

October 2022 Special Council Meeting

Wednesday, October 26, 2022 | 5:30 p.m. |

AGENDA

Revised

Virtual Meeting via Zoom

	Time	Item		Action		Page #
5:30 pm	5 min	1.	Opening Remarks		Dr. Elliott	
5:35 pm	0 min	2.	Agenda – Approval	For Approval	Dr. Elliott	
5:35 pm	0 min	3.	Call for Conflict of Interest			
5:35 pm	45 min	4.	Eliminating certain LMCC requirements for Provisional Registration	For Approval	Mr. de Jong/ Dr. Ziomek	
6:20 pm	1 min	5.	Appointment to Executive Committee for Appeal Panel	For Approval	Dr. Elliott	



**SPECIAL MEETING OF COUNCIL
OCTOBER 26, 2022
NOTICE OF MOTION**

TITLE: ELIMINATING CERTAIN LMCC REQUIREMENTS FOR PROVISIONAL REGISTRATION

CONTEXT:

In addition to training and educating physicians within the province, Manitoba relies heavily on recruitment both nationally and internationally to support the health care system. There is currently a dire shortage of physicians in Manitoba, which severely limits appropriate access to medical care. In this context, reducing some barriers to registration and certification for internationally educated physicians where appropriate is an important CPSM public interest initiative.

The Registrar has identified the requirement for a pass standing in the MCC Qualifying Exam Part 1 (MCCQE1) for registration in the provisional (specialty practice-limited), provisional (family practice-limited), and assessment candidate classes as an unnecessary barrier to assessments for internationally educated physicians. It is believed this requirement can be safely removed while still maintaining the integrity of licensing scheme and ensuring registrants are qualified and competent. As such, Council is asked to recommend that Government immediately amend the *CPSM General Regulation* to eliminate this examination requirement.

PROVISION REGISTRATION:

The provisional (specialty practice-limited) and provisional (family practice-limited) classes

Various classes of provisional registration are available in Manitoba for physicians who have not met the requirements for full registration. The provisional (specialty practice-limited) and provisional (family practice-limited) classes are designed for physicians who are pursuing full registration. Registrants in these classes are required to successfully complete further certification examinations (i.e., College of Family Physicians of Canada or Royal College of Physicians and Surgeons of Canada) or assessment (i.e., Manitoba Practice Assessment Program) within a defined period (~ 5 years). Their registration is subject to terms and conditions, including, but not limited to, supervision and regular audits. Unless exemptions apply (as listed below), these provisional registrants must have successfully completed the MCCQE1 plus an approved assessment (i.e., Practice Ready Assessment).

MCCQE1:

For many years, the Medical Council of Canada (MCC) has granted a qualification in medicine known as the Licentiate of the Medical Council of Canada (LMCC) to physicians who have met their

requirements. Candidates must take and pass the MCCQE1 and meet the LMCC eligibility criteria to obtain the LMCC. Formerly there was a Part 2 to the MCC Qualifying Exam, but that was recently eliminated. MCC's website provides the following information about the exam:

The MCCQE Part I is a summative examination that assesses the critical medical knowledge and clinical decision-making ability of a candidate at a level expected of a medical student who is completing their medical degree in Canada. The examination is based on the MCC Examination Objectives, which are organized under the CanMEDS roles. Candidates graduating and completing the MCCQE Part I typically enter supervised practice. Aside from formal accreditation processes of the undergraduate and postgraduate education programs, the MCCQE Part I is the only national standard for medical schools across Canada and, therefore, is administered at the end of medical school.

The MCCQE Part I is a one-day, computer-based test. You are allowed up to four hours in the morning session to complete 210 Multiple-Choice Questions. You are allowed up to three and a half hours in the afternoon session for the Clinical Decision-Making component, which consists of 38 cases with short-menu and short-answer write-in questions.

Dimensions of care include health promotion and illness prevention, acute care, chronic care, and psychosocial aspects. Physician activities include assessment and diagnosis, management, communication, and professional behaviours.

Applicants for provisional (specialty practice-limited) or provisional (family practice-limited) registration are required to establish that they at least hold an unexpired pass standing in the MCCQE1. However, applicants are exempt from this requirement if they have one of the following:

- a degree in medicine from a medical school recognized by the CACMS or the LCME,
- Royal College certification or eligibility for same (specialty or subspecialty),
- CFPC certification or eligibility for same (family medicine),
- Member Board certification and satisfactory completion of a post-graduate training program accredited by the Accreditation Council for Graduate Medical Education (US), or
- certification from the Collège des médecins du Québec.

Consequently, it is typically international medical graduates who are not eligible for Royal College certification or CFPC certification that are caught by the MCCQE1 pre-requisite. These applicants are required to obtain a pass standing in the MCCQE1 before they can proceed with registration.

Practice-Ready Assessment:

Amongst other requirements, applicants for these provisional registrations must establish that they have satisfactorily completed an approved assessment in their field of practice (unless they fall into one of the exemptions listed above).

Practice Ready Assessments are an appropriate comprehensive clinical assessment demonstrating a physician is ready to successfully practice medicine in Manitoba. There are various approved family medicine and specialty Practice Ready Assessments.

Depending on the specialty, Practice Ready Assessments can be anywhere from 3 – 12 months (3 months seems to be the norm lately). Once CPSM receives the successful completion letter from the University, the physician is issued provisional registration. Mentorship (1 year) and practice supervision (including monitoring, 360 review and chart audit) begins. Practice supervision is for the duration of provisional registration.

Applicants who have not undergone an approved Practice Ready Assessment but otherwise meet the requirements for provisional (specialty practice-limited) and provisional (family practice-limited) registration may be registered as an assessment candidate to undergo a Practice Ready Assessment. The MCCQE1 can be a barrier to accessing the assessment in this context. A comprehensive assessment plus monitoring, reviews, and chart audits in one's area of practice is a very good indicator of one's ability to successfully practice medicine.

ANALYSIS

Upon graduation from medical school, students enter a residency program – whether two years of family medicine or five-year specialty (e.g., anesthesia, psychiatry, orthopedic surgery, etc.). Many specialists then undertake further training through fellowships which can range from 1-4 years. Many family medicine physicians take a further year of training to practice in a more limited area such as emergency medicine, sports medicine, or even partial obstetrics and gynecology.

As a general principle, physicians may only practice within their active scope of practice (i.e., area of education, training, and experience), so a psychiatrist does not deliver babies for instance. For specialists the MCCQE1 would capture areas of medicine or basic medical sciences that are remote or not relevant to their specialist education, training, or current professional practice.

While the MCCQE1 is an excellent general overall medical knowledge test for a graduating medical student, it has limited or even no utility for physicians seeking provisional registration that have completed post-graduate medical education and practiced in their field of practice.

Recently, the healthcare system has faced the departure of several critical subspecialists with extensive training. Their departure has left critical health care services basically unable to be

provided in Manitoba, including neuro interventional radiology (halting strokes by removing brain clots), otolaryngology surgery (ear, nose, and throat surgery in CancerCare), and cardiac surgery.

A major impediment to registering internationally trained and experienced specialists in these fields who would otherwise qualify for provisional registration has been the requirement to pass the MCCQE1 that is intended to be taken upon completion of medical school. These specialists completed medical school at a minimum of five and even a couple of decades ago. They have specialized within a speciality area of professional practice. It simply is incongruous to require them to study and pass a general medical examination largely unrelated to their professional practice. Similarly, this academic exam is a significant impediment to registering family physicians, many who are excellent physicians providing good quality care, yet are years or decades away from their academic experience.

Both New Brunswick and Alberta have eliminated this requirement for both specialists and family physicians. More provinces are considering this change.

RECOMMENDATION

It is recommended that Council request that government immediately amend the *CPSM General Regulation* to repeal subclause 1(h) and clause (3) from sections 3.16 and 3.19 of the *CPSM General Regulation*. This will eliminate the requirements of the MCCQE1 for the provisional (specialty practice-limited) and provisional (family practice-limited) classes. These provisional registrants will still be required to undergo a practice ready assessment and monitoring. This change will not impact LMCC requirements for full registration.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT A SPECIAL COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON OCTOBER 26, 2022, DR. IRA RIPSTEIN, PAST-ELECT, WILL MOVE THAT:

Council request that Government immediately amend the *CPSM General Regulation* to repeal subclause 1(h) and clause (3) from sections 3.16 and 3.19 of the *CPSM General Regulation*.



**COUNCIL MEETING
OCTOBER 26, 2022
NOTICE OF MOTION**

TITLE: Appointment to Executive Committee

BACKGROUND

The Executive Committee hears appeals of the Investigation Committee. There are two appeals scheduled for one meeting. There are conflicts of interest for a number of the Executive Committee Members and three of the four doctors on the Executive Committee have a conflict of interest. Membership of an Appeal Panel consists of two physicians and one public representative.

To form an Appeal Panel to hear the current two appeals, two members of Council need to be appointed to the Executive Committee for the sole purpose of hearing the two appeals.

Dr. Roger Suss has agreed to sit on, and Chair, this Appeal Panel and Dr. Carrie Corbett has agreed to sit on this panel as well and therefore both need to be appointed to the Executive Committee. There is no conflict with the Public Representatives.

MOTION:

DR. NADER SHENOUDA, PRESIDENT-ELECT, WILL MOVE, SECONDED BY DR. IRA RIPSTEIN, PAST-PRESIDENT, THAT COUNCIL:

Appoint Drs. Roger Suss and Carrie Corbett to the Executive Committee for the sole purpose of sitting on an Appeal Panel to hear the two appeals. Case numbers AP5865 and AP6086