

2014 Annual Meeting

MCC's Annual Meeting at the
Ottawa Convention Centre

Look for our
interesting
DID YOU KNOW
infographics

Canada has
2.14 physicians
/1000 population

The Medical
Council of Canada
newsletter

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The ECHO's clickable digital format
makes it fun and easy to stay informed
and up-to-date on MCC activities and
stories. Come explore what's been
happening these last few months.

Happy reading!

click page to zoom
click side arrows OR swipe
page to advance or return
click interactive icons
[double click if on a mobile device]





Both physiciansapply.ca and its French equivalent inscriptionmed.ca went live May 31, 2013 and already, close to 10,500 candidate accounts have been created with nearly 1,000,000 credentials and documents on file. From these accounts, candidates can request a source verification of their medical credentials and apply for MCC examinations. They can also view their documents such as entrance cards, exam details and Statements of Results. Moreover, they can then share their results and documents with 37 medical organizations as well as apply for registration to an increasing number of medical regulatory authorities. The College of Physicians and Surgeons of Saskatchewan registration staff say that

"it has been very helpful to have a single source of truth; it allows the candidate to share with the MRA staff their exam results, verified documents, and additional pieces of identification."

Currently the College of Physicians & Surgeons of Alberta and the College of Physicians and Surgeons of Nova Scotia have adopted the application for medical registration. On Dec. 10, 2014, the Collège des médecins du Québec will be joining them.

Over the course of this past year, several system enhancements were launched. The MCC introduced centralized registration for the NAC examination through the portal in addition to a document translation service for medical credentials in a language other than English or French. Educational Credential Assessments reports can now be requested by physicians seeking to immigrate to Canada under the Federal Skilled Worker Program and this quarter,

the MCC and the Canadian Resident Matching Service (CaRMS) launched a new joint application allowing CaRMS (with candidate consent) to receive specific candidate data through physiciansapply.ca.

All of these enhancements are proving to be very useful to MCC candidates. In fact, in a recent conversation with Dr. Sarafa Tijani, he had this to say about his experience using the portal:

"As an international medical graduate I believe physiciansapply.ca is one of the best things to happen to the MCC recently. I have used the new process a few number of time to source verify documents, to share documents with medical regulatory authorities and to register for MCC exams. I can categorically say that it is timely and far better than the old systems."

Looking ahead to 2015-16, the MCC will continue to support other medical regulatory authorities across Canada to adopt the new application process. Once fully deployed, candidates will be able to use the system to apply for medical registration to one or several jurisdictions at the same time.

I think it would be important that we take the time to thank all those involved in the initiative; in the creation, development, maintenance and promotion of this portal and particularly for the work on the Application for Medical Registration. Its continued success is attributed to each of you.

The 2014 MCC Annual Meeting took place from Sept. 14 to 16 at the Ottawa Convention Centre and was appropriately titled “Assessment: Evolving beyond the Comfort Zone”. A sentiment which Nancy MacBeth, President of the MCC (*below*), best captured when she said:

“Clearly the core purpose of the Medical Council of Canada is assessment: our job is to ensure that every single physician who practices medicine in Canada is worthy of the designation. That is our pledge to Canadians”.

Dr. Claire Touchie (*seated below left*), **Prof. Dame Lesley Southgate** (*seated middle*) and **Dr. André De Champlain** (*seated right*), all considered experts in their fields, continued to explore this theme throughout their respective presentations during the plenary and panel discussion on **day 1**. The session titled “Beyond the Point-in-time Assessments for High-Stakes Decision Making” was intended to inform participants on the

progress of the MCC Blueprint Project in the last year, to provide tools for assessments and validity framework review as well as propose models for combining formative and summative assessments. Each speaker engaged participants in lively conversations both on location and online. All three presentations were uploaded on the MCC website and the **#MCCagm** Twitter hashtag was well in use!



Later that evening, the MCC held a reception and dinner in honour of Dr. George Bordage, the 2014 recipient of the Dr. Louis Levasseur Distinguished Service Award. Guests were welcomed at the newly renovated **Canadian Museum of Nature**.



On **day 2**, as in previous years, members broke out into smaller groups and attended workshops designed to explore several MCC strategic issues. Interesting discussions were struck around topics such as e-portfolio

assessments as well as opportunities and barriers to sharing assessment information within and between stakeholder organizations. Other workshops touched on MCC priorities as related to the Assessment Review Task Force, on critical factors that will enable the development of an examination to be delivered internationally and on specific legislation issues that prevent the sharing of candidate performance. The day wrapped up with status updates by the MCC on issues ranging

from finance to practice-ready assessments.

The event concluded on **day 3**, as the MCC President and Executive Director presented their reports. The Blueprint project and its content specifications were approved by the Council, MCC examination fees were confirmed and Council members were appointed. On the heels of yet another successful AGM, dates were set for **2015, September 13-15**, and we look forward to the coming year's activities.



#MCCagm
#AssembléeCMC



Click for more photos of the 2014 AGM



2014 marks a significant milestone for the Medical Council of Canada and the **Dr. Louis Levasseur Distinguished Service Award**. In the 15 years since its creation, the MCC has been presenting it to worthy recipients for their extraordinary contribution to the vision and mission of the Council.

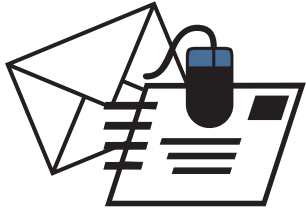
Please join us in congratulating this year's recipient, Dr. George Bordage!

[Click for Dr. Bordage's Biography](#)

Dr. Bordage has frequently been compared to the award's namesake, Dr. Louis Levasseur in terms of his impact and the depth of commitment to the MCC, its staff and Board. Dr. Bordage is being recognized for his many contributions to the MCC beginning in the mid-1980s. His involvement spans research, exam development and review as well as his participation in many committees over the course of his long and impressive career.

Examples of Dr. Bordage's achievements include: his efforts in developing and implementing the "key features format" assessing medical graduate's clinical decision-making skills, his work on the former MCC Examination Development Advisory Committee and his ability to constructively critique the introduction of Item Response Theory for the introduction of a computer-based MCCQE Part I. He is also praised for his analyses of the representation of the frequency and nature of adverse events in the course of clinical care in MCC examinations and on the terminology used in clinical vignettes.


Around the world he is known as an ambassador for the MCC, promoting key topics and offering workshops and training in Canada, the United-States, Mexico, France, Switzerland, England, Japan, Singapore, India and Australia. In collaboration with the MCC, Dr. Bordage has lead and published many research initiatives as well as contributed to the development and improvement of exam content and the candidate evaluation process.



Nominations

Do you have someone you would like to nominate for the **2015 Dr. Louis Levasseur Distinguished Service Award?**

Electronically submit
 • 1 nomination letter
 • 2 letters of reference to:

 awards@mcc.ca
 no later than
May 1, 2015



Click for details or
 to see a list of past recipients

The 2015 Research in Clinical Assessment grant competition is NOW OPEN! All proposals must be submitted by Feb. 1, 2015.

The purpose and priorities of the 2015 competition are the encouragement of innovations in the assessment of clinical competence or performance of students, postgraduate trainees or practitioners. Priority will be given to proposals that show promise in contributing to the knowledge and understanding of measurement in clinical assessment and to clinical program evaluation methods for medical education. The proposal must focus on research, not development, in the assessment of performance or clinical assessment.

Of special interest will be proposals that focus on the following themes:

- Test content analysis and blueprinting
- Test development and scoring
- Standard setting
- Test fairness
- Longitudinal evaluation of test scores

For more information on the 2015 Research in Clinical Assessment grant competition, please visit



mcc.ca



or email at grants@mcc.ca



MEDICAL COUNCIL OF CANADA
 LE CONSEIL MÉDICAL DU CANADA

Outstanding Achievement Award in the Evaluation of Clinical Competence



This prestigious award was created to honour a person or a group who, throughout their career, have demonstrated outstanding achievement in the evaluation of clinical and professional competence in the health-care professions, and who have made a significant contribution in this area. The award is unique in that its nominees and recipients come from a broad range of health-care disciplines.

Nominations

eligible in assessment



The Blueprint Project, which began in 2011, is a substantial review of the content coverage on MCC examinations. Its purpose is to evaluate how well the MCC's examinations reflect the reality of medical practice and the health-care needs of society today.

Canada's faculties of medicine and medical regulatory authorities have played a key role in the development and validation of the new Blueprint, which was approved in September 2014. The new Blueprint more fully reflects what is being taught in faculties of medicines and what is expected in today's medical practice.

“The new Blueprint more fully reflects what is being taught in faculties of medicine and what is expected in today's medical practice.”

New content for the MCC Qualifying Examination Part I (entry into residency) and Part II (entry into independent practice) will be created and piloted in 2015 and 2016. As of 2017 and 2018, all candidates wishing to practise medicine in Canada will be assessed based on the dimensions outlined in the Blueprint.

MCC exams, in and of themselves, cannot fully cover the breadth and depth of assessment of certain competencies as outlined in the new Blueprint's specifications. For example, certain areas such as communication and professional behaviour may be difficult to fully assess through computer-based tests and point-in-time clinical assessments. We will therefore collaborate with faculties of medicine and other assessment stakeholders to ensure that these dimensions can be sampled more frequently throughout the assessment continuum.

UPDATE Automated item generation increases new exam content production

A great deal of new exam content will be required for the MCC's content database in the near future. Since early in 2014, the MCC has been working with Drs. Mark Gierl and Hollis Lai from the University of Alberta to develop a method of using cognitive maps to more efficiently generate examination content, or Automated Item Generation (AIG). AIG is expected to be handed off to MCC operations personnel in 2015. It has the potential to become a valuable complement to the work of test committees by increasing the production of new items.

“Automated Item Generation takes advantage of cognitive maps to build platforms upon which large numbers of items on a particular topic can be rapidly generated.”

AIG takes advantage of cognitive maps to build platforms upon which large numbers of items on a particular topic can be rapidly generated. Here's how it works:

- 1 Physician specialists create a cognitive map that identifies the necessary content for test items on a particular topic.
- 2 The specialists then develop item models using the cognitive maps. Item models identify a structure for the content of test items.
- 3 Finally, computer technology systematically combines the content to generate new test items.

All items generated using AIG are then vetted by the MCC's test committees.

During the research and development phase of this project, physicians from our test committees volunteered to learn the process of cognitive mapping and item modeling. Their learning curve was initially steep, but the participants now find that they can rapidly generate hundreds of questions using a single cognitive map.

Not only will the AIG enhance the MCC's operations, it is also a demonstration of the innovation and leadership that our organization has become known for worldwide as we pursue our mandate.

DID YOU KNOW?
Physician Supply in Canada

74,526
active physicians
in 2013
(excluding residents)

2.14 physicians
/1000 population

CANADA ranks
28/34
OECD nations
ahead of Japan,
Poland & Mexico

UPDATE
Scoring
Aggregator
Now
In Use

Short “write-in” answers represent one of the most time-consuming aspects of scoring MCC exams. In November 2014, the MCC launched the Aggregator, a computer program that automates the scoring process for clinical decision making (CDM) short write-in questions. By aggregating write-in answers, this new tool enables the MCC’s scorers to mark many answers at once, as well as to see obvious outliers.

For example, take a cohort of 500 candidates. For a given question on an examination, 400 of them each write “myocardial infarction” as the answer. In the past, test scorers would see that same word written (typed) out 400 times. With the Aggregator, they now see that answer just once and can score all 400 of those responses at the same time.

While the Aggregator cannot be used for “long-answer” type write-ins, and would not aggregate an answer that is misspelled, it still dramatically simplifies the scoring process and reduces the time required to score tests. Additionally, aggregating responses more efficiently opens up the possibility of marking the questions using automated processes.

The MCC is not the first testing organization to automate the marking of responses to open-ended questions, and our project has taken precedents into account. Not only will the Aggregator increase efficiencies at MCC, it also directly contributes to our mission and strategic goals.

“By aggregating similar write-in answers, the new Aggregator enables the MCC’s scorers to mark many answers at once, as well as to see obvious outliers.”

DID YOU KNOW?*
Physician Mix in Canada

41%
of physicians are
55+ years
old

51% family
physicians
49% other
specialty

75% Canadian
Grads
24% IMGs
1% US Grads

* Lynda Buske
CMA, Canadian
Collaborative Centre for
Physician Resources

Japan Delegation Visit



Members of a working group looking at implementing a national OSCE in Japan alongside MCC staff.

Sept. 2014 session of the NAC examination:

NAC's
largest
cohort yet!

1687	candidates assessed - more than our previous <i>yearly</i> totals
816	physician examiners
1015	standardized patients
711	support staff
8	exam sites

March 2015 session:

Registration will be open from Nov. 6 until Dec. 4 and will include the new requirement that candidates will not be eligible to retake the examination if their most recent result is a *pass*.

BITS&BYTES

SUCSESSES

Dr. Cyril Moyse



The MCC would like to recognize one of its longstanding members, Dr. Cyril Moyse who was recently awarded Canada's family physician of the year for Prince Edward Island.

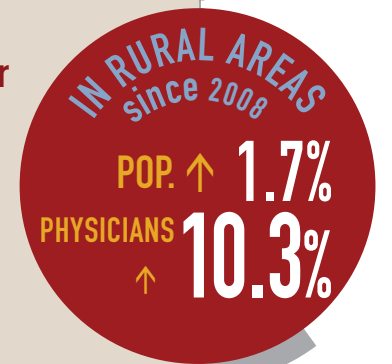
He was nominated by his colleagues in honour of his commitment to family medicine throughout his

42 year career. Dr. Moyse graduated from the faculty of medicine at Dalhousie University in 1972 and in 1977 he obtained his certification in Family Medicine from the College of Family Medicine of Canada. In 1972 Dr. Moyse started to practice family medicine at the Summerside Medical Centre in PEI where he still works today.

Among his many professional affiliations, for the past 26 years, Dr. Moyse has been a board member of the Medical Council of Canada.

"The right honourable John Buchan, 15th Governor General of Canada said "we can only pay our debts to the past, by putting the future in debt to ourselves". I've tried to live my life that way both personally and professionally. Being a family physician has allowed me to interact with families hopefully to benefit them and their futures. It is a great privilege."

Dr. Cyril Moyse
Family Physician of the Year



Representatives from across Canada met in Ottawa on a blustery November day. These members of the National Assessment Central Coordinating Committee (NAC³) discussed the following:

Mr. Dan Faulkner, Chair of the NAC PRA Steering Committee and Ms. Cindy Streefkerk, NAC PRA Project Lead, provided an update on progress made to establish a pan-Canadian practice-ready assessment (PRA) process for the specialties of Family Medicine, Internal Medicine and Psychiatry. Encompassing standards and shared development and adoption work to support these standards.

As part of a review of standards, the NAC³ clarified wording about what constitutes a PRA attempt. The group agreed that a PRA attempt is defined at the start of the over-time assessment period.

An overview of the post-project sustainable business model and sustainability engagement strategy were provided. As part of the discussion the NAC³ recommended that the project team should consult with postgraduate medical education groups, as some of the tools used in an educational context could also work for a practice-ready setting.

Many research updates were provided to the committee, including on a multisource feedback pilot and study, a predictive validity study and a study looking at the correlation between scores on the NAC examination and the decision to enter Nova Scotia's CAPP program. This last, explored whether or not the NAC Examination could be used as a selection assessment for NAC PRA in Family Medicine.

Ms. Karen Meades, Chief Financial Officer of the MCC, presented the NAC examination costing model. The following factors contribute most significantly to NAC exam fees:

- The number of days the exam is administered (now 6 days – previously 2 days)
- The number of forms of the examination (now 6 forms – previously 2 forms)
- Candidate volume (2,000)
- Site delivery costs

The NAC³ approved 2016 NAC examination fees of \$2,230 after a discussion on candidate volumes and the NAC examination costing model.

Dr. Ian Bowmer discussed eligibility of candidates who were successful on the Part II and then decide to take the NAC examination. He explained the Part II represents a higher standard (independent practice) than the NAC examination (entry into residency).

- The NAC³ endorsed the suggestion that candidates who passed the Part II should be exempt from taking the NAC examination. This issue will be explored further with the postgraduate medical education deans.

Dr. Steven Caldwell, Chair of the NAC Examination Committee, and Ms. Alexa Fotheringham, Manager of the NAC Examination, provided a 2014 NAC exam update:

- Therapeutics was included in the OSCE stations instead of being assessed in a separate component
- Online orientation was rolled to all NAC exam physician examiners
- Physician examiner recruitment guidelines were refined
- Registration for both the March and September sessions were centralized and completed through physiciansapply.ca

**Aug. 26, 1920 –
Nov. 9, 2014**

**The MCC would like to
acknowledge the life
and passing of our
former legal counsel,
Mr. Charles Scott, Q.C.**



**Ottawa native,
Charles Fremont Scott,**

the 2002 winner of the MCC's Dr. Louis Levasseur Distinguished Award, was educated at Lisgar Collegiate Institute and then studied Law at the University of Toronto. He was called to the Bar of Ontario in 1946 and subsequently returned to Ottawa to practice law where he became a Senior Partner with Gowling MacTavish, Osborne & Henderson (now Gowlings). He received his Q.C. in 1965 and served as Legal Counsel for the MCC for over thirty years with distinction and grace. He was instrumental in guiding Council through its transition to a not-for-profit corporation in 1976.

He was renowned for his carefully crafted opinions at Council meetings: his responses being replete with case authority for each opinion – typically quoted while on his feet. Often his responses started by stating: "Mr. President, if I may through your office, respond to the honourable member's question ..."

He passed away peacefully at home on November 9, 2014, in his 95th year. He is survived by his wife of over 68 years, Pauline, his three sons, his seven grandchildren and his seven great-grandchildren.

Well informed, indeed a legal scholar, his knowledge and eye for true progress enabled him to stay ahead of the field, as a lifelong student of life, as an innovator and the ultimate practitioner of his chosen craft – law.



MEDICAL COUNCIL OF CANADA LE CONSEIL MÉDICAL DU CANADA

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**SNEAK PEAK of
the NEXT EDITION**



ECHO