
# Updates to the MCC Objectives for the Qualifying Examinations

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## REFERENCE TABLES

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# INDIGENOUS HEALTH — 78-9

## Rationale

Indigenous Peoples experience persistent and widening health gaps, as well as gaps in health care access, utilization, and quality. Physicians have a responsibility to respond to the Calls to Action of the Truth and Reconciliation Commission, the Calls for Justice of the National Inquiry into Missing and Murdered Indigenous Women and Girls, and other relevant commissions and inquiries. Physicians have an important role in contributing to Indigenous Peoples' equal right to the highest attainable standard of health and in providing health care that is free of racism.

## Causal Conditions (list not exhaustive)

1. The current state of Indigenous health is the result of the history and legacy of ongoing colonialism and multi-level racism (i.e., structural, institutional, interpersonal, internalized).
2. These structural drivers, namely the social determinants of health, underly the conditions of daily life for Indigenous Peoples (e.g., food insecurity, inadequate housing, lower income, environmental conditions, differential access to education).

## Key Objectives

Given an Indigenous patient, the candidate will demonstrate an awareness of the root causes of the inequitable health care and health outcomes experienced by Indigenous Peoples; understand the importance of and demonstrate anti-racist, culturally safe, trauma- and violence-informed care; articulate the inherent Indigenous and Treaty Rights (e.g., Medicine Chest Clause) relevant to the health of Indigenous Peoples; apply population health principles in understanding and advocating for Indigenous Peoples' health at the individual, community, institutional (e.g., hospitals), and societal levels.

## Enabling Objectives

Given an Indigenous patient, the candidate will

1. Describe the connection between historical and current government policies and actions toward Indigenous Peoples (including but not limited to colonization, residential schools, treaties, and land claims) and the resulting intergenerational health outcomes.
2. Describe the relationship between the ongoing disruption of social, cultural and spiritual determinants of health due to colonization and the current state of Indigenous health (e.g., historical banning of traditional healing practices, loss of languages in the residential schools, loss of access to Traditional Territories).
3. Describe the various health services that are delivered to Indigenous Peoples and describe how multi-jurisdictional health care (federal, provincial, regional) can increase the risk of critical incidents, adverse events, medication errors, administrative barriers and/or interruptions in continuity of care.

4. Assess the role of racism in differential access to health care (e.g., access to primary and specialty care, medications, procedures and surgeries).
5. Define and demonstrate the following:
    a. Anti-racist health care
    b. Culturally safe health care
    c. Cultural humility
    d. Trauma- and violence-informed care
6. Describe the four key themes of the United Nations Declaration on the Rights of Indigenous Peoples and how they link to health outcomes (right to self-determination; right to cultural identity; right to free, prior and informed consent; and the right to be free from discrimination).
7. Describe specifically the equal right to the highest attainable standard of health and the right to traditional medicines and health practices, as well as the right to access all social and health services without discrimination.
8. Demonstrate respectful discussion and collaboration regarding the use of traditional health practices.
9. Recognize and facilitate the involvement of cultural resources that may be used to improve patients' health (e.g., traditional activities, eating traditional foods, using medicines if they choose to do so, spiritual/cultural practices such as ceremonies).
10. Learn about indigenous cultures to appreciate their traditions, worldviews, norms, values and beliefs.
11. Demonstrate awareness of the diversity of access to federal non-insured health services and benefits (NIHB) for first nations (status and non-status), Métis, and Inuit.
12. Identify barriers to equitable health and health care for Indigenous Peoples and advocate for change at the systems level (e.g., organizational policy, healthy public policy).
13. Participate in the creation of safe clinical and learning environments through ensuring peer accountability.
14. Demonstrate an understanding of intersectionality as it relates to diverse indigenous identities (e.g., 2 SLGBTQQIA+, people who have disabilities, women).

# DISASTER PREPAREDNESS, EMERGENCY RESPONSE, AND RECOVERY — 78-10

## Rationale

A disaster is a serious disruption of the functioning of a society, causing widespread human, material, or environmental losses that exceed the ability of the affected society to cope using only its own resources. The frequency of disasters affecting human health is increasing due to a combination of climate change–related natural disasters, acts of terrorism, epidemics and pandemics, and the unintended release of toxic (including radiological) compounds. Physicians are key participants in the emergency response to disasters, particularly in the health concerns that ensue. As such, physicians may be required to help design an emergency response plan, to ensure the application of the plan, and to reorient their practice to the needs of the population. Physicians must be equipped to properly respond to the health implications that arise from disasters.

## Causal Conditions (list is not exhaustive)

Disaster preparedness, emergency response, and recovery measures may relate to the following:

1. Disaster origin: natural (e.g., climate-related forest fires) or human-induced (e.g., terrorism).
2. Type of hazard: biological (e.g., epidemic), chemical (e.g., toxic chemical spill), radio-nuclear (e.g., breach in nuclear facility), flood, fire, earthquake or extreme temperatures.
3. Location: local (e.g., train derailment with large-scale release of toxins), national (e.g., epidemic) or international (e.g., pandemic).

## Key Objectives

1. Discuss the defining characteristics of a disaster affecting human health.
2. Describe approaches to disaster prevention and mitigation.
3. In preparation for a disaster, develop an emergency response plan for their practice based on the perceived threats that are most likely to occur.
4. Participate in implementing an emergency response plan.
5. Assist with the recovery operation after a disaster.

## Enabling Objectives (clinical findings, critical investigations, management plan)

1. Communicate a foundational knowledge of disasters, including:
    a. discussing the conditions that would lead to the declaration of an emergency of disaster proportions (that overwhelms the ability of local health services to respond effectively);

b. recognizing the possible causes of a disaster and factors that would amplify or minimize its effects on health;
c. identifying specific vulnerable populations during a disaster (these could be determined by age, disability, health conditions, or health behaviours);
d. discussing the phases of disaster management (e.g., disaster prevention and mitigation, disaster preparedness, emergency response, and recovery); and
e. demonstrating knowledge of safety measures (e.g., personal protective equipment use, appropriate evacuation procedures) used to protect health-care professionals during disasters.

2. Demonstrate disaster prevention and mitigation, including:
   a. describing the importance of disasters and emerging threats based on sociopolitical context and geographical region;
   b. interpreting hazard identification and risk assessment relative to their patient population and practice situation;
   c. demonstrating skills in collaboration and advocacy with relevant stakeholders to prevent disasters; and
   d. describing situation-appropriate disaster mitigation techniques (e.g., isolation rooms, physical-distancing measures).
3. Develop disaster preparedness, including:
   a. developing a continuity of operations plan (COOP) for the physician's office or clinic situation;
   b. evaluating available health resources, both internally (e.g., staffing, personal protective equipment, ventilators, beds) and externally (e.g., outside assistance), and surge capacity based on the vulnerabilities identified in the COOP;
   c. describing the importance of effective emergency response training for health-care professionals (e.g., drills, awareness of emergency response resources); and
   d. discussing the role of Incident Management Systems, where organizations may adapt their organizational structure to better respond to a disaster.
4. Participate in emergency response, including:
   a. appropriately identifying situations requiring activation of emergency response systems;
   b. demonstrating effective communication skills with colleagues, patients, and the community specifically regarding emergency response to disasters affecting human health;
   c. demonstrating skills in effective patient triage in response to a disaster and resource allocation in a crisis; and
   d. demonstrating skills to rapidly identify sources of credible information and prevent the spread of harmful misinformation.
5. Assist with emergency recovery, including:

a. describing the importance of planning for a return to normal operations after disaster response;
b. describing health implications (e.g., mental health, absence of elective procedures, displacement of people, socioeconomic consequences) of the disaster and planning how to address these in one's own practice; and
c. describing the importance of post-disaster evaluation for improving future disaster mitigation, preparedness, and response.

# PRESCRIBING PRACTICES — 125

## Rationale

Prescribing medications safely is a central component of most physicians' activities and requires appropriate medical knowledge, skill, professional judgment, and an understanding of the applicable legislation related to prescribing.

## Key Objectives

To safely and effectively manage a patient presenting with a condition that requires prescription medication, the candidate will first undertake a thorough clinical assessment and then apply principles of evidence-based medicine and cost effectiveness in prescribing.

## Enabling Objectives

Given a patient that requires a medication to be prescribed safely and effectively, the candidate will

1. Undertake a thorough clinical assessment, including:
    a. a complete medication history, including allergies and intolerances;
    b. a review for adherence and effectiveness of the patient's current medications;
    c. address polypharmacy and the options for deprescribing; and
2. Apply principles of clinical pharmacology in prescribing medication to:
    a. address the effect of comorbidities, current medications, liver and renal function, genetics, age, and pregnancy on the risks and benefits of prescribing the medication;
    b. apply an evidence-based approach to clinical and cost effectiveness, including prescribing generic medications when appropriate;
    c. anticipate the potential for adverse effects and take steps to mitigate them (e.g., prescribing appropriate routes, strengths, and quantities of medication);
    d. recognize potential medical interactions when prescribing new medications;
    e. recognize barriers to patients access to the medication (e.g., affordability, accessibility, supply) and advocate to resolve these where possible; and
3. Document the prescription appropriately, including:
    a. generating a clear and legible prescription that meets legal requirements;
    a. recognizing common cases of medication errors and how they can be prevented;
    b. creating contemporaneous clinical notes of prescribing decisions;
    c. documenting appropriate follow-up plans for review of the effectiveness of the prescribed medication and any adverse effects encountered; and
4. Communicate with the patient or, if appropriate, their family or caregivers to:
    a. build a therapeutic relationship that encourages adherence but respects the patient's values, beliefs, and expectations about medications and their right to refuse treatment;

b. ensure they understand the rationale for the prescription;
c. provide them with information about any adverse effects, how to report them, and what they should do if adverse effects occur;
d. ensure that those involved in sharing care or transfer of prescribing responsibilities are adequately informed about the prescription.

# SOMATIC SYMPTOMS AND RELATED DISORDERS — 124

## Rationale

Prominent or vague somatic symptoms are common presentations in primary care and other medical settings. These symptoms are often accompanied by significant patient distress and disability but do not have consistent pathophysiologic findings.

## Causal Conditions (list is not exhaustive)

1. Psychological factors affecting other medical conditions.
2. Malingering or factitious disorder.
3. Substance use disorder.
4. Other psychiatric disorders (e.g., somatic symptom disorder, illness anxiety disorder, conversion disorder, posttraumatic stress disorder).
5. Adverse life events (e.g., adverse childhood events, intimate partner violence, other traumas, adult physical abuse).

## Key Objectives

Given a patient with prominent or vague somatic symptoms and significant distress causing disability, without consistent pathophysiologic findings, the candidate will consider a somatic symptom–type disorder.

## Enabling Objectives

Given a patient with symptoms consistent with somatic symptoms or a related disorder, the candidate will:

1. List and interpret critical clinical findings, including:
    a. potential contributing conditions identified through appropriate history and physical examination;
    b. integrating current history and findings with information from available medical records; and
2. List and interpret critical investigations, including:
    a. an alcohol and recreational drug screen, where appropriate;
    b. investigation of new symptoms, where appropriate;
    c. no further investigations, where appropriate; and
3. Construct an effective initial management plan, including:
    a. educating the patient about the connection between physical symptoms and psychological distress;
    b. appropriate pharmacotherapy, as indicated;
    c. referring the patient for specialized care, if necessary.

## 78-7 HEALTH OF SPECIAL POPULATIONS

### Rationale

Each community is composed of diverse groups of individuals and sub-populations. Different risk factors (e.g. culture, behaviors, age, gender) in special populations may result in health inequities. Hence physicians need to be aware of the differing needs of population groups and provide health care that reduces inequities.

### Key Objectives

1. Discuss how variation in the determinants of health in different populations promotes or harms their health status.
2. Discuss how populations may have challenges with respect to access to health services, and how members of the population may rely on traditional or alternative health services that are not commonly used by society as a whole.
3. Discuss how to provide culturally safe care with different populations.
4. Discuss and provide examples of how public policy can influence population-wide patterns of behavior and affect the health of a population.

### Enabling Objectives

1. Discuss the health determinants and associated health outcomes for special populations at risk (e.g., homeless, persons with disabilities, seniors, immigrants, children living in poverty).
2. Identify exposures in countries of origin as risk factors for illness and disease.
3. Discuss the unique cultural perspective of immigrants with respect to health and their frequent reliance on alternative health practices.
4. Discuss the major health risks associated with homelessness as well as the associated conditions such as mental illness.
5. Discuss the major health risks associated with seniors and children living in poverty.
6. Recognize that, within populations, new risks may emerge.