The Medical Council of Canada (MCC) strives to achieve the highest level of medical care for Canadians through excellence in evaluation of physicians. It assesses more than 11,000 medical students and graduates a year through examinations across Canada and internationally. The MCC is also a leader in verifying and storing physician credentials, maintains the Canadian Medical Register, and supports research and development to remain at the forefront of innovation in medical assessment.

**VISION**

Striving for the highest level of medical care for Canadians through excellence in evaluation of physicians.

**MISSION**

With the key stakeholders, the Medical Council of Canada:

- Develops, validates and implements tools and strategies to evaluate physicians’ competence
- Maintains a national registry of physicians and their qualifications throughout their professional careers
Innovation is the search for new and better ways of doing what needs to be done, of upholding standards and realizing possibilities.

When rolled out into the real world and put into practice, it has the power to drive evolution and spur transformation.

Last year, the Medical Council of Canada (MCC) continued to work with partners across Canada and around the world on developing and deploying innovative approaches to the assessment and evaluation of medical students and graduates — with the aim of ensuring that Canadians continue to enjoy the highest possible degree of excellence in medical care for decades to come.

### ASSESSMENT ACROSS THE CONTINUUM

While assessment and evaluation in medical education have historically concentrated on the immediate steps leading to licensure, the professional development of any physician begins well before then — and continues throughout his or her years of practice. That's why the MCC remains committed to addressing the broader assessment continuum.

<table>
<thead>
<tr>
<th><strong>LEARNERS</strong></th>
<th><strong>REGISTRANTS</strong></th>
<th><strong>PRACTITIONERS</strong></th>
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<tr>
<td><strong>MEDICAL STUDENTS AND RESIDENTS</strong></td>
<td><strong>CANDIDATES FOR LICENSURE</strong></td>
<td><strong>LICENSED PHYSICIANS PRACTISING IN CANADA</strong></td>
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<td>* MCC Assessment Evolution microsite</td>
<td>* Pan-Canadian practice-ready assessment</td>
<td>* MCC 360 pilot preparations</td>
</tr>
<tr>
<td>* Medical Council of Canada Qualifying Examination (MCCQE) Part I and Part II</td>
<td>* Online orientation modules: elder care, professional challenges</td>
<td>* New users of the Application for Medical Registration</td>
</tr>
<tr>
<td>* Delivery of the MCCQE Part I more frequently and internationally</td>
<td></td>
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<tr>
<td>* MOC5 / Automated Item Generation</td>
<td></td>
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<tr>
<td>* World Directory of Medical Schools</td>
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</table>
To maintain the strongest possible medical profession and the highest-quality health system for Canadians, the ways we evaluate and assess medical students, graduates and working physicians must keep pace with advances in medical science and practice.

Throughout 2016–2017, our Executive Board continued to oversee a slate of large and new projects that are reshaping where, when and how evaluation and assessment are done.

Change on this scale demands innovative thinking at the system level as well as new tools and technologies. It requires collaboration, which is why one of our key goals has been to strengthen our alliances with partners from medical schools to learners to regulators across the country. And it depends on taking a long-term view that not only considers the needs of today but also anticipates those of tomorrow.

On this last front, the MCC developed and launched two orientation modules, one on the complexities of caring for the elderly and the other on professional challenges such as confidentiality and bias — timely today and sure to be core to practice in the future. While designed for internationally trained physicians, the modules are highly portable, applicable to Canadian students and graduates as well.

New approaches often require new mechanisms to deliver them. We found this last year as we worked with our international exam administration partner to enhance the way we provide the Medical Council of Canada Qualifying Examination (MCCQE) Part I in Canada and abroad. Retooling the MCCQE Part I infrastructure required close cooperation between our organization and faculties of medicine across Canada.

To facilitate greater efficiency and responsiveness internally, the Executive Board streamlined the MCC’s issues management process and bylaws, helping ensure that the right people with the right expertise are engaged to see matters through to swift and effective conclusions.

The key ingredient in any successful transformation, of course, is engaged people. I thank my fellow Board members for their dedication throughout the year as well as Council and test committee members, and the staff of the MCC for their continued hard work and commitment. My thanks go out in particular to Executive Director, Dr. Ian Bowmer, for his skillful and inspiring leadership throughout one of the busiest periods in the recent history of this organization.

All of us on the Executive Board look forward to the fruits of the MCC’s labour ripening over the coming year, as pilots and preparations give way to implementation, and as students, graduates and practitioners in Canada and from abroad experience the benefits of our evolutionary efforts.

Dr. Karen Shaw, Council President
Medical Council of Canada
EXECUTIVE DIRECTOR’S MESSAGE

It is easy to hear the word “innovation” and think specifically of technology. Yet last year at the MCC, innovation was truly all-encompassing, pursued at every level of our organization and touching everything from the content of our exams and how they are delivered to how we kept stakeholders apprised of changes to come.

If one thing contributed above all to our success as we carried out this ambitious agenda while continuing to administer examinations, it was agility. We experimented, we learned and we applied that learning to innovate further.

This struck me specifically in relation to our work on the MOC5 item bank and for our Automated Item Generation initiative. MOC5 is an innovative content bank that stores all the knowledge components that make up an examination. When we discovered there was no off-the-shelf platform that could fully realize our content development and management vision, we built comprehensive solutions to meet the needs of our test development officers, our psychometricians and the faculty members on our test committees.

To facilitate that agility and promote innovative thinking, we completed the move of our teams into new headquarters in Ottawa. Housing all staff under one roof will foster productivity while reducing our expenses, especially those associated with leasing property and renting space for larger, off-site meetings.

It has taken close to 30 years for the MCC to save up for a new building. Last year’s relocation marked the conclusion of a long period of saving and planning, capitalizing on a reserve built over time. I am pleased to be able to say the project was completed on time thanks to the dedicated efforts of our building management and Change Champions teams.

We look forward to launching the updated Medical Council of Canada Qualifying Examination (MCCQE) Part I and Part II next year as well as an international and more frequently delivered MCCQE Part I in 2019. Reaching those milestones will mark the culmination of work that started in 2011 after the Assessment Review Task Force identified needed improvements. It represents a truly collective effort involving many, many partners.

I thank everyone on the MCC staff for their tireless work, which has allowed us to successfully carry out this evolution of the assessment process.

Our activities last year continued to bring new tools and assessment approaches to more points along the entire assessment continuum, from the earliest stages of medical education through to practice. All of this was done with the ultimate goal of maintaining the integrity and the calibre of care Canadians count on.

Dr. Ian Bowmer, Executive Director
Medical Council of Canada
LEARNERS

The MCC ensures medical students and graduates are effectively and adequately evaluated along the path to licensure. By successfully challenging the MCC’s exams, students and graduates demonstrate their ability to provide high-quality health care to Canadians.
The MCCQE Part I will also be delivered more frequently and internationally as of 2019.

To keep candidates informed, the MCC launched a new microsite, mccevolution.ca, in 2016. The site provides details about what the updated exams will entail, how they will be administered and the ways learners and the Canadian health-care system will benefit.

Access. Flexibility. Clarity.

Continuing to streamline the evaluation process for internationally trained medical students and graduates, the MCC took steps that will allow international candidates to challenge the National Assessment Collaboration Examination (NAC) without needing to receive their Medical Council of Canada Evaluating Examination (MCCEE) results first. Final preparations were also made to offer the MCCQE Part I more frequently in Canada and abroad.

Faster exam development with AIG and MOC5

While technology has enhanced and accelerated many aspects of medicine, examination content has continued to be developed manually by committees. The MCC has been changing that over the past few years with the development and rollout of Automated Item Generation (AIG) to assist with the creation of examination content. The MCC continued to collaborate with researchers from the University of Alberta last year on development of the AIG. It also completed “MOC5”, a system for banking exam items that is now in the hands of MCC’s test committees.

REIMAGINING ASSESSMENT TO REFLECT NEW REALITIES

Last year, the Medical Council of Canada (MCC) paved the way toward rolling out significant changes to its examinations, marking an innovative shift in evaluating candidates’ readiness for licensure. The evolved Medical Council of Canada Qualifying Examination (MCCQE) Part I and MCCQE Part II will put greater emphasis on health promotion, illness prevention and psychosocial determinants of health, and on essential practitioner skills in areas such as communication and professional behaviours.

To ensure clarity about candidates’ eligibility, the MCC sponsored the World Directory of Medical Schools, an amalgamation of two international directories that indicates the institutions recognized in Canada. Internationally trained students or graduates must have received their medical education from a recognized institution to challenge the MCC’s exams.

Faster exam development with AIG and MOC5

While technology has enhanced and accelerated many aspects of medicine, examination content has continued to be developed manually by committees. The MCC has been changing that over the past few years with the development and rollout of Automated Item Generation (AIG) to assist with the creation of examination content. The MCC continued to collaborate with researchers from the University of Alberta last year on development of the AIG. It also completed “MOC5”, a system for banking exam items that is now in the hands of MCC’s test committees.

WORKING WITH PARTNERS TO MEET HEALTH-SYSTEM NEEDS

The MCC worked closely with medical schools across Canada to define and develop the upcoming changes to the MCCQE Part I and Part II. Drawing on the schools’ insights into evolving patient needs and professional expectations helps ensure the updated MCCQE Part I and MCCQE Part II reflect the real-world requirements of Canada’s health system.
The MCC plays a crucial role in confirming that medical graduates seeking to practise in Canada are highly trained, competent and deserving of patient trust.
ADVANCING A CONSISTENT APPROACH TO PRACTICE-READY ASSESSMENTS

Jurisdictions across Canada have their own approach to determining internationally trained physicians’ readiness for practice. The Medical Council of Canada (MCC) continued to work with partners last year to define an approach that would simplify, streamline and bring consistency to these assessments, further reinforcing Canada’s high standards for patient safety and meeting expectations of uniformly high-quality health care across the country.

Key to these efforts were the development of practice-ready assessment (PRA) standards and the creation of assessor training modules for psychiatry and internal medicine — building on the module developed for family medicine in 2015–2016. The MCC also collaborated with leaders of provincial PRA programs on a pilot therapeutics decision-making exam to help select PRA candidates.

The next step in the PRA process will be to pilot the new, common approach among assessors and candidates, with feedback incorporated into ongoing refinement to ensure effective, pragmatic, leading-edge competency testing into the future.

Bridging cultural differences

The diversity of Canadian society continues to bring new challenges to medical practice in Canada. Culture and demographics play a big role, affecting how patients relate to care and the ways physicians need to approach them. The MCC expanded the Communication and Cultural Competence section of physiciansapply.ca by posting a new module exploring the complexity encountered when caring for elderly patients, who often have multiple needs.

Additionally, the MCC launched a professional challenges module with two scenarios. One highlights the risk of bias and features a transgender patient; the other deals with issues related to protecting patient confidentiality. While developed specifically for international medical students and graduates, these resources are equally useful to their Canadian counterparts and even practising physicians.

Implementing a common pan-Canadian PRA approach demands close collaboration among stakeholders at all levels in all parts of the country. Through the National Assessment Collaboration, the MCC worked with regulatory authorities, provincial PRA programs, numerous medical experts and certification colleges last year to establish the tools, standards and training for PRA success.
PRACTITIONERS

Supporting development through assessment and streamlined application processes is at the core of the MCC’s programs for practitioners — ensuring that physicians are not only ready for practice but also continue to grow and adapt as that practice changes over time.
PROVIDING FULL-CIRCLE FEEDBACK TO PHYSICIANS IN PRACTICE

It is imperative for practising physicians to refresh their skills and knowledge on an ongoing basis — not only their core medical competencies but also the professional skills to succeed as team players in highly dynamic and often challenging environments.

The Medical Council of Canada (MCC) is addressing the latter specifically with the development of MCC 360, an innovative multisource feedback program designed to help practising physicians communicate and collaborate more effectively with colleagues and patients.

Based on intellectual property acquired in 2016 from the Physician Achievement Review developed by the College of Physicians & Surgeons of Alberta and the University of Calgary, MCC 360 uses feedback questionnaires and reporting templates to evaluate physicians’ strengths and weaknesses outside the medical expert sphere.

MCC 360 expands assessment beyond the traditional examination model by taking a “360-degree approach” that provides practical feedback from other professionals that physicians work with, patients and self-evaluation content. The tools will be piloted later in 2017, with increased onboarding over time leading to a “go live” program launch in 2019.

Simplifying the medical registration process

It used to be that every province and territory licensing medical practitioners maintained its own application process for medical registration. This led not only to duplicated efforts but also to inconsistencies among applications, adding administrative burden and review time.

Since 2013, with the launch of physiciansapply.ca, the MCC has helped streamline and consolidate the process by providing a single online portal for Applications for Medical Registration (AMR). Last year, four new jurisdictions became AMR signatories — British Columbia, Prince Edward Island, Manitoba and Yukon — bringing the national total to nine.

Physicians can use physiciansapply.ca to verify and store their credentials as well as share documents with regulatory authorities and other registered organizations. Further, the process to apply for a medical licence is simplified for those physicians in participating jurisdictions as the application is populated with information already held in the portal’s repository. Applications can be filled out quickly, accurately and completely.
In November 2016, the Medical Council of Canada (MCC) moved into new headquarters, consolidating staff from three sites at two locations together under one roof. The building’s innovative design facilitates collaboration, providing space for MCC teams, Council and test committee members, partners and other stakeholders to meet and work together.

Open-concept work areas spark creative dialogue and enable new, agile ways of being productive. Ergonomic workstations, large windows for natural light, bicycle racks, electric car charging stations, kitchens on every floor, a fitness studio, a wellness room and a glass-roof atrium all contribute to physical and mental wellbeing — in keeping with the MCC’s role as a health-system leader.

The new building will also be key to helping the MCC manage costs over the coming years, eliminating ever-increasing lease obligations and providing on-premises space for up to 100 meetings and events a year that would otherwise have to be hosted off-site.

Culminating a multi-year design and construction process, the modern, healthy work environment provided by the new headquarters embodies the collaborative spirit at the heart of the MCC.
### MCCEE

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### Number of Licentiates issued

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* CMG = CANADIAN MEDICAL GRADUATES (i.e., graduates of Canadian medical schools)
** IMG = INTERNATIONAL MEDICAL GRADUATES (graduates of medical schools outside of Canada)
† CPG = CANADIAN POSTGRADUATE (graduates of Canadian medical schools enrolled in a Canadian postgraduate program)

Note: Denied standing and No standing are not included in the examination statistics.
Every year, MCC experts publish papers and technical reports on research, development and education, and speak at conferences and workshops.

**PRESENTATIONS**

**2016**


**De Champlain, A.** (2016, April). A Gentle Introduction to Psychometrics for the Medical Educator: Key Concepts and How to Apply them to Your Assessments. Workshop presented at the Canadian Conference on Medical Education (CCME), Montreal, Que.


**Lemay, P.** (2016, April). Medical Council of Canada Updates. Presented to the Canadian Association of Staff Physician Recruiters at the CASPR Conference, Vancouver, B.C.


**Lemay, P.** (2016, June). physiciansapply.ca/inscriptionmed.ca. Presentation to Alberta Health Services, Edmonton, Alta.

**Lemay, P.** (2016, July). The Application for Medical Registration in Canada (AMR). Presentation to the Federation of Medical Regulatory Authorities of Canada and its members, Ottawa, Ont.


**Lemieux, M.** (2016, June). What’s new at MCC. Presented to the Registration Special Interest Group during the Federation of Medical Regulatory Authorities of Canada AGM, Banff, Alta.


PUBLICATIONS

2016


2017

The Dr. Louis Levasseur Distinguished Service Award is presented yearly to a distinguished member of the medical community who has made an extraordinary contribution to the Medical Council of Canada (MCC).

In 2016, Dr. Jeffrey Turnbull, the Medical Director of Ottawa Inner City Health for the homeless and a former president of the MCC was the recipient of this award. Dr. Turnbull has contributed significantly to alleviate the health effects of poverty at local, national and international levels. Besides his work with Ottawa Inner City Health, he has worked on education and health services initiatives to build capacity and development in Bangladesh, Africa and the Balkans.

His long and distinguished career includes serving as Vice Dean of Medical Education at the University of Ottawa (1996–2001), President of the Medical Council of Canada (1999–2000), President of the College of Physicians and Surgeons of Ontario (2006–2007) and President of the Canadian Medical Association (2010–2011). Dr. Turnbull was Department Chair of Medicine at The Ottawa Hospital and University of Ottawa (2001–2008), a position he left to take on the role of Chief of Staff. He also served as Senior Medical Officer for Correctional Service Canada (2011–2014) and recently took on the role of Chief, Clinical Quality for Health Quality Ontario.

In addition to a BSc from the University of Toronto and a Masters Degree in Education from the University of Western Ontario, Dr. Turnbull received his Doctorate in Medicine at Queen’s University and later achieved specialty certification in internal medicine through the Royal College of Physicians and Surgeons of Canada in 1982.

He is the recipient of several national and international grants and awards, including the Order of Canada, the Order of Ontario, the Queen Elizabeth II Diamond Jubilee Medal and an Honorary Degree of Law from Carleton University.
Employee Service Awards

The MCC recognizes long-standing service of staff. In 2016–2017, the following employees received service awards for the milestones achieved:

20 YEARS
- David Miller

10 YEARS
- Amy Harris
- Andrée Fortin-Bélanger
- Daniela Ignea
- Denise Hubbard
- Jessica Hertzog-Grenier
- Jessica Thorsen
- Karen Meades
- Manana Blaja
- Marie Sarrazin
- Pierre Lemay
- Thi Murphy

5 YEARS
- Binh Duong
- Claire Touchie
- Cleveland Caesar
- Denis Mukama
- Derek Rumig
- Douglas Sceviour
- Edwine Job
- Jeneviève Marceau
- Jean-Marc Saint-Phard
- Judy McCormick
- Lisa McGrath
- Lisa Pistilli
- Ludmilla Floreska
- Roxane Levesque
- Sirius Qin
- Stella Okeiyi
- Todd Miller
- Tyler Cole
- Yousef Mousavi
National Capital Region’s Top Employer

The Medical Council of Canada (MCC) was honoured to be selected one of the National Capital Region’s Top Employers for 2017. This designation recognizes the Ottawa-area employers that offer exceptional places to work with forward-thinking programs. Employers are evaluated by the editors of Canada’s Top 100 Employers using the following criteria: physical workplace; work and social atmosphere; health, financial and family benefits; vacation and time off; employee communications; performance management; training and skills development; and community involvement.

The MCC is committed to fostering an inclusive environment where employees contribute to the health and well-being of Canadians.

Research in Clinical Assessment: Grants

To support medical assessment research, the Medical Council of Canada (MCC) offers research grants to interested faculty members, staff members or graduate students of Canadian medical faculties. Grants are intended to support and provide a principal investigator with the financial resources required to further complete his or her research, while promoting the MCC’s vision of striving for the highest standard of medical care for Canadians.

Recipients for 2016–17 include:

**Valérie Dory**

*Advancing longitudinal work-based assessment systems: Assessing progress in clerkship*

**Irene Ma**

*Development and Standard Setting for the Ultrasound Directly Observed Tool for Point of Care Ultrasound Competence*

**Jenny Ko**

*The Advance Care Planning-Clinical Evaluation Exercise (ACP-CEx): Validation of a novel assessment tool to evaluate advance care planning (ACP) discussions between oncology patients and trainees based on the competency-based medical education (CBME) model*

**Walter Tavares**

*“Why am I doing what I’m doing?”: An exploration into how raters adapt to formative and summative purposes of assessment*
Council Members

**EXECUTIVE BOARD**

- **President**: Dr. Karen Shaw
- **Vice-President**: Dr. Joyce Pickering
- **Past-President**: N/A
- **Chair, Finance**: Dr. Heidi Oetter
- **Members**: Dr. Theresa Farrell, Dr. Cyril Moyse, Dr. Jay Rosenfield, Dr. Bruce Wright, Ms. Gwen Haliburton

**MEMBERS AT LARGE**

- Ms. Rose Carter
- Ms. Nancy MacBeth
- Ms. Gwen Haliburton
- Mr. Brian Mazer
- Ms. Andrée Robichaud

**ADMINISTRATION**

- **Executive Director**
- **Directorates**: Communications, Evaluation Bureau, Finance & Corporate Services, Human Resources, Information Technology, Psychometrics and Assessment Services, Repository and Registration Centre

**MEMBERS OF COUNCIL—52 MEMBERS**

- Two members from each medical regulatory authority (26)
- One member from each faculty of medicine (17)
- Five members of the public (5)
- Two students and two resident and representatives (4)
### MEDICAL REGULATORY AUTHORITIES OF CANADA MEMBERS

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<td>P.E.I.</td>
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<td>New Brunswick</td>
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### UNIVERSITY MEMBERS

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<tr>
<td>Laval</td>
<td>Dr. Ghislain Brousseau</td>
</tr>
<tr>
<td>Sherbrooke</td>
<td>Dr. Colette Girardin</td>
</tr>
<tr>
<td>McGill</td>
<td>Dr. Joyce Pickering</td>
</tr>
<tr>
<td>Montreal</td>
<td>Dr. Geneviève Grégoire</td>
</tr>
<tr>
<td>Ottawa</td>
<td>Dr. Melissa Forgé</td>
</tr>
<tr>
<td>Queen’s</td>
<td>Dr. Anthony Sanfilippo</td>
</tr>
<tr>
<td>Toronto</td>
<td>Dr. Jay Rosenfield</td>
</tr>
<tr>
<td>McMaster</td>
<td>Dr. Rob Whyte</td>
</tr>
<tr>
<td>Western Ontario</td>
<td>Dr. Michael Rieder</td>
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<tr>
<td>Northern Ontario</td>
<td>Dr. David Musson</td>
</tr>
<tr>
<td>Manitoba</td>
<td>Dr. Bruce Martin</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>Dr. Grant Stoneham</td>
</tr>
<tr>
<td>Alberta</td>
<td>Dr. Tracey Hillier</td>
</tr>
<tr>
<td>Calgary</td>
<td>Dr. Sylvain Coderre</td>
</tr>
<tr>
<td>British Columbia</td>
<td>Dr. Bruce Wright</td>
</tr>
</tbody>
</table>

### STUDENT & RESIDENT MEMBERS

<table>
<thead>
<tr>
<th>Type</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Mr. Eric Guimond, Ms. Cynthia Min</td>
</tr>
<tr>
<td>Resident</td>
<td>Dr. Irfan Nizarali Kherani, Dr. Serge Keverian</td>
</tr>
</tbody>
</table>
STANDING COMMITTEES OF COUNCIL

APPEALS COMMITTEE

Chair  Ms. Rose Carter
Vice-Chair Dr. Markus Martin
Members  Ms. Andrée Robichaud
         Dr. Jay Rosenfield
         Dr. Cathy Vardy
         Dr. Robert Menzies
         Dr. Melissa Forgie
         Dr. Geneviève Grégoire
         Dr. Ghislain Brousseau
         Dr. Grant Stoneham

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         Dr. Cathy Vardy
         Dr. Markus Martin

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         Dr. Tracey Hillier
         Dr. Robert Zimmerman
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         Dr. Theresa Farrell
         Dr. Robert Menzies
         Dr. Patricia DeMaio
         Dr. Melissa Forgie
         Mr. Brian Mazer
         Dr. John McCrea
         Dr. Douglas Grant
         Dr. Geraldine Johnston

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         Dr. Simon Field

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Vice-Chair Dr. David Musson
Members  Dr. Sylvain Coderre
         Dr. Edward Tsoi
         Dr. Colette Girardin
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CENTRAL EXAMINATION COMMITTEE

Chair  
Dr. Brent Kvern (MB), Family Medicine

Vice-Chair  
Dr. Debra Pugh (ON), Internal Medicine

Members  
Chairs of all test committees

MCCQE Part I Test Committees

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Vice-Chair  
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Members  
Dr. Mary Wells (NL)  
Dr. Marie-Josée Bédard (QC)  
Dr. François-Gilles Boucher (ON)  
Dr. Richard Scheirer (AB)  
Dr. Florin Padeanu (MB)  
Dr. Nancy Brager (AB)  
Dr. Nadine Abdullah (ON)  
Dr. Susan Mercer (NL)

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Chair  
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Vice-Chair  
Dr. Isabelle Desjardins (ON)

Members  
Dr. Patrick Willemot (QC)  
Dr. Michèle Mahone (QC)  
Dr. Mark Lees (SK)  
Dr. Amanda Hanson (AB)  
Dr. Karen Towes (MB)  
Dr. Andrea Kew (ON)  
Dr. Jean Hudson (ON)
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**Vice-Chair**
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- Dr. Ciaran Goojha (BC)
- Dr. David McLinden (ON)
- Dr. Catherine Tremblay (QC)
- Dr. Martine Robichaud (NB)
- Dr. Shaudra Popowich (MB)
- Dr. Angelos Vilos (ON)

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**Vice-Chair**
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**Members**
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- Dr. Jan Kotarba (ON)
- Dr. Bich-Hong Nguyen (QC)
- Dr. Robert Porter (NL)
- Dr. Teresa Cavett (MB)
- Dr. Jane Pegg (BC)
- Dr. Christine Racette (QC)

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**Vice-Chair**
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- Dr. Ellen Tsai (ON)
- Dr. Arnaud Samson (QC)
- Dr. Martine Baillargeon (QC)
- Dr. Denise Donovan (QC)
- Dr. Janet Tootoosis (SK)
- Dr. Merrill Pauls (MB)
- Dr. Linda Dalpé (NB)

### SURGERY

**Chair**
Dr. Ken Kontio (ON)

**Vice-Chair**
Dr. Émilie Comeau (QC)

**Members**
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- Dr. John Graham (AB)
- Dr. Ari Meguerditchian (QC)
- Dr. Paul Robert Hayes (SK)
- Dr. Ross MacMahon (MB)
- Dr. Gordon Chaytors (AB)

### PSYCHIATRY

**Chair**
Dr. Andrew Harris (NS)

**Vice-Chair**
Dr. Marie Hayes (QC)

**Members**
- Dr. Mark Hanson (ON)
- Dr. Lauren Zanussi (AB)
- Dr. Brendan Miles (AB)
- Dr. Jean-Robert Maltais (QC)
- Dr. Glendon Tait (ON)

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### OSCE

**Chair**
Dr. Lynne Harrigan (NS)

**Vice-Chair**
Dr. Barbara Power (ON)

**Members**
- Dr. Kathy Collingson (AB)
- Dr. Thérèse Hodgson (ON)
- Dr. Michael Hogan (NL)
- Dr. Chantal Lemire (QC)
- Dr. Alan Neville (ON)
- Dr. Pierre Plourde (MB)
- Dr. Joan Wenning (NS)
- Dr. Martin Plaisance (QC)
- Dr. James Salzman (BC)
- Dr. Gabriel Suen (AB)
### EVALUATING EXAMINATION COMPOSITE COMMITTEE

**CEC Rep.**  
Dr. Debra Pugh (ON)

**EECC Chair**  
Dr. Elizabeth MacKay (AB)

**Vice-Chair**  
Dr. Hilary Writer (ON)

**MED Chair**  
Dr. Elizabeth MacKay (AB)

**Vice-Chair**  
Dr. Barry Cohen (MB)

**OBGYN Chair**  
Dr. Céline Bouchard (QC)

**Vice-Chair**  
Dr. Ann Spence (ON)

**PEDS Chair**  
Dr. Hilary Writer (ON)

**Vice-Chair**  
Dr. Moyez Ladhani (ON)

**PHE Chair**  
Dr. Ian Johnson (ON)

**Vice-Chair**  
Dr. Edward Ellis (ON)

**PSY Chair**  
Dr. Gary Kay (ON)

**Vice-Chair**  
Dr. Kathryn MacDonald (ON)

**SURG Chair**  
Dr. Gary Gelfand (AB)

**Vice-Chair**  
Dr. Benoit Bessette (ON)

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#### MEDICINE

**Chair**  
Dr. Elizabeth MacKay (AB)

**Vice-Chair**  
Dr. Barry Cohen (MB)

**Members**  
Dr. Vonda Hayes (NS)  
Dr. Tzu Kuang Lee (AB)  
Dr. Debbie Rosenbaum (BC)  
Dr. Leora Birnbaum (QC)  
Dr. Carmen Hurd (MB)  
Dr. Judy Baird (ON)

#### OBSTETRICS AND GYNECOLOGY

**Chair**  
Dr. Céline Bouchard (QC)

**Vice-Chair**  
Dr. Ann Spence (ON)

**Members**  
Dr. Amos Akinbiyi (SK)  
Dr. Roger Turnell (AB)  
Dr. Joan Crane (NS)  
Dr. Wendy Wolfman (ON)  
Dr. William Ehman (BC)

#### PEDIATRICS

**Chair**  
Dr. Hilary Writer (ON)

**Vice-Chair**  
Dr. Moyez Ladhani (ON)

**Members**  
Dr. Mark A. Duncan (BC)  
Dr. Ann E. Hawkins (NS)  
Dr. Judy Baird (ON)  
Dr. Catherine Henin (QC)  
Dr. Jennifer Walton (AB)

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**Chair**  
Dr. Ian Johnson (ON)

**Vice-Chair**  
Dr. Ed Ellis (ON)

**Members**  
Dr. Lynn Beck (BC)  
Dr. Denise Donovan (QC-NB)  
Dr. Ian McDowell (ON)  
Dr. Shelagh Leahey (NS)  
Dr. Ellen Tsai (ON)
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Chair  Dr. Gary Kay (ON)
Members  Dr. Kathryn MacDonald (ON)
         Dr. Karen Ferguson (ON)
         Dr. Beata Wiatrowska (ON)
         Dr. Si-Ann Woods (ON)
         Dr. Lorraine Andrews (BC)
         Dr. Andy Chen (BC)
         Dr. Albina Veltman (ON)

SURGERY

Chair  Dr. Gary Gelfand (AB)
Vice-Chair  Dr. Benoit J. Bessette (ON)
Members  Dr. Frank Chi (ON)
         Dr. Veronica Mohr (ON)
         Dr. Adrian Gooi (AB)
         Dr. David Barber (ON)
         Dr. Neil Merritt (ON)
         Dr. Michael Stirling (ON)

NATIONAL ASSESSMENT CENTRAL COORDINATING COMMITTEE

Chair  Dr. Maureen Topps (AB)
Vice-Chair  Dr. Mohamed Ravalia (NL)
Members  Ms. Beverly MacLean-Alley (BC)
         Mr. Bruce Holmes (NS)
         Dr. Elizabeth Bannister (NL)
         Mr. Dan Faulkner (ON)
         Dr. Glen Bandiera (ON)
         Dr. Kenneth Harris (ON)
         Ms. Nancy MacBeth (AB)
         Dr. Steven Caldwell (AB)
         Dr. Jean Rawling (AB)
         Dr. Nancy Fowler (ON)
         Ms. Lynda Campbell (NS)
         Mr. Sten Ardal (ON)

NATIONAL ASSESSMENT COLLABORATION EXAMINATION COMMITTEE

Chair  Dr. Steven Caldwell (AB)
Vice-Chair  Mr. Bruce Holmes (NS)
Members  Dr. Amanda Hill (BC)
         Dr. Carl Sparrow (NL)
         Dr. Debra Sibbald (ON)
         Dr. Gordon Page (BC)
         Dr. Jean Rawling (AB)
         Dr. Jean-Michel Worms (AB)
         Dr. Preston Tran (ON)
         Dr. Rabin Persad (AB)
         Ms. Natalie MacLeod Schroeder (MB)
         Dr. Andries Muller (SK)
         Dr. Julie Okapuu (QC)
         Dr. Andrea Babick (MB)
INDEPENDENT AUDITORS’ REPORT

To the Board of Directors of the Medical Council of Canada

We have audited the financial statements of the Medical Council of Canada, which comprise the statement of financial position as at March 31, 2017, the statements of operations, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors’ Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Medical Council of Canada as at March 31, 2017, and its results of operations, changes in net assets and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.
### Statement of Financial Position

Year ended March 31, 2017 with comparative information for 2016

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$8,296,449</td>
<td>$18,487,985</td>
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<tr>
<td>Accounts receivable</td>
<td>2,939,683</td>
<td>751,245</td>
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<tr>
<td>Prepaid expenses</td>
<td>239,541</td>
<td>374,036</td>
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<tr>
<td></td>
<td>11,475,673</td>
<td>19,613,266</td>
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<tr>
<td>Tangible capital and intangible assets (note 4)</td>
<td>25,764,560</td>
<td>16,225,808</td>
</tr>
<tr>
<td>Long-term investments (note 3)</td>
<td>13,759,596</td>
<td>14,181,332</td>
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<tr>
<td>Pension asset (note 7)</td>
<td>5,002,000</td>
<td>3,134,000</td>
</tr>
<tr>
<td></td>
<td>$56,001,829</td>
<td>$53,154,406</td>
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<tr>
<td><strong>Liabilities and Net Assets</strong></td>
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<td></td>
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<tr>
<td>Current liabilities:</td>
<td></td>
<td></td>
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<tr>
<td>Accounts payable and accrued liabilities (note 6)</td>
<td>$3,668,353</td>
<td>$2,920,623</td>
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<tr>
<td>Deferred exam fees</td>
<td>15,948,383</td>
<td>15,420,189</td>
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<tr>
<td>Pension liability (note 7)</td>
<td>1,400,000</td>
<td>1,194,000</td>
</tr>
<tr>
<td></td>
<td>21,016,736</td>
<td>19,534,812</td>
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<tr>
<td>Net assets (note 5):</td>
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<td></td>
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<tr>
<td>Unrestricted</td>
<td>1,470,533</td>
<td>1,493,773</td>
</tr>
<tr>
<td>Invested in tangible capital and intangible assets</td>
<td>25,764,560</td>
<td>16,225,808</td>
</tr>
<tr>
<td>Internally restricted</td>
<td>7,750,000</td>
<td>15,900,013</td>
</tr>
<tr>
<td></td>
<td>34,985,093</td>
<td>33,619,594</td>
</tr>
<tr>
<td></td>
<td>$56,001,829</td>
<td>$53,154,406</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.

On behalf of the Board:

[Signatures]

Director

Director
# STATEMENT OF OPERATIONS
Year ended March 31, 2017 with comparative information for 2016

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue (schedule)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam fees</td>
<td>$30,150,410</td>
<td>$29,124,214</td>
<td>$28,313,894</td>
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<tr>
<td>Repository fees</td>
<td>6,721,718</td>
<td>5,818,575</td>
<td>5,134,665</td>
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<tr>
<td>Grants</td>
<td>2,912,476</td>
<td>2,740,703</td>
<td>1,934,787</td>
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<tr>
<td>Investment income</td>
<td>567,000</td>
<td>1,256,198</td>
<td>2,128,848</td>
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<tr>
<td>Administration and service fees</td>
<td>936,449</td>
<td>1,083,644</td>
<td>738,253</td>
</tr>
<tr>
<td>Other</td>
<td>132,000</td>
<td>215,577</td>
<td>339,884</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>41,420,053</td>
<td>40,238,911</td>
<td>38,590,331</td>
</tr>
</tbody>
</table>

| **Expenses (schedule)** |         |          |          |
| Salaries and consulting services | 20,061,231 | 19,380,778 | 19,037,501 |
| Exam delivery and administration | 8,718,253  | 8,462,329 | 7,695,609  |
| Office administration         | 3,852,420  | 5,411,928 | 4,056,792  |
| Projects                      | 4,413,327  | 3,854,474 | 2,803,316  |
| Source verification           | 1,118,168  | 1,214,270 | 995,614    |
| Amortization of capital assets | 965,166    | 801,848  | 448,452    |
| Exam development              | 887,700    | 608,472  | 540,077    |
| Research and development      | 921,774    | 371,790  | 421,561    |
| Council governance            | 357,795    | 277,426  | 369,564    |
| Other expenses                | 191,100    | 133,650  | 93,988     |
| **Total Expenses**            | 41,486,934 | 40,516,965 | 36,462,474 |

| **Excess (deficiency) of revenue over expenses before the undernoted** |  (66,881) |  (278,054) |  2,127,857 |

| **Other income (expenses)** |         |          |          |
| Valuation gain (loss) – pension | –       | 1,662,000 | (641,000) |
| Unrealized gains (losses) on investments | –       | 235,508  | (1,897,833) |
| Rent                           | 48,500   | 37,554   | 37,411    |
| Gain (loss) on sale of tangible capital assets | –       | (291,509) | 964,705   |
| **Total Other Income (Expenses)** | 48,500   | 1,643,553 | (1,536,717) |

| **Excess (deficiency) of revenue over expenses** | $ (18,381) | $ 1,365,499 | $ 591,140 |

See accompanying notes to financial statements.
## Statement of Changes in Net Assets

Year ended March 31, 2017 with comparative information for 2016

<table>
<thead>
<tr>
<th></th>
<th>Balance, beginning of year</th>
<th>Excess (deficiency) of revenue over expenses</th>
<th>Transfers to (from)</th>
<th>Balance, end of year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2017</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>$1,493,773</td>
<td>$3,512,760</td>
<td>$(3,536,000)</td>
<td>$1,470,533</td>
</tr>
<tr>
<td>Invested in tangible capital and intangible assets</td>
<td>16,225,808</td>
<td>9,538,752</td>
<td>–</td>
<td>25,764,560</td>
</tr>
<tr>
<td>Internally restricted:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pillar 1: Clinical Skills Assessment</td>
<td>–</td>
<td>–</td>
<td>500,000</td>
<td>500,000</td>
</tr>
<tr>
<td>Pillar 2: In-Practice Assessment</td>
<td>–</td>
<td>–</td>
<td>500,000</td>
<td>500,000</td>
</tr>
<tr>
<td>Pillar 3: Pan-Canadian Databank</td>
<td>–</td>
<td>–</td>
<td>350,000</td>
<td>350,000</td>
</tr>
<tr>
<td>Pillar 4: Strategic Alliance</td>
<td>–</td>
<td>–</td>
<td>400,000</td>
<td>400,000</td>
</tr>
<tr>
<td>Pension special payment</td>
<td>–</td>
<td>–</td>
<td>3,000,000</td>
<td>3,000,000</td>
</tr>
<tr>
<td>Supplemental Executive</td>
<td>1,194,000</td>
<td>–</td>
<td>206,000</td>
<td>1,400,000</td>
</tr>
<tr>
<td>Contingency</td>
<td>1,500,000</td>
<td>–</td>
<td>100,000</td>
<td>1,600,000</td>
</tr>
<tr>
<td>Building</td>
<td>11,686,013</td>
<td>(11,686,013)</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>IT renewal</td>
<td>500,000</td>
<td>–</td>
<td>(500,000)</td>
<td>–</td>
</tr>
<tr>
<td>Strategic initiatives</td>
<td>500,000</td>
<td>–</td>
<td>(500,000)</td>
<td>–</td>
</tr>
<tr>
<td>Research and development</td>
<td>520,000</td>
<td>–</td>
<td>(520,000)</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>15,900,013</td>
<td>(11,686,013)</td>
<td>3,536,000</td>
<td>7,750,000</td>
</tr>
<tr>
<td><strong>2016</strong></td>
<td>$33,619,594</td>
<td>$1,365,499</td>
<td>–</td>
<td>$34,985,093</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>$1,907,000</td>
<td>$9,146,825</td>
<td>$(9,560,052)</td>
<td>$1,493,773</td>
</tr>
<tr>
<td>Invested in tangible capital and intangible assets</td>
<td>8,964,348</td>
<td>7,261,460</td>
<td>–</td>
<td>16,225,808</td>
</tr>
<tr>
<td>Internally restricted:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building</td>
<td>17,907,106</td>
<td>(11,995,126)</td>
<td>5,774,033</td>
<td>11,686,013</td>
</tr>
<tr>
<td>IT renewal</td>
<td>500,000</td>
<td>–</td>
<td>–</td>
<td>500,000</td>
</tr>
<tr>
<td>Strategic initiatives</td>
<td>500,000</td>
<td>(2,361,290)</td>
<td>2,361,290</td>
<td>500,000</td>
</tr>
<tr>
<td>Research and development</td>
<td>500,000</td>
<td>(1,460,729)</td>
<td>1,480,729</td>
<td>520,000</td>
</tr>
<tr>
<td>Supplemental Executive</td>
<td>1,500,000</td>
<td>–</td>
<td>(306,000)</td>
<td>1,194,000</td>
</tr>
<tr>
<td>Contingency</td>
<td>1,250,000</td>
<td>–</td>
<td>250,000</td>
<td>1,500,000</td>
</tr>
<tr>
<td></td>
<td>22,157,106</td>
<td>(15,817,145)</td>
<td>9,560,052</td>
<td>15,900,013</td>
</tr>
<tr>
<td><strong>2016</strong></td>
<td>$33,028,454</td>
<td>$591,140</td>
<td>–</td>
<td>$33,619,594</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
## STATEMENT OF CASH FLOWS

Year ended March 31, 2017 with comparative information for 2016

<table>
<thead>
<tr>
<th>Operating activities</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess of revenue over expenses</td>
<td>$1,365,499</td>
<td>$591,140</td>
</tr>
<tr>
<td>Items not involving cash:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortization of tangible capital and intangible assets</td>
<td>801,848</td>
<td>448,452</td>
</tr>
<tr>
<td>Loss (gain) on sale of tangible capital assets</td>
<td>291,509</td>
<td>(964,705)</td>
</tr>
<tr>
<td>Unrealized loss (gain) on investments</td>
<td>(235,508)</td>
<td>1,897,833</td>
</tr>
<tr>
<td>Gain on disposal of investments</td>
<td>(738,428)</td>
<td>(1,563,309)</td>
</tr>
<tr>
<td>Unrealized loss (gain) on investments</td>
<td>1,456,000</td>
<td>620,000</td>
</tr>
<tr>
<td>Increase in pension liability</td>
<td>206,000</td>
<td>21,000</td>
</tr>
<tr>
<td>Change in non-cash operating working capital</td>
<td>(4,102,019)</td>
<td>5,657,115</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financing activities</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawals from investments</td>
<td>$1,395,672</td>
<td>$6,577,447</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investing activities</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquisition of tangible capital and intangible assets</td>
<td>(10,632,109)</td>
<td>(11,661,616)</td>
</tr>
<tr>
<td>Sale of condominium unit</td>
<td>–</td>
<td>4,916,409</td>
</tr>
<tr>
<td>Net increase (decrease) in cash</td>
<td>(10,191,536)</td>
<td>6,539,766</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash, beginning of year</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash, end of year</td>
<td>$8,296,449</td>
<td>$18,487,985</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
1. **Purpose of the Organization:**

The Medical Council of Canada’s ("the MCC") original purpose was to establish and promote a qualification in medicine, known as the Licentiate of the Medical Council of Canada, such that holders thereof are acceptable to provincial licensing authorities for the issuance of a license to practice medicine. At the time of incorporation, its role expanded to include the initiation and promotion of research and development in the evaluation of medical knowledge and competence of undergraduate and graduate medical students and practitioners of medicine and of other health sciences.

**Vision:** Striving for the highest level of medical care for Canadians through excellence in evaluation of physicians.

**Mission:** With the key stakeholders, the MCC:

- Develops, validates and implements tools and strategies to evaluate physicians’ competence; and
- Maintains a national registry of physicians and their qualifications throughout their professional careers.

The MCC was incorporated without share capital under Part II of the Canada Corporation Act. Effective October 7, 2013, the MCC continued their articles of incorporation from the Canada Corporations Act to the Canada Not for profit Corporations Act. The MCC is a registered charity and as such is exempt from income tax under Section 149(1)(f) of the Income Tax Act (Canada).

2. **Significant accounting policies:**

The financial statements have been prepared by management in accordance with Canadian accounting standards for not for profit organizations in Part III of the CPA Canada Handbook – Accounting and include the following significant accounting policies:

(a) **Basis of presentation:**

These financial statements reflect the operations of the MCC. These financial statements do not include the revenue, expenses, assets and liabilities of the MCC’s related entity, The Medical Identification Number for Canada Inc. Related party information is disclosed in note 8.

(b) **Revenue recognition:**

The MCC follows the deferral method of accounting for contributions for not for profit organizations. Restricted contributions are deferred and are recognized as revenue in the period in which related expenses are incurred. Examination fees are recognized as revenue when the examination takes place. All other revenue is recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Evaluating examination fees which are inactive for a period of three years are forfeited by candidates and are recorded as revenue.

(c) **Tangible capital and intangible assets:**

Tangible capital and intangible assets are initially recorded at cost and are amortized on a straight line basis over their estimated useful lives as follows:

<table>
<thead>
<tr>
<th>Asset</th>
<th>Useful Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangible capital assets:</td>
<td></td>
</tr>
<tr>
<td>Building – Thomas Spratt</td>
<td>40 years</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>10 years</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>3 years</td>
</tr>
<tr>
<td>Intangible assets:</td>
<td></td>
</tr>
<tr>
<td>Computer software</td>
<td>3 years</td>
</tr>
</tbody>
</table>

A full year’s amortization expense is taken in the year of acquisition. When a tangible capital or intangible asset no longer contributes to the MCC’s ability to provide services, its carrying amount is written down to its residual value.

(d) **Employee future benefits:**

The MCC participates in a defined benefit pension plan, the Canadian Medical Association (CMA) Pension Plan, and also provides supplemental pension arrangements to certain employees. Pension benefits are based on length of service and final average earnings.
(d) Employee future benefits (continued):

The MCC uses the immediate recognition approach to account for the above plans. The MCC accrues its obligations under the defined benefit plans as the employees render the services necessary to earn the pension benefits. The actuarial determination of the accrued benefit obligations for pensions benefits uses the projected benefit method prorated on service (which incorporates management’s assumptions used for funding purposes, other cost escalation, retirement ages of employees and other actuarial factors). The measurement date of the CMA Pension Plan assets, which are recorded at fair value, and accrued benefit obligation do not coincide with the MCC’s fiscal year, therefore a roll forward technique is used to estimate the amounts at each period end. The measurement date of the supplemental pension arrangements’ accrued benefit obligation coincides with the MCC’s fiscal year. The most recent actuarial valuation of the defined benefit pension plan for funding purposes was as of January 1, 2014, and the next required valuation was started as of January 1, 2017.

The MCC recognizes the accrued benefit obligation net of the fair value of the plan amounts adjusted for any valuation allowance in the statement of financial position at the end of the period. The cost of the plan, comprising (i) changes in the accrued benefit obligation other than those resulting from benefit payments to plan members and net of any employee contributions; (ii) the actual return on plan assets; and (iii) the change in the valuation allowance is recorded in the statement of operations.

Actuarial gains (losses) on plan assets and past service costs arising from plan amendments are immediately recognized into excess of revenue over expenses at the date of the amendment.

(e) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Equity instruments that are quoted in an active market are subsequently measured at fair value. All other financial instruments are subsequently measured at cost or amortized cost, unless management has elected to carry the instruments at fair value. The MCC has elected to carry all investments at fair value.

Sales and purchases of investments are recorded on the trade date. Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs. These costs are amortized using the straight line method.

Financial assets are assessed for indicators of impairment on an annual basis at the end of the fiscal year. Where an indicator of impairment is present, the MCC determines if there is a significant adverse change in the expected amount or timing of future cash flows from the financial asset. If there is a significant adverse change in the expected cash flows, the carrying value of the financial asset is reduced to the highest of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount the MCC expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial impairment charge.

(f) Expenses:

In the statement of operations, the MCC presents its expenses by function with the exception of salaries and consulting services and amortization of tangible capital and intangible assets, which are presented separately.

Expenses are recognized in the period incurred and are recorded in the function to which they are directly related. The MCC does not allocate expenses between functions after initial recognition.

Expenses are disclosed by object for each function in the schedule of expenses.

(g) Use of estimates:

The preparation of financial statements in conformity with Canadian accounting standards for not for profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from these estimates. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the period in which they become known.

Significant management estimates include the assumptions used in determining the pension asset and liability.

(h) Budget figures:

Budget amounts disclosed in the statement of operations and schedule of expenses are based on the original budget of the MCC approved by the Executive Board on September 26, 2015.
3. Investments:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Equities</td>
<td>$6,937,178</td>
<td>$7,586,531</td>
<td>$6,400,199</td>
<td>$7,858,180</td>
</tr>
<tr>
<td>Bonds and mutual funds</td>
<td>$6,169,924</td>
<td>$6,173,065</td>
<td>$6,232,258</td>
<td>$6,323,152</td>
</tr>
<tr>
<td></td>
<td><strong>$13,107,102</strong></td>
<td><strong>$13,759,596</strong></td>
<td><strong>$12,632,457</strong></td>
<td><strong>$14,181,332</strong></td>
</tr>
</tbody>
</table>

Investments are managed by investment managers in accordance with an investment policy approved by Council. The MCC’s investment policy limits investments to fixed income securities with a rating of BBB or better, short term investments with a rating of R1 or better and equity investments that are reasonably liquid. Except for federal and provincial bonds, not more than 10% of the manager’s portfolio can be invested in bonds or shares of a single issuer. Furthermore, no more than 15% of the bond portfolio can be invested in bonds rated BBB. The MCC’s bonds have effective interest rates of 1.06% to 3.23% and maturity dates ranging from 2018 to 2026.

4. Tangible capital and intangible assets:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangible capital assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land</td>
<td>$2,011,226</td>
<td></td>
<td>$2,011,226</td>
<td>$2,011,226</td>
</tr>
<tr>
<td>Building</td>
<td>24,157,959</td>
<td>605,860</td>
<td>23,552,099</td>
<td>13,568,053</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>315,812</td>
<td>134,605</td>
<td>181,207</td>
<td>490,983</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>968,636</td>
<td>967,350</td>
<td>1,286</td>
<td>92,992</td>
</tr>
<tr>
<td>Intangible assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer software</td>
<td>236,334</td>
<td>217,592</td>
<td>18,742</td>
<td>62,554</td>
</tr>
<tr>
<td></td>
<td><strong>$27,689,967</strong></td>
<td><strong>$1,925,407</strong></td>
<td><strong>$25,764,560</strong></td>
<td><strong>$16,225,808</strong></td>
</tr>
</tbody>
</table>

Cost and accumulated amortization at March 31, 2016 amounted to $18,443,027 and $2,217,219, respectively.

During 2017, the MCC disposed of furniture and equipment and intangible assets with cost and accumulated amortization of $1,385,169 (2016 $3,339,339).

The MCC has a standby letter of credit for $365,653 relating to the construction of the new building as required by the City of Ottawa to cover potential municipal taxes. The MCC has drawn $Nil as at March 31, 2017 (2016 - $Nil).

5. Net assets:

The MCC considers its capital to consist of net assets. The MCC’s overall objective is to effectively use resources to maximize the ability to achieve its vision, fund tangible capital and intangible assets, future projects and ongoing operations. The MCC manages net assets by establishing internally restricted funds and appropriating amounts to the restricted funds for anticipated future projects, contingencies and other capital requirements. These allocations are disclosed in the statement of changes in net assets.

The MCC is not subject to externally imposed capital requirements and its overall strategy with respect to capital remains unchanged from the year ended March 31, 2016.

Internally restricted net assets:

Net assets are internally restricted for specific operating and capital purposes as authorized by Council at the annual general meeting. Internally restricted balances are supported by a clear statement of purpose, specific level of funding required, and a projected time frame for the accumulation and draw down of the balance at the time established.

The purpose of any internally restricted balance is consistent with the objectives of the MCC’s strategic initiatives and operating plans, as well as identified risks to the achievement of these objectives.

6. Accounts payable and accrued liabilities:

At year end, the MCC had no amounts payable for government remittances or payroll related taxes (2016 $Nil).

7. Employee future benefits:

The MCC is a participating employer in the Canadian Medical Association (CMA) Pension Plan. The CMA Pension Plan is funded by contributions from participating employers and from plan members.

The Supplemental Executive Retirement Plans (SERPs) are unfunded arrangements, sponsored by the MCC.

The CMA Pension Plan and SERPs are defined benefit pension plans.

The MCC has adopted an annual measurement date of March 31 for estimating the accounting surplus or deficit and establishing benefit costs for the fiscal period.

(a) Plan assets and obligations:

The reconciliation of the funded status of the defined benefit pension plan to the amount recorded in the financial statements is as follows:
## (i) Pension liability:

<table>
<thead>
<tr>
<th></th>
<th>2017 Supplemental Executive Retirement Plans</th>
<th>2016 Supplemental Executive Retirement Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan assets at fair value</td>
<td>$24,296,000</td>
<td>$20,964,000</td>
</tr>
<tr>
<td>Accrued benefit obligation</td>
<td>(19,294,000)</td>
<td>(1,194,000)</td>
</tr>
</tbody>
</table>

\[ \text{Accrued benefit obligation} = 5,002,000 \]  
\[ \text{Plan assets at fair value} = 5,002,000 - (1,400,000) = 3,134,000 \]

## (ii) Accrued benefit obligation:

<table>
<thead>
<tr>
<th></th>
<th>2017 Supplemental Executive Retirement Plans</th>
<th>2016 Supplemental Executive Retirement Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrued benefit obligation, beginning of year</td>
<td>$17,830,000</td>
<td>$1,194,000</td>
</tr>
<tr>
<td>Current service cost</td>
<td>1,084,000</td>
<td>110,000</td>
</tr>
<tr>
<td>Interest cost</td>
<td>1,088,000</td>
<td>45,000</td>
</tr>
<tr>
<td>Employee contributions</td>
<td>714,000</td>
<td>605,000</td>
</tr>
<tr>
<td>Benefits paid</td>
<td>(1,368,000)</td>
<td>(47,000)</td>
</tr>
<tr>
<td>Actuarial loss (gain)</td>
<td>95,000</td>
<td>(126,000)</td>
</tr>
<tr>
<td>Administrative expense included in service cost</td>
<td>97,000</td>
<td>(89,000)</td>
</tr>
<tr>
<td>Interest expense in addition to interest cost</td>
<td>43,000</td>
<td>3,000</td>
</tr>
</tbody>
</table>

\[ \text{Accrued benefit obligation, end of year} = 19,294,000 \]  
\[ \text{Plan assets at fair value} = 19,294,000 - (1,400,000) = 17,834,000 \]

## (iii) Plan assets:

<table>
<thead>
<tr>
<th></th>
<th>2017 Supplemental Executive Retirement Plans</th>
<th>2016 Supplemental Executive Retirement Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan assets at fair value, beginning of year</td>
<td>$20,964,000</td>
<td>$19,478,000</td>
</tr>
<tr>
<td>Actual return on plan assets</td>
<td>1,279,000</td>
<td>1,188,000</td>
</tr>
<tr>
<td>Employer contributions</td>
<td>1,592,000</td>
<td>47,000</td>
</tr>
<tr>
<td>Employee contributions</td>
<td>714,000</td>
<td>605,000</td>
</tr>
<tr>
<td>Benefits paid</td>
<td>(1,368,000)</td>
<td>(47,000)</td>
</tr>
<tr>
<td>Administrative expense included in service cost</td>
<td>(97,000)</td>
<td>(89,000)</td>
</tr>
</tbody>
</table>

\[ \text{Return on plan assets in addition to interest income} = 1,212,000 \]  
\[ \text{Plan assets at fair value, end of year} = 24,296,000 \]

## (b) Net benefit cost:

The components of the net benefit cost included in salaries and benefits expense are:

<table>
<thead>
<tr>
<th></th>
<th>2017 Supplemental Executive Retirement Plans</th>
<th>2016 Supplemental Executive Retirement Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current service cost</td>
<td>$1,084,000</td>
<td>$1,050,000</td>
</tr>
<tr>
<td>Interest cost</td>
<td>(191,000)</td>
<td>(229,000)</td>
</tr>
<tr>
<td>Expected return on plan assets</td>
<td>(1,212,000)</td>
<td>1,275,000</td>
</tr>
<tr>
<td>Actuarial gain</td>
<td>43,000</td>
<td>65,000</td>
</tr>
</tbody>
</table>

\[ \text{Net benefit cost} = (276,000) \]  
\[ \text{Plan assets at fair value, end of year} = 253,000 \]  
\[ \text{Net benefit cost} = 2,161,000 \]  
\[ \text{Plan assets at fair value, end of year} = 53,000 \]
(c) Assumptions:
The significant actuarial assumptions adopted include:

<table>
<thead>
<tr>
<th></th>
<th>2017 Supplemental Executive Retirement Plans</th>
<th>2016 Supplemental Executive Retirement Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discount rate – accrued benefit obligation</td>
<td>6.10%</td>
<td>3.60%</td>
</tr>
<tr>
<td>Discount rate – pension expense</td>
<td>6.10%</td>
<td>3.80%</td>
</tr>
<tr>
<td>Rate of compensation increase</td>
<td>3.00%</td>
<td>4.25%</td>
</tr>
</tbody>
</table>

(d) Plan assets:
Plan assets, at market value, available to provide for plan benefits at the measurement date are invested as follows:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debt securities</td>
<td>36%</td>
<td>39%</td>
</tr>
<tr>
<td>Equity securities</td>
<td>62%</td>
<td>59%</td>
</tr>
<tr>
<td>Cash and short term securities</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

(e) Defined benefit plan:
The latest actuarial valuation of the pension plan for funding purposes was performed as at January 1, 2014. The next actuarial valuation was initiated as at January 1, 2017, in accordance with the requirements of the Pension Benefits Act (Ontario).

As part of the regulations governing provincially regulated pension plans in Ontario, pension plans must meet certain solvency requirements, which assume the plans, are wound up/liquidated as of the valuation date. The actuarial valuation performed as at January 1, 2014 reported a net actuarial gain of $1,089,000, based on economic assumptions applicable at January 1, 2014.

8. Related party transactions:
The MCC exercises significant influence over the Medical Identification Number for Canada Corporation (MINC) by virtue of its ability to appoint 50% of their Board of Directors. The Executive Director of the MCC also sits on the Board of Directors of MINC as a Director. MINC is incorporated under the Canada Corporations Act and is a non profit organization under subsection 149(1)(l) of the Income Tax Act. MINC was created to establish and maintain a unique physician identifier for every individual in the Canadian medical education and practice systems. The MCC recorded a $30,000 (2016 $30,000) expense for funding to MINC during the period.

9. Financial risk management:
(a) Credit risk:
The MCC is exposed to credit related losses in the event of non performance by counterparties to financial instruments. Credit exposure is minimized by dealing mostly with creditworthy counterparties such as governments and public companies.

The MCC assesses, on a continuous basis, accounts receivable and provides for any amounts that are not collectible in an allowance for doubtful accounts. At period end, there were no amounts allowed for in accounts receivable.

(b) Interest rate risk:
The MCC is exposed to interest rate risk with respect to its interest bearing investments as disclosed in note 3.

(c) Foreign currency and liquidity risks:
The MCC believes that it is not exposed to significant foreign currency or liquidity risks arising from its financial instruments.

There have been no changes to the risk exposures from 2016.

10. Comparative information:
Certain 2016 comparative information has been reclassified to conform with the financial statement presentation adopted for 2017.
### Schedule of Revenues

Year ended March 31, 2017 with comparative information for 2016

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam fees</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCC Qualifying Examination, Part II</td>
<td>$11,804,100</td>
<td>$12,009,257</td>
<td>$7,903,167</td>
</tr>
<tr>
<td>MCC Evaluating Examination</td>
<td>7,019,651</td>
<td>5,969,074</td>
<td>6,526,284</td>
</tr>
<tr>
<td>MCC Qualifying Examination, Part I</td>
<td>6,105,375</td>
<td>6,346,395</td>
<td>5,852,960</td>
</tr>
<tr>
<td>National Assessment Collaboration Examination</td>
<td>4267,836</td>
<td>3,759,205</td>
<td>3,678,677</td>
</tr>
<tr>
<td>The College of Family Physicians Canada/MCC Harmonized OSCE</td>
<td>–</td>
<td>–</td>
<td>3,398,857</td>
</tr>
<tr>
<td>Certified Examination in Family Medicine administration</td>
<td>678,198</td>
<td>672,421</td>
<td>647,636</td>
</tr>
<tr>
<td>MCC Qualifying Examination, Part I Self-Administered</td>
<td>275,250</td>
<td>309,345</td>
<td>306,313</td>
</tr>
<tr>
<td>MCC 360-Multisource Feedback</td>
<td>–</td>
<td>58,517</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>30,150,410</td>
<td>29,124,214</td>
<td>28,313,894</td>
</tr>
<tr>
<td><strong>Repository fees</strong></td>
<td>6,721,718</td>
<td>5,818,575</td>
<td>5,134,665</td>
</tr>
<tr>
<td><strong>Grants</strong></td>
<td>2,912,476</td>
<td>2,740,703</td>
<td>1,934,787</td>
</tr>
<tr>
<td><strong>Investment income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Realized gain on investment</td>
<td>276,000</td>
<td>738,428</td>
<td>1,563,309</td>
</tr>
<tr>
<td>Interest income</td>
<td>291,000</td>
<td>517,770</td>
<td>565,539</td>
</tr>
<tr>
<td></td>
<td>567,000</td>
<td>1,256,198</td>
<td>2,128,848</td>
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<tr>
<td><strong>Administration and service fees</strong></td>
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<td>Administration fees</td>
<td>353,966</td>
<td>475,396</td>
<td>438,976</td>
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<td>Service fees</td>
<td>556,983</td>
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<td>300,303</td>
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<td>Forfeited fees</td>
<td>25,500</td>
<td>64,166</td>
<td>(1,026)</td>
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<td>936,449</td>
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<td>738,253</td>
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<td><strong>Other</strong></td>
<td>132,000</td>
<td>215,577</td>
<td>339,884</td>
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<td><strong>Total revenues</strong></td>
<td>$41,420,053</td>
<td>$40,238,911</td>
<td>$38,590,331</td>
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### SCHEDULE OF EXPENSES

Year ended March 31, 2017 with comparative information for 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>Budget</th>
<th>2017</th>
<th>2016</th>
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<tbody>
<tr>
<td><strong>Salaries and consulting services</strong></td>
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<tr>
<td>Salaries and benefits</td>
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<td>Consulting services</td>
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<td>20,061,231</td>
<td>19,380,778</td>
<td>19,037,501</td>
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<td><strong>Exam delivery and administration costs</strong></td>
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<td>MCC Evaluating Examination</td>
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<td>660,497</td>
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<td>Certification Examination in Family Medicine administration</td>
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<td>8,718,253</td>
<td>8,662,329</td>
<td>7,695,609</td>
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<td>854,000</td>
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<td>$32,631,904</td>
<td>$32,255,035</td>
<td>$30,789,902</td>
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Continued on next page
## SCHEDULE OF EXPENSES

Year ended March 31, 2017 with comparative information for 2016

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<thead>
<tr>
<th>Category</th>
<th>Budget</th>
<th>2017</th>
<th>2016</th>
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<td><strong>Exam development</strong></td>
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<td>MOC5</td>
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<td>715,937</td>
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<td>MCC 360-Multisource Feedback</td>
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<td>146,911</td>
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<td>122,393</td>
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<td>Blueprint</td>
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<td><strong>Total</strong></td>
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<td><strong>Total</strong></td>
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<td><strong>Research and development</strong></td>
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<tr>
<td>Research and development</td>
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<td>AMR Advisory Committee</td>
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<td><strong>Total</strong></td>
<td>921,774</td>
<td>371,790</td>
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<td><strong>Amortization of tangible capital and intangible assets</strong></td>
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<td><strong>Other expenses</strong></td>
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<td>Other corporate membership</td>
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<td>Medical Identification Number for Canada</td>
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<td>30,022</td>
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<td>12,544</td>
<td>205</td>
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<td><strong>Total</strong></td>
<td>191,100</td>
<td>133,650</td>
<td>93,988</td>
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</table>

**Total expenses**

$41,486,934 $40,516,965 $36,462,474
LICENTIATES

A
Abbarin, Alireza
Abbas, Minan
Abbott, Marcia Lee
Abd El Gawad, Nada
Abd, Salsabel Raheem
Abdelmalak, Victor Halim
Abdel-Messih, Mary Rose Maurice Yacoub
Abdel-Razek, Omar
Abderrahman, Mona
Abdi, Hamidreza
Abdoli, Mohammad
Abdul Aziz, Ahmad Nizar
Abdul Hassan, Mohamed Aslam
Abdulla, Alym Hasan
Abdulmajeed, Shahad Dhia
Abercrombie, Keely Claire
Ableman, Rami
Abou Kheir, Joseph
Aboudan, Chadi
Abozina, Alisa
Abu-Haleeqa, Mohamed Ibrahim Moussa Eissa
Abujafer, Mustafa Abuagila
Abuzar, Sadia
Accardi, Sara Joanne
Achter, Baraa
Acklou, Elizabeth Sarah
Adam, Danielle Louise
Adamczyk, Andrew Patrick
Adamowicz, Bartosz
Adams, Bailey Marjorie
Adams, Colin James
Adams, Sarah
Adamson, Hannah Mae
Adare, Kaitlyn
Adatia, Adil
Adatia, Aleem
Addison, Curtis Michael Allen
Adéa, Cynthia
Adegboyega, Margaret Yetunde
Adeleke, Olawumi Busayo
Adelufosi, Adegoke Oloruntoba
Adeniyi, Omotayo Oladele
Adetowubo, Taiwo Omolola
Adirim, Jamey Brandon
Adleman, Jenna Kate
Adliul, Ashfique Aunkee
Adunuri, Nikesh Reddy
Afshar, Mehdi
Afsharpad, Mitra
Agaybi, Samih Fawzi
Agbulu, Regina Edem Okon
Agha, Maurice
Agnihotri, Kalpit
Agostinho, Andrea Vieira Anjos
Agrawal, Amogh
Aguilar, Rodolfo P.
Ah Pin, Chrisselle Yen Fen
Ahluwalia, Vik
Ahmad, Khaja Farid
Ahmad, Muneeb
Ahmad, Nabeel
Ahmad, Rozbeh
Ahmed, Ashfaq
Ahmed, Fahim
Ahmed, Sana Junaid
Aina, Temitope Anuoluwapo
Ait Yahia, Chabane
Akerman, Jason Paul
Akhter, Shofia
Akhter, Nasima
Akhter, Sultana Sayeda
Akindolire, Jason Ashley Olusola
Akinola, Tolulope Ayobami
Akpoigbe, Okeoghene Sarah
Al Afif, Ayham
Al Ghazaly, Samer Ahmed Farghaly

Al Izz, Saif S. Abdul Latif
Al Jishi, Ahmed Abdulhadi A.
Al Jumail, Karam Mohd K
Al Khafaji, Ali Neamah Hameed
Al Majed, Nawaf Saad M.
Al Nasser, Yasser Ahmad H.
Al Osaimi, Noura Matoug
Al Rawahi, Hatem Mas’oud Muslem
Al-Ahnaidi, Hend Hassan
Alain, Judith
Al-Ajeel, Dina Hadi Ajeel
Al-Ajeelii, Maytham Nayyef Hassan
Alam, Lina
Alamelhuda, Ahmed Elsaied
Alamoudi, Uthman Abdulrahman
Alani, Rahima
Alawsi, Mohamed Asaad
Al-Azawi, Bilal Atta Hasan
Al-Azem, Omar
Al-Baghdadi, Hala Hilal Naji
Albahiti, Mohamed Tawfik Akif
INNOVATION
IN PRACTICE
Cabigon, Neal James
Caddell, Andrew James
Cadieux, Geneviève
Cadieux, Magalie
Cafaro, Teresa
Cai, Shuo
Caines, Jill Margaret
Cairns, Ben
Callaghan, James Gabriel
Camacho, Alina Mariana
Cambray, Natacha
Cameron, Paul Allan
Campbell, Jennifer Louise
Campbell, Roxane
Campbell, Tessa Nicole
Canos, Charnelle Marie Reyes
Carmel, Jean-Philippe
Carmichael, Nicole
Caron, Andréane
Caron, Émilie
Caron, Julie Nicole
Carrell, Nathan
Carriere, Chantal Joanne
Carroll, Leo Robert
Casey, Margaret Ellen
Casson, Margaret Wilson
Castillo Delgado, Edgar Augusto
Castilloux, Guillaume
Cavin, Rosalie
Cayer-Boudreault, May-Laurence
Cayouette, Florence
Cérat, Stéphanie
Chaala, Rima
Chabot-Parmar, Alexandra
Chacón Fonseca, Inara Josefin
Chadha, Natasha
Chadha, Neha
Chahal, Maneet
Chaikof, Michael Harry
Chakaravarthy, Ashok
Chambers, Heather Jaclyn
Champagne, Jean-Martin
Champagne, Philippe
Champagne, Sylvie
Chan Smyth, Nathan Geoffrey
Chan Tai Kong, Eric Christopher
Chan Tai Kong, Jeffrey
Chan, Crystal
Chan, Derrick Doug Cheun
Chan, Elizabeth
Chan, Esther Yuen-Shan
Chan, Fat-Chung
Chan, Jessica See Wen
Chan, Kenneth Kin Kuen
Chan, Lillian Ka Wai
Chan, Matthew Christopher Ryan
Chan, Melissa Mei-Han
Chandrakumar, Shivani Felicia
Chandran Pillai, Aiswarya Lekshmi Pillai
Chandrasekaran, Nirmala
Chang, Caitlin
Chang, Derek Chunshou
Chang, Harry
Chang, Heng Hien
Chang, Hye Mi
Chang, Youjin
Changizi, Mitra
Chao, Danny
Chapman, Christopher Rodney Leon
Charbonneau, Audrey
Charbonneau, Geneviève
Charenko, Michael Scott
Charette, Jacob Henry Joseph
Charette, Jahelle
Charette, Louis-Philippe
Chase, Brandyn
Chata, Nadine
Chater, Sara Grace
Chatoo, Wassim
Chattha, Tehmina
Chaudhari, Sumit
Chaudhary, Dave
Chaudhry, Sarah
Chaudhry, Sultan
Chaudhuri, Dipayan
Chaussé, Guillaume
Chaytor, Julie Rosanna
Che, Cheryl Lynette
Che, Chun Ting
Chehade, Samer
Chen, Hao
Chen, Kevin
Chen, Lu
Chen, Lydia Yi Xian
Chen, Ryan
Chen, Sidian Samuel
Chen, Wenqian
Chen, Xiao Xu
Chen, Yan
Chen, Yu Chiao Peter
Chen, Zesheng
Cheng, Catherine Fung-Mann
Cheng, Catherine Valerie
Cheng, Kris
Cheng, Yu Ling
Cruz, Genevieve Faye
Cuddy, Heather
Cui, Fulan
Culkin, Sarah
Cumming, William Keith
Cunningham, Amanda Mary Barei
Curry, Roger
Cyr Marcotte, Elizabeth
Cyr, David
Cyr, David Patrick
Cyr, Emmanuelle Ève
Cyr, Kayla
Czerner, Marta Joanna

Daba, Alina Mihaela
Dabidiyan, Afshin
Dadwal, Shivani
D’Agostini, Stephanie Anna
Daigneault, Patrick
Dale, Robert
Dalal, Sarah-Julie
Dalale-Nantel, Léonie Anne
Dalton, Andrew Joseph
Daly, Andrea Louise
Dalziel, Katie Jane
Dalziel, Stephen Andrew
D’Amours, Guylaine
Dandurand, Charlotte
Dandurand, Karel
Daniel, Steven Llewellyn
Danilewitz, Marion
Dankova, Zuzana
Dao, Huy Hao
Daoud, Wala
Daoud, Youanna
D’Aoust, Julie Gardiner
Daramola, Oladeji Adeleke
Dargie, Andrew Clarke
Darras, Pol
Das, Sudarshan
D’Astous-Gauthier, Katherine
Dattani, Neil Dinesh
Dattilo, Franco
Dau, Harjinder Singh
David, Natacha
Davidson, Sara Katherine
Davies, Peytra Jillian Eichstadter
Davis, Catherine Yeong-Wen
Davis, Michael John
Dawehr, Serajeddin A. Ahmed
Dawson, Andrew John
Day, Lundy Joan
Daya, Tahira
Dayan, Rebecca
de Cuitris, Sierra Adele Claire
de Freitas, Sandra Angela
De Gouveia, Paulo Clacio
De Halleux, Cyrille
De Jesus, Anthony Raymond
De Jong, Alexia Clazina Maria
De l’Étoile-Morl, Samuel
De Ladurantaye, Marc
De Moor, Patrick
De Valence, Moira Anne
De Varennes, Marie-Luce
De Visser, Adriana Johanna
Dean, Jonathan Robert Edwin
Dean, Ryan Lorne William
Debav, Melina
DeCoste, Ryan Christopher
Deif, Bishoy
De Jong, Danica
Delais, Alyssa Claudine
Deleva, Vasilka Natasha
D’Elia, Michael Anthony
Delmail, Lauriane
Delorme, Tamara Helene
Delupio, Alfredo J. Santiago
Demers, Nicolas
Demers, Sandra
Demers, Simon-Pierre
Demers-Leblanc, Alicia
Demers-Marcil, Simon
Denault, Marie-Hélène
Denomme, Justine Marie
Deonarine, Andrew Shaun
Déragon, Alexandre
Dergousoff, Jace Keston Fredrick
Dérival, Jude-Lyne
Derry, Kendra Leanne
Desai, Leena
Desaulniers, Philippe
Descamps, Gabrielle
DeSerres, Joshua James
Desfossés, Rose-Frédérique
Deshaies Poliquin, Karina
Deshaies, Camille
Deshaies, Catherine
Désilets, Patricia
Desjardins, Julie
Desjardins, Laurent
Deslandes, Vincent
Deslauriers, Gabrielle
Desnoyers, Alexandra
Despatie Dubé, Laurence
Desprez, Delphine
Desruisseaux, David
Devrome, Andrea Noelle
Dhaliwal, Gagandeep
Dhaliwal, Sundeep Singh
Dhanji, Soreya Jehan
Dharamsi, Alia
Dhatt, Ravjot
Dhhar, Gousia Shifaat
Dhillon, Kamalpreet Kaur
Dhillon, Manvinder
Emamaullee, Juliet Ann
Empringham, Brianna
England, James Thomas
England, Mary Catherine
Ennis, Jonathan Michael Clelland
Ephrat, Pinhas
Epp, Riley Amanda
Eppinga, Peter
Eraghubi, Milad Habil Mohamed
Erdle, Stephanie Catherine
Escobar Olaya, Diana Carolina
Esmaeilbeigi, Faranak
Esmail, Tariq
Essaji, Yasmin
Éthier, Sophie
Eustace, Nicole Danielle
Evans, Bradley Wayne
Evans, Gareth John Russell
Evans, Jessica
Evans, Louise Delphine Marie
Ewashina, Darby Caroline
Ewert, Natasha Lynne
Eydt, Gabriel David

Facchino, Sabrina
Fadahunsi, Opeyemi Olaleye
Faden, Majed Shamasalden
Fahmy, Sherry
Fairweather, Sara Michelle
Fakhraldeen, Mohammad A. A. J. E.
Falardeau, Frédéric
Falk, Cassandra Michelle
Fanari, Iman
Fantin, Tania
Farag, Alexandra Iwasa
Farah, Musarat
Farhour, Zahra
Farooq, Ameer
Farrahi, Siavash
Farrell, Keelia Marie
Farrell, Naomi Lynn
Farrow, Sarah Louise
Fauser, Kara Marie
Faust, Joanie
Fawaz, Ziad Simon
Fawell, Sunelle
Fay, JoAnna Lynne
Fazalullasha, Fatima Begum
Fear, Thomas
Febbraro, Michela
Federman, Nicholas John
Fee, Sabrina Lee
Feldman, Samantha Leah
Fell, Bryn Anthony
Felsch, Sheila Ellysse
Feng, Mary Mengrui
Fereydouni, Lida
Ferland, Marie-Michelle
Fermaniuk, Brit-Leigh Jane
Fernandes, Alisha Rebecca
Fernandes, Henrique Lorenz
Fernando, Dilan Joseph
Fernando, Pitipanage Nalin Sunanda
Ferri-Vézina, Gaëlle
Fiddler, Dennis
Fielding, Kimberly
Figueiredo, Gabrielle
Filion, François
Fiteau, Cynthia
Fiteau, Jacqueline Nanette Cuddy
Findlater, Aidan Reid
Fingrüt, Warren Benjamin
Finlayson, Anne Shirley
Finner, Kevin
Firus, Jessica Lauren
Fischtein, Danit
Fisher, Joseph Hendrik Nicholas
Fishman, Jason Doran
Fitch, Taegen Savannah
Fitzpatrick, Aisling Michelle
Fitzpatrick, Ryan Milton
Flear, Jessica Marie
Flemming, Kelli Jean
Flieger, Heather Elizabeth
Fliker, Aviva
Flood, Kayla Louise
Flores Echaiz, Claudia Alejandra
Florescu, Oana
Flynn, Matthew Thomas James
Folden, Lenni Joan
Follett, Sarah
Fong, Jason
Fontaine, Audrey-Anne Pavida
Foote, Michelle Anne
Forand-Choinière, Claudia
Forbes, Connor Martin
Forbes, Kaitlin Jennifer
Forget, Marie-France
Forghani, Naghmeh
Forrest, Lauren Francis
Forrester, Savannah Makena
Forristal, Chantal
Fortier-Tougas, Chanel
Fortin, Gabrielle
Fortin, William
Foster, Colleen Mary
Fournier, Camille
Fournier, Charles
Fournier, Xavier
Fox, Joel
France, Talya Stéphanie
Frangou, Sarah Jordyn
Frank, Alexander
Frape, Liam Philip Arthur
Fraser, Charlie
Fraser, Jillian Margaret
Fraser, Kathleen Marion
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