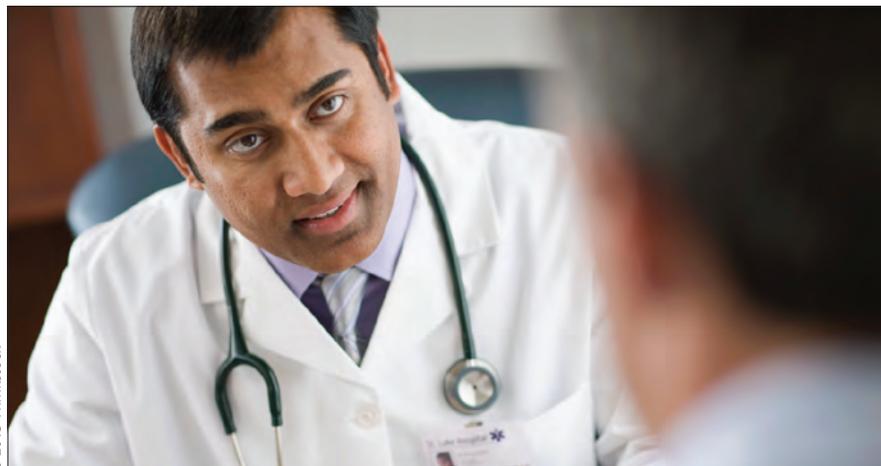


Changes ahead for Medical Council of Canada qualifying exams



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The ability to communicate effectively with patients is vital to the practice of medicine and qualifying exams for Canadian physicians are changing to better evaluate that skill.

The Medical Council of Canada plans to restructure its qualifying exams, placing new emphasis on evaluating candidates' communication skills and professionalism.

"Most complaints with [medical regulatory] colleges have to do with poor communication and unprofessional behaviour," says Dr. Claire Touchie, the council's chief medical education advisor. If the new plan gets final approval in January 2014, half of the content of the exams will evaluate candidates' strength in these areas.

Students take two qualifying examinations, one upon entering supervised practice, or residency, and another upon entering independent practice. The first exam, which is written, is currently divided into two parts — a multiple-choice section and a clinical decision-making section. The second exam, which is oral, tests physicians' performance in clinical scenarios.

In 2011, the Medical Council of Canada (MCC) appointed a task force to review its exams and make sure they were up to date. The task force wrote a report recommending that the MCC re-evaluate the skills their exams test.

"Currently the emphasis of the MCC examinations and their blueprint is on the medical expert role," the 2011 report stated. Exams should test the candidate as "communicator, collaborator, advo-

cate, manager, scholar, and professional," in addition to testing medical knowledge.

In response, the council is updating its blueprint, a document that provides a framework for testing the knowledge, skills and behaviours physicians need to practise. It tells the MCC what to test for but not how to test it. The council is meeting with stakeholders before the draft blueprint gets final approval.

In the new blueprint, the first and second examinations will look more alike than they do now. Both exams will test the same extended range of skills, but with certain types of care weighted differently. For example, the first exam, for candidates entering residency, will focus more on acute health problems. Part two of the exam, for candidates entering independent practice, will focus more on chronic illnesses.

Some elements to the exam format will need to change, Touchie says. For example, the multiple-choice section does little to evaluate communication skills.

Changes will begin to roll out in 2017. In the next several years, the MCC will be working with stakeholder groups, including medical schools and certifying bodies, to ensure the exams reflect the knowledge and skills doctors need to practise in today's climate. — Catherine Cross, *CMAJ*

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