
  - 1.1.2. more than 24 months into their postgraduate training program at the time of the May 2020, October 2020 or the February 2021 sittings.

Note that eligibility for the acceptable alternative for physicians who meet these criteria is at the discretion of the Registrar and that the applicant may be asked to provide proof of registration for the May 2020, October 2020 or February 2021 sittings(s).

<sup>1</sup>College of Family Physicians of Canada;

<sup>2</sup>Royal College of Physicians and Surgeons of Canada

## 2. Defined licensees

The Registrar will accept two years of satisfactory supervised practice in Nova Scotia as an acceptable alternative to the LMCC for Defined licensees who were:

- 2.1 eligible to challenge the MCCQE Part II for the May 2020, October 2020 or the February 2021 sitting(s) **AND** who
- 2.2 meet all other criteria for Full or Restricted licensure.

## 3. Postgraduate trainees in a Canadian postgraduate training program

The Registrar will waive the requirement for the LMCC for applicants for a Postgraduate Practising (Internal or External Moonlighting) Licence who were eligible to challenge the MCCQE Part II for the May 2020, October 2020 or the February 2021 sitting(s).

## 4. Practice Ready Assessment candidates or Clinical Assistants

The licensure requirement for the MCCQE Part II will be at the discretion of the Registrar for applicants for a Practice Ready Assessment or Clinical Assistant licence who were eligible to challenge the MCCQE Part II for the May 2020, October 2020 or the February 2021 sitting(s).