

# **Federation of Medical Regulatory Authorities of Canada**

## **AGREEMENT ON NATIONAL STANDARDS FOR MEDICAL REGISTRATION IN CANADA**

### ***Part I – Preamble***

The Federation of Medical Regulatory Authorities of Canada (FMRAC) was established over 40 years ago with the purpose of providing a national structure for the provincial and territorial medical regulatory authorities to present and pursue issues of common concerns and interest. One of FMRAC's goals is to respond to matters which relate to licensure and/or regulation, and which are of national and international importance. Historically, FMRAC has worked with its Members to foster common standards and approaches. FMRAC had identified the need to discuss national registration and standardization of procedures before the most recent amendments to Chapter 7 (Labour Mobility) of the Federal / Provincial / Territorial Agreement on Internal Trade (AIT) were made public.

FMRAC and its Members have been working together to document and standardize, to the greatest extent possible, the various practices used by the provincial and territorial medical regulatory authorities for registration and licensure. The intent is to achieve uniformity of purpose and procedures, thereby facilitating labour mobility.

The following agreement will set the tone and basis for the work to be done by FMRAC and its Members, the 13 provincial and territorial medical regulatory authorities.

Where appropriate, they will also be used in communication and interaction with the media, governments, other decision-makers and partners organizations (medical and other).

## ***Part II – Definitions***

The terminology relating to registration is different in each jurisdiction. All definitions below are for the purposes of interpretation of this document only.

### ***Canadian Standard***

The set of qualifications that automatically entitles an applicant to a full license in any jurisdiction in Canada (see Appendix 1). To achieve the Canadian standard, the applicant must:

- a) have a medical degree from a medical school listed in the FAIMER's<sup>1</sup> International Medical Education Directory (IMED<sup>2</sup>) or the WHO's World Directory of Medical Schools (WDMS<sup>3</sup>); and
- b) be a Licentiate of the Medical Council of Canada; and
- c) be certified by the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada.

### ***Defined scope of practice***

An indication on an otherwise full license, in the public register or elsewhere, of the specific area of medical practice in which the physician is licensed to perform. In most cases, a defined scope of practice will not be considered to be a term, limitation, condition or restriction. However, where the scope of practice has been limited in order to prohibit the physician from performing certain activities as a result of disciplinary, quality assurance or other regulatory intervention, it shall be considered to be a restriction.

### ***Full license***

A medical license that is subject to no terms, limitations, conditions or restrictions. A license that identifies a defined scope of practice is generally considered to be a full license except as set out in the definition of *Defined Scope of Practice*.

### ***Discipline-appropriate postgraduate training***

Training that is acceptable in terms of content and duration to FMRAC and its Members.

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<sup>1</sup> FAIMER is the U.S. Foundation for Advancement of International Medical Education and Research. FAIMER was established in 2000 by the Educational Commission for Foreign Medical Graduates to promote excellence in international health professions education through programmatic and research activities.

<sup>2</sup> The IMED is a free web-based resource for accurate and up-to-date information about international medical schools that are recognized by the appropriate government agency, usually the Ministry of Health, in the countries in which they are located.

<sup>3</sup> The WDMS was developed by the World Health Organization. According to the WHO website, the final updates in WDMS cover the period through December 2007, after which time the WDMS was incorporated into the new "Avicenna Directories" global directories of education institutions for health professions.

***Practice assessment***

A comprehensive clinical assessment (the format and content of which will be agreed to and approved by FMRAC and its Members).

***Provisional license***

A medical license subject to terms, limitations, conditions or restrictions (including, but not limited to, further examinations, assessment and/or supervision), whether or not this information appears on the public register. An otherwise full license with a defined scope of practice is not a provisional license.

***Satisfactory practice***

A period of practice during which no disciplinary, quality assurance or other regulatory interventions have taken place. Such interventions could include, but are not limited to, any action intended to address concerns about the physician's conduct or competence. Such action may have been taken directly by the regulatory authority or by another whose actions were known to the regulatory authority.

***Supervision***

Oversight, with reporting to the medical regulatory authority, conducted by another physician or physicians in accordance with guidelines accepted by FMRAC and its Members.

### ***Part III – Principles***

FMRAC and its 13 Members agree:

#### *Principle 1*

That the protection of the public is the primary responsibility of the medical regulatory authorities.

#### *Principle 2*

To the minimum standards set out in this agreement for full and provisional medical licensure in Canada.

#### *Principle 3*

On consistent and sufficiently rigorous registration and licensure processes for physicians across all Canadian jurisdictions.

#### *Principle 4*

To support the mobility of physicians across Canadian jurisdictions.

#### *Principle 5*

To assess the following criteria (the 5 E's) to issue a license to practise medicine:

- a) Education (undergraduate education leading to a medical degree);
- b) Evaluation of undergraduate medical education (knowledge, skills and professionalism);
- c) Experience (postgraduate medical education);
- d) Evaluation of postgraduate medical education (knowledge, skills and professionalism);
- e) Evidence of currency of practice.

## ***Part IV – Agreement***

### ***National Standards for Full Licensure***

1. All physicians who have achieved the Canadian standard are and will continue to be eligible for full licensure in every Canadian province and territory.

2. Physicians who currently hold a full license in a Canadian jurisdiction but who have not achieved the Canadian standard may not be eligible for full licensure in every Canadian province or territory **unless** they meet the following criteria<sup>4</sup>:

2.1 A full license in any jurisdiction followed by five continuous years of satisfactory practice in any jurisdiction in Canada;

OR

2.2 A full license with a period of satisfactory practice and successful completion of an approved practice assessment (see definition) in any jurisdiction in Canada.

### ***National Standards for Provisional Licensure***

3. The national standard for the issuance of a provisional license requires the physician to have:

3.1

- a) a medical degree from a medical school listed in the FAIMER's IMED or the WHO's WDMS; and
- b) satisfactory completion of a discipline-appropriate postgraduate training program and evaluation by a recognized authority; and
- c) passed the Medical Council of Canada Evaluating Exam or other acceptable screening exam; and
- d) satisfactory completion of a practice assessment as a condition of continued practice.

OR

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<sup>4</sup> This provision is transitional until such time as the national consensus is implemented. Its purpose is to rectify the inconsistency created by the lack of national standards. It is expected that this provision will no longer be required after all jurisdictions have implemented the national standards established by this agreement.

3.2

- a) a medical degree from an acceptable medical school listed in the FAIMER IMED or the WHO's WDMS; and
- b) satisfactory completion of a discipline-appropriate postgraduate training program and evaluation by a recognized authority; and
- c) appropriate licensure terms, limitations, conditions or restrictions, as agreed by FMRAC and its members.

***National Standard for the Route from a Provisional License to a Full License***

4. The route from a provisional license to a full license without achieving the Canadian standard requires the physician to have:

- a) satisfactory completion of a period of supervision in a Canadian jurisdiction; and
- b) satisfactory completion of a summative practice assessment in a Canadian jurisdiction.

***Standardization of Procedures***

5. FMRAC and its 13 Members will develop common procedures for all Canadian jurisdictions, including (but not necessarily limited to):

- a) Registration requirements and terminology;
- b) Assessment of competence and performance for the purpose of licensure;
- c) Supervision of practice;
- d) Certificates of professional conduct;
- e) Currency of practice issues;
- f) Continuing professional development requirements; and
- g) Quality assurance of a physician's practice.

## **Appendix 1**

### **The Canadian Standard**

For those educated anywhere in Canada, there are three main educational/training stages to obtain a medical license. These are:

- Successful completion of medical school, including successful completion of the Medical Council of Canada Qualifying Examination Part 1 during the final year;
- Successful completion of a postgraduate medical education program (including successful completion of the Medical Council of Canada Qualifying Examination Part 2 after at least 12 months of postgraduate training); and
- Certification as a specialist (including the specialty of family medicine).

Every doctor who has completed all three stages, and is in good standing, has always enjoyed full mobility among the provinces and territories.

#### Medical School

The Canadian undergraduate medical curriculum is a three or four-year program based on completion of a curriculum based on common accreditation standards. This curriculum imparts a set of knowledge, skills and behaviours encompassing a broad education in the practice of medicine that is relevant to becoming a competent, caring physician in Canada, regardless of subsequent specialty choice.

The first one or two years of the curriculum provide the student with a solid grounding in the basic and clinical sciences. The later years consist of a clinical clerkship, during which the student engages in supervised clinical education in community and hospital settings. The student becomes an active member of clinical care teams in family medicine, internal medicine, obstetrics and gynaecology, paediatrics, psychiatry, surgery and other medical disciplines.

It is important to note that the medical degree itself is not sufficient to obtain a medical license for independent practice. In every jurisdiction, successful completion of a postgraduate medical education program is required as a condition of licensure.

## Postgraduate Medical Education

Successful completion of postgraduate, or residency, training is a requirement for all Canadian medical graduates to practise medicine.<sup>5</sup> Whereas medical school teaches physicians a broad range of medical knowledge and basic clinical skills, and offers limited experience practising medicine, postgraduate medical education gives in-depth training within a specific discipline of medicine.

In Canada, the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) are the national organizations responsible for setting the educational objectives for postgraduate medical education in the various specialties.

Upon completion of the postgraduate medical education program, a physician is expected to have acquired the medical knowledge, skills and behaviours to be a competent specialist.

## Medical Council of Canada Qualifying Examinations (MCCQE)

The MCCQE, which has been in place for nearly 100 years, is the postgraduate qualification most commonly accepted as a prerequisite for licensure of all Canadian medical graduates. It is a core requirement developed to evaluate the medical knowledge, clinical skills, attitudes and behaviours which should be common to all physicians in Canada.

Part 1 of the MCCQE, which is most commonly taken at the end of the final year of medical school, is designed to evaluate medical knowledge and decision-making skills related to the core disciplines considered essential for competence in general medical and health care. Successful completion of Part 1 is a prerequisite for candidates to advance to postgraduate training. Part 2 (which is taken after a minimum of 12 months of postgraduate medical education) complements the objectives of Part 1 by assessing clinical and communication skills, such as history-taking and physical examination skills, data interpretation, clinical problem solving, management skills and interviewing skills. Part 2 also assesses the communications, legal, ethical and organizational skills of the candidate.

When a candidate has successfully completed both examinations, he or she becomes a Licentiate of the Medical Council of Canada (LMCC). This is a requirement for independent practice in Canada.

## Specialty Certification

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<sup>5</sup> Post graduate training is not required in all countries and the length of residency programs and intensity can vary greatly. For example, in some jurisdictions, the medical degree is followed by a period of supervised practice something like an apprenticeship. Accordingly, even though these jurisdictions do not require post graduate training, the medical degree itself would not be considered sufficient for independent practice.

The RCPSC and the CFPC ensure that the training and evaluation of medical and surgical specialists attain appropriate standards. Upon completion of postgraduate medical education, candidates must write the RCPSC or CFPC certifying examinations to become specialists. In addition, the RCPSC and CFPC, through review and continuing education programs, require physicians to maintain their competence throughout their careers.

The certification process of the RCPSC and CFPC provides a reliable, independent and objective assessment over a broad range of medical knowledge and clinical skills, as well as the specialized knowledge, skills and judgement required in the applicant's chosen field of practice.