

19/20
ANNUAL REPORT

MEDICAL COUNCIL OF CANADA
**LEADING
THE WAY**



MCC CMC



19/20

ANNUAL REPORT

1	INTRODUCTION
2	PRESIDENT'S MESSAGE
3	EXECUTIVE DIRECTOR'S MESSAGE
5	LEADING IN ASSESSMENT
12	LEADING IN KNOWLEDGE AND DATA STEWARDSHIP
16	LEADING IN ENGAGEMENT
20	EXAMINATION STATISTICS
21	GOVERNANCE
33	AWARDS AND RECOGNITIONS
41	PUBLICATIONS AND PRESENTATIONS
47	FINANCIAL SNAPSHOT
48	LICENTIATES
49	MCC BY THE NUMBERS

LEADING THE WAY

The Medical Council of Canada (MCC) is a respected leader in medical assessment, and at no time has this been more evident than in 2019–2020. We have been looking ahead to the needs of tomorrow’s medical graduates and physicians in Canada and undertaking innovative and proactive initiatives to meet those needs. We are committed to upholding the highest standards for assessing clinical and professional competence of physicians to support the delivery of safe patient care by embracing best practices, novel technologies and engaging in thought leadership. Whether it is reaching out to our global counterparts to share and learn, conducting or funding cutting-edge research, scaling an innovative in-practice assessment program or streamlining our data management capabilities, the MCC is leading the way forward with an open mind and consulting with stakeholders to ensure that the highest level of medical care is achievable in Canada.



MCC VISION AND MISSION

The MCC strives to achieve the highest level of medical care in Canada through excellence in the assessment of physicians.

We assess over 14,000 medical students and graduates every year through our examinations, offered in both official languages in Canada and in 80 other countries.

Our ongoing support for research and development ensures that we remain at the forefront of innovation in medical assessment.

PRESIDENT'S MESSAGE

Since the first day of my presidency of the Medical Council of Canada (MCC), a top priority for me has been to recognize that partnership, collaboration and broad engagement are the future of the organization. Tackling the complexities of modern medical care is becoming more challenging and, given the international public health crisis of COVID-19 that began in the last month of the past fiscal year, this is now increasingly true. We must be nimble, flexible and break down silos to achieve our mission and objectives as a collective, and to deliver the most state-of-the-art measures in physician assessment.

To this end, I am very proud of the progress we have made on transforming our governance model over the course of 2019–2020. I have had the privilege to, along with our Executive Director and CEO Maureen Topps, lead the MCC's governance review, which has been tremendously productive, with unanimous agreement among Council members to bring this very important change to fruition. Observing the constructive collaboration between our Executive Board and our staff Senior Leadership Team during this process, in particular at a special session in January 2020, has been one of the highlights of my presidency. It has been evident to all involved since the beginning of the review that the MCC must commit to a more modern, agile and responsive governance structure to enable an integrated, adaptable and collaborative path forward for medical assessment in Canada.

As a prelude to this path forward, the MCC has been increasingly engaged with its stakeholders during the course of 2019–2020. From frequent discussions on today's significant issues with fellow members of the Canadian Medical Forum, increased coordination and collaboration with the certifying colleges, to fostering true partnerships with learner organizations across



DR. JAY ROSENFELD
President

the country, we have been reaching out to partners in medical care to a degree this organization has not yet seen.

This is because the MCC truly values the breadth of skills and backgrounds that make up the inspired people we have the privilege of working with every day—staff, stakeholders and members of Council alike. In fact, we consider all involved in our work to be contributing to our vision of excellence in medical assessment, no matter their role, origin or perspective. Diversity in all its forms is an asset and must be embraced, through the assessment process, and in our communities. Our new Diversity & Inclusion Policy, developed in partnership with the Canadian Centre for Diversity and Inclusion, reiterates our dedication to these values, and is a source of personal pride.

A diversity of voices will certainly be essential to our foray into this new, uncertain era. The coronavirus pandemic will reshape many of the systems that are now so familiar, and innovation will reign as organizations and Canadians adapt. The MCC

does not plan on sitting idle to watch these changes go by—we are actively working on rethinking several aspects of the future of physician assessment. Many of us see the current crisis as an opportunity for such reflection, and as we dive into new and exciting projects, such as remote proctoring and a feasibility study on a national, centralized assessment centre, other innovative ideas and projects are emerging too.

Luckily, the MCC is an organization brimming with talent, enthusiasm and ideas, and for this I am very grateful. Our team's commitment to the MCC's mission and vision will continue to guide the way forward for the assessment of physicians in Canada.

EXECUTIVE DIRECTOR'S MESSAGE

My second year as Executive Director and CEO of the MCC has been an incredibly rewarding one, not least thanks to the fantastic team that I have gotten to know over the past many months. As the momentum with which the organization is evolving reaches new heights, being able to count on such a dedicated and cohesive team has never been so important.

During 2019–2020, this dedication enabled the MCC to make significant strides in achieving its vision of excellence in medical assessment in Canada. One notable example is the successful work on our MCC 360 feedback program. The medical profession has seen increasing focus on continuing professional development, accountability in medical care and the extension of assessment beyond the route to licensure. Since introducing MCC 360 last year, we have leveraged feedback from our initial users, and have scaled up the MCC 360 system, allowing for the accommodation of thousands of users, from healthcare organizations to individual practitioners. These efforts are ensuring physicians all over Canada can benefit from our innovative feedback delivery model that brings physicians constructive insight into their behaviour and the perceptions and experiences of the patients and professionals that they interact with on a daily basis. This is just one proud example of how the MCC is looking beyond traditional methods of assessment and developing new ways to ensure physicians have the necessary competencies to provide safe, high-quality patient care, from residency to retirement.

Breaking with tradition has been characteristic of the past year, with extensive effort put into rethinking the MCC's long-standing governance model. We worked with the auditing firm, KPMG, to adopt today's best practices for governance of a not-for-profit organization, proposing a structure that will improve transparency and public accountability, and promote diversity. Moving



DR. MAUREEN TOPPS
Executive Director
and CEO

to a more flexible, nimble governance model will undoubtedly facilitate creative collaboration within Council, within the organization, with stakeholders and ultimately, for the benefit of all Canadians.

Such collaboration is a crucial aspect of the MCC's evolution. Last year saw increasing engagement with MCC's stakeholders, and this is a trend, not an exception. Collaborating on a national and international level is key in today's ever-evolving global village. We have been learning from and sharing with our leading international counterparts, such as the Australian Medical Council, to enrich our perspectives and remain at the cutting edge of medical assessment.

Our capacity to evolve and collaborate was certainly put to the test at the year's end, when the COVID-19 outbreak abruptly closed doors and halted gatherings. We worked in close collaboration with Medical Regulatory Authorities, universities and our partner in exam administration, Prometric,

to quickly adapt our operations in accordance with the recommendations of local and international public health authorities, and to explore novel mechanisms of exam delivery to ensure the continued safety of all involved with our exams during this very difficult time.

I am grateful for the positive relationship I have with our president, Dr. Jay Rosenfield, and for the impressive collaborative work among members of the Executive Board. I cannot thank our staff and stakeholders enough for their enthusiasm, support and continued drive toward excellence in medical assessment. Our vision is more relevant than ever — but it is also more challenging to achieve. The MCC will rise to the challenge and continue to uphold the highest standards in medical assessment.



THE MCC IS
LEADING THE WAY IN

1 ASSESSMENT

2 KNOWLEDGE AND DATA STEWARDSHIP

3 ENGAGEMENT

A photograph of a female doctor in a white lab coat with a stethoscope around her neck, looking at a tablet. An elderly male patient is looking at her. The image is overlaid with a semi-transparent grey box containing text.

LEADING IN ASSESSMENT

To achieve our vision, we are constantly developing our high-quality, state-of-the-art assessments which span every stage of a physician's career, whether to assess the core competencies of physicians prior to specialty training and certification, or to assess competency in practice. Ultimately, our goal is to make sure medical care is safe and effective for all in Canada.

MCC 360: AN INNOVATIVE DELIVERY MODEL FOR PHYSICIAN FEEDBACK AND PROFESSIONAL DEVELOPMENT

The assessment continuum necessarily extends beyond the initial training and licensure of physicians and into everyday medical practice. For the physician, maintaining and improving quality standards of care is a lifelong learning process involving the development of knowledge, skills, attitudes and behaviours. That's why the MCC developed MCC 360, a national multi-source feedback tool designed to meet Continuing Professional Development (CPD) needs of today's physician.

Since its launch in 2018, an increasing number of hospitals, health authorities and medical regulators have opted for the use of MCC 360 for internal professional development, and its use is recognized by the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada for earning Assessment-level CPD credits.

Over the course of 2019–2020, the MCC has gathered, responded to and implemented user feedback on the program, which has now been moved to a customer-focused, automated and user-friendly system with a larger capacity. In addition to organizations, MCC 360 has now been made available to individual physicians who recognize

the value of self-reflection and development and who wish to improve as communicators, collaborators and professionals.

While other multi-source feedback tools exist, MCC 360 stands out by providing physicians not only quantitative survey results, but also qualitative, narrative comments in the words of physician colleagues, non-physician coworkers and patients. A constructive, confidential feedback report is generated and delivered through facilitation by a trained physician facilitator, to offer an external perspective and to help create a concrete action plan to implement the valuable feedback obtained through the exercise. User surveys and research this year, including two focus groups, indicated that narrative comments and facilitation are highly regarded aspects of the program and are the most helpful elements in leading to a concrete plan for change.

The public's expectations of medical care in Canada are high. The MCC recognizes this fact and has worked with stakeholders in the medical community to create a well-rounded, practical, affordable and easy-to-use in-practice assessment to help physicians meet those high expectations.





718 MCC 360 reports
delivered last year

The use of MCC 360 was one of the main reasons for our project's success. The use of the evidence-based, validated questions as part of the MCC 360 process was important to gain the confidence of our physicians to participate in our physician performance enhancement project.

– **DR. TODD RING**
Chief of Staff, Royal Inland Hospital, Kamloops, BC

PREPARATORY PRODUCTS: HELPING CANDIDATES PREPARE FOR HIGH-STAKES ASSESSMENT



50%

increased sales of
MCC Preparatory Products
in 2019–2020

The MCC is proud to offer candidates high-quality preparatory resources to assist with their preparation for the Medical Council of Canada Qualifying Examination (MCCQE) Part I. The content of all preparatory products goes through the same rigorous development process as the official exam content. It is established by subject-matter experts and refined and approved by physician test committees.

The Preparatory Examination (PE), is a complete, authentic simulation of the MCCQE Part I experience with 210 Multiple-Choice Questions (MCQs) and 38 Clinical Decision-Making (CDM) cases and can be taken in timed-exam mode or at the candidate's own pace, to help develop familiarity with the structure and content areas of the exam.

In addition, the MCC also offers three CDM Practice Test forms and three MCQ Practice Test forms, as a supplement to the PE for maximum preparation.

All MCC preparatory product users have the opportunity to provide feedback on their experience via an online survey. In 2019, we used this valuable input to improve our preparatory products. All Practice Tests and the PE now include the correct answers, allowing candidates to effectively target areas where they need to focus their efforts.

Preparatory Products have been growing in popularity. Last year, over 9,000 products were purchased by candidates. This is an increase from 6,000 products in 2018–2019.

PROGRESS TESTING: MULTI-INSTITUTIONAL TESTING FOR ESSENTIAL VALIDITY RESEARCH

One of the tools that is showing increasing promise within competency-based medical education (CBME) models is progress testing. Progress tests are a form of assessment where a test is administered repeatedly to learners at different points in their training in order to monitor their progress over time. Faculties of medicine across Canada make use of progress tests, which provide frequent feedback opportunities to foster self-regulation of learning and can help identify learners who are at risk of failing future higher stakes examinations.

In 2019, the MCC and three universities initiated a research project to test the validity of the use of progress testing. The project, a joint effort between the Université de Montréal, McGill University and Western University, encompasses developing and administering a multi-institutional progress test for medical students and examining relationships between the progress test and the Medical Council of Canada Qualifying Examination (MCCQE) Part I and MCCQE Part II scores and standings. It also aims to examine rates of progression within the various competencies assessed by the progress test.

So far, the MCC and collaborating universities have held three content development workshops and assembled six test forms.



The progress test will be administered three times per year for two years to 2,500 medical students at the three participating universities.

**PROGRESS TEST
ADMINISTRATION**

3×

per year

×2

years

2,500

students

3

universities

NAC PRA: PAN-CANADIAN STANDARDS AND TOOLS FOR THE ASSESSMENT OF IMGs

In 2012, the MCC was mandated to help streamline and standardize assessment for International Medical Graduates (IMGs), a key group of individuals who collectively make up 25% of the practising physician population in Canada. As a member of the National Assessment Collaboration (NAC), a group of national and provincial organizations with a stake in the assessment of IMGs, the MCC has been working over the past several years on the development of a pan-Canadian model. The latter ensures that jurisdictional Practice-Ready Assessment (PRA) programs are being delivered in a comparable and consistent manner, to ensure IMGs licensed through PRA programs are safe and competent to practise in Canada, and to assist in meeting jurisdictional rural and remote health human resource needs.

Officially launched in 2018, the NAC PRA model offers common standards across seven participating provinces and a wealth of tools and materials to ensure consistency across programs, including online orientation modules for IMGs which aim to ensure candidates from healthcare environments that are not comparable to Canada's have the communication and cultural competence necessary to practise in a Canadian context. It also offers a standardized training program and materials for physician assessors participating in PRA programs.

Last year, the MCC worked hard to further develop the existing training materials for PRA assessors. Of note, the face-to-face assessor training program was approved for earning up to 18 College of Family Physicians of Canada Mainpro +® assessment credits (3 per hour, up to 6 hours). Furthermore, the online assessor training program, delivered through the Learning Management

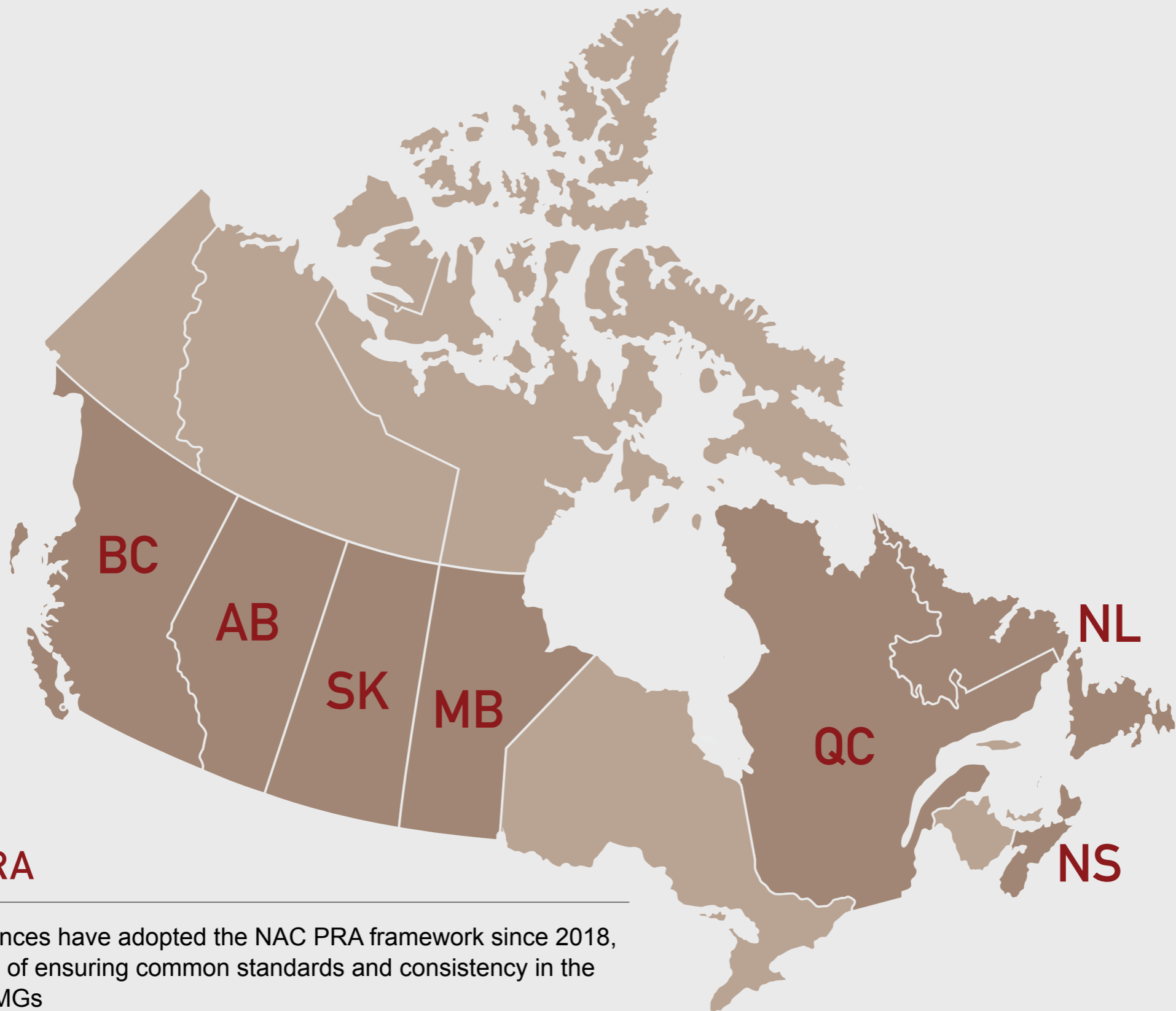
System LearnUpon, was launched in English, while the French modules will be launched this fall. The online modules allow the assessor to refresh their knowledge from the face-to-face session as well as practise and improve evaluating and developing approaches to feedback. These developments will encourage more physicians to give back to their profession as programs work to assess international candidates, who are a very important resource in staffing rural and remote areas of Canada.

The MCC has also been working on transitioning the Therapeutics Decision-Making Examination, traditionally a paper-based exam for the selection of qualified PRA candidates, to a computer-based delivery model. This important work will not only allow for increased efficiency in exam administration, but will also enable more rigorous quality control, data analysis, and research opportunities.

25%

of practising physicians in Canada are International Medical Graduates (IMGs)





NAC PRA

Seven provinces have adopted the NAC PRA framework since 2018, with the aim of ensuring common standards and consistency in the training of IMGs



LEADING IN KNOWLEDGE AND DATA STEWARDSHIP

The MCC is a trusted leader in the collection, management and dissemination of information. Our cutting-edge information technology allows us to reliably and safely store and grant access to data, and our seasoned experts leverage psychometric data in innovative ways for the constant improvement of our services and assessments.

APPLICATION FOR MEDICAL REGISTRATION: STREAMLINING REGISTRATION AND CREDENTIAL VERIFICATION ACROSS CANADA

All provinces and territories are now using the MCC's national physiciansapply.ca portal for the Application for Medical Registration.

The physiciansapply.ca portal is a centralized system for exam application that also receives, reviews, verifies and stores the medical credentials and documents of candidates from across Canada and around the world. Candidates can securely and easily apply for MCC exams, view exam results, submit medical credentials and documents for verification, access a translation service for medical credentials, and send applications to specific Canadian jurisdictions. The portal helps expedite the application review process, eliminate paper applications and more efficiently facilitate the way information is shared within and across jurisdictions.

This important streamlining project was funded by Employment and Social Development Canada, the Federation of Medical Regulatory Authorities of Canada and its members, and the MCC. This process leverages the functionality in the candidate's physiciansapply.ca account and provides an easy-to-use gateway to the Medical Regulatory Authorities (MRAs) across Canada.

The work is not over, however, as this ongoing collaborative effort with MRAs and the Educational Commission for Foreign Medical Graduates (ECFMG) continues to evolve in order to further streamline, simplify and link various components of physician interactions with MRAs. The MCC continues to work with stakeholders on best practices in capturing, storing and sharing high quality medical credential data.

The Application for Medical Registration has enhanced collaboration amongst the provinces and territories for current applications for registration and licensure and online applications moving forward. It is a significant achievement that all provinces and territories now use the Application for Medical Registration.

– MS. CORINNE DE BRUIN
Executive Director, College of Physicians
and Surgeons of British Columbia

PREDICTING PHYSICIAN PERFORMANCE THROUGH MCC EXAMINATION RESULTS

Development of MCC exam content is a rigorous process involving the dedicated contribution of a team of expert physicians. However, it also requires continuous research and collaboration in order to understand the evolving relationship between exam performance and actual physician behaviour in practice. For the past few years, the MCC has been working closely with the College of Physicians & Surgeons of Alberta (CPSA) to examine this relationship. This ongoing project looks at results from the Medical Council of Canada Qualifying Examination (MCCQE) Part I and the MCCQE Part II and their correlation with patient complaints registered at the CPSA as well as certain prescribing behaviours of physicians.

Initial results found that CPSA registered physicians who failed the MCCQE Part I on their first attempt had more complaints lodged against them than those who had passed. It was also found that those who failed the MCCQE Part II on their first attempt differed in prescribing behaviour from those who had passed — that is, they were more likely to prescribe opioids and benzodiazepines in high doses than physicians with an initial pass result. These important findings highlight the exams' capacity to assess core clinical and professional abilities and measure readiness for entry into independent practice. This research provides insight into physician risk factors and offers potential for identifying physicians who may require proactive oversight or intervention.



In light of these initial findings, the MCC and the CPSA are continuing their partnership to investigate these correlations. Emphasis will now be put on exam scores in addition to pass/fail standings, and various other factors related to physicians to develop a more precise picture of physician performance as predicted by MCC qualifying examinations. As the medical landscape continuously evolves, this research is essential to both improve quality of care and the effectiveness of medical assessment in general.

MCC exams assess core abilities, providing insight into physician risk factors and identifying physicians who may require proactive oversight or intervention.

HARNESSING LEADING-EDGE TECHNOLOGY FOR THE FUTURE OF EXAM DEVELOPMENT AND ADMINISTRATION

In an era of rapid technological innovation and ever-changing needs of stakeholders in medical care, relying solely on traditional exam processes is no longer possible. Leveraging modern-day breakthroughs in information technology to increase efficiency, accuracy and to generate novel ideas is a necessity. Research psychometricians at the MCC have been hard at work over the past year leading research initiatives to pave the way forward for exam development, marking, administration and data analysis.

The move from paper-pencil examinations to computer-based tests has been ongoing for several years, a transformation that



has presented many possibilities for advancing the applications of machine learning and Natural Language Processing (NLP). Automated exam marking is currently being developed to supplement human marking of the Medical Council of Canada Qualifying Examination Part I and the Therapeutics Decision-Making Examination. Automated marking uses NLP algorithms to drastically speed up the marking process and has demonstrated accuracy similar to that of a human marker. While qualified physicians are indeed still needed to validate machine marking, implementing automated marking means it can be completed more quickly and more efficiently.

NLP is also being explored for its use to support the MCC 360 feedback tool. MCC 360 reports produce a multitude of varied comments from patients and professionals that physicians interact with, which can be easily ordered and categorized thanks to NLP technology. NLP accurately identifies associations between words to group the text according to the topic. This work will help facilitators and physicians to leverage large amounts of feedback and build a constructive action plan more easily.

The applications of this technology are endless. We assess the competencies that today's physicians know are essential for safe, quality care. As that knowledge evolves and physicians express new complex needs, harnessing this technology allows for new, creative solutions.

I appreciate very much the care and long hours from everyone [at the MCC] that go into putting out reliable, valid examinations for candidates. I have truly enjoyed working with everyone at the MCC, and I hope to continue doing so for as long as possible.

– DR. PRESTON TRAN
Family Physician, Appletree Medical Centre,
Toronto, Ontario

LEADING IN ENGAGEMENT

The MCC is increasing its engagement with stakeholders — listening to their feedback, collaborating with their experts and evolving with their needs. We've made a point of building strategic alliances, using our strengths to help our allies achieve their goals and leveraging their strengths to achieve ours.

THE WAY FORWARD: A CENTRALIZED NATIONAL ASSESSMENT CENTRE

As medical care in Canada is evolving rapidly, patients have growing expectations of their physicians. Technological innovations are transforming both the skills required of physicians and the ways they can be measured, and artificial intelligence platforms, machine learning, and increased use and efficiency of virtual environments are expanding the possibilities for the assessment of medical and professional competencies. Today's best practices in assessment are moving away from the static memorization of traditional exams toward alternative methods for assessing fluid application of knowledge.



The MCC is continuing to collaborate closely with partner licensing organizations to investigate possibilities for leveraging our joint capacity in enabling further innovations in assessment and further strengthening our ability to continue delivering high-quality and robust assessments. One of these avenues of exploration is the creation of a centralized exam centre. This concept could help meet the needs arising from the ongoing transformations of medical assessment, particularly in the era of COVID-19, where unforeseen logistical challenges have created a necessity for rapid innovation. The MCC is considering many alternative paths forward and is consulting broadly with stakeholders to determine viable, efficient and integrated changes to the current assessment system.

A centralized exam centre could help meet the needs arising from the ongoing transformations of medical assessment, particularly in the era of COVID-19, where unforeseen logistical challenges have created a necessity for rapid innovation.

WORKING TOGETHER TO HELP ADVANCE INDIGENOUS HEALTH THROUGH MEDICAL EDUCATION AND ASSESSMENT

Significant gaps still exist in Canadian medical care for Indigenous peoples. The MCC is working with Indigenous groups in order to address current shortcomings through medical education and assessments.

The MCC has been supporting the emerging National Consortium for Indigenous Medical Education (NCIME) in reaching its goals in assessment and anti-racism, with a focus on helping the Consortium achieve self-determination. The NCIME is a collaborative effort of Indigenous physician representatives leading Indigenous medical education from the Indigenous Physicians Association of Canada (IPAC), the Association of Faculties of Medicine of Canada (AFMC), the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC) and the MCC.



The MCC was invited to form part of the governing council for this group with a mandate to provide collaborative leadership for the advancement of shared priorities in Indigenous medical education nationally; to liaise between the NCIME and respective boards of partner organizations; to lead change management within partner organizations to support implementation of Indigenous medical education initiatives; and to advocate for and contribute to sustainable funding of the NCIME.

The MCC is a core partner and will work with the NCIME to ensure that Indigenous Health issues are appropriately represented on our examinations. As a first step, members of the NCIME participated in drafting an objective focused on Indigenous Health at a workshop held at the MCC in March 2020.

Next steps will involve collaboration between the NCIME, the MCC, the CFPC and the RCPSC to develop a framework for the assessment of Indigenous Health issues, and the development of new content for our examinations that highlights Indigenous Health issues, including anti-racism and cultural safety. This work also entails developing processes for eliminating bias when generating content for our examinations.

INTERNATIONAL COLLABORATION FOR EXCELLENCE IN ASSESSMENT

The MCC has been increasing international outreach efforts, collaborating with stakeholder organizations to form strategic collaborative alliances and exchange best practices with other leaders in assessment and medical education, such as Australia and the Netherlands.

Last year, renewed engagement with the Australian Medical Council (AMC) resulted in the MCC sharing psychometric and content development expertise as well as discussing how we

can provide external consultation on their performance examination, in terms of difficulty of exam content items and other quality metrics. This constructive partnership is also helping the MCC in its evolution toward establishing a centralized exam centre. The AMC has a state-of-the-art centralized testing centre and can thus provide us with valuable expertise in the development of this project, from IT infrastructure, to the flow of candidates, to the implementation of remote examiners. The recent and rapid expansion of virtual care delivery will also be of critical importance to explore as a key novel area of need in assessment.

The MCC has also had the opportunity to work closely with the University of Utrecht in the Netherlands, one of the leading countries in medical education. This work has been centered around Entrustable Professional Activities (EPAs) — units of professional practice, which can be conceived as responsibilities or tasks that a physician must accomplish in the delivery of patient care. EPAs are used as a framework for workplace-based assessments in order to better package the assessment of competencies that cannot be assessed through point-in-time examinations.

Alongside other international colleagues, the MCC has been contributing to the development of an international course on EPAs which we have given over the past two years. This ongoing project aims to deliver the course in four international regions: South-East Asia, North America, Europe and South America.

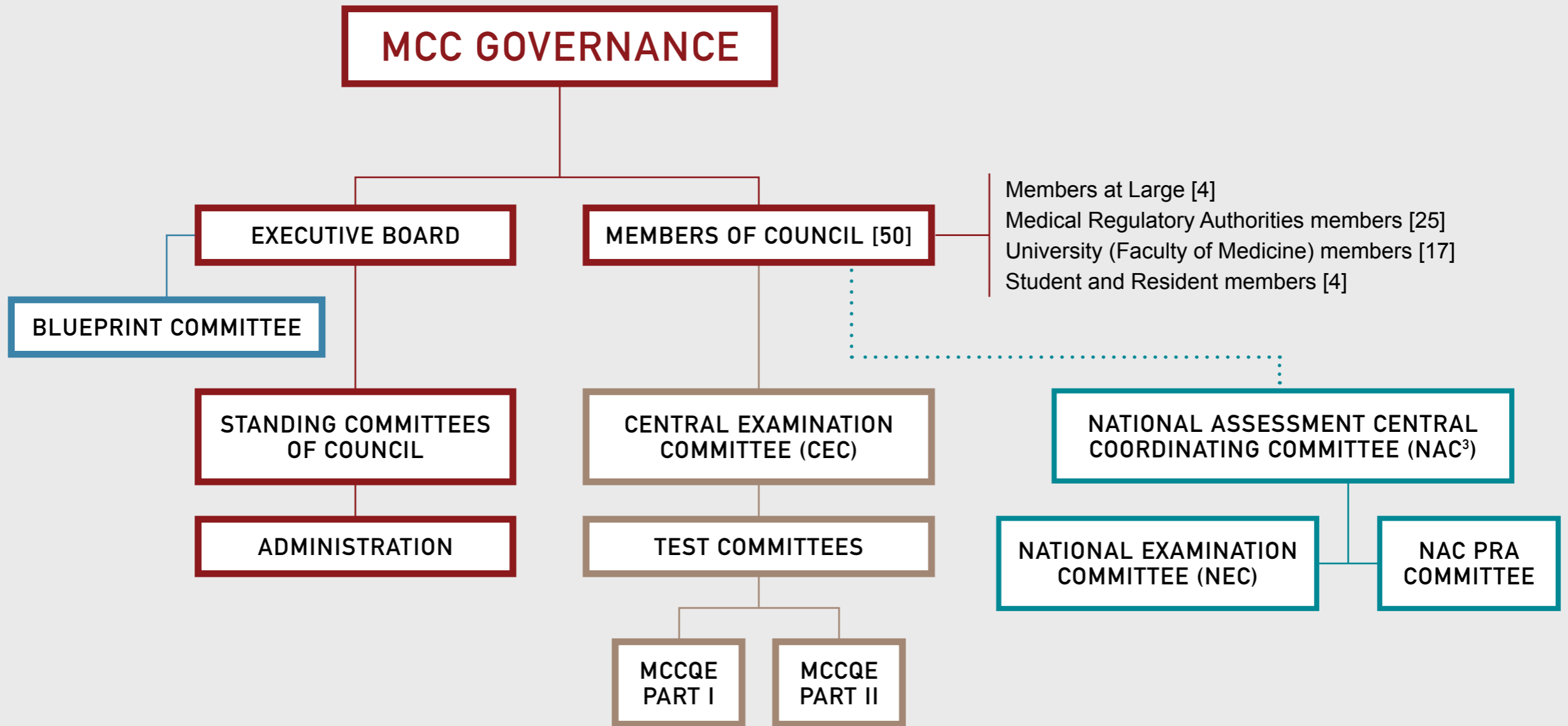


EXAMINATION STATISTICS

Examination	Categories	2017		2018		2019		
		Tested (#)	Pass Rate (%)	Tested (#)	Pass Rate (%)	Tested (#)	Pass Rate (%)	
MCCEE	First-time takers	2,678	77	2,609	70	N/A	N/A	CMG CANADIAN MEDICAL GRADUATES (graduates of Canadian medical schools)
	Repeat takers	599	34	552	36	N/A	N/A	
	Total	3,277	69	3,161	64	N/A	N/A	
MCCQE Part I	First-time CMG takers	2,802	95	2,823	95	2,861	97	IMG INTERNATIONAL MEDICAL GRADUATES (graduates of medical schools outside of Canada)
	Repeat CMG takers	156	63	178	67	138	73	
	First-time IMG takers	1,677	62	1,413	62	3,929	53	CPG CANADIAN POSTGRADUATE (graduates of Canadian medical schools enrolled in a Canadian post- graduate program)
	Repeat IMG takers	1,264	29	991	24	950	42	
	Total	5,899	71	5,405	73	7,878	68	
MCCQE Part II	First-time CPG takers	2,871	97	2,941	94	2,821	90	NOTE: Denied standing and No standing are not included in the examination statistics
	Repeat CPG takers	265	91	108	84	305	85	
	Other First-time takers	1,170	74	1,317	70	962	55	
	Other Repeat takers	675	65	511	46	500	42	
	Total	4,981	87	4,877	82	4,588	77	
NAC Examination	First-time takers	1,430	88	1,870	82	1,281	64	
	Repeat takers	76	68	499	88	424	67	
	Total	1,506	87	2,369	83	1,705	65	



GOVERNANCE



EXECUTIVE BOARD

Responsible for policy development, external liaison activities and budget oversight

PRESIDENT

Dr. Jay Rosenfield

VICE-PRESIDENT

Dr. Bruce Wright

CHAIR OF FINANCE

Dr. Heidi Oetter

MEMBERS

Dr. Theresa Farrell
 Dr. Geneviève Grégoire
 Ms. Gwen Haliburton
 Dr. Scott McLeod
 Dr. Cyril Moyse

BLUEPRINT COMMITTEE

Oversees the Qualifying Examinations Blueprint and Content Specifications

CHAIR

Dr. Nancy Brager

MEMBERS

Dr. Teresa Cavett
 Dr. Isabelle Desjardins
 Dr. Ian Johnson
 Dr. Alan Neville
 Dr. Nathalie Saad
 Dr. Kent Stobart
 Dr. Preston Tran

MEMBERS OF COUNCIL

Set the MCC's policy direction

MEMBERS AT LARGE

Ms. Rose Carter
(2007–2023)

Ms. Gwen Haliburton
(2010–2022)

Mr. Brian Mazer
(2014–2022)

Ms. Kate Wood
(2019–2022)

MEDICAL REGULATORY AUTHORITIES MEMBERS

Newfoundland

Dr. Oscar Howell
(2018–2022)

Dr. Linda Inkpen
(2014–2020)

P.E.I.

Dr. Geraldine Johnston
(2002–2022)

Dr. Cyril A. Moyse
(1988–2020)

Nova Scotia

Dr. Douglas Grant
(2011–2022)

Dr. Keri McAdoo
(2018–2022)

New Brunswick

Dr. John C. McCrea
(2002–2019)

Dr. Edmund
G.A. Schollenberg
(1992–2020)

Quebec

Dr. Martin Laliberté
(2017–2022)

Dr. Anne-Marie MacLellan
(2006–2022)

Ontario

Dr. Janet van Vlymen
(2019–2023)

Dr. Nancy Whitmore
(2018–2020)

Manitoba

Dr. Eric Sigurdson
(2018–2022)

Dr. Anna Ziomek
(2015–2023)

Saskatchewan

Dr. Karen Shaw
(2011–2022)

Dr. Edward Tsoi
(2004–2020)

Alberta

Dr. Karen Mazurek
(2012–2020)

Dr. Scott McLeod
(2017–2021)

British Columbia

Ms. Corinne de Bruin
(2016–2020)

Dr. Heidi Oetter
(2008–2020)

Yukon Territory

Dr. Daniel Carew
(2018–2020)

Northwest Territories

Dr. Theresa Farrell
(2007–2023)

Dr. Bing Guthrie
(2011–2020)

Nunavut

Dr. Patricia DeMaio
(2006–2022)

Dr. Francois de Wet
(2019–2022)

UNIVERSITY MEMBERS

Memorial

Dr. Cathy Vardy
(2000–2020)

Dalhousie

Dr. Simon Field
(2007–2023)

Laval

Dr. Ghislain Brousseau
(2016–2022)

Sherbrooke

Dr. Colette Girardin
(2016–2022)

McGill

Dr. Beth-Ann Cummings
(2019–2021)

Montreal

Dr. Geneviève Grégoire
(2014–2020)

Ottawa

Dr. Melissa Forgie
(2011–2020)

Queen's

Dr. Anthony Sanfilippo
(2008–2020)

Toronto

Dr. Patricia Houston
(2017–2020)

McMaster

Dr. Rob Whyte
(2016–2020)

Western

Dr. Jay Rosenfield
(2004–2020)

Northern Ontario

Dr. Tara Baldisera
(2019–2021)

Manitoba

Dr. Maury Pinsk
(2019–2023)

Saskatchewan

Dr. Kent Stobart
(2017–2021)

Alberta

Dr. Tracey Hillier
(2015–2020)

Calgary

Dr. Chris Naugler
(2019–2023)

British Columbia

Dr. Bruce Wright
(2006–2023)

STUDENT AND RESIDENT MEMBERS

Student

Ms. Victoria
Januskiewicz
(2019–2020)

Mr. Maxime
Morin-Lavoie
(2019–2020)

Resident

Dr. Jean-Sébastien
Otis-Carrasqueira
(2018–2020)

Dr. Seyara Shwetz
(2019–2020)

STANDING COMMITTEES OF COUNCIL

APPEALS COMMITTEE

CHAIR

Ms. Rose Carter

VICE-CHAIR

Dr. Kent Stobart

MEMBERS

Dr. Tara Baldisera

Dr. Ghislain Brousseau

Ms. Corinne de Bruin

Dr. Melissa Forgie

Dr. Colette Girardin

Mr. Brian Mazer

Dr. Cathy Vardy

Ms. Kate Wood

FINANCE COMMITTEE

CHAIR

Dr. Heidi Oetter

VICE-CHAIR

Ms. Rose Carter

MEMBERS

Dr. Karen Mazurek

Dr. Jay Rosenfield

Dr. Cathy Vardy

LEGISLATION COMMITTEE

CHAIR

Dr. Bruce Wright

VICE-CHAIR

Dr. Anne-Marie MacLellan

MEMBERS

Dr. Daniel Carew

Ms. Corinne de Bruin

Dr. Patricia DeMaio

Dr. Theresa Farrell

Dr. Melissa Forgie

Dr. Douglas Grant

Dr. Tracey Hillier

Dr. Linda Inkpen

Dr. Geraldine Johnston

Mr. Brian Mazer

Dr. John McCrea

Dr. Eric Sigurdson

Dr. Edward Tsoi

NOMINATING COMMITTEE

CHAIR

Dr. Karen Shaw

MEMBERS

Dr. Simon Field
 Dr. Colette Girardin
 Dr. Douglas Grant

RESEARCH AND DEVELOPMENT COMMITTEE

CHAIR

Dr. Anthony Sanfilippo

VICE-CHAIR

Dr. Karen Mazurek

MEMBERS

Dr. Beth-Ann Cummings Dr. Chris Naugler
 Dr. Simon Field Dr. Jay Rosenfield
 Dr. Anne-Marie MacLellan Dr. Bruce Wright

SELECTION COMMITTEE

CHAIR

Dr. Geraldine Johnston

VICE-CHAIR

Dr. Colette Girardin

MEMBERS

Dr. Tara Baldisera Dr. Theresa Farrell
 Dr. Beth-Ann Cummings Dr. Edward Tsoi

CENTRAL EXAMINATION COMMITTEE

CHAIR

Dr. Pier Bryden

VICE-CHAIR

Dr. Teresa Cavett

TEST COMMITTEE CHAIRS

Clinical Decision Making

Dr. Michel Chiasson

Medicine

Dr. Isabelle Desjardins

Obstetrics and Gynecology

Dr. Ciaran Goojha

Pediatrics

Dr. Robert Porter

PHELO

Dr. Merrill Pauls

Surgery

Dr. Paul Robert Hayes

Psychiatry

Dr. Lauren Zanussi

OSCE

Dr. Michael Hogan

Dr. Alan Neville



TEST COMMITTEES

MCCQE PART I

Clinical Decision Making

CHAIR

Dr. Michel Chiasson

VICE-CHAIR

Dr. Carey Matsuba

MEMBERS

Dr. Nadine Abdullah
Dr. Sandra Biem
Dr. Nancy Brager

Dr. Louis-Xavier D'Aoust
Dr. Susan Mercer
Dr. Florin Padeaunu

Dr. Richard Scheirer
Dr. Mary Wells

Medicine

CHAIR

Dr. Isabelle Desjardins

VICE-CHAIR

Dr. Karen Toews

MEMBERS

Dr. George Carruthers
Dr. Valerie Gratton

Dr. Amanda Hanson
Dr. Mark Lees

Dr. Michèle Mahone

Obstetrics and Gynecology

CHAIR

Dr. Ciaran Goojha

VICE-CHAIR

Dr. Andrea Skorenki

MEMBERS

Dr. Marie-Claude Leduc
Dr. David Mclinden

Dr. Shaundra Popowich
Dr. Martine Robichaud

Dr. Catherine Tremblay
Dr. Angelos Vilos

Pediatrics

CHAIR

Dr. Robert Porter

VICE-CHAIR

Dr. Christine Racette

MEMBERS

Dr. Keyna Bracken
Dr. Jan Kotarba

Dr. Gillian MacLean
Dr. Bich-Hong Nguyen

Dr. Jane Pegg
Dr. Sandra Simon

PHELO

CHAIR

Dr. Merril Pauls

VICE-CHAIR

Dr. Fiona Bergin

MEMBERS

Dr. Martine Baillargeon

Dr. Lara Kent

Dr. Chris Sikora

Dr. Steven Bellemare

Dr. Jacinthe Lampron

Dr. Gaynor Watson-Creed

Dr. Arnaud Samson

Surgery

CHAIR

Dr. Paul Robert Hayes

VICE-CHAIR

Dr. Émilie Comeau

MEMBERS

Dr. Sampa Das

Dr. Ross MacMahon

Dr. Ari Meguerditchian

Dr. Robert Farrell

Dr. Catherine Mann

Dr. Mark O’Driscoll

Dr. Darren Martin

Psychiatry

CHAIR

Dr. Lauren Zanussi

VICE-CHAIR

Dr. Marie Hayes

MEMBERS

Dr. Julie-Eve Arseneault

Dr. Katherine Stringer

Dr. Eric Vickar

Dr. Emiko Moniwa

Dr. Glendon Tait

MCCQE PART II

OSCE

CHAIR

Dr. Alan Neville

CHAIR

Dr. Michael Hogan

MEMBERS

Dr. Karen D’Silva

Dr. Jill Lawless

Dr. Pierre Plourde

Dr. Thérèse Hodgson

Dr. Andrea Mitchell

Dr. Gabriel Suen

Dr. Caroline Langlais

Dr. Amita Modi

Dr. Laura Weins

Dr. Martin Plaisance

NATIONAL ASSESSMENT COLLABORATION

NAC COORDINATING COMMITTEE

INTERIM CHAIR

Dr. Elizabeth Bannister

MEMBERS

Mr. Sten Ardal

Dr. Glen Bandiera

Mr. Bruce Holmes

Dr. Brent Kvern

Ms. Nancy MacBeth

Ms. Beverly
MacLean-Alley

Dr. Viren Naik

Dr. Heidi Oetter

Dr. Jean Rawling

Dr. Isabelle Tardif

Dr. Jon Witt

NAC EXAMINATION COMMITTEE

CHAIR

Dr. Jean Rawling

VICE-CHAIR

Mr. Bruce Holmes

MEMBERS

Dr. Diana Chang

Ms. Natalie MacLeod
Schroeder

Dr. Julie Okapuu

Dr. Gordon Page

Dr. Rabin Persad

Dr. Carl Sparrow

Dr. Preston Tran

NAC PRA COMMITTEE

CHAIR

Dr. Jon Witt

MEMBERS

Dr. Elizabeth Bannister

Ms. Chantal Benoît

Dr. Fiona Bergin

Dr. Jack Burak

Ms. Jill Hastings

Dr. Brent Kvern

Dr. Julian Midgley

Dr. Martina Reslerova

Dr. Pamela Snow

Dr. Carl Sparrow

Dr. Isabelle Tardif

Dr. Anna Ziomek



MEMBERS OF COUNCIL
at the 2019 Annual Meeting in Ottawa



AWARDS AND RECOGNITIONS

OUTSTANDING ACHIEVEMENT AWARD IN THE EVALUATION OF CLINICAL COMPETENCE

As in previous years, the recipient of this prestigious award was recognized for their exceptional contribution to the Canadian health care and health-care research. This distinction is unique in that its recipients come from a broad range of health disciplines, such as dentistry, physical therapy and medical practice.

DR. ROSE HATALA

Dr. Rose Hatala is a General Internist and Palliative Care physician at St. Paul's Hospital and a Professor in the Department of Medicine at the University of British Columbia (UBC). She completed her clinical training, as well as her MSc focused on educational research, at McMaster University and was Clerkship Director for Internal Medicine.

She began working at the UBC in 2003 and was the Associate Program Director for the UBC Internal Medicine Residency Program from 2005–2015. Since September 2015, she is the Director of the Centre for Health Education Scholarship's Clinical Educator Fellowship.

Dr. Hatala's main research interests lie in work-based and high-stakes assessment methods. As a corollary, she has been investigating feedback and entrustment in clinical supervision. She tries to bridge the gap between assessment theory, suggested

best practices and real-world implementation of assessment methods.

In 2013, she was awarded the UBC Faculty of Medicine's Distinguished Achievement Award for Excellence in Education and in 2014–2015 she received the UBC Killam Teaching Prize.

Her research publications reflect the diversity of her assessment interests and her attempts to bridge theory and practice, such as adapting the MCC's key feature examination for clinical clerkships. During her tenure as Co-Chair of the Oral Examination in Internal Medicine at the Royal College of Physicians and Surgeons of Canada (RCPSC), her team explored the use of simulation for high-stakes assessment. More recently, she has been involved in the knowledge translation of Kane's validity framework in health professions' education.



DR. LOUIS LEVASSEUR DISTINGUISHED SERVICE AWARD

This award is presented annually to a past or present Council, staff or Committee member of the MCC or to a person whose collaboration has contributed in an extraordinary manner to the vision and mission of the MCC. Last year, the award went to Yves Lafortune.

MR. YVES LAFORTUNE

Yves Lafortune was Director of the Evaluation Bureau of the MCC from 2011 to 2020. He led the teams responsible for the development, production, delivery, administration, analyses and reporting of results of the MCC examinations: National Assessment Collaboration (NAC) Examination, Medical Council of Canada Qualifying Examination (MCCQE) Part I and the MCCQE Part II.

Yves joined the MCC in March 2005 as Manager of the Medical Council of Canada Evaluating Examination (MCCEE) which was designed to assess the medical knowledge of International Medical Graduates wishing to practise medicine in Canada. He led the project to convert the paper and pencil examination administered in eight international and five domestic test centres to a computer-based exam. The computer-based MCCEE was introduced in November 2008 and offered in 500 test centres located in more than 80 countries.

Yves has 40 years' experience in developing, validating and maintaining competency-based licensure and certification testing programs. He was responsible for a number of national registration/licensure and certification assessment programs, including the Canadian Registered Nurse Examination, Canadian Practical Nurse Registration Examination and the Canadian Nurses Association Certification program.

Yves has also worked with several organizations in producing translated/adapted versions of test instruments and in establishing equivalence between professional/occupational requirements across a variety of regions, provinces, and countries.

Yves holds a BA in Psychology, a B.Ed. and a M.Ed. from the University of Ottawa.



DR. IAN BOWMER AWARD FOR LEADERSHIP IN SOCIAL ACCOUNTABILITY

To honour Dr. Ian Bowmer's retirement after 11 years as Executive Director of the MCC, the MCC sought to award a one-time Dr. Ian Bowmer Award for Leadership in Social Accountability at our 2019 Annual Meeting. The MCC launched a call for nominations to Schools of Medicine across the country and awarded \$5,000 to one medical student and to one resident who had demonstrated leadership in social accountability.

DR. NICOLE THOMPSON

Dr. Nicole Thompson graduated from the University of Calgary Cumming School of Medicine in June 2019 and has since started her residency in Obstetrics and Gynecology at the University of British Columbia. She has completed multiple certificates in health leadership and quality improvement, as well as a master's degree in wound management. She was also a sessional lecturer for the University of Alberta Faculty of Rehabilitation Medicine and provided interdisciplinary wound-care workshops throughout Canada.

During medical school, Dr. Thompson was involved in several student-led quality improvement initiatives, including authorship of an inter-professional collaboration core document and curriculum content for transgender medicine.

The content was created with multiple physician stakeholders and, more importantly, with members of the gender diverse community. It was officially adopted by the University of Calgary in September 2018 as part of the medical school curriculum.

In addition to her work at the local level, Dr. Thompson has also initiated a Canada-wide Delphi study with the goal of developing a national strategy for how undergraduate medical institutions teach gender-affirming care and transgender medicine. She continues to work closely with her mentor, Dr. Rachel Ellaway, on this study and hopes that the results will ultimately improve how physicians engage with gender-diverse patients and play a role in improving overall health outcomes for this population.



This [award] just confirms where I should be and who I should be working with: Indigenous peoples, for Indigenous peoples.

– DR. LLOYD DOUGLAS [Learn more](#) about the recipients' work in social accountability

DR. LLOYD DOUGLAS

Dr. Lloyd Douglas is a 2019 graduate from the Northern Ontario School of Medicine (NOSM) where he also received his Family Medicine training and received Certification of the College of Family Physicians of Canada (CFPC) in 2016. In addition, he completed his BSc in Medical Technology at the Northern Caribbean University in Jamaica in 2001, obtained his medical training and MBBS from the University of the West Indies, Mona Campus, Jamaica in 2007 and his MPH from Lakehead University in 2019.

In July 2019, the last month of his PHPM residency, Dr. Douglas served as safety officer and medical liaison for the Independent First Nations Alliance (IFNA) Emergency Operation Centre for the second Pikangikum First Nation Wildfire evacuation. Presently he works with IFNA as a physician consultant and is part of a team that is addressing emergency management preparedness and response for IFNA communities and is exploring upstream solutions to problematic substance use in IFNA communities. He aspires to be part of a team that will adapt and implement the “Nuka System of Care” for IFNA communities.



RESEARCH IN CLINICAL ASSESSMENT GRANT PROGRAM

To support medical assessment research, the 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. The following are the recipients of the 2019 Research in Clinical Assessment grant program.

DR. SYLVAIN BOET

Enhancing surgical care and outcomes through education and knowledge translation (Phase 2): Measurement properties of teamwork assessment tools (NOTECHS and TEAM) using clinical OR Black Box® data

[View abstract](#)

DR. ASAD SIDDIQUI

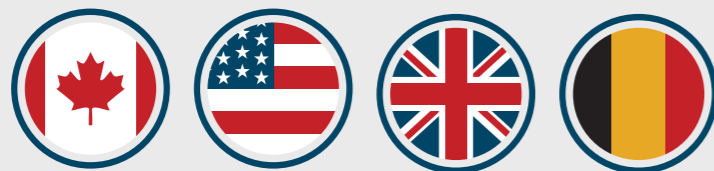
Artificial Intelligence for automated evaluation of high-fidelity simulation in anesthesia

[View abstract](#)

DR. WALTER TAVARES

Exploring the augmentation of behavioural observations with why they were exhibited

[View abstract](#)



We would like to thank everyone who volunteered to serve as an external reviewer for the MCC’s 2019 Research in Clinical Assessment grant program. Last year, our reviewers hailed from Canada, the United States, the United Kingdom and Belgium.

FOR THIS CYCLE,
THERE WERE

28

external
reviewers

CANADIAN
REVIEWERS
REPRESENTED

13

universities
and one national
organization

EMPLOYEE SERVICE AWARDS

The MCC recognizes long-standing service of staff. In 2019–2020 the following employees received service awards for the milestones achieved.

5 YEARS

Cécile Amalvi, RRC	Anthony King, ME	Nicole Robert, PAS
Maria Boulianne, EB	Heidi Labrie, EB	Sandra Roberts, ME
Christian Colombi, IT	James McManus, IT	Annie Wang, IT
Nancy Groom, HR	Maxim Morin, PAS	Mathieu Wojcik, RRC
Caroline Hewetson, RRC	Jennifer Penney, FCS	
Lisa Khoury, IT	Karina Ragalie, FCS	

10 YEARS

Gregorio Cobas Megia, IT
Aline DesLauriers, CM
Binh Duong, RRC
Alexa Fotheringham, ME
Neil Gorman, IT
Danna Lambert, EB
Marcel Legault, RRC
Amanda Levesque, RRC
Caroline Marshall, EB
Sandra Martin, RRC

15 YEARS

Eva Blaja, EB
Lauren Copp, ME
Tyler MacDonald, IT
Ut Nguyen, RRC
Josée Wojcik, EB

20 YEARS

Hélène Desormeaux, FCS

LEGEND

CM	Communications and Marketing
EB	Evaluation Bureau
FCS	Finance and Corporate Services
HR	Human Resources
IT	Information Technology
ME	Medical Education
PAS	Psychometrics and Assessment Services
RRC	Repository and Registration Centre





National Capital Region's Top Employer

The MCC was honoured to be selected as one of the National Capital Region's Top Employers for 2020.

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 people living in Canada.

A woman with dark hair and glasses is looking down at an open book she is holding. She is standing in a library aisle, with tall bookshelves filled with books on either side. The lighting is soft and warm, creating a quiet, studious atmosphere. The background shows more bookshelves and a window in the distance.

PUBLICATIONS AND PRESENTATIONS

Every year, MCC experts publish papers and technical reports on research, development and education, and speak at conferences and workshops.

PUBLICATIONS

Babenko, O., **Guo, Q.** (2019). Measuring Self-Compassion in Medical Students: Factorial Validation of the Self-Compassion Scale-Short Form (SCS-SF). *Academic Psychiatry*, 43(6). doi: [10.1007/s40596-019-01095-x](https://doi.org/10.1007/s40596-019-01095-x).

Bartman, I., Boulet, J.R., **Qin, S.**, **Bowmer, M.I.** (2020). Canadians studying medicine abroad and their journey to secure postgraduate training in Canada or the United States. *Canadian Medical Education Journal*. doi: [10.36834/cmej.68175](https://doi.org/10.36834/cmej.68175)

Bau J.T., C, Power B., **Pugh, D.** (2019). Multisystem presentation of primary Sjögren syndrome. *Canadian Medical Association Journal*. 191(16), E446-E449. doi: [10.1503/cmaj.181439](https://doi.org/10.1503/cmaj.181439).

Cui, Y., **Guo, Q.**, Leighton, J., & Chu, M.W. (2019). Log data analysis with ANFIS: A fuzzy neural network approach. *International Journal of Testing*, 19. doi: [10.1080/15305058.2018.1551225](https://doi.org/10.1080/15305058.2018.1551225)

Cutumisu, M., & **Guo, Q.** (2019). Using Topic Modeling to Extract Pre-Service Teachers' Understandings of Computational Thinking from their Coding Reflections. *IEEE*, 62(4), 325-332. doi: [10.1109/TE.2019.2925253](https://doi.org/10.1109/TE.2019.2925253)

De Champlain, A.F. (2019). Standard setting methods in medical education: High-stakes assessment. In T. Swanwick, K. Forrest, B. O'Brien (Eds), *Understanding Medical Education* (pp. 347-360). Chichester, UK: Wiley Blackwell.

Humphrey-Murto, S., LeBlanc, A., **Touchie, C.**, **Pugh, D.**, Wood, T.J., Shaw, T. (2019). The influence of prior performance information on ratings of present performance and implications for learner handover: A scoping review. *Academic Medicine*, 94, 1050-1057. doi: [10.1097/ACM.0000000000002731](https://doi.org/10.1097/ACM.0000000000002731)

Karol, D. & **Pugh, D.** (2020). Potential of feedback during objective structured clinical examination to evoke an emotional response in medical students in Canada. *Journal of Educational Evaluation for Health Professionals*. doi: [x.php?id=10.3352/jeehp.2020.17.5](https://doi.org/10.3352/jeehp.2020.17.5)

Kassam, A., Ruetalo, M., **Topps, M.**, Mountjoy, M., Walton, M., Susan, E., & Nickell, L. (2019). Key stakeholder opinions for a national learner education handover. *BMC Medical Education*. doi: [10.1186/s12909-019-1598-7](https://doi.org/10.1186/s12909-019-1598-7)

Madrazo, L., Lee, C. B., McConnell, M., Khamisa, K. & **Pugh, D.** (2019). No observed effect from a student-led mock objective structured clinical examination on subsequent performance scores among Canadian medical students. *Journal of Educational Evaluation for Health Professionals*. doi: [10.3352/jeehp.2019.16.14](https://doi.org/10.3352/jeehp.2019.16.14)

Pugh, D., **De Champlain, A.**, & **Touchie, C.** (2019). Plus ça change, plus c'est pareil: Making a continued case for the use of MCQs in medical education. *Medical Teacher*. 41, 569-577. doi: [10.1080/0142159X.2018.1505035](https://doi.org/10.1080/0142159X.2018.1505035)

PRESENTATIONS

- Roberts, M. R., **Alves, C. B.**, & Werther, K. (2019). Examining the associations between OSCE scores and fieldwork performance. *Journal of Allied Health*, 48(3), 194-200.
- Rashid, M., **Guo, Q.**, & Babenko, O. (2019). The Influence of Students' Perceptions of Learning Environment on Coping with Academic Challenges: A Structural Equation Modeling Study. *Teaching and Learning in Medicine*, 32(2), 204-217. doi: [10.1080/10401334.2019.1667241](https://doi.org/10.1080/10401334.2019.1667241)
- Shin, J., **Guo, Q.**, & Gierl, M. (2019). Multiple-Choice Item Distractor Development using Topic Modelling Approaches. *Frontiers in Psychology*, 10, 1-14. doi: [10.3389/fpsyg.2019.00825](https://doi.org/10.3389/fpsyg.2019.00825)
- Wood T.J., **Pugh D.** (2020). *Are rating scales really better than checklists for measuring increasing levels of expertise? Medical Teacher*, 42(1), 46-51. doi: [10.1080/0142159X.2019.1652260](https://doi.org/10.1080/0142159X.2019.1652260)
- Yu, J., **Guo, Q.**, & Hodgson, C. (2019). Deconstructing the joint examination: A novel approach to teaching introductory musculoskeletal physical examination skills for medical students. *MedEdPORTAL* (accepted).

Alves, C. B., De Champlain, A. F., Robert, N. (2019, April). *Automated Item Generation: Does It Pass Muster?* Paper presented at the annual meeting of the National Council on Measurement in Education, Toronto, Canada.

De Champlain, A.F. (2019, April). *A gentle introduction to psychometrics for the medical educator: Key concepts and how to apply them to your assessments.* Pre-conference workshop presented at the Canadian Conference on Medical Education, Niagara Falls, Canada.

De Champlain, A.F. (2019, September). *The Past, Present, and Future of Technology in Performance Assessment.* Session presented at the European meeting of the Association of Test Publishers, Madrid, Spain.

De Champlain, A.F. (2019, December). *Peering Through the Looking Glass – How Advances in Technology, Psychometrics and Philosophy Are Altering the Assessment Landscape in Medical Education.* Keynote presented at the UK Medical Schools Council Assessment Alliance Education Day, London, UK.

De Champlain, A.F., Ashworth, N., Kain, N., Qin, S., Wiebe, D., & Tian, F. (2019, April). *Do National Licensing Examination Scores Predict Patient Complaints and Physician Prescribing Patterns?* Paper presented at the meeting of the National Council on Measurement in Education, Toronto, Canada.

De Champlain, A.F., Raymond, M., & Boulet, J.R. (2019, August). *Basic statistics for the medical educator: A problem-based approach*. Full-day course presented at the meeting of the Association for Medical Education in Europe, Vienna, Austria.

De Champlain, A., Touchie, C., ten Cate, O. & Nair, K. (2020, March). *Taking the Pulse of Multisource Feedback – Perspectives and Lessons Learned Across the Globe*. Symposium presented at Ottawa 2020: Assessment of health professionals and evaluation of programmes, Kuala Lumpur, Malaysia.

Fotheringham, A., & Roy, M. (2019, April). *Using a comprehensive framework to have feedback conversations about collaboration, communication, and professionalism*. Workshop presented at the Canadian Conference on Medical Education, Niagara Falls, Canada.

Gotzmann, A., Qin, S., Morin, M., & De Champlain, A.F. (2019, April). *Evaluating the impact of rater effects on IRT based scoring – It matters*. Paper presented at the annual meeting of the National Council for Measurement in Education, Toronto, Canada.

Kain, N., **Roy, M., Gotzmann, A., & Touchie, C.** (2019, September). *MCC 360: A multisource feedback program evaluation for quality improvement in physicians*. Paper presented at the International Association of Medical Regulatory Authorities Symposium on Continued Competency, Chicago, USA.

Lafortune, Y., de Vries, I., Lemieux, M. (2019, April). Presentation to the Undergraduate Medical Education Administrative Group at the Canadian Conference on Medical Education, Niagara Falls, Canada.

Lemieux, M., & Lemay, P. (2019, June). What's new, what's changing, what's on the horizon... Presentation to the Registration Special Interest Group at the Federation of Medical Regulatory Authorities of Canada Annual Meeting, Whistler, Canada.

Liu, Y., Leighton, J. P., & **Guo, Q.** (2019, April). *Parent involvement in children's math achievement*. Poster presented at the American Educational Research Association annual meeting, Toronto, Canada.

Roy, M., Blouin, D. Wood, T.J., & Eva, K.W. (2019, April). *The influence of accreditation on the Medical Council of Canada Qualifying Examination (MCCQE) Part I scores: A national look*. Paper presented at the Canadian Conference on Medical Education, Niagara Falls, Canada.

Tian, F., De Champlain, A. F., Qin, S., Yen, W., Thakkar, N., & Faulkner, D. (2019, April). *Using physician performance on licensing examinations to predict future performance in practice*. Paper presented as part of the symposium at the annual meeting of the National Council on Measurement in Education, Toronto, Canada.

Topps, M., & De Champlain, A.F. (2019, April). *MCC's assessments: A focus on the future*. Business presentation presented at the Canadian Conference on Medical Education, Niagara Falls, Canada.

Touchie, C., ten Cate, O., Chan, C., Linsenmeyer, M., & Marty, A. (2019, August). *Effective Use of Technology to Capture and Report About Entrustable Professional Activities (EPAs)*. Workshop presented at the annual meeting of the Association for Medical Education of Europe, Vienna, Austria.

Touchie, C., & Renaud, J. S. (2019, June). *Recueillir des preuves de validité : concepts et défis*. Workshop presented at the Colloque du Groupe de recherche en quête de validité, Drummondville, Canada.

Touchie, C. (2019, May). *Entrustable Professional Activities and Entrustment Decision-Making: State of the Art Thinking*. Plenary given at the Department of Innovation in Medical Education, University of Ottawa, Ottawa, Canada.

Touchie, C. (2019, May). *La rétroaction dans l'évaluation : Défis et obstacles*. Presentation at the Conférence de la Fédération internationale francophone pour les professionnels des sciences de la santé, Montréal, Canada.

Touchie, C. (2019, April). *Faculty Development*. Ins and outs of Entrustable Professional Activities – An international course on EPAs, Kingston, Canada.

Touchie, C., Boland, J., & Hoff, R. (2019, March and April) *Developing a curriculum incorporating EPAs for UME, GME or other health professions*. Ins and outs of Entrustable Professional Activities – An international course on EPAs, Utrecht, The Netherlands and Kingston, Canada.





THE YEAR IN REVIEW

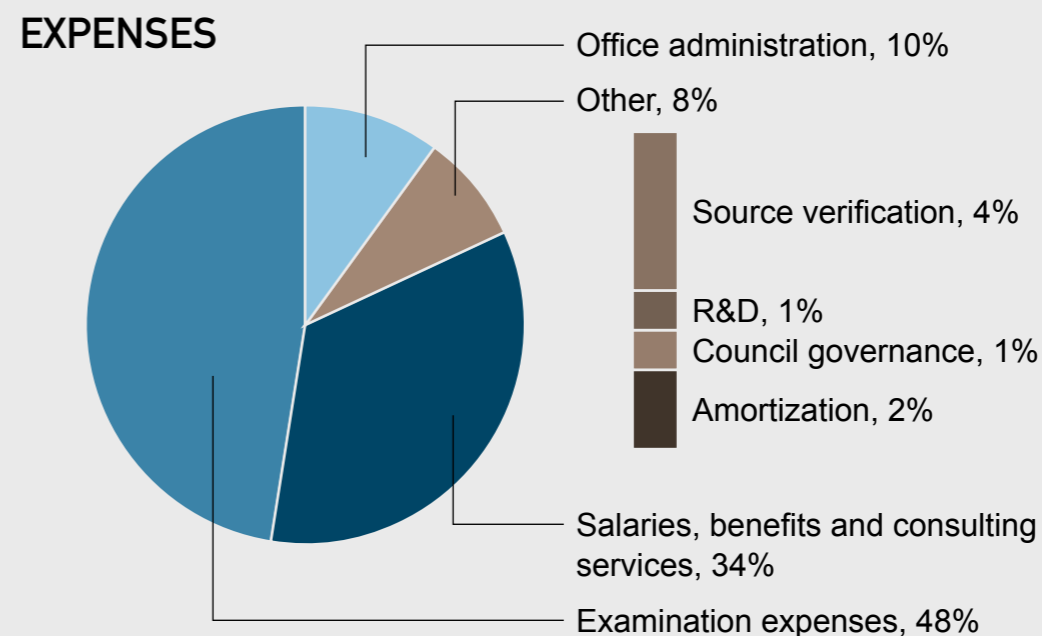
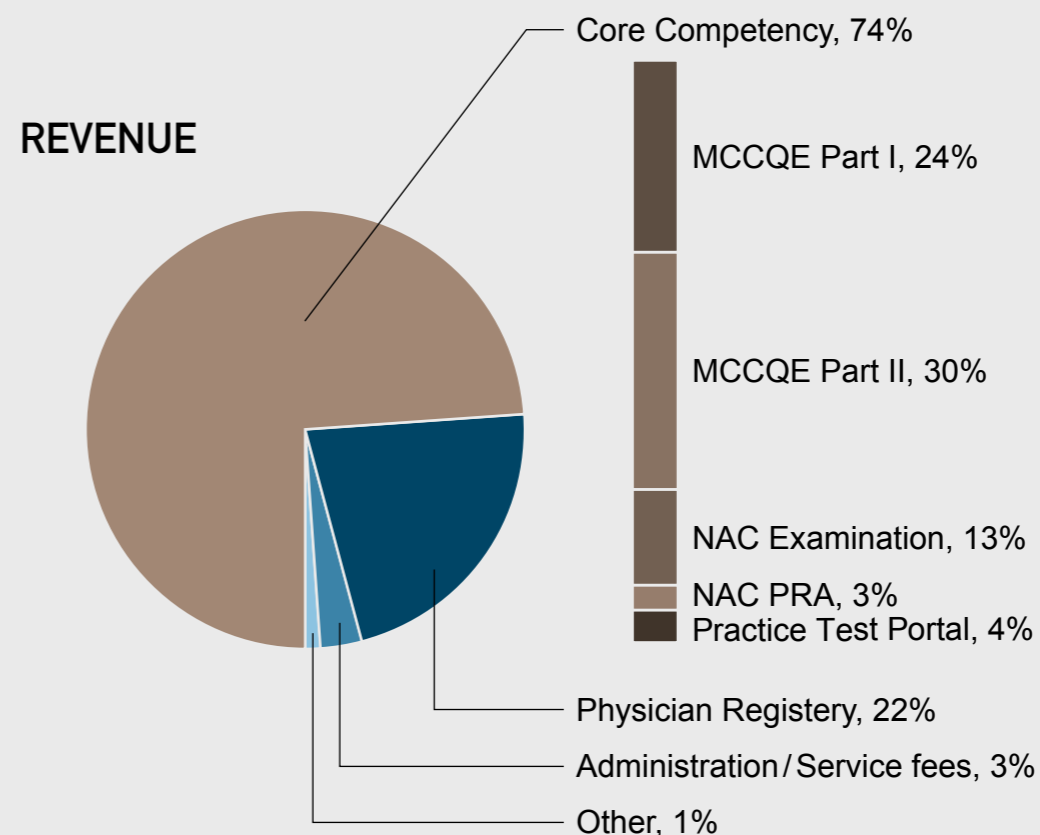
FINANCIAL SNAPSHOT

The MCC has a solid foundation and was in a strong position with respect to investments during the fiscal year 2019–2020. However, two main factors contributed to a deficit of \$2.3 million for the year ended March 31, 2020.

A small proportion of this deficit is a result of fewer than expected candidates challenging our examinations, especially from the international community. Numbers of international candidates can fluctuate from year to year, in tandem with the dynamics of international issues. The larger part of the deficit, however, resulted from a significant degree of market volatility, particularly during the latter weeks of March. The financials at March 31 were not unexpected as the market downturn that resulted from the COVID-19 pandemic had hit its low point and we have seen some recovery since.

The MCC’s financial and cost modelling is based on long-run economic sustainability, with a net asset policy to ensure sufficient contingency to remain in a good financial position during difficult and unpredictable times.

Complete financial statements are available on request.



LICENTIATES

The Licentiate of the Medical Council of Canada (LMCC) is a key part of the Canadian Standard, the set of requirements for awarding a full licence.

A physician who meets the criteria of the LMCC is enrolled in the Canadian Medical Register as a Licentiate of the Medical Council of Canada and receives a Certificate of Registration.

[Click here](#) for a complete list of the 2019 Licentiates.

5,279

licentiates
were awarded
in the

2019

calendar year



MCC BY THE NUMBERS

MCC SERVICE DESK COMMUNICATIONS IN FY 19/20

400,000+

emails



15,000+

live chats



18,000+

phone enquiries



physicians[apply](https://www.physiciansapply.ca).ca

2,113,946

maintained documents

114,494

accounts

30%

Canadian MDs

70%

International MDs

**ESTIMATED TEST CENTRE RESOURCES
FOR OBJECTIVE STRUCTURED CLINICAL
EXAMINATIONS (OSCE)**

Standardized participants, staff and administrators:

8,078

for the MCCQE Part II

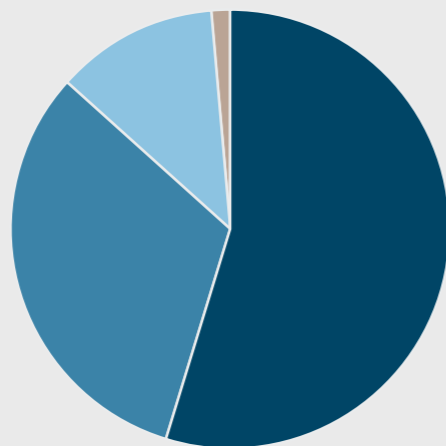
3,610

for the NAC Examination

MCC EXAMINATION PARTICIPATION IN FY 19/20

14,409

total candidates



MCCQE Part I: 7,906
 NAC Examination: 1,729
 MCCQE Part II: 4,589
 TDM Examination: 185

ESTIMATED VOLUNTEER EFFORTS SUPPORTING MCC ASSESSMENTS

290

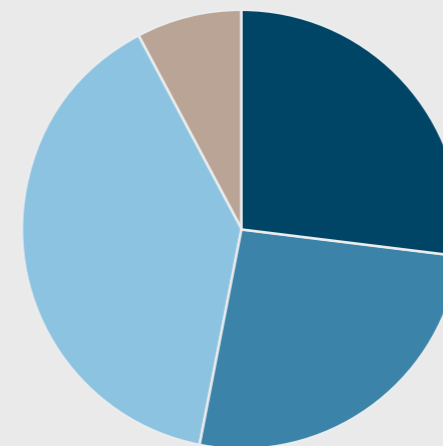
physicians

35

meetings

9,402

hours



MCCQE Part I: 2,550 hours
 NAC Examination: 3,690 hours
 MCCQE Part II: 2,448 hours
 TDM Examination: 714 hours



19/20

ANNUAL REPORT

MEDICAL COUNCIL OF CANADA
1021 Thomas Spratt Place, Ottawa ON Canada K1G 5L5 mcc.ca

For an alternate accessible format, please contact the MCC:
613-521-6012 communications@mcc.ca