



MEDICAL COUNCIL
OF CANADA

LE CONSEIL MÉDICAL
DU CANADA

2020-2021 ANNUAL REPORT

ADAPTATION IN **ACTION**

ENGAGEMENT • FLEXIBILITY • TEAMWORK

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ADAPTATION IN **ACTION**

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ABOUT THE MCC

THE MEDICAL COUNCIL OF CANADA (MCC) WORKS IN COLLABORATION WITH PARTNER ORGANIZATIONS, including Medical Regulatory Authorities in each province and territory faculties of medicine at universities across Canada, to develop and administer national standardized examinations that address the evolving healthcare needs of the Canadian public. We also ensure that those trained outside of Canada who wish to practise in Canada meet the same high standards.

The MCC was created in 1912 to address the need for a national qualification to license physicians to practise in Canada. Since that time, the MCC examinations continue to be adapted but remain the only independent, objective assessments in Canada that ensure all practising physicians have the foundational skills, knowledge and professional behaviours required to meet the highest standards of patient safety. The model is similar to the approach used in other professional disciplines, where there is a common standard that must be met before a licence is granted.

ENGAGEMENT

FLEXIBILITY

TEAMWORK

INTRODUCTION

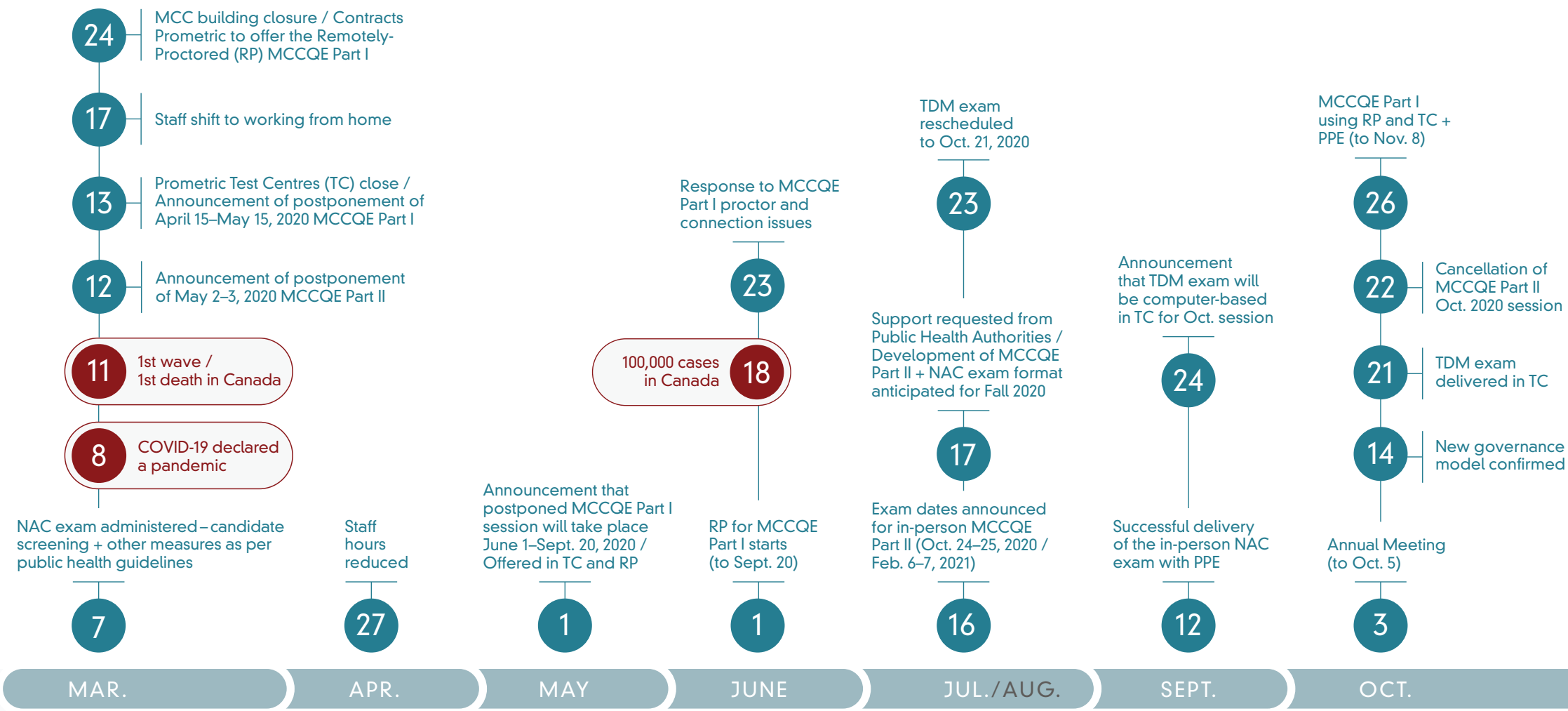
THE MCC HAS DEVELOPED A STRONG TRACK RECORD FOR INNOVATING IN THE FIELD OF PHYSICIAN ASSESSMENT.

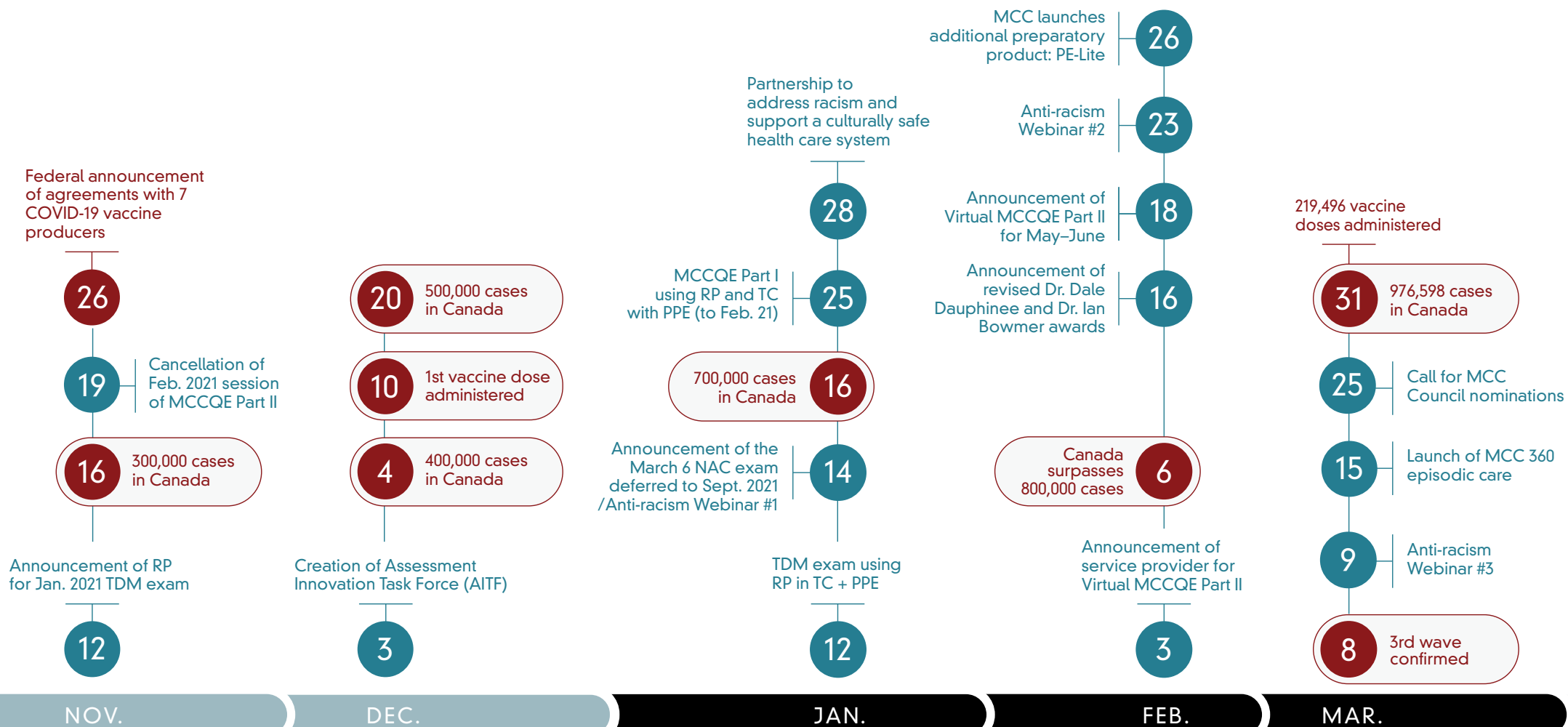
This past year, our ability to adapt was tested in completely new ways. Around the world, the coronavirus (COVID-19) pandemic presented new challenges that no one could have imagined.

The MCC is grateful for the hard work and dedication of its staff, the commitment and expertise of its volunteers, and the patience and feedback from candidate, stakeholder and partner groups that worked with the MCC to navigate the challenges we faced in 2020–2021.

Throughout the pandemic, one thing remained clear—the competency of physicians across Canada was never questioned. The MCC is proud to play a part in ensuring that physicians provide the highest standards of patient care.

The strength and commitment of the MCC’s staff, volunteers and collaborators allowed us to adapt in a rapidly changing environment without compromising on our core mandate—to achieve the highest level of medical care in Canada through excellence in the assessment of physicians. Our team responded with creativity and dedication, embraced new approaches to solving problems, and demonstrated a level of active adaptation that will serve our community well for years to come.





- MCC EVENTS
- COVID-19 EVENTS

MESSAGE FROM THE PRESIDENT

ONE OF MY TOP PRIORITIES AS PRESIDENT of the Medical Council of Canada (MCC) has been to help the MCC evolve as a modern organization with the flexibility and agility to address emerging issues. When I started my presidency in 2018, I couldn't have foreseen how critical those characteristics would be as we faced the global pandemic. As my term comes to a close, I'm exceptionally thankful for the hard work our team invested in adapting our governance model to make us nimbler and more responsive.

Modern governance is about decision-making and accountability. The MCC is part of a broader ecosystem of medical education and assessment, and we would not be successful without significant contributions from and partnerships with others, including Medical Regulatory Authorities, faculties of medicine, physician associations, certifying colleges, and learner organizations. Over the past three years, the MCC's stakeholders and partners have done a tremendous job of sharing their experience and insights to help reshape the way the MCC is governed.

Although there is still more work to do, including the design and implementation of additional advisory boards to ensure that the MCC continues to benefit from

the input of a broad range of key stakeholders across Canada, the impacts of our work are already evident. Throughout the pandemic, the MCC needed to change the way we work and make many difficult decisions. Our governance work deeply strengthened the relationships we have throughout the medical assessment community, which allowed us to engage quickly on the issues before us. Our discussions renewed our collective understanding of the role our Council needs to play, which led to decisive direction that empowered the MCC team to implement decisions effectively.

Adaptation through the pandemic was possible because everyone at the MCC actively engaged in meaningful conversations about what it means to be a resilient organization. I am grateful to those who give so generously of their time and expertise to ensure that Canada remains a leader in physician assessment, no matter what challenges we face.

It has been my privilege to serve as President, and I am as passionate today about the importance of the MCC as I was when I first joined the Council many years ago. We are at some very exciting crossroads as the field of physician assessment evolves rapidly. I am proud of how the MCC has continued to evolve to meet emerging needs, and I have every confidence that the organization will meet the challenges of tomorrow. My thanks to all those who made that possible. I owe a special debt of gratitude to Dr. Maureen Topps, whose professionalism and insights have been invaluable to me, our Council and the entire MCC team. The MCC is in excellent hands under her wise and caring leadership.

DR. JAY
ROSENFELD

MESSAGE FROM THE CEO AND EXECUTIVE DIRECTOR



DR. MAUREEN
TOPPS

IT'S HARD TO OVERSTATE THE CHALLENGES THAT 2020-2021 CREATED FOR PEOPLE AROUND THE WORLD.

In a year that was marked by incredible hardship for so many, there were also remarkable examples of resilience. The ability of an organization like the Medical Council of Canada (MCC) to adapt in a constantly changing environment comes down to one core strength—our people. As MCC's Executive Director and CEO, I could not be more proud of what our team accomplished in circumstances that were so difficult, both personally and professionally.

As our team shifted to remote work and navigated the complex process of reimagining the way we operate, our employees were also adapting in their own lives—caring for family members, helping children with online learning, and doing everything they could to keep themselves and their communities safe. We all know that the pressure was immense.

The challenges were felt across the medical assessment community. Medical Regulatory Authorities across Canada granted temporary licences to ensure that physicians could enter independent practice as examinations were delayed. Candidates navigated difficult work conditions, disruptions to the examination processes and provided invaluable feedback that allowed the MCC to improve our processes. Across the board, our true north was continuing to ensure that we could move physicians along the route to licensure. The high level of collaboration and feedback was instrumental in helping us adapt.

DR. MAUREEN
TOPPS

While not everything went smoothly, the year was marked by a great deal of learning and listening. All of that progress is a testament to our people. This past year, our employees truly reinvented the way they operate, not just where their work is done.

This past year also brought new opportunities for the MCC to engage more directly and actively on important social, cultural, and human rights issues. We recognize that there is much work to do to confront racism, discrimination, and bias, and that the MCC has a role to play in addressing those issues proactively.

I look forward to building on what we learned this year, with exciting initiatives such as the Assessment Innovation Task Force, which will help ensure that the MCC remains at the forefront of physician assessment, contributing to the excellence in healthcare that everyone in Canada deserves.

I feel incredibly fortunate to lead an organization full of people as caring, committed, and creative as we have at the MCC. I wish to extend my heartfelt thanks and congratulations to Dr. Jay Rosenfield. While his term as president ends this year, his future-focused leadership will have a lasting, positive impact on the MCC.

THE HEALTHCARE ENVIRONMENT continues to evolve, which means the competencies that physicians need are also changing. The MCC works with a range of stakeholders and partner organizations so that our assessments reflect this evolution.

THROUGHOUT 2020-2021, we strengthened many relationships and established several new ones, as part of the MCC's commitment to stay at the forefront of the knowledge and skills that need to be assessed to ensure that physicians in Canada practise safely.



ENGAGEMENT

MENT

ENGAGEMENT

Expanding perspectives on PATIENT SAFETY



PATIENT SAFETY INVOLVES MORE THAN SOLELY MEDICAL DIAGNOSES. It includes thoughtful and culturally appropriate care that everyone in Canada feels safe accessing. The MCC strives to be an ally in creating an environment that supports all patients in Canada. As part of our learning journey, the MCC is engaging with groups, including a collaboration through the National Consortium on Indigenous Medical Education (NCIME).

The NCIME is a partnership between the Indigenous Physicians Association of Canada, the Association of Faculties of Medicine of Canada, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, and the MCC.

Funded by the Government of Canada, this important work provides leadership and support to partners as they fulfil their collective responsibilities to respond to the United Nations Declaration on the Rights of Indigenous Peoples, the Truth and Reconciliation Commission's Calls to Action, and the Missing and Murdered Indigenous Women and Girls Calls for Justice.

The mandate of the NCIME focuses on six areas of common priority including:

- Assessment of Indigenous studies, cultural safety and anti-racism
- Anti-racism
- Admissions/transitions
- Indigenous faculty recruitment and retention
- Improving cultural safety in Curriculum
- Indigenous physician wellness and joy in work

The work is led by the NCIME Executive Committee, which consists of Indigenous physicians from across Canada who recognized the need for collaboration to advance Indigenous medical education.

Under their leadership, the NCIME will implement Indigenous-led work streams that will reform Indigenous medical education and contribute to the delivery of culturally safe care.

Cultural competency and the MCC Qualifying Examinations

IN 2020–2021, THE MCC WORKED WITH PARTNERS to develop new cultural competency Objectives for the Medical Council of Canada Qualifying Examinations (MCCQE).

A new Objective on Indigenous health recognizes that Indigenous Peoples experience persistent and widening health gaps, as well as gaps in health care access, utilization, and quality. It also reinforces that physicians have an important role in contributing to Indigenous Peoples' equal right to the highest attainable standard of health and in providing health care that is free of racism. The new Objective aims to ensure that candidates taking an MCC exam understand the importance of and demonstrate anti-racist, culturally safe, trauma- and violence-informed care.

The MCC also updated the MCCQE Objective on the health of special populations. This Objective recognizes that different risk factors (such as culture, behaviors, age, gender) in special populations may result in health inequities. The revised Objective aims to ensure that candidates provide culturally safe care with different populations.

A joint response to the opioid crisis with exam adaptation



THE SURGE OF OVERDOSES AND OPIOID-RELATED DEATHS is a national public health crisis in Canada, which has prompted new efforts to address the prescribing behaviour of physicians.

In 2020, the MCC worked with the Association of Faculties of Medicine of Canada (AFMC) and other collaborators to develop new content for the MCCQE that aligns with a new undergraduate curriculum on pain management and substance use, launched by the AFMC last year.

As part of our work, the MCC hosted two exam development workshops that focused on developing content related to pain management, appropriate opioid prescribing, and opioid use disorder for both knowledge-based and clinical performance assessment. These will be incorporated into MCC examinations going forward.

The work has excellent potential to improve how opioids are prescribed in Canada. Results from a longitudinal research study by the MCC confirmed that performance on the MCCQE Part II was significantly associated with potentially dangerous opioid and benzodiazepine prescribing behaviour. In particular, the study found that candidates who failed the MCCQE Part II on their first attempt prescribed two-plus opioids and two-plus benzodiazepines to 30% more patients than candidates who passed on their first try.

These results also reinforce the importance of medical licensing exams for patient safety and confirm the need to adjust the curriculum and the exam objectives accordingly. This work with AFMC is a significant step in addressing these issues.

Making headway on the MCC Progress Test



IN 2020, THE MCC CONTINUED TO WORK WITH THE UNIVERSITÉ DE MONTRÉAL, MCGILL UNIVERSITY, AND WESTERN UNIVERSITY on the MCC Progress Test Project, an initiative that will generate valuable information for participating students and schools, as well as the MCC.

Progress testing is a form of assessment in which an exam is administered repeatedly to learners at different stages in their training to allow for monitoring of students' growth over time. The project will provide students with a user-centric computer-based assessment of their progress throughout the course of the project, which will provide feedback to support their learning. The project will also allow candidates to practise examination content that meets the current MCCQE Part I Objectives.

Once implemented, schools plan to administer the Progress Test to students a total of six times over the course of two years.

The project will support the collaborating schools by delivering progress tests and providing aggregate reports on student performance. The aggregate reports will allow schools to assess each year's cohort across participating schools.

The project also aims to conduct research to gather validity evidence and to determine the predictive value of the Progress Test by comparing performance to the MCCQE Part I. Conducting this type of research helps the MCC and others in the medical assessment community to ensure that our assessments effectively measure the competencies that physicians need.

MCC 360 recognized as a leading healthcare practice



MEDICAL EDUCATION AND LEARNING DO NOT END WHEN A PHYSICIAN passes their exams and receives their licence to practise. The MCC offers MCC 360 as a multi-source feedback tool that physicians can use to support their continuing professional development. MCC 360 builds on work done by the College of Physicians & Surgeons of Alberta with the University of Calgary. This work was transferred to the MCC in 2016 when the idea of a national, multi-source feedback program gained momentum.

MCC 360 allows physicians to collect actionable and meaningful feedback on their performance in their roles as a communicator, a collaborator and a professional. The physician receives a comprehensive snapshot of their performance from the people most relevant to their everyday practice, including patients, co-workers and colleagues. Review of this feedback is conducted by a skilled facilitator and an action plan is developed.

Since its launch in 2018, the MCC has refined the program in response to user feedback. In 2020, MCC 360 was made available to all physicians in both official languages.

In July 2020, MCC 360 was included in the Health Standards Organization's Leading Practices Library of global peer-reviewed leading healthcare practices. Achieving this recognition means that MCC 360 met all criteria as an innovative practice that demonstrates positive change, is people-focused, safe and efficient. This highlights the MCC's expertise in the field of physician assessment as well as the positive impacts of MCC 360 on the physicians who participate in the program.



THE PANDEMIC HAD AN IMMEDIATE and dramatic impact on the MCC's ability to administer exams, which affected thousands of candidates who invested time preparing for the exams. This also impacted our staff, who worked tirelessly and with our volunteer expert committees to develop revised exams that could be safely delivered while complying with evolving public health guidelines. The MCC is grateful for the extensive teamwork and external collaboration that made this possible.

FLEXI BILITY

FLEXIBILITY



Adaptation in ACTION: Revising our examinations to meet modern needs

FINDING WAYS TO DELIVER EXAMINATIONS WAS IMPORTANT TO THE MCC. Each candidate who takes one of our exams is on a significant career journey, and our exams are key milestones that help prepare them for success.

The provincial and territorial Medical Regulatory Authorities (MRAs) consider the Medical Council of Canada Qualifying Examinations as a critical component of the Canadian Standard that candidates must meet before they can be licensed to practise independently. In many provinces, it is part of the legislative requirement defining licensure.

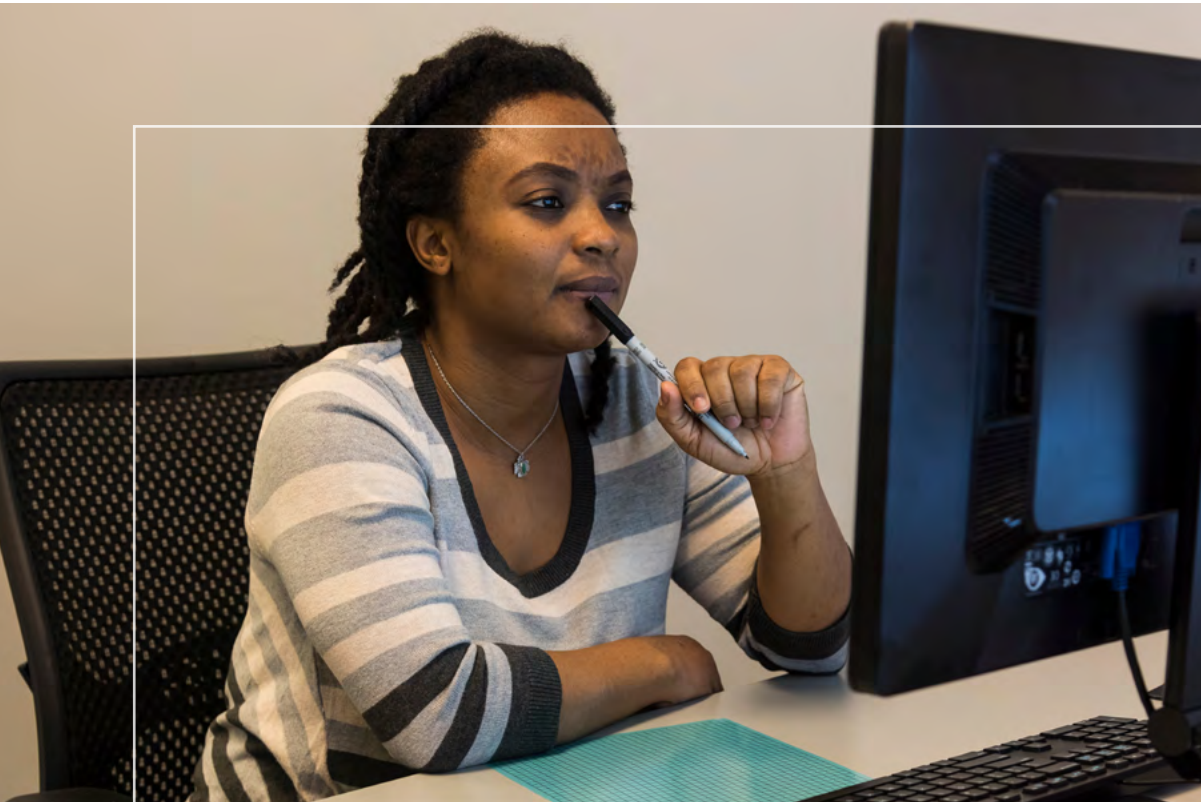
Our exams are also part of Canada's broader medical assessment system that gives the Canadian public confidence that their physicians meet the highest standards for patient safety. The pandemic underscored the value of that system to everyone across the country.

At each stage of adapting our exams, our goal was simple: to deliver defensible and psychometrically valid exams that we can stand behind.

The MCC made changes to almost every aspect of the exam process to adapt to the pandemic. As our team tended to every detail that goes into developing and administering our exams, they worked hard to provide a positive candidate experience and deliver exams that meet the same high standards as before the pandemic.

We encountered many difficulties along the way, but despite the challenges, the MCC was able to successfully modify and deliver the in-person National Assessment Collaboration (NAC) Examination, the Therapeutics Decision-Making (TDM) Examination, and the MCCQE Part I. All updates were rigorously reviewed and verified as valid and defensible.

Throughout this work, the MCC communicated with multiple stakeholders, including MRAs, medical schools, and learner organizations, to understand their needs. The MCC also liaised with international medical assessment organizations, to learn from and share adaptations, including the Australian Medical Council, the General Medical Council in the United Kingdom and the National Board of Medical Examiners in the United States, which have all expressed interest in the MCC's success with remote exam delivery.



A new remotely-proctored exam delivery model

TWO OF THE MCC'S EXAMS, THE MCCQE PART I AND THE TDM EXAMINATION, are computer-based exams usually administered at test centres in Canada and around the world. The MCCQE Part I is generally taken by candidates near the end of medical school, before the start of their residency. The TDM Examination is challenged by candidates who have applied to complete a Practice-Ready Assessment program, a 12-week clinical workplace-based assessment in Canada for physicians who have completed their education and residency abroad.

The MCC had already begun exploring options to deliver the MCCQE Part I in new ways. In response to the pandemic, the MCC accelerated plans to offer the MCCQE Part I in a virtual format, using Prometric and their ProProctor™ remote assessment platform.

After postponing the April/May 2020 administration of the exam, the MCC worked with the Canadian Federation of Medical Students and the Fédération médicale étudiante du Québec to discuss what options would best serve students' needs. Both organizations encouraged the MCC to adopt a remote delivery option that would allow candidates to complete the exam before they started their residency training programs on July 1.

The MCC and Prometric worked quickly to implement a remote delivery model in the summer of 2020, in which candidates could choose to take the exam at home or, with very limited capacity, in a test centre. The MCC continued

to consult with student leaders during the preparation period and throughout the early weeks of the exam. They provided constructive feedback on key themes that needed our attention as well as advice on how to communicate with candidates.

During the initial roll-out of the remote-proctoring format, a number of technical problems were identified. We worked diligently with Prometric to address these issues, and we now have a well-functioning remote exam capability that will provide ongoing flexibility for candidates to choose the exam modality that suits them best.

In the extended summer session, 2,771 Canadian medical graduates completed the exam. Had the MCC not implemented a remote option, testing capacity would have been limited to an estimated 800 Canadian-trained candidates due to COVID-19 safety precautions.

Using the lessons learned with the MCCQE Part 1, the MCC successfully offered a remotely-proctored TDM Examination in January 2021. A total of 102 candidates completed the exam.

The combination of the MCC's semi-continuous delivery schedule and remote proctoring now provides greater flexibility to candidates on when and where they take the exam.

“I’m proud of MCC’s ability to pivot and lead the testing industry through unprecedented times.”

Keith Waddell

**COMPUTER BASED
TESTING COORDINATOR
AT THE MCC**

Adapting exams for safe, valid delivery

THE NAC EXAMINATION WAS THE FIRST MCC EXAM to be affected by the pandemic. When COVID-19 emerged as a global concern in early 2020, the MCC adapted this exam so it could be safely delivered in person in March 2020.

To ensure the safety of candidates, Standardized Participants (SPs), and Physician Examiners (PEs), the MCC modified the process flow of the exam to ensure that no one congregated at any point in the process and physical distancing could be maintained. To eliminate physical touch between candidates and SPs during the exam, the stations were altered to focus on a structured oral discussion that still allowed candidates to demonstrate all of the competencies being assessed. The registration process for exam day was redesigned, and protective barriers were used where needed.

In March 2020, 435 candidates completed the exam. In September 2020, the MCC modified the exam process again to respect the latest guidelines set by local public health authorities at each location, including physical distancing and other personal protective measures. Another 1,240 candidates completed the exam. The MCC followed a similar process to modify the MCCQE Part II for safe delivery in October.

Administering these exams requires intense collaboration with delivery partners, including universities and local hospitals in busy urban areas that were hard hit by the pandemic. Unfortunately, the rapid escalation of the pandemic and the timing of COVID-19 surges meant that we were unable to deliver the planned administrations of the MCCQE Part II in 2020-2021.



Responding to what candidates need: Expanding the MCC's preparatory tests



THE MCC'S PREPARATORY PRODUCTS HAVE BECOME AN INTEGRAL PART of how candidates prepare for the MCCQE Part I.

In 2020, the MCC launched a third preparatory tool to help candidates prepare for the exam, based on feedback from candidates who identified a need for something shorter than a full-length Preparatory Exam (PE) but longer than our practice test forms. The new Preparatory Examination-Lite (PE-Lite) features 105 Multiple-Choice Questions and 19 Clinical Decision-Making cases, as well as a full answer key with rationales and references.

The PE-Lite simulates the MCCQE Part I and offers the same features as the full-length PE, but with fewer questions. Candidates can use the tool in timed exam mode or at their own pace. The marking key allows candidates to mark their own tests, which helps them gain a deeper understanding of what the MCC is looking for and allows them to target areas where they need to focus their study efforts.

“We have found the preparatory exams are a valuable tool in our capstone course, to help support our students’ preparation for the MCCQE Part I exam and as feedback to them on their learning needs. Our students really appreciate the preparatory exams as a resource.”

Dr. Meredith McKague

**ASSOCIATE DEAN
UNDERGRADUATE MEDICAL EDUCATION
UNIVERSITY OF SASKATCHEWAN**

All of the content in the MCC’s preparatory products go through the same rigorous development process as the official exam content. The questions are developed by MCC subject matter experts and are refined and approved by physician test committees. Practice content follows the MCCQE Part I blueprint and is relevant to the current realities of medical practice in Canada.

In 2020–2021, the MCC discounted the cost of the preparatory material to support candidates who were affected by pandemic-related delays in exam sessions.

THE MCC WAS ABLE TO SUCCESSFULLY NAVIGATE the challenges of 2020–2021 thanks to the dedication and professionalism of our team. In early 2020, our employees quickly adjusted to working remotely, and everyone demonstrated understanding and compassion in addressing the many issues that the MCC needed to manage. Our physician volunteers devoted countless hours to helping us adapt our exams.

EVERYONE EXCELLED AT REACHING OUT AND CONNECTING with colleagues across various organizations and professional groups to create innovative solutions to problems that we couldn't have imagined just a few months earlier. As individuals and as an organization, we found ways to accelerate initiatives that were underway and to embrace completely new ideas and modified approaches to working together.

TEAM WORK

TEAMWORK



Essential contribution of PHYSICIAN VOLUNTEERS



Roger Lalonde

WORKFORCE AND
PRODUCTION COORDINATOR
AT THE MCC

DURING THE PANDEMIC, WE WERE REMINDED that the validity of the MCC's examinations needs to be the foundation of everything the MCC does. When the MCC needed to adjust our exams to comply with pandemic restrictions, the physician volunteers on our exam content committees gave generously of their time and expertise to ensure that every component of each exam met the same high standards that the MCC's reputation is built on.

More than 30 physicians with expertise in seven major disciplines made quick work of tasks that normally take place over a period of months. In a series of eight workshops, they reviewed all of the proposed exam modifications to validate the changes and ensure that the exam results would be psychometrically defensible and comparable to previous exam sessions, even with these modifications.

Their willingness to jump into action and their ability to stay focused on the issues that matter most meant that the MCC was able to rapidly offer new exam delivery options.

“Everyone helped out where and when they could. With all the unknowns, you could tell that we all wanted to see the MCC succeed.”

The anatomy of an OSCE MAKEOVER



THE MCC ADMINISTERS TWO OBJECTIVE STRUCTURED CLINIC EXAMINATIONS (OSCEs) to measure candidates' performance. Delivering safe and defensible performance-based exams is a complex process that involves many stakeholders and partner organizations, including MCC staff, volunteer Physician Examiners (PEs) and Standardized Participants (SPs), and numerous local testing sites in facilities across Canada.

In order to safely administer the NAC Examination in 2020, the MCC's Examination team reviewed the public health guidelines and site-specific needs at 11 different exam locations in seven provinces and proposed modifications to incorporate physical distancing and personal protective equipment, while still covering all of the necessary knowledge, skills, and attitudes that need to be assessed.

In-person orientation and training sessions were moved to a new online platform, all training material was modified for online delivery.

473 PEs | **875** SPs

Similar logistics went into adapting the MCCQE Part II that would have been administered in 2020. The team worked with:

700⁺ PEs | **1,100** SPs
25 SITE ADMINS | **19** SITES | **8** PROVINCES

Helping candidates navigate the new exam landscape: An employee perspective

SOME CANDIDATES WHO TAKE THE MCC EXAMINATIONS HAVE A DOCUMENTED DISABILITY, functional limitation, or other need that warrants test accommodation so they can take the exams on a level comparable to their peers. When the pandemic caused the MCC to redesign the way examinations are delivered, Kathryn Condon focused on understanding what the changes would mean for these candidates.

Ms. Condon is the Candidate Affairs Program Officer at the MCC and works closely with a Candidate Affairs Program Coordinator. When the MCC shifted to the Remotely-Proctored MCCQE Part I, Ms. Condon and her colleague were among the first to dive deeply into what the new examination experience would look like.

“Candidates were familiar with what the exams used to look like, and they really needed to understand how these changes would affect their need for accommodation,” Ms. Condon says.

On the surface, it’s easy to assume that remote-proctored exams would decrease the number of candidates who might need accommodation because candidates are able to take the examination in a familiar environment, using their own equipment. However, changes to the exams meant that the volume of requests didn’t change, but the types of requests did.

“When you change the context, it might make the exam more accessible in some ways, but it also creates new needs,” Ms. Condon explains. “The MCC’s Examination team knows that every nuance of the exam has impacts on candidates, and so we’ve always had a very symbiotic relationship. We really leaned on that throughout the pandemic.”

Managing issues like fatigue from screen time, the use of assistive equipment or technology, and supervised break time all required thoughtful conversations about how to create a candidate experience that allows everyone to fairly demonstrate their critical medical knowledge and clinical decision-making ability. Ultimately, the new exam delivery method, in addition to the traditional delivery method, will give candidates flexibility to choose the option that best suits their own needs.

Kathryn Condon

CANDIDATE
AFFAIRS PROGRAM OFFICER
AT THE MCC

“Our goal is always to improve accessibility for all candidates, so that exam modifications are not necessary to allow candidates to participate in our exams,” Ms. Condon adds. “The more modalities we can offer, the more accessible the exams become.”

By being sensitive to the changes in exam delivery, the MCC was able to share information that allowed candidates to identify their needs and work with the MCC on solutions.

For Ms. Condon, working from home came with a special set of challenges. She and her fiancé live on a rural property, beyond the reaches of high-speed internet services. Her internet access supports basic functions like email, but online videoconferences can be slow and interrupted. That means she needs to plan ahead and drive into the city when

she needs to participate in important group calls. She says the MCC’s flexibility has played a huge role in helping her successfully adapt to a new style of working.

Ms. Condon says one of the most striking things about the shift to remote work is how it reinforced the need to promote work-life balance for all employees.

“Throughout the pandemic, we’ve had a rare glimpse into the lives of our colleagues that’s more personal than we would normally see,” she notes. “Once you get that glimpse, you recognize that everyone is having a unique experience that can affect their work and that there’s a real need for flexibility and compassion. I’ll definitely remember that, even after we go back to a more structured office environment.”

Ms. Condon is also excited to play a role in helping the MCC be a leader in the physician assessment field.

“Our goal is always to improve accessibility for all candidates...”

EXAMINATION STATISTICS

¹ At the time of the approval of results by CEC/NEC members. Data may differ slightly from other publications (e.g., technical reports) due to post-exam changes such as of candidates' status after result recheck or reconsideration requests (Denied/No Standings results).

		2018		2019		2020 ¹			
		Tested (#)	Pass rate (%)	Tested (#)	Pass rate (%)	Tested (#)	Pass rate (%)		
CANADIAN MEDICAL GRADUATES (graduates of Canadian medical schools)	* CMG	MCCQE PART I	First-time CMG* takers	2823	95	2861	97	2906	98
			Repeat CMG takers	178	67	138	73	86	86
			First-time IMG** takers	1413	62	3929	53	2711	64
			Repeat IMG takers	991	24	950	42	1026	52
			TOTAL	5405	73	7878	68	6729	77
INTERNATIONAL MEDICAL GRADUATES (graduates of medical schools outside of Canada)	** IMG	MCCQE PART II	First-time CPG*** takers	2941	94	2821	90	—	—
			Repeat CPG takers	108	84	305	85	—	—
			Other first-time takers	1317	70	962	55	—	—
			Other repeat takers	511	46	500	42	—	—
			TOTAL	4877	82	4588	77	—	—
Number of Licentiates issued		2236		5279		21[†]			
CANADIAN POSTGRADUATE (graduates of Canadian medical schools enrolled in a Canadian postgraduate program)	*** CPG	NAC EXAMINATION	First-time takers	1870	82	1281	64	1231	77
			Repeat takers	499	88	424	67	441	83
			TOTAL	2369	83	1705	65	1672	78

NOTE: Denied Standing and No Standing are not included in the examination statistics

[†] Licentiates of the Medical Council of Canada issued after result recheck, reconsideration and appeal processes.



GOVERNANCE

GOVERNANCE



DURING THE MCC'S 108TH ANNUAL MEETING HELD IN OCTOBER 2020, the Council voted to move to a smaller and skills-based Council. Adopting this new robust and effective governance structure ensures that the MCC will meet its vision, mission and strategic goals, with identified areas for improvement, while continuing to foster stakeholder engagements and relationships.

COUNCIL COMMITTEE MEMBERSHIP

Members of Council
 Finance, Audit and Investments Committee
 Governance and Nominating Committee

CENTRAL EXAMINATION COMMITTEE (CEC)

TEST COMMITTEES

MCCQE PART I TEST COMMITTEES:

Clinical Decision-Making (CDM)
 Medicine
 Obstetrics and Gynecology
 Pediatrics
 Population Health, Ethical, Legal and
 Organizational Aspects of Medicine
 (PHELO)
 Psychiatry
 Surgery

MCCQE PART II TEST COMMITTEE:

Objective Structured Clinical
 Examination (OSCE)

NATIONAL ASSESSMENT COLLABORATION (NAC) COMMITTEES

NAC IMG Alliance
 NAC Examination Committee (NEC)
 NAC PRA Working Group

COUNCIL COMMITTEE MEMBERSHIP

Members of Council

PRESIDENT	Dr. Jay Rosenfield		
VICE-PRESIDENT	Dr. Bruce Wright		
MEMBERS	Dr. Theresa Farrell	Dr. Scott McLeod	Dr. Heidi Oetter
	Mr. Brian Mazer	Dr. Cyril Moyse	Ms. Kate Wood

Finance, Audit and Investments Committee

CHAIR	Dr. Heidi Oetter		
MEMBERS	Ms. Mélanie Dubé	Ms. Kate Wood	Dr. Bruce Wright
	Dr. Cyril Moyse		

Governance and Nominating Committee

CHAIR	Dr. Karen Shaw		
MEMBERS	Dr. Theresa Farrell	Mr. Brian Mazer	Dr. Scott McLeod

CENTRAL EXAMINATION COMMITTEE (CEC)

CHAIR	Dr. Pier Bryden (to Jan. 2021) / Dr. Teresa Cavett (from Jan. 2021)	
VICE CHAIR	Dr. Teresa Cavett (to Jan. 2021) / Dr. Isabelle Desjardins (from Jan. 2021)	
MEMBERS	Dr. Michel Chiasson, Chair of CDM Test Committee	Dr. Alan Neville (to Jan. 2021) / Dr. Jill Lawless (from Jan. 2021), Chair of OSCE Test Committee
	Dr. Isabelle Desjardins, Chair of Medicine Test Committee	
	Dr. Ciaran Goojha, Chair of OB/GYN Test Committee	Dr. Merril Pauls, Chair of PHELO Test Committee
	Dr. Paul Robert Hayes, Chair of Surgery Test Committee	Dr. Robert Porter, Chair of Pediatrics Test Committee
	Dr. Michael Hogan, Chair of OSCE Test Committee	Dr. Lauren Zanussi, Chair of Psychiatry Test Committee

TEST COMMITTEES

MCCQE PART I TEST COMMITTEES

Clinical Decision-Making (CDM)

CHAIR	Dr. Michel Chiasson (NS)	VICE-CHAIR	Dr. Carey Matsuba (BC)
MEMBERS	Dr. Nadine Abdullah (ON)	Dr. Louis-Xavier D'Aoust (QC)	Dr. Richard Scheirer (AB)
	Dr. Sandra Biem (QC)	Dr. Susan Mercer (NL)	Dr. Mary Wells (NL)
	Dr. Nancy Brager (AB)	Dr. Florin Padeanu (ON)	

Medicine

CHAIR	Dr. Isabelle Desjardins (ON)	VICE-CHAIR	Dr. Karen Towes (MB)
MEMBERS	Dr. Valerie Gratton (ON)	Dr. Mark Lees (SK)	Dr. Michèle Mahone (QC)
	Dr. Amanda Hanson (AB)		

Obstetrics and Gynecology

CHAIR	Dr. Ciaran Goojha (BC)	VICE-CHAIR	Dr. Andrea Skorenki (AB)
MEMBERS	Dr. Jeremy Fong (consulting)	Dr. Martine Robichaud (NB)	Dr. Angelos Vilos (ON)
	Dr. Marie-Claude Leduc (QC)	Dr. Catherine Tremblay (QC)	

Pediatrics

CHAIR	Dr. Robert Porter (NL)	VICE-CHAIR	Dr. Christine Racette (QC)
MEMBERS	Dr. Keyna Bracken (ON)	Dr. Bich-Hong Nguyen (QC)	
	Dr. Gillian MacLean (ON)	Dr. Sandra Simon (AB)	

Population Health, Ethical, Legal and Organizational Aspects of Medicine (PHELO)

CHAIR	Dr. Merrill Pauls (MB)	VICE-CHAIR	Dr. Fiona Bergin (NS)
MEMBERS	Dr. Martine Baillargeon (QC)	Dr. Jacinthe Lampron (ON)	Dr. Chris Sikora (AB)
	Dr. Steven Bellemare (ON)	Dr. Katherine Larivière (ON)	Dr. Gaynor Watson-Creed (NS)
	Dr. Lara Kent (ON)	Dr. Arnaud Samson (QC)	

MCCQE PART I TEST COMMITTEES (cont.)

Psychiatry	CHAIR	Dr. Lauren Zanussi (AB)	VICE-CHAIR	Dr. Marie Hayes (QC)
	MEMBERS	Dr. Julie-Eve Arseneault (NB)	Dr. Katherine Stringer (NL)	Dr. Eric Vickar (MB)
		Dr. Emiko Moniwa (BC)	Dr. Glendon Tait (ON)	
Surgery	CHAIR	Dr. Paul Robert Hayes	VICE-CHAIR	Dr. Émilie Comeau (QC)
	MEMBERS	Dr. Sampa Das (ON)	Dr. Mark O'Driscoll (NL)	Dr. Darren Martin (NB)
		Dr. Robert Farrell (NL)	Dr. Catherine Mann (NL)	Dr. Ari Meguerditchian (QC)

TEST COMMITTEES

MCCQE PART II TEST COMMITTEES

Objective Structured Clinical Examination (OSCE)	CO-CHAIR	Dr. Alan Neville (to Jan. 2021) / Dr. Jill Lawless (from Jan. 2021) (NS)		
	CO-CHAIR	Dr. Michael Hogan (NL)		
	MEMBERS	Dr. Karen D'Silva (ON)	Dr. Andrea Mitchell (AB)	Dr. Pierre Plourde (MB)
		Dr. Thérèse Hodgson (ON)	Dr. Amita Modi (BC)	Dr. Gabriel Suen (AB)
		Dr. Caroline Langlais (QC)	Dr. Martin Plaisance (QC)	Dr. Laura Weins (SK)

NATIONAL ASSESSMENT COLLABORATION (NAC) COMMITTEES

NAC Examination Committee (NEC)

CHAIR	Dr. Jean Rawling (AB)	VICE-CHAIR	Mr. Bruce Holmes (NS)
MEMBERS	Dr. Diana Chang (BC)	Dr. Rabin Persad (AB)	Dr. Carl Sparrow (NL)
	Dr. Julie Okapuu (QC)	Ms. Natalie MacLeod Schroeder (MB)	Dr. Preston Tran (ON)
	Dr. Gordon Page (BC)		

NAC IMG Alliance

CHAIR	Dr. Jon Witt		
VICE CHAIR	Dr. Elizabeth Bannister		
	Dr. Armand Aalamian	Collège des médecins du Québec representative	
	Dr. Sten Ardal	Touchstone Institute representative	
	Dr. Jack Burak	NAC PRA Working Group Chair	
	Dr. Diana Chang	IMG PGME programs representative	
	Mr. Matthew Cho	Health Canada observer	
	Ms. Alexa Fotheringham	MCC staff representative	
	Dr. Brent Kvern	College of Family Physicians of Canada representative	
	Dr. Viren Naik	Royal College of Physicians and Surgeons of Canada representative	
	Dr. Jean Rawling	NAC Examination Committee Chair	
	Dr. Ghaida Rhadi	IMG representative	
	Mr. Terry Risbey	Committee on Health Workforce representative	
	Dr. Maureen Topps	MCC Executive Director and CEO	
	Dr. Claire Touchie	MCC Chief Medical Education Officer	
	Dr. Anna Ziomek	Federation of Medical Regulatory Authorities of Canada representative	

NAC PRA Working Group

CHAIR	Dr. Jack Burak (BC)		
MEMBERS	Dr. Armand Aalamian (QC)	Ms. Jill Hastings (AB)	Dr. Pamela Snow (NL)
	Dr. Fiona Bergin (NS)	Dr. Martina Reslerova (MB)	Dr. Jon Witt (SK)



AWARDS

AWARDS AND RECOGNITIONS



Outstanding Achievement Award in the Evaluation of Clinical Competence

THE RECIPIENT OF THIS PRESTIGIOUS AWARD WAS RECOGNIZED FOR THEIR EXCEPTIONAL CONTRIBUTION TO 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 MEDICAL PRACTICE, DENTISTRY AND PHYSICAL THERAPY.

DR. KULAMAKAN
KULASEGARAM

DR. KULAMAKAN (MAHAN) KULASEGARAM completed his PhD in the Department of Clinical Epidemiology and Biostatistics at McMaster University. He is currently a scientist at the Wilson Centre and at the University of Toronto MD Program. In addition, he is an Assistant Professor in the Department of Family and Community Medicine and Education Scientist in the Office of Education Scholarship. His research explores the cognitive processes evoked by the experience of assessment and how these processes can be aligned with transfer of learning and clinical reasoning.

He uses psychometric and experimental methods to understand how assessment can promote the application, adaptation, and extension of knowledge during medical training. His other major interests include the application of cognitive theory and learning sciences to instructional design as well as the use of learning analytics to predict educational outcomes. In 2017, he was the inaugural recipient of the New Investigator in Education Research Salary Award from the Department of Family and Community Medicine at the University of Toronto.



DR. KAREN SHAW

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 DR. KAREN SHAW.

AFTER COMPLETING HER MD AT THE UNIVERSITY OF SASKATCHEWAN IN 1983, DR. KAREN SHAW was a general practitioner for a number of years in private practice and at the Student Health Clinic on the campus of the University of Saskatchewan. She was introduced into the world of medical regulation when she was elected as a Councilor of the College of Physicians and Surgeons of Saskatchewan (CPSS) and served as President in 1998.

Dr. Shaw worked for the CPSS in a contract position working within the complaints process for several years, before being named Deputy Registrar in 2001. She held that position until she became the Registrar on July 1, 2011, a position which she still holds.

In addition to being involved in the regulation of Medicine at the provincial level, Dr. Shaw has been involved at the national level with the Federation of Medical Regulatory Authorities of Canada (formerly known as the Federation of Medical Licensing Authorities of Canada) as a member at large, President elect and as President (2002), and presently as a Board Director. She currently serves as a member of Council of the Medical Council of Canada and served as President for three years, from 2016 to 2019.

Dr. Shaw was a member of the Steering Committee of the National Assessment Collaboration Practice-Ready Assessment project for internationally trained family physicians, internists and psychiatrists. This project has influenced the integration of internationally trained family physicians in the province through the Saskatchewan International Physician Practice Assessment program.

Dr. Shaw has an interest in physician health issues, and quality improvement practices as they relate to maintaining competency throughout a physician's career.



DR. WALTER TAVARES

*EXPLORING THE VALIDITY
OF VIRTUAL CLINICAL
PERFORMANCE ASSESSMENTS*

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 in Canada. Dr. Walter Tavares and Dr. Meredith Young are the recipients of the 2020 Research in Clinical Assessment grant program.

*THE INFLUENCE OF
ASSESSMENT APPROACH ON
LATER CLINICAL REASONING*



DR. MEREDITH YOUNG

MCC staff continued to deliver core services

THE MCC TEAM CONTINUED TO DELIVER key services that were already handled primarily online, including:

17,080 SOURCE VERIFICATION REQUESTS

3,111 DOCUMENT TRANSLATIONS

2,658 EDUCATIONAL CREDENTIAL ASSESSMENT SERVICES

Our service agents handled more activities over the last fiscal year:

35% MORE LIVE CHAT REQUESTS

18% MORE EMAIL INQUIRIES

6% MORE PHONE CALLS

MCC named a Top Employer in the National Capital Region

FOR THE 10th CONSECUTIVE YEAR, the Medical Council of Canada was named one of the Top Employers in the National Capital Region. This recognition is only possible because of the people on our team.





PUBLIC ATTIONS

PUBLICATIONS AND PRESENTATIONS

RESEARCH PUBLICATIONS

Ashworth, N., **De Champlain, A. F.**, & Kain, N. (2021). A review of multi-source feedback focusing on psychometrics, pitfalls and some possible solutions. *SN Social Sciences*, 1:24. doi.org/10.1007/s43545-020-00033-1

De Champlain, A. F., Ashworth, N., Kain, N., **Qin, S.**, Wiebe, D., & **Tian, F.** (2020). Does pass/fail on medical licensing exams predict future physician performance in practice? A longitudinal cohort study of Alberta physicians. *Journal of Medical Regulation*, 106(4), 17-26. doi.org/10.30770/2572-1852-106.4.17

Guay, J. M., Wood, T. J., **Touchie, C.**, Ta, C. A., & Halman, S. (2020). Will I publish this abstract? Determining the characteristics of medical education oral abstracts linked to publication. *Canadian Medical Education Journal*, 11(6), 46-53. doi.org/10.36834/cmej.69558

Halman, S., Fu, A. Y. N., & **Pugh, D.** (2020). Entrustment within an Objective Structured Clinical Examination (OSCE) progress test: Bridging the gap towards competency-based medical education. *Medical Teacher*, 42(11), 1283-1288. doi.org/10.1080/0142159X.2020.1803251

Kassam, A., Nickell, L., Pethrick, H., Mountjoy, M., **Topps, M.**, & Lorenzetti, D. L. (2020). Facilitating Learner-Centered Transition to Residency: A Scoping Review of Programs Aimed at Intrinsic Competencies. *Teaching and learning in Medicine*, 33(1), 10-20. doi.org/10.1080/10401334.2020.1789466

Pugh, D., **De Champlain, A. F.**, Gierl, M., Lai, H., & **Touchie, C.** (2020). Can automated item generation be used to develop high quality MCQs that assess application of knowledge? *Research and Practice in Technology Enhanced Learning*, 15:12. doi.org/10.1186/s41039-020-00134-8

Roy, M., **Wojcik, J.**, **Bartman, I.**, & Smee, S. (2021). Augmenting physician examiner scoring in objective structured clinical examinations: including the standardized patient perspective. *Advances in Health Sciences Education: Theory and Practice*, 26(1), 313-328. doi.org/10.1007/s10459-020-09987-6

Roy, M., Wood, T. J., Blouin, D., & Eva, K. (2020). The Relationship Between Accreditation Cycle and Licensing Examination Scores: A National Look. *Academic Medicine: journal of the Association of American Medical Colleges*, 95(11S), 103-108. doi.org/10.1097/ACM.0000000000003632

Shaw, T., Wood, T. J., **Touchie, C.**, **Pugh, D.**, & Humphrey-Murto, S. M. (2021). How biased are you? The effect of prior performance information on attending physician ratings and implications for learner handover. *Advances in Health Sciences Education: Theory and Practice*, 26(1), 199-214. doi.org/10.1007/s10459-020-09979-6

Topps, M. (2021). Remote proctoring provides candidates a safe way to continue the path to licensure. *Canadian Medical Education Journal*, 12(1), 113-114. doi.org/10.36834/cmej.71437

2020

Roy, M., Touchie, C., & Kain, N. (2020, April). *Multi-source feedback: Component supporting quality improvement*. Paper presented at the Canadian Conference on Medical Education.

Touchie, C., Roy, M., & Kain, N. (2020, April). *Physician reactions to multi-source feedback data and facilitated feedback*. Paper presented at the Canadian Conference on Medical Education.

Roduta Roberts, M., & **Alves, C. B.** (2020, May). *Collecting validity evidence for CASPer: Predicting OSCE and fieldwork performances*. Paper accepted at the annual meeting of the Canadian Association of Occupational Therapists.

Alves, C., De Champlain, A. F., Robert, N., Carroll, B., & Burnett, A. (2020, Sept.). *Implementing a New Exam User Interface – Does It Really Make a Difference?* Paper accepted at the annual meeting of the National Council on Measurement in Education.

Burkhart, C., & **Touchie, C.** (2020, Sept.). *Who can do this procedure? Using entrusted professional activities to determine curriculum and entrustment in anesthesiology*. Presentation at the Association for Medical Education in Europe.

Morin, M., & De Champlain, A. F. (2020, Sept.). *Scoring short-answer items on a high-stakes medical licensing examination: An application of natural language processing and machine learning*. Session presented at the annual meeting of the Association of Test Publishers.

Tian, F., & Gotzmann, A. (2020, Sept.). *Standard setting for performance examinations: Practical experience and lessons learned*. “Peas in a Pod” session presented at the annual meeting of the Association of Test Publishers.

Tian, F., Gotzmann, A., Qin, S., Morin, M., Patsula, L., & De Champlain, A. F. (2020, Sept.). *Contrasting groups approach: Setting multiple cut scores for a complex performance examination*. Poster presented at the annual meeting of the National Council on Measurement in Education.

Touchie, C., Roy, M., & Kain, N. (2020, Sept.). *Physician reaction to multi-source feedback data and facilitated feedback*. Presentation at the Association for Medical Education in Europe.

King, A. (2020, Nov.). *Professional development online and in your workplace: what is MCC 360 multi-source feedback?* Presentation at the Family Medicine Forum. [youtube.com/watch?v=mOgSIJ3DpNU](https://www.youtube.com/watch?v=mOgSIJ3DpNU)

2021

Guay, J. M., Wood, T. J., **Touchie, C.**, Ta, C. A., & Halman, S. (2021, March). *Will I publish this abstract? Determining the characteristics of medical education abstracts linked to Publication*. Oral presentation at Meridith Marks Day, University of Ottawa.

Humphrey-Murto, S., Shaw, T., **Touchie, C., Pugh, D.**, Cowley, L., & Wood, T. J. (2021, March). *Learner Handover: Who is it really for?* Oral presentation at Meridith Marks Day, University of Ottawa.

Roy, M., Lockyer, J., & Touchie, C. (2021, March). *Working towards practice improvement: an examination of context, mechanisms and outcomes impacting QI action plans*. Oral presentation at Meridith Marks Day, University of Ottawa.



186 715

118 070

7 928

81 493

21 269

415 475

502 536

7 191

726

-

271 972

532 143

576 906

-

17 894

11 142

942 954

332 116

24

532 143

576 906

236 735

100 277

-

17 894

11 142

942 954

332 116

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-

384 469

FINAN CIAL

FINANCIAL POSITION

**STATEMENT OF OPERATIONS
FOR 2020-2021**

Financial position

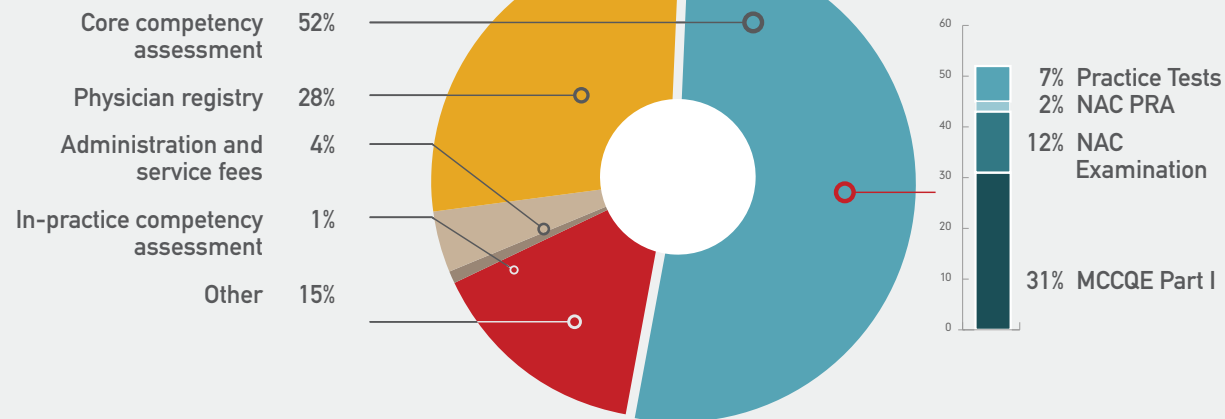
AS A NOT-FOR-PROFIT ORGANIZATION, the COVID-19 pandemic had a significant impact on the MCC's F2021 operations and resulted in an operating loss of \$1.9M.

Operational challenges such as fewer than expected candidates challenging the MCCQE Part I as well as delays in delivering the MCCQE Part II and the NAC Examination led to a significant decrease in exam revenue and a loss of \$15.4M in total revenue.

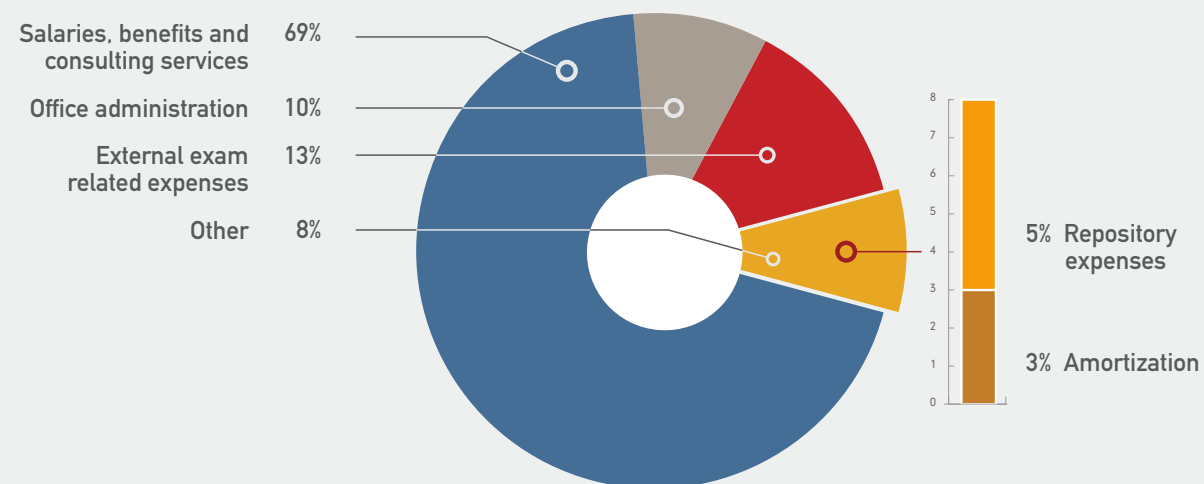
To offset the revenue challenges faced during the pandemic, additional and prudent financial oversight was quickly implemented to ensure reduced spending and to minimize the financial impact of COVID-19 on the organization. The MCC received government assistance totaling \$2.7M (\$nil in 2020) in the form of the Canada Emergency Wage Subsidy.

The F2021 overall operational deficit has us carefully examining our business model with a lens that, while meeting our mandate and maintaining the national standard, will ensure financial stability for the future. Our financial and cost modelling is based on long-run economic sustainability, with a net asset policy to ensure sufficient contingency to remain in good financial health during difficult and unprecedented times.

Revenue: \$28,879,407



Expenses: \$30,816,885



MEDICA

DATE

NAME

AGE

1913

July	W. Roddick, Thomas	George	66
July	Thornston, Robert	Storton	50
July	Watherston, Alfred	Beunison	70
July	Wally	Robert	29
July	Robert	George	61
July	Cameron		50
July	Salyst		36
July	James		
July	John	Lidney	63

LICENTIAN TIATES

LICENTIATES



2020 Licentiates

NAME

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.

AGE

NAME	AGE
ick, Thomas, George	66
a, Robert, Blincoe	50
a, Alfred, Jamison	70
Walter	29
Robert, George	61
ll, James, Cameron	50

Click [here](#) for a complete list of the 2020 Licentiates.



MEDICAL COUNCIL OF CANADA LE CONSEIL MÉDICAL DU CANADA

ADAPTATION IN ACTION

2020 - 2021 ANNUAL REPORT

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OTTAWA ON CANADA K1G 5L5
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For an alternate accessible format, please contact the MCC:
communications@mcc.ca