



# ECHO

## UPDATE ON THE NATIONAL ASSESSMENT COLLABORATION

Members of the National Assessment Collaboration (NAC) met on June 29, 2009 in Ottawa for an update on the initiative's progress. The purpose of the NAC is to create a more streamlined process for the assessment of international medical graduates (IMGs) wishing to enter the Canadian medical system. The NAC is provided continued funding through Health Canada. The NAC has decided to focus its efforts first on developing a national clinical examination targeted to international medical graduates applying for postgraduate training.

The June session also included a review of the governance structure of the National Assessment Collaboration Central Coordinating Committee (NAC<sup>3</sup>). This group will report to the Medical Council of Canada (MCC) and will be responsible for the national clinical examination. Later this summer, the MCC will facilitate a teleconference among the program directors of the international medical graduate programs. The teleconference will result in this group selecting their representatives for the NAC<sup>3</sup>. As per the terms of reference of the NAC<sup>3</sup>, three representatives from this group will sit on the committee.

After this teleconference and once the membership of the NAC<sup>3</sup> has been finalized, it will approve the membership of the clinical examination test committee, called the NAC OSCE test committee. It is named as such since the specific type of clinical examination is an Objective Structured Clinical Examination. The NAC OSCE test committee's

responsibilities will include creating the blueprint for the examination, developing and validating the content and overseeing the proof of concept examination for the NAC OSCE.

Each IMG program that wants to provide the initial version (proof of concept) of the clinical examination in 2010 will have the opportunity to do so. Those who will offer the proof of concept will be required to use a common examination format. The MCC will assist with the training of standardized patients for the clinical examination, as well as with the development of clinical stations and with psychometric analysis.

In September 2009, the Medical Council of Canada will be hosting a workshop for Royal College specialty program directors. This workshop will be held during the Royal College of Physicians and Surgeons of Canada's International Conference on Residency Education in Victoria, B.C.

While the NAC will continue to develop the NAC OSCE in the coming months, ongoing attention will also be provided on the development of an assessment for physicians seeking entry into medical practice. This assessment will be for individuals who were successful at the NAC clinical examination and will feature an observed clinical practice.

## GOOD MEDICAL PRACTICE CANADA

The Medical Council of Canada and the Federation of Medical Regulatory Authorities of Canada (FMRAC) are launching a new initiative to develop a Good Medical Practice manual. The Good Medical Practice Steering Committee and Working Group will produce a document that describes how physicians demonstrate their continuing professional competence to the public. This type of work has already been completed in the U.S., U.K., Australia and New Zealand.

Dr. Jeffrey Turnbull, chief of staff for the Ottawa Hospital, and Sister Elizabeth Davis will lead the initiative as co-chairs of the Good Medical Practice Steering Committee. Other Steering Committee members include Dr. Bryan Ward (FMRAC), Dr. Fleur-Ange Lefebvre (FMRAC), Dr. Ian Bowmer (Medical Council of Canada), Dr. Rocco Gerace (Medical Council of Canada) and Dr. Yves Robert (FMRAC).

NAC Update	Good Medical Practice Canada	Updates to the MCC Objectives	Canadian Conference on Medical Education	Dr. John Baumber	CEC Update	Dr. Christina St-Onge	Dr. David Creery	First Graduating Class of NOSM	Agreement on Internal Trade
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The Working Group will be comprised of Dr. Nick Busing (Association of Faculties of Medicine of Canada), Dr. Harleena Gulati (Canadian Association of Internes and Residents), Dr. Sarah Kredentser (College of Family Physicians of Canada), Dr. James Sproule (Canadian Medical Protective Association), Dr. John Wootton (Society of Rural Physicians of Canada), Dr. Jeff Blackmer (Canadian Medical Association), Dr. Ken Harris (Royal College of Physicians and Surgeons of Canada) as well as Dr. Bowmer and Dr. Turnbull.

The Good Medical Practice manual will utilize many of the concepts expressed in the CanMED roles framework. This framework developed by the Royal College of Physicians and Surgeons of Canada looks at the qualities required of physicians and uses this information as building blocks for the development of medical curriculum. In contrast, the Good Medical Practice includes public consultation to find out what qualities are required of physicians and how the physician population should exhibit professionalism. This information will be translated into a comprehensive guide for physicians in practice. In addition to building on the CanMED roles framework, the Good Medical Practice manual will build on the Canadian Medical Association's Code of Ethics, the Collège des médecins du Québec's Code of Ethics of Physicians as well as work already undertaken by the College of Family Physicians of Canada.

Dr. Ian Bowmer, Executive Director of the Medical Council of Canada, explained the rationale for developing the Good Medical Practice manual: "The relationship between

physician and patient is one of extraordinary trust. As a profession, we must continually demonstrate that trust, and be worthy of that trust."

Dr. Bowmer also described how he believes a Good Medical Practice manual will be used by practicing physicians. "This is supposed to be a comprehensive, practical guide that I hope will be a source of inspiration for physicians. When physicians read this guide, what they read should reflect their aspirations for the medical profession, how they want to be perceived as physicians and how we can reaffirm the dialogue and expectations between physicians and the Canadian public."

The Good Medical Practice Steering Committee first met on July 2, 2009. The Steering Committee discussed setting up a timeline for the initiative and developed an agenda for the Working Group. The Steering Committee also decided that each organization on the Working Group would nominate a public member to sit on the Steering Committee to provide a public perspective on the elaboration of the Good Medical Practice manual. The Steering Committee will be responsible for creating the first draft of the manual based on current available materials.

The Steering Committee also discussed the purpose of the document, and decided that it would be used as a general principle document, directed to the public, that will assist in engendering public trust in physician competence. The document, it was decided, would not be a licensing/regulatory document.

## UPDATES TO THE MCC OBJECTIVES FOR THE QUALIFYING EXAMINATION

Thanks to the diligent work of the MCC Objectives Committee over the past two years, the Objectives for the Qualifying Examination will be updated in the fall of 2009. At the same time, the Considerations of the Cultural-Communication, Legal, Ethical and Organizational Aspects of the Practice of Medicine (C<sup>2</sup>LEO) Objectives will be incorporated into the Objectives for the Qualifying Examination; users will be able to access all the objectives from the same application.

Medical Council of Canada (MCC) examination content is created by test committees who, in turn, rely on the Objectives for the Qualifying Examination and C<sup>2</sup>LEO when developing multiple-choice questions, clinical decision-making cases and clinical stations.

The Objectives for the Qualifying Examination and C<sup>2</sup>LEO identify attributes expected of medical graduates entering both supervised and independent practice in Canada. The Objectives are currently comprised of a series of clinical presentations, defined in behavioural terms, that reflect our expectations of competent physicians.

The MCC also currently maintains a separate set of objectives entitled C<sup>2</sup>LEO, which will be incorporated in the

fall into the new Objectives for the Qualifying Examination.

"The MCC Objectives need to reflect the changes that occur in the patterns of health and disease in our population, as well as reflect the changing expectations of physicians," said Dr. Karen Mann, co-chair of the MCC Objectives Committee. "Our goal is to develop objectives that will be useful to examination candidates, to teachers, and to the MCC test committees."

Previously, only the C<sup>2</sup>LEO Objectives were categorized by physician roles. The Committee now plans to categorize all new objectives by physician roles identified in the CanMED roles framework. Although they will be classified differently, users will still be able to search for specific clinical presentations using the "search" feature. Moving forward, once a specific clinical presentation is updated, the date will be noted in the Objectives.

In January 2010, the MCC will remove the link to the separate C<sup>2</sup>LEO application from its website. The link to CLEO, C<sup>2</sup>LEO's predecessor, will also be deactivated. The MCC will be removing these links since these documents will not be updated after September 2009. To prevent potential confusion, users will access all objectives through the Objectives of the Qualifying Examination after January 2010.

## CANADIAN CONFERENCE ON MEDICAL EDUCATION (MAY 2009)

Last May's Canadian Conference on Medical Education (CCME) was a great success and is a testament to the partners who work together to execute a national forum for medical education research and innovation. The program committee chair rotates among the partner organizations and this year, Dr. Ian Bowmer, Executive Director of the Medical Council of Canada, chaired the program committee.

"Certainly we were enthusiastic about participating at the conference," said Ilona Bartman, Examination Analyst for the MCC. Ms. Bartman presented on the topic of the Objective Structured Clinical Examination (OSCE), and whether having the same examination on two consecutive days gives candidates on the second day an advantage. Her research indicates that it does not, but the topic led to some great discussion, she said.

Dr. Sydney Smee, manager of the MCC Qualifying Examination Part II, also presented at the conference, in a workshop about writing OSCE cases. This year, she said, there was a "wider spectrum of attendees, different voices and different perspectives."

All this, Dr. Smee said, is a reflection of the conference theme - diversity. According to Dr. Smee, the Canadian Conference on Medical Education is an opportunity for the MCC to share its own expertise with other institutions from across Canada.

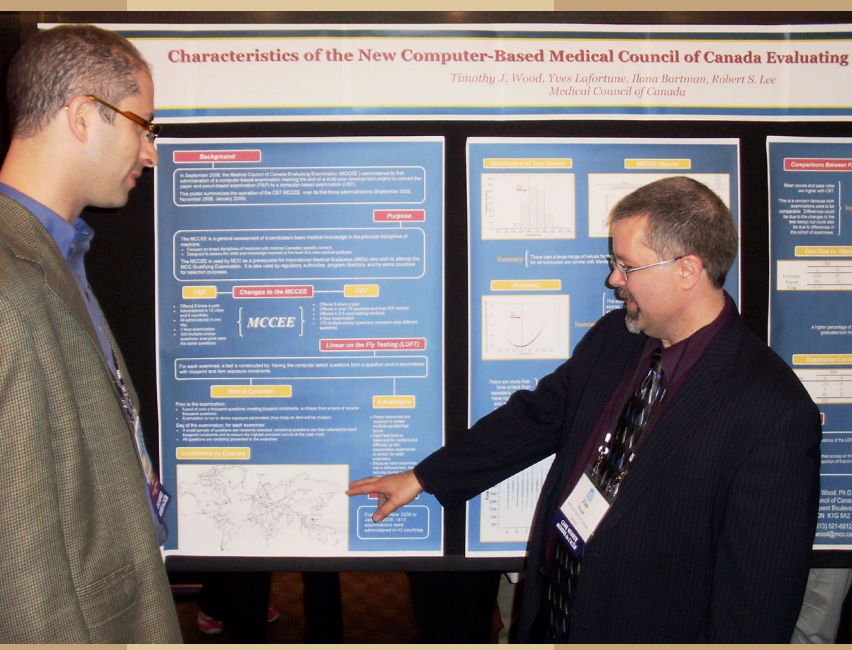
Dr. Tim Wood, Manager of Research and Development for the MCC, also presented a poster, titled "Characteristics of the new computer-based Medical Council of Canada Evaluating Examination (MCCEE)." It highlighted results from the first three administrations of the computer-based MCCEE. All of the MCC's Research and Development staff participated in the event, and Dr. Wood was on the committee that selected the conference's presentations. Dr. David Blackmore, Director of Research and Development for the MCC, was part of the organizing committee that agreed on the conference's diversity theme. It was chosen to highlight the diversity of programs offered in Canada, as well as the diverse groups who receive and provide health care in Canada.

"We've been trying to grow this conference," Dr. Blackmore said. This year, he said, the conference increased in size and the presentations were more diverse.

Dr. Blackmore chaired one session and also sat in on a plenary session, where various speakers presented on the topic of diversity in medical education. In the future, he says, the conference will be increasingly scholarly and be more international.

Dr. Bowmer, Dr. Wood and Robert Lee held an MCC update session. In addition, Dr. Bryan Ward from the College of Physicians and Surgeons of Alberta gave a talk on the implications of an interprovincial trade agreement. The MCC also had its own booth with information about PCRC and the Research and Development department.

Next year's conference will be held May 1 to 5, 2010 in St. John's, Newfoundland.



▲ Dr. Mark Goldszmidt (on left) from the University of Western Ontario and Dr. Timothy Wood

This conference is the largest gathering of medical educators in Canada. The purpose of the CCME is to highlight, and allow participants to benefit from, developments in medical education. It also promotes academic medicine by establishing an annual forum for medical educators and their partners (including governments) to meet and exchange ideas. The conference included workshops, plenary sessions as well as poster and oral presentations.

The 2009 event was held at the Shaw Conference Centre in Edmonton and was hosted by the University of Alberta in partnership with several Canadian medical organizations — the MCC, the Association of Faculties of Medicine of Canada (AFMC), the Canadian Association for Medical Education (CAME), the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPC).

## FORMER MCC PRESIDENT RECEIVES THE ORDER OF THE UNIVERSITY OF CALGARY

On May 14, 2009, Professor Emeritus Dr. John Baumber, former President of the Medical Council of Canada, was awarded the Order of the University of Calgary at the faculty of medicine's convocation.

Dr. Baumber first joined Council in 1980 as a representative from the University of Calgary. In 1992, he became President of the Medical Council of Canada. Dr. Baumber was integral to the creation of the MCCQE Part II and was the first editor of the Objectives for the MCC Qualifying Examination. For his exceptional contributions to Council, Dr. Baumber received in 2000 the Dr. Louis Levasseur Award, named after his trusted colleague.

Dr. Baumber was born in England, where he received his undergraduate degree in Zoology from Nottingham University in 1958. He came to Canada later that year to pursue graduate studies at Queen's University, where he eventually earned a M.Sc. and Ph.D. in Physiology and his medical degree. He received his Licentiate of the Medical Council of Canada in 1967.

He began his academic career in 1970 as one of the founding members of the Department of Medical Physiology at Calgary's new medical school. In 1975, he was appointed Assistant Dean of Admissions and Student Affairs. He was later named Associate Dean of Undergraduate Medical Education and became Director of the Office of Medical Education from 1980 to 1988.

Dr. David Blackmore, Director of Research and Development at the Medical Council of Canada, worked closely with Dr. Baumber in the early 1990s. As Dr. Blackmore puts it, Dr. Baumber worked toward his goals without fanfare, genuinely seeking to better educate Canada's future physicians, as well as doctors throughout the world.

"He's had an interesting career. He took on medical education at a time when it wasn't favourable," Dr. Blackmore said. As one of the individuals who nominated Dr. Baumber for the Order of the University of Calgary, Dr. Blackmore was invited to the convocation and took part in the procession.

Established in 1994, the Order of the University of Calgary recognizes individuals with exemplary records who have gone above and beyond and have contributed to the university community in a significant way. It honours worthy recipients who have a record of exemplary and distinguished service to the University. It is available to anyone currently or formerly attached to the school. The award was created to help to fill a perceived gap in recognition awards at the U of C.

"The award really was to recognize the work that he has done in the area of medical education, licensing of physicians, and international medical education," said Dr. Harvey Weingarten, President of the University of Calgary. "This is a fellow who has really contributed greatly to his profession, in Alberta and Canada and around the world."

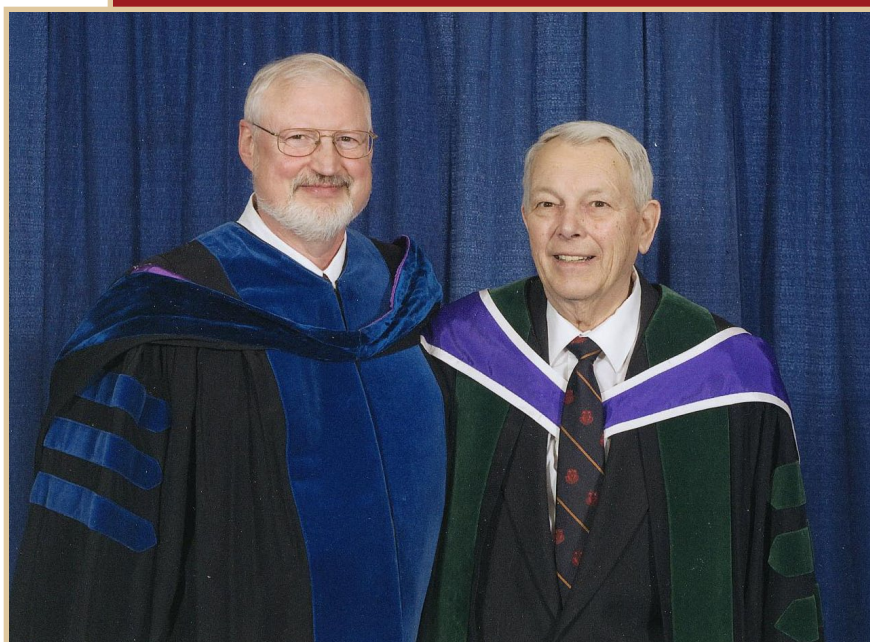
Dr. Baumber's medical education experience spans the globe, especially in developing countries. He has represented the University of Calgary in Saudi Arabia and has visited China on many occasions. He has also worked in the Philippines, South Korea, Malaysia, Brunei and Laos in addition to working under the auspices of the World Health Organization.

"Through his significant involvement in the development of the Licentiate of the Medical Council of Canada, he directly influenced every physician licensed in Canada since 1981," the convocation was told.

"Dr. Baumber is a pillar of the university, a distinguished medical educator and one of the U of C's greatest ambassadors," the University stated in its program.

The audience at the convocation already knew what a significant man Dr. Baumber is, said Dr. Weingarten. "They were there to help celebrate and recognize his work."

*At press time, it was with great sadness that the Medical Council of Canada learned of Dr. John Baumber's passing on August 6, 2009. Dr. Baumber was an integral part of the MCC's history and will be greatly missed by his friends and colleagues at the Council.*



▲ Dr. John Baumber (on right) and Dr. David Blackmore

## UPDATE ON CENTRAL EXAMINATION COMMITTEE

The spring 2009 Qualifying Examination Part I and Part II results were approved at the June 10 to 12, 2009 meeting of the Central Examination Committee.

Both examinations reflected an overall smooth administration. Examination sessions included 3,597 candidates for the Part I examination, up from last year's 3,556 and 1,033 for the Part II.



The implementation of the computer-based Evaluating Examination in September 2008 and our continued collaboration with Prometric has been successful. There were 598 candidates taking the MCCEE in May 2009 and the results were mailed out/available as of June 26, 2009. Overall, candidates are adapting well to the new examination environment.

Congratulations to the MCCEE, MCCQE Part I and MCCQE Part II teams and their extended site staff on such a successful examination cycle!

◀ **Back row (from left to right):** Dr. David Blackmore, Dr. Sydney Smeed, Dr. Ken Kontio, Dr. Claire Touchie, Dr. Ramses Wassef, Dr. Julian Midgley, Dr. Florin Padeanu, Dr. Pierre Plourde, Ms. Anna DiMedio, Mr. Yves LaFortune

◀ **Front row (from left to right):** Dr. Timothy Wood, Ms. Ilona Bartman, Mr. Robert Lee, Dr. Joan Fraser, Dr. Johanne Lacelle, Dr. Nancy Brager, Mr. André-Philippe Boulais

## FORMER MCC POSTDOCTORAL FELLOW APPOINTED RESEARCH CHAIR AT UNIVERSITY OF SHERBROOKE

On June 17, 2009, Dr. Christina St-Onge was appointed Chair of Research in Medical Education at the University of Sherbrooke. Dr. St-Onge, a specialist in measurement and evaluation, was the first recipient of the Medical Council of Canada's postdoctoral fellowship and worked with Council for a one-year term beginning in September 2007. She has been with the Faculty of Medicine at Sherbrooke since September 2008.

"In medicine, new diagnostic tools and medications are always being tested to ensure that doctors are giving the best possible health care," she said. "It's the same with medical education." The new position will allow Dr. St-Onge to continue her research in medical education with the University of Sherbrooke as well as allowing the school to share its own innovations with a greater number of people.

"This position will allow me to further my own research in this field while discovering new perspectives through collaborations with local clinicians interested in health sciences education," she said.

"Medical faculties will definitely be investing in medical education research," she said. "This field is rapidly expanding and more and more faculties want to be a part of the action. They want, for example, to be able to share their experience with others."

The diffusion of medical education innovations is widespread. For example, the University of Sherbrooke was one of the first schools to use problem-based learning in its medical school. This means smaller classes and a different kind of learning, with more interaction among students rather than traditional lectures, according to Dr. St-Onge. Many medical schools in Canada and abroad have since adopted problem-based learning in their curriculum. Another example of medical education innovations being adopted elsewhere is the multiple mini interview (MMI), an OSCE-type examination for admission into medical school. The MMI was originally introduced at McMaster University but it is now being used by more medical schools.

In the future, more researchers will likely focus on the impact of assessment and education methods, she said. For example, her team will be looking at both ends of the training continuum, she said. This means they will follow physicians throughout their medical education and into practice to determine which educational tactics are most worthwhile.

According to Dr. St-Onge, the MCC is at the forefront of medical assessment initiatives. "Having spent a year at the MCC allowed me to learn about the upcoming developments for assessment in medical education," she

said of her time as a Fellow. "That experience is helpful when planning out a research program in evaluation."

"I liked being aware of what's going to happen in assessment," she continued. "It was like having a sneak peek."

The University of Sherbrooke has also been an encouraging place for Dr. St-Onge. "It's been extremely positive," she said. "There are many physicians here who are interested in educational research. I've been able to join

in many groups and help them further their research. It's been very exciting!"

Dr. David Blackmore, Director of Research and Development at the MCC, had high praise for Dr. St-Onge. "Our fellowship positions are designed as a stepping stone to allow people with a theoretical background to gain practical experience so they can enter positions in medical education," he said. "We were honoured to have such a great candidate in our first fellowship position. We are proud of having her as part of our MCC fellowship community."

In order to achieve the highest standard of medical care for Canadians, the MCC has a strong commitment to research and development. It will continue offering postdoctoral fellowship positions in the future to help fulfill this vision.

## DR. DAVID CREERY – RECIPIENT OF THE MEDICAL EDUCATION BURSARY FOR CLIME

The Medical Council of Canada (MCC) was proud to award earlier this year a Medical Education Bursary to Dr. David Creery. The Bursary is intended to encourage the development of national leaders in medical education. Dr. Creery is the Medical Director of Pediatric Critical Care at the Children's Hospital of Eastern Ontario (CHEO). The MCC sponsored Dr. Creery to attend the Canadian Leadership Institute for Medical Education (CLIME) four-day session offered through the Canadian Association of Medical Education (CAME). This year's session was held from February 9 to 12 in Ottawa.



▲ Dr. David Creery

David Creery graduated from the Faculty of Medicine at the University of Western Ontario in 1989. Following a rotating internship at McMaster University, he completed a residency in Pediatrics at the University of Ottawa in 1994. This was followed by a Masters of Science degree in Microbiology and Immunology at the University of Ottawa and a Fellowship in Pediatric Critical Care Medicine at the Hospital for Sick Children in Toronto.

He joined the Intensive Care physician group at the Children's Hospital of Eastern Ontario (CHEO) in Ottawa in 1998, and became Medical Director of the CHEO PICU in 2002.

CLIME is designed to meet the needs of individuals who are engaged in leading initiatives that promote excellence, innovation, change, and scholarship in medical education. Participants engaged in several workshops and the topics included personal effectiveness and time management, leadership skills and styles, change management and conflict resolution, and effective teams and collaborative practices.

"I'm always interested to know whether we're doing what needs to be done," he said about medical education. In that way, he said the session was very useful and catered to his interest in leadership topics. Education, he explained, is also a key aspect of his mandate at CHEO, along with two other physicians. He interacts with several kinds of learners, including medical students, pediatric residents, non-pediatric residents, pediatric critical care nurses, respiratory therapists and practicing physicians, so the session was especially important for him, Dr. Creery said. It's also important for him to ensure that his teaching at CHEO is in synch with common medical practices. As Medical Director of the PICU at CHEO, Dr. Creery bears overall responsibility for all services, including educational activities. Dr. Creery is studying these topics further, as he is working towards a Master's of Health Sciences and Health Administration at the University of Toronto.

"I feel privileged to have been associated with the organization," Dr. Creery said of the Medical Council of Canada. Dr. Creery has been involved with the MCC since 2002 and is part of the Pediatric Test Committee for the Evaluating Examination. "The MCC treats its physician partners really, really well," he said. "All the people who work there have always been great to work with," he elaborated.

The CLIME session itself was very organized, provided targeted information, was well thought out and the organizers knew a lot about leadership and medical education, he said. He can apply what he learned at CLIME to his everyday life as well as his professional role, he stated. "The things that I learned there don't just apply to my role with medical education."

## FIRST GRADUATING CLASS OF THE NORTHERN ONTARIO SCHOOL OF MEDICINE

The Northern Ontario School of Medicine was pleased to hold a convocation for its first graduating class in May and early June after several years of hard work establishing Canada's newest medical school.

"This has happened because of the hard work of many people over a long period of time," said Dr. Roger Strasser, the founding Dean of NOSM. "We know that our students are graduating with knowledge and satisfaction."

NOSM, a joint effort between Lakehead University in Thunder Bay, Ont. and Laurentian University in Sudbury, Ont. is the first of its kind. The two communities are more than 1000 km apart. Focusing on rural and northern health, the school uses community-based practical learning to educate.

"We use the whole of Northern Ontario as the campus," said Dr. Strasser. The students at NOSM all have an affinity and enthusiasm for rural health, he explained. Some students from urban areas attend the medical school, but enrollment is mostly comprised of students from rural, northern, Aboriginal or francophone communities.

Dr. Strasser himself comes from Australia, where his mother was a teacher in rural areas. He always loved rural health, he said. Dr. Strasser taught at the University of Western Ontario in the mid-1980s and he decided that northern Ontario was the next logical step for a rural institution. "It was a once in a lifetime opportunity to start a medical school," he said.

This year, all of the school's graduating students were matched with residency positions in the first iteration of the CaRMS match. "I think that's a clear indication that our students compare very favourably with students from other medical schools," said Dr. Strasser.

Prior to this spring's session of the Medical Council of Canada Qualifying Examination Part I (MCCQE Part I), NOSM held a two-week preparation session

where students learned about the MCCQE Part I. Students and instructors discussed possible examination questions and possible answers.

"We don't have conventional courses in our curriculum, but rather five themes throughout four years," said Dr. Strasser. The themes include Northern and Rural Health, Personal and Professional Aspects of Medical Practice, Social and Population Health, Foundations of Medicine and Clinical and Communication Skills in Health Care.

When the school welcomed its first class of students in September 2005, it became the first new medical school in Canada in more than 30 years, and only the second new medical school in North America during a similar period. In addition, NOSM is the only Canadian medical school to be established as a stand-alone, not-for-profit corporation, with its own Board of Directors and corporate by-laws.

NOSM uses case-based learning, where students go out into the community to work. In their third year, students are based in family practices in 12 large rural and small urban communities in northern Ontario. "You could say the curriculum walks through the door," Dr. Strasser said of the hands-on experience. "It's about learning in context." The school also uses electronic resources extensively, meaning that wherever students are, they have access to the same information.

When the curriculum committee met in January 2003, Dr. Strasser said it took into account the MCC's Objectives for its examinations, as well as other medical schools' curricula. "We very much used those as benchmarks," he explained. "I think at this stage we're looking for fine-tuning and consolidation," Dr. Strasser said. So far, he said, the five-theme approach is working well.

Northern Ontario School of Medicine M.D. graduates at their convocation ceremony  
▼ on Saturday, May 30, 2009 at Lakehead University. Photo supplied by NOSM.



## AGREEMENT ON INTERNAL TRADE

In December 2008, the Forum of Labour Market Ministers (FLMM) finalized amendments to Chapter 7 of the Agreement on Internal Trade (AIT), which is meant to facilitate labour mobility in Canada.

The provincial, territorial and federal governments (except for Nunavut) are all signatories of the AIT. As such, regulatory authorities who have been delegated responsibility by governments must comply with the new rules. In essence, the amendments to Chapter 7 mean that regulatory authorities cannot call for material requirements that could be considered barriers to mobility within Canada unless justified through an exception to labour mobility. Material requirements may refer to additional training, examinations or assessments needed for licensure.

The federal-provincial-territorial Labour Mobility Coordinating Group is co-ordinating the implementation of Chapter 7 on behalf of the FLMM. Brendan Walsh and Lindsay Turner, federal and provincial co-chairs of the Labour Mobility Coordinating Group, elaborated on the next steps for the implementation of the amendments to Chapter 7. "As a first step, individual governments ratified the amendments to Chapter 7 within their own jurisdictions, a process that is now complete. This means that, as of August 11, 2009, the new Chapter has come into force. Individual governments are now working with their regulatory authorities to determine whether the regulators' practices are consistent with the obligations under Chapter 7, particularly the agreement to certify any worker who is already certified for a profession or trade in another province/territory," they explained in a statement.

"If a government determines that some additional requirements still need to be imposed on certified workers from other provinces, then the government will put forward an 'exception to labour mobility' for that occupation, which will include a rationale for why the additional requirements are necessary," they explained. "If a government determines that certification practices need to change as a result of Chapter 7, the government will work with the regulatory authority to amend policies, procedures and, if necessary, legislation to bring those practices into compliance with the Chapter."

Ms. Turner and Mr. Walsh specified how the implementation of AIT will affect the medical community: "Governments have agreed that any physician who is fully certified in one province or territory shall be certified in any other province or territory without imposing any material requirements. Exceptions to this would only occur if a government puts forward an 'exception to labour mobility'. Like many regulated professions, labour mobility for physicians can be complicated by differing registration categories that exist within provinces. Chapter 7 recognizes this reality, and workers with conditions, restrictions or limitations on their licence shall be certified in equivalent categories of licensure where they exist, subject to any exceptions to labour mobility."

The Federation of Medical Regulatory Authorities of Canada (FMRAC) wrote to the FLMM in December 2008 and again in May 2009 to voice its concerns and suggest ways to move forward. "FMRAC supports greater mobility across Canada," said Dr. Bryan Ward, President of FMRAC. "This agreement is about removing unnecessary barriers

to mobility. Since the health and safety of the public is on the line, we needed more time to examine the issue further and develop the most effective implementation approaches. As a result, we have requested a two-year extension to the implementation deadlines."

"There has been a positive side to this issue," said Dr. Ward. "It has provided medical regulatory authorities with the opportunity to come together and discuss how we can further standardize our processes." FMRAC has established a Steering Committee of Registrars to examine the impact of AIT. The Steering Committee, chaired by Dr. Rocco Gerace, directs three working groups: a registration working group, an assessment and supervision working group, and a certificate of professional conduct working group. Dr. Ian Bowmer, Executive Director of the Medical Council of Canada (MCC), is an observer on the Steering Committee of Registrars.

The theme of the 2009 FMRAC Annual General Meeting was "National Registration - Setting the Bar." The outcome was an overwhelming consensus to work with the MCC to develop a national system for physician registration that:

- Is under the auspices of the Federation of Medical Regulatory Authorities of Canada
- Is a collaborative venture with the MCC and capitalizes on the MCC's infrastructure capabilities
- Uses common application and other forms
- Makes use of the Medical Identification Number of Canada (MINC) and the Physician Credentials Registry of Canada
- Involves strategic partnerships with members, the Federation of State Medical Boards, the International Association of Medical Regulatory Authorities, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, the Canadian Medical Association, etc.

FMRAC is hoping to have its deadline for implementation of the new AIT amendments extended for two years – up to one year to address issues pertaining to practising physicians who have full licences and an additional year to address issues with physicians who have less-than-full licences. Its members are hoping to have a meeting with all levels of government to discuss their concerns. The extension will also provide the required time to establish the national system for physician registration.