

Licensure and Certification in Canada

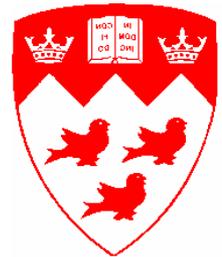
Why and How?

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A Bit of History



Canada: Federation of Thirteen (13) Territories and Provinces



- Canada has a large land mass - created as a federation in 1867
- Health and education are provincial matters (as in state for Mexico)
- So physician licensure is a provincial/state matter
- Federal government plays a facilitative role and ensures cross country standards (e.g. mobility of health coverage)
- Overall approach similar to USA re licensure and certification

Licensure Systems: USA - Canada

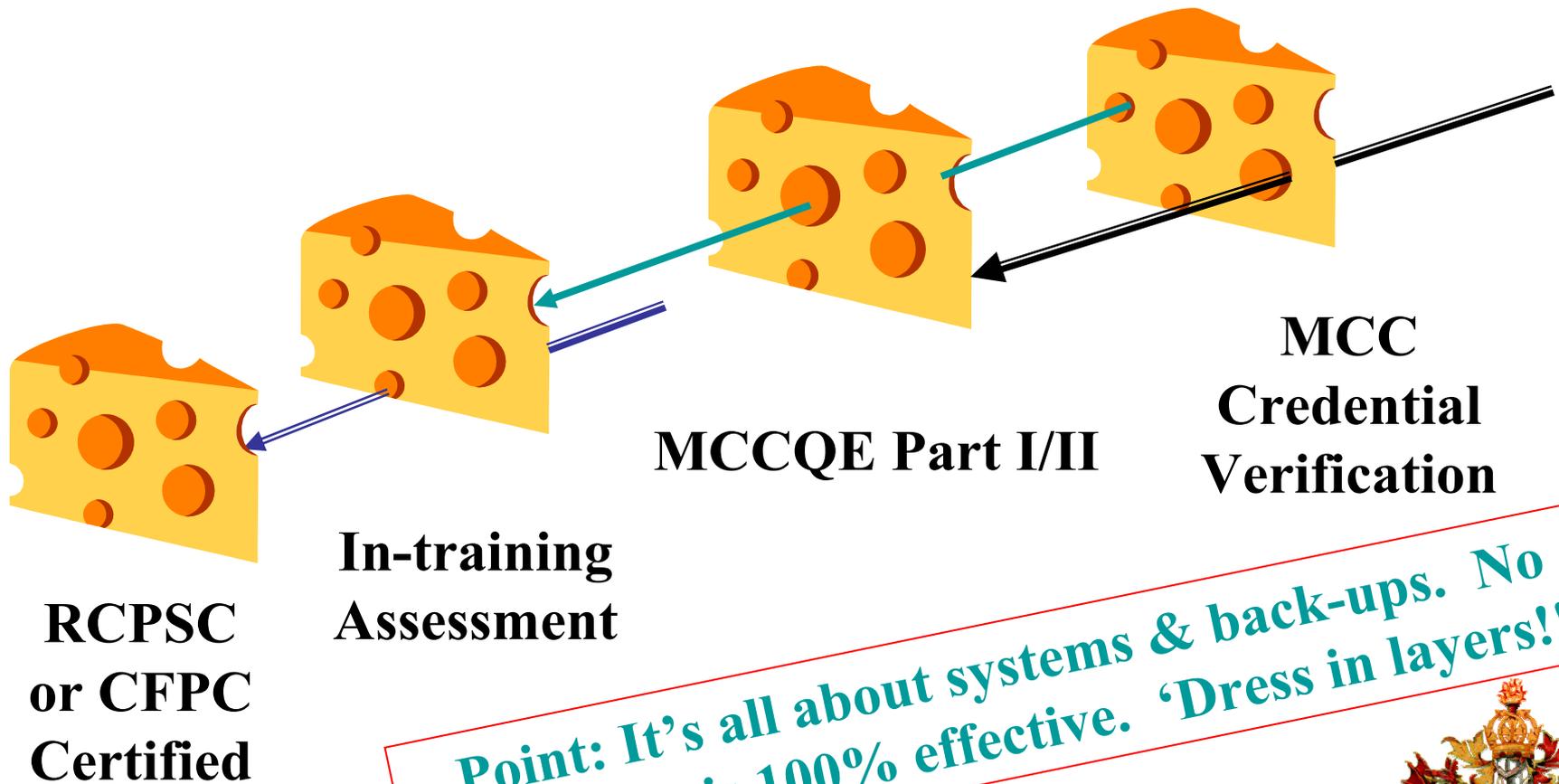
- **Both utilize concept of general licensure**
- **Licensure is a state/provincial matter**
- **National licensure examinations existed since 1912 in Canada and 1915 in USA**
- **For unrestricted medical license need MD and passing score on recognized qualifying exam**
 - in USA: US Medical Licensing Examination
 - in Canada: MCC Qualifying Examinations -
 - Licentiate of Medical Council of Canada (LMCC)

Current MCC Qualifying Process

- MCCQE Part I: taken at end of senior year
 - Clinical knowledge: computer based MCQs
 - Clinical decision-making : 30-35 cases
 - Legal, ethical and organizational aspects of practice added in 2000
- MCCQE Part II: OSCE with SPs in PGY-2
 - clinical & communication skills in 14 station OSCE
 - added legal, ethical and organizational issues in 2001
- Pass Part I & Part II: receive the Licentiate of the Medical Council of Canada (LMCC)

Swiss Cheese Analogy

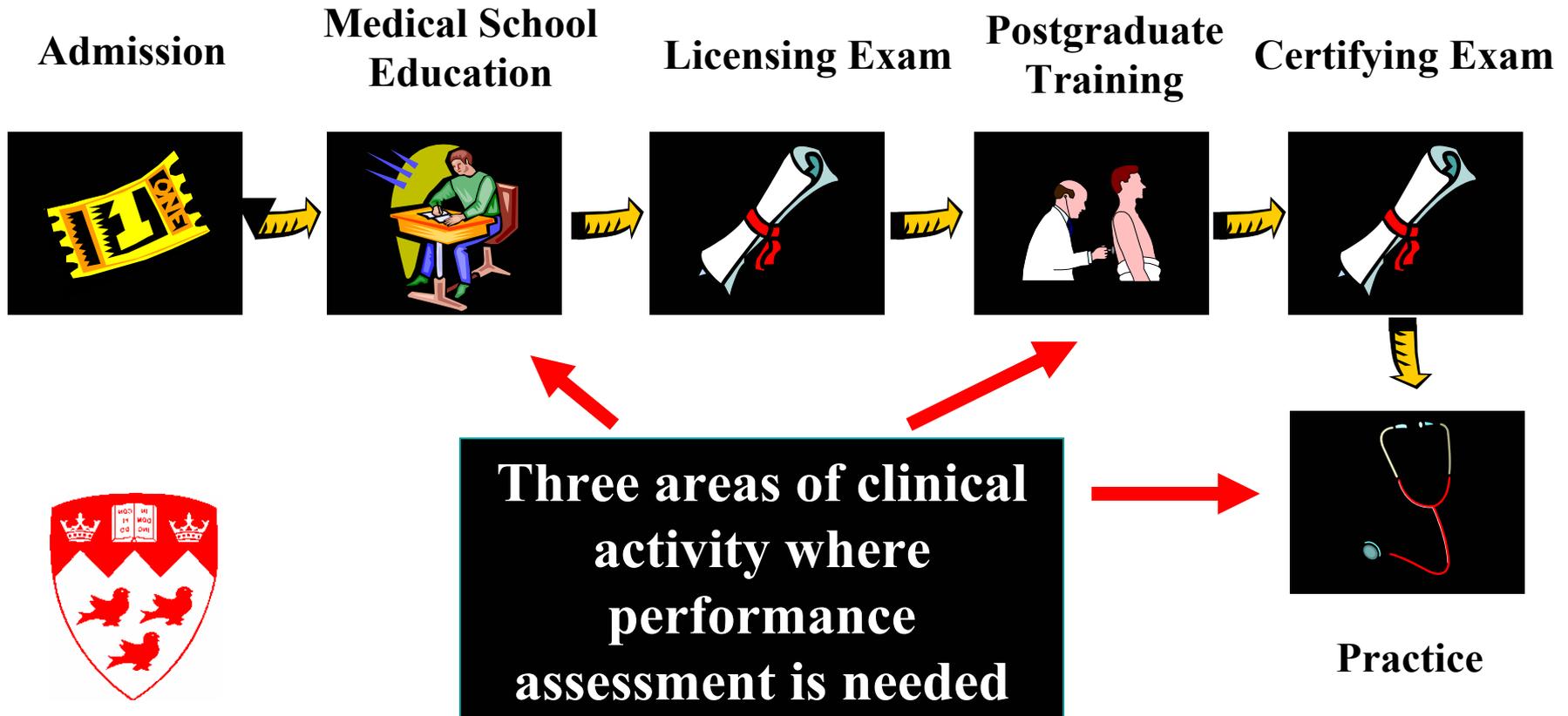
(Often Used in Patient Safety)



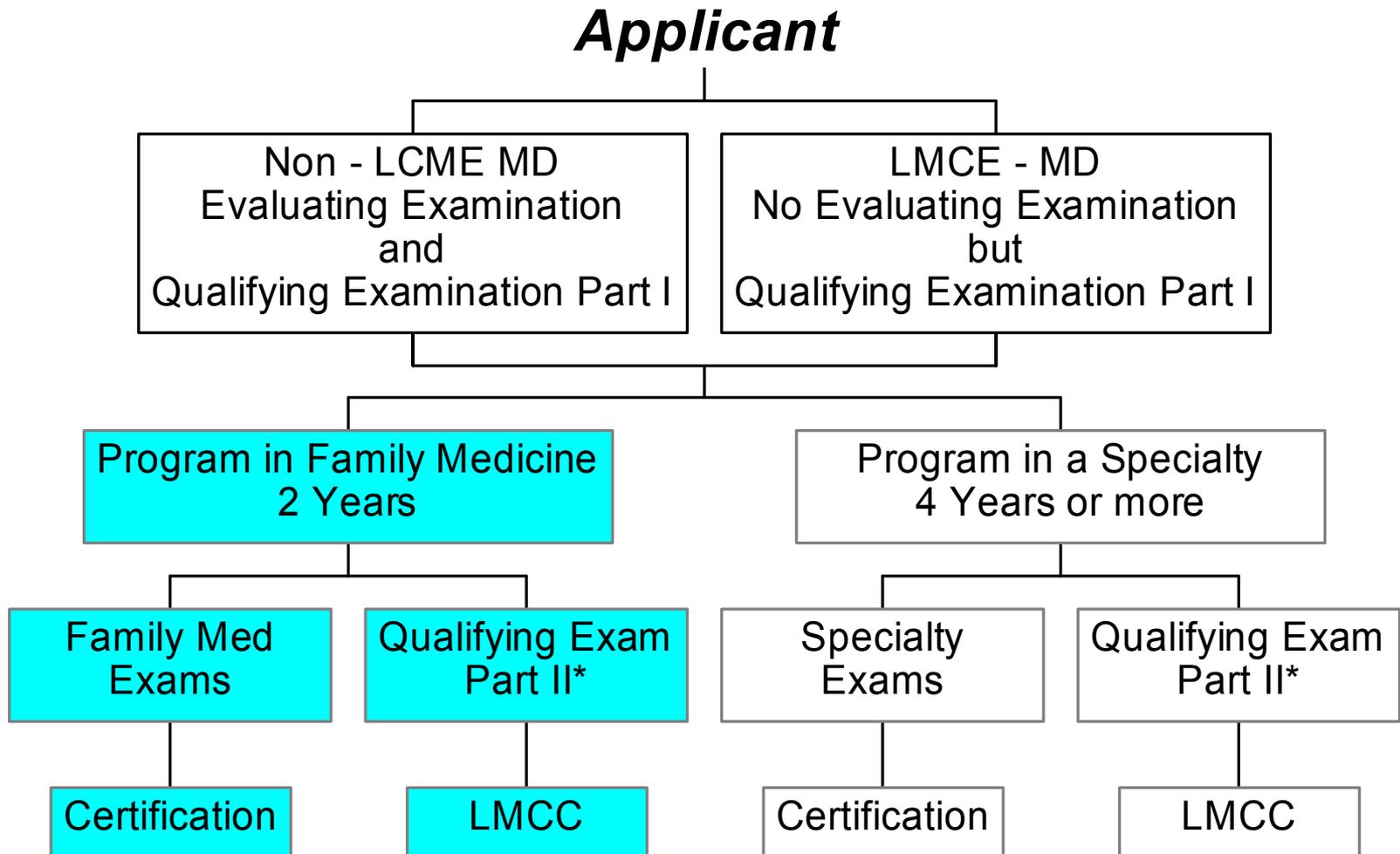
Point: It's all about systems & back-ups. No single step is 100% effective. 'Dress in layers!!'



Professional Career Sequence: From Undergraduate to Practice

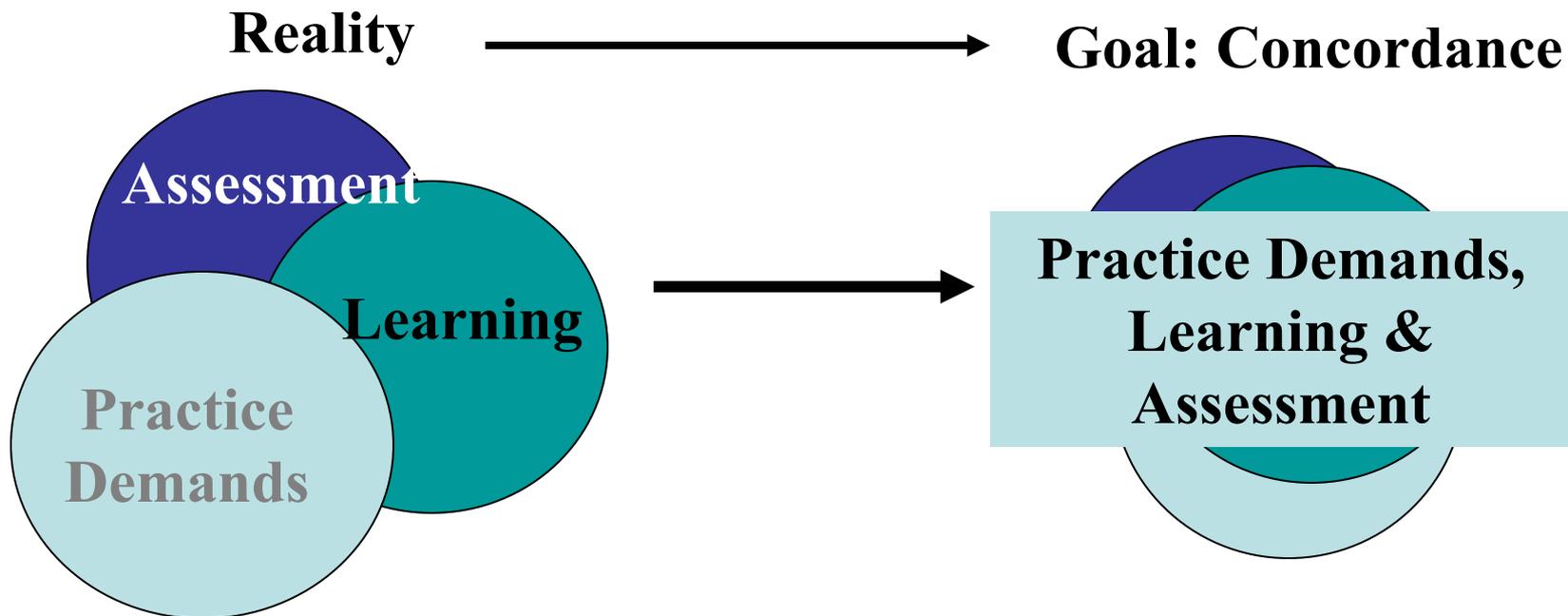


Evaluation Process Leading to Licensure in Canada



Continuum of Development

- Assume practice-based model of 'curriculum'
- Assume lifelong learning & accountability



Our New Goal!

Reduce variance and improve
overall outcomes



Does It make a Difference?

Three lines of evidence

Work done jointly: MCC and McGill



Predictive Value of MCCQE Part I in Practice*

- Study design:
 - Followed 912 Quebec Family MDs who entered practice in 1990-93
 - De-identified MDs and linked to RMQ database
 - The 912 saw 3.4 M people
 - Looked at performance 4 and 7 years 'out'
 - Measures: prevention, continuity of care, consultation rate and Rx
 - Compared to results on MCCQE Part I and CMQ certification OSCE
- Results & Conclusions
 - MDs achieving higher scores had higher rates of screening mammography
 - Higher scores in diagnosis score were predictive of better prescribing habits:
 - Less high risk Rx
 - More disease specific Rx
 - Less symptomatic Rx
 - These effects were still sustained after seven years for both the MCC QE Part I and the CMQ OSCE

* **Reference:** Tamblin, Abrahamowicz, Dauphinee et al:
JAMA 288: 3019-3026. 2002

Predictive Value of CDM Part of the MCCQE Pt. I & MCCQE Pt. II

A study of 3424 MD grads licensed in two provinces during 1993-1996: 51.3 % of all MDs licensed in Canada

- MCCQE Pt. I: Clinical Decision-making Score (CDM)

- CDM scores are **predictors** of complaints about MDs to regulators
- MCQ scores were marginally significant predictors of complaints
- Complaints association of CDM scores was especially steep in the mid-score range!
 - This is exactly what you want from a testing point of view
 - Not so at the high end scores

- MCCQE Pt. II: our national OSCE

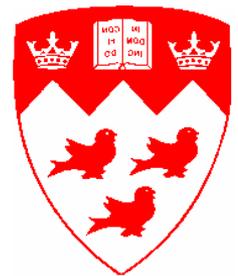
- OSCE communication scores contributed significantly to determining the rate of complaints about MDs to regulators
- BUT entirely due to the **OSCE** communications score
- This effect was independent of sex, specialty and location

NB: When Part II communication score is added to the CDM score, it significantly improved the prediction of retained complaints and communication complaints, but NOT quality of care complaints

Closing Comments

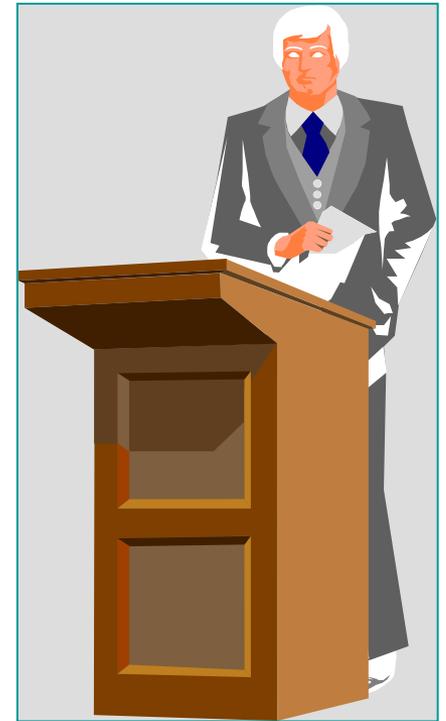
www.mcc.ca

Re MCC Objectives or
Report of Canadian Assessment Collaboration

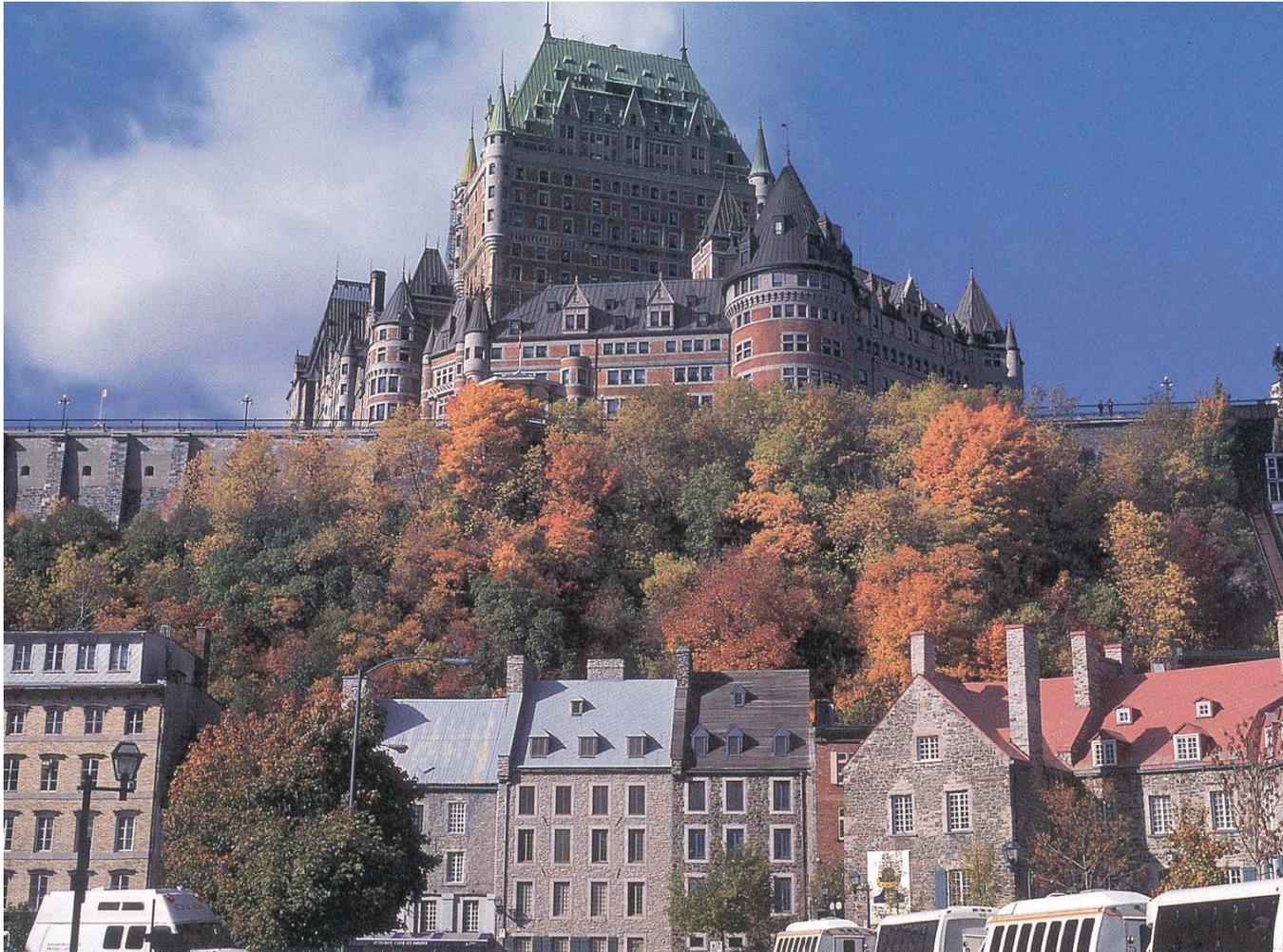


Muchas Gracias!

Thank you!

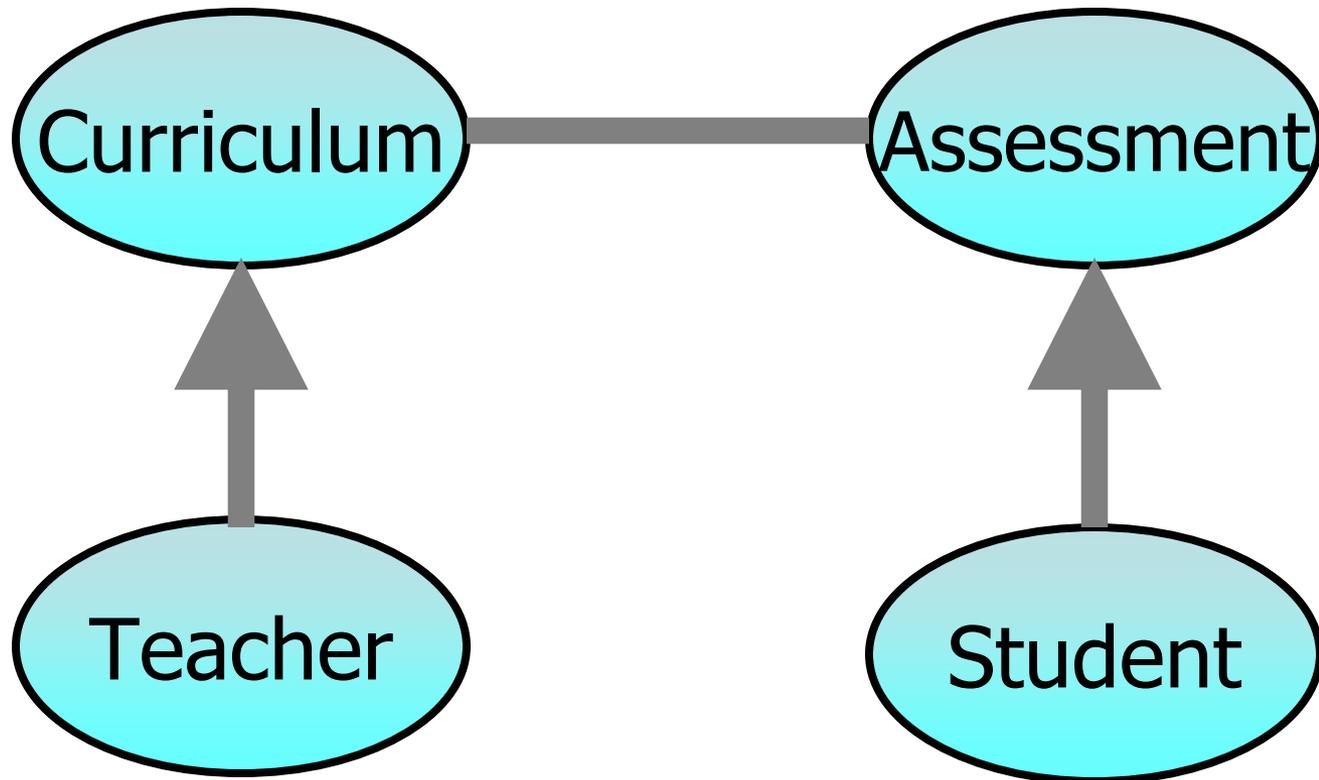


Questions?



Quebec City - Canada

An Alternative View



After van der Vleutin - 1999

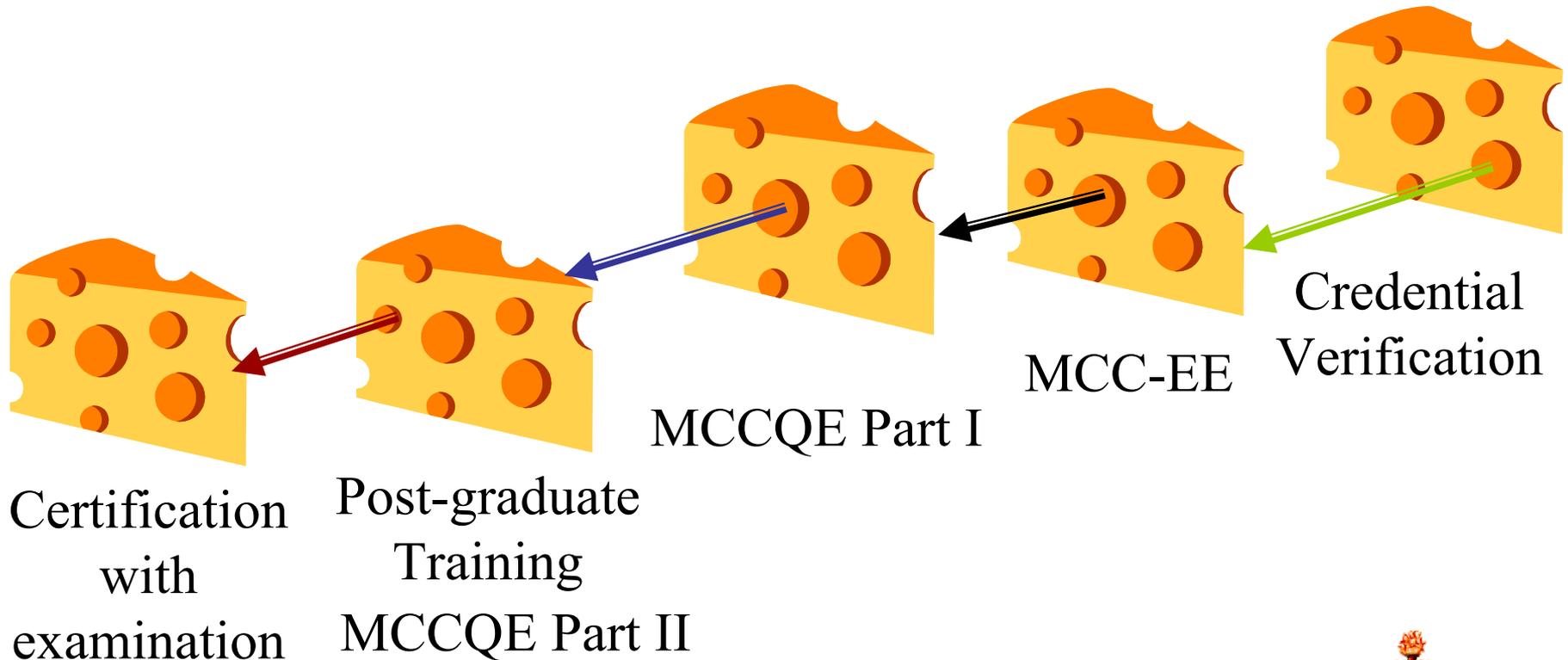
Sensitivity & Specificity of MCCEE

	MCCQE Part I			MCCQE Part I		
MCCEE Score*	Fail	Pass	Total	Sensitivity	Specificity	Positive Predictive
< 325	94	37	131	-	-	-
> 325	1408	3515	4923	0.99	0.063	0.714
Total	1502	3552	5054	-	-	-
<400	258	254	512	-	-	-
>400	1244	3298	4542	0.928	0.172	0.726
Total	1502	3552	5054	-	-	-

* Selected two 'standards or cut points' to illustrate trade-offs

Swiss Cheese Analogy

(Often Used in Patient Safety)



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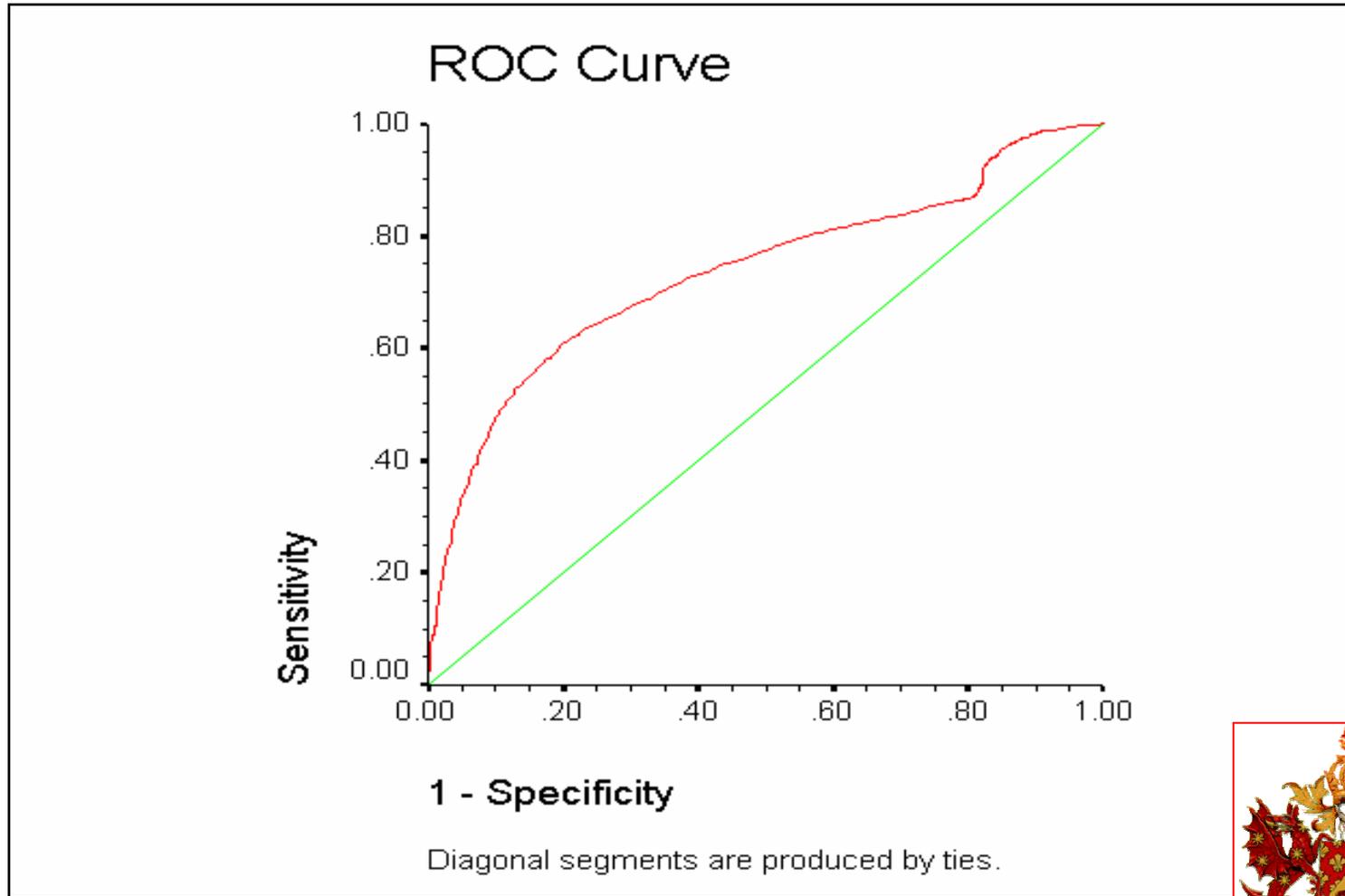


Summarizing the Evidence: Does It Support Screening?

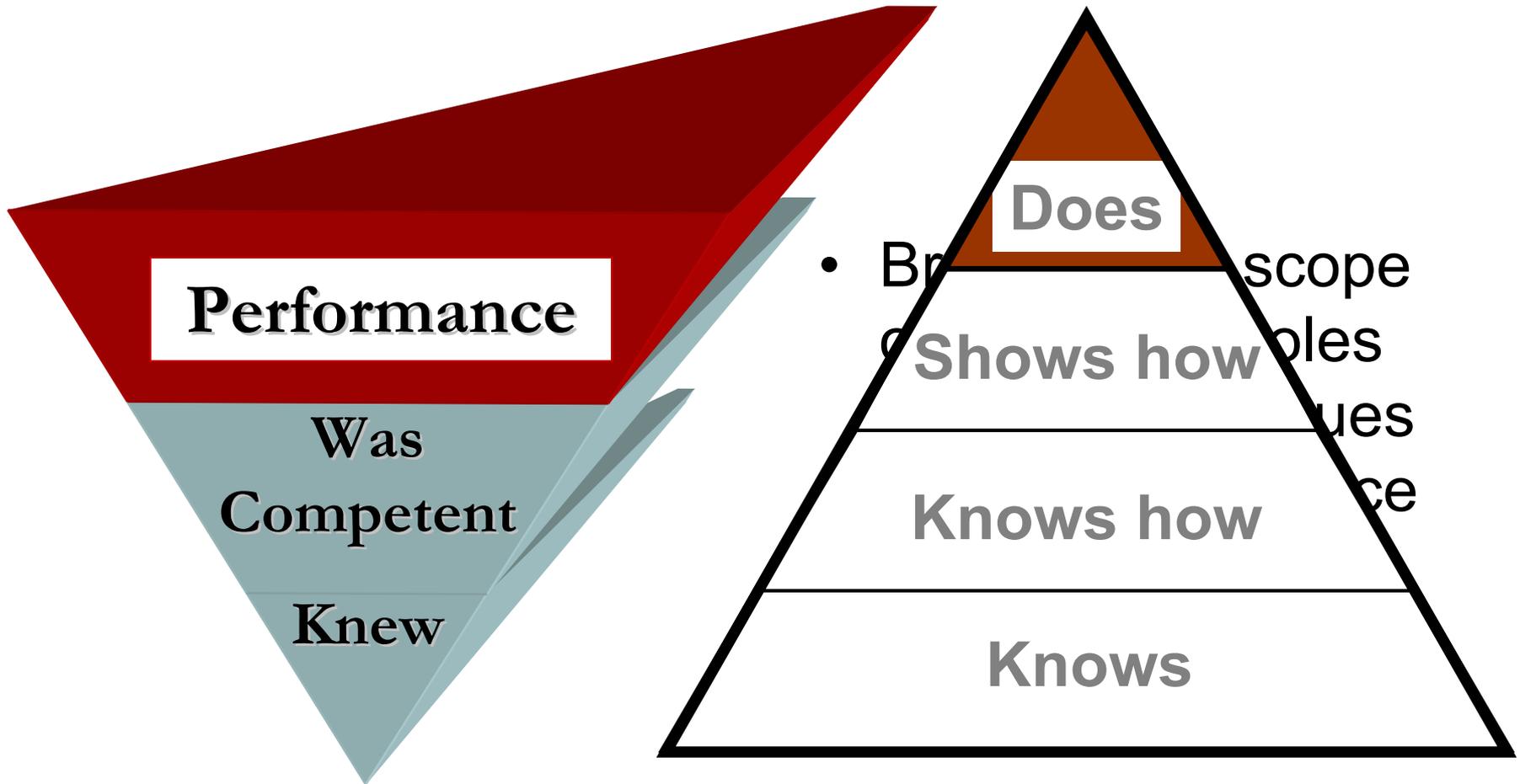
- Descriptive data
- Tracking passes over time:
 - first try passes versus eventual pass
- Identifies candidates' weaknesses
- Consider MCCEE as a screening process:
 - i.e. in terms of sensitivity and specificity analysis against MCCQE Part I scores



'Screening' Qualities of MCCEE

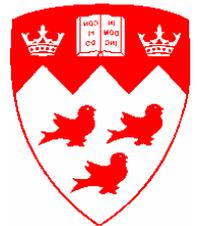
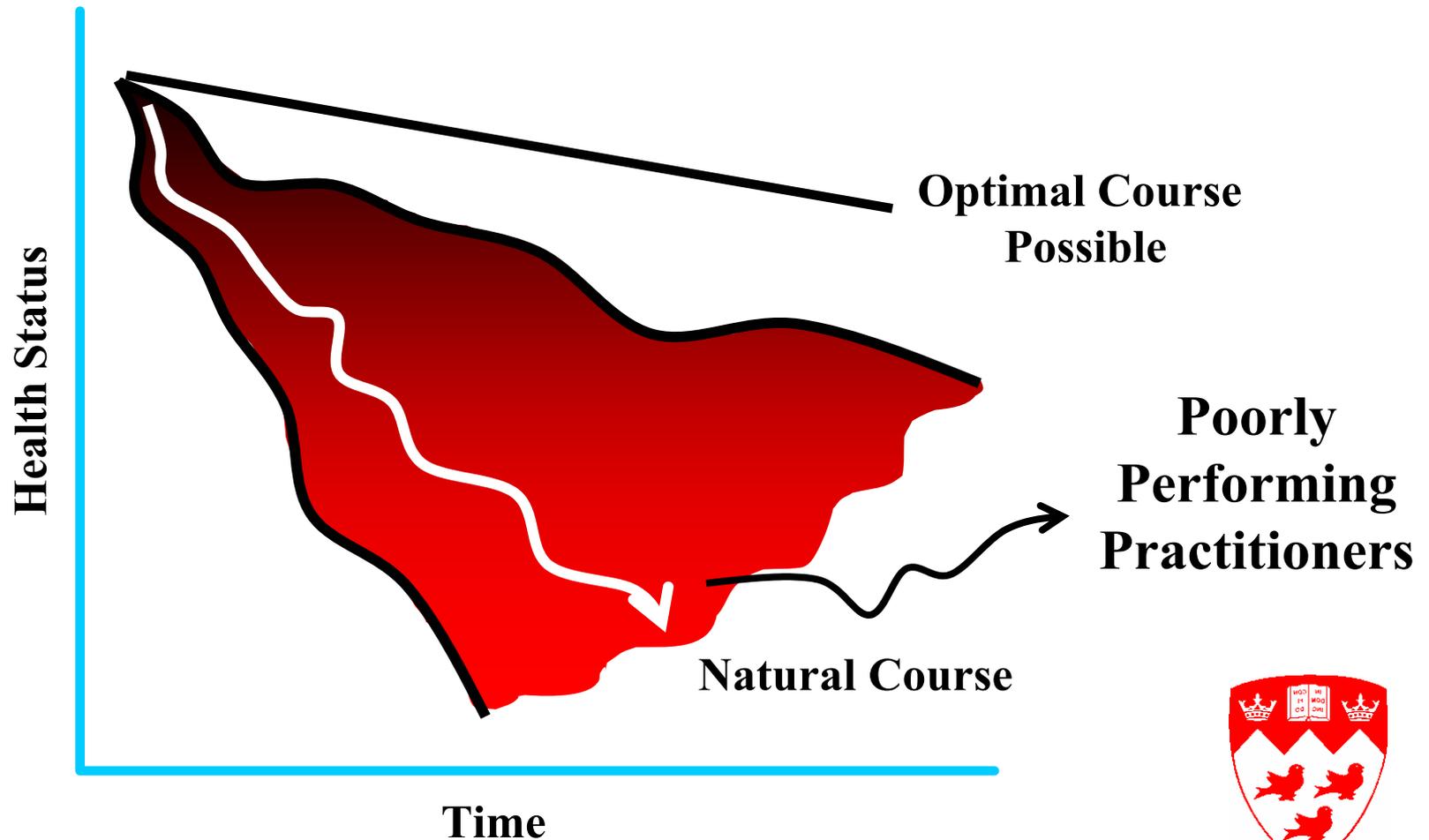


Preparing Health Professionals by Revising Miller's Triangle



Health care involves a complex set of social interactions

Poor Quality Clinical Program



Optimal Quality Clinical Program

