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Canada

Medical Council of Canada Releases Report Outlining Its Future Vision

The Medical Council of Canada (MCC) has released a comprehensive report detailing its strategic vision for the future of medical regulation and licensing in Canada. Titled “Recalibrating for the 21st Century,” the 24-page plan focuses on several key areas of activity, including basic licensing and exam processes, the assessment of international medical graduates and Canada’s version of Maintenance of Licensure, which it calls “revalidation.”

MCC’s Assessment Review Task Force submitted the report after extensive consultations with key Canadian stakeholders.

“We are very proud to be publishing our report after having had the opportunity to consult with Members of Council, medical regulatory authorities and faculties of medicine across the country,” said Dr. Oscar Casiro, Chair of the Assessment Review Task Force.

The report’s key recommendations include working with partners on a national strategy for assessment of physicians throughout their medical careers and developing tools to evaluate international medical graduates’ practice readiness. Recommendations also include more flexibility in exam timing and enhanced assessment of physicians.

The MCC currently provides three examinations of medical competence. The Qualifying Examination Part I and Part II (MCCQE Part I and II) are the assessment components of the Licentiate of the Medical Council of Canada. Additionally, the MCC offers the Evaluating Examination (MCCEE), which is held at 500 sites in more than 80 countries and provides an initial screening of international medical graduates interested in practicing in Canada.

The MCC awards the Licentiate to a candidate who has graduated from a recognized medical school, carried out at least one year of postgraduate clinical training, and successfully completed the MCCQE Part I and II. The MCC conducts over 12,000 assessments of medical students and graduates every year through its examinations.

Its exams are offered in both English and French in sites across Canada.

“Recalibrating for the 21st Century” can be viewed by visiting http://www.mcc.ca/en/about/assessment_review_report.shtml. ■

Source: Medical Council of Canada website, November 2011

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India

Medical Council of India’s Vision for 2015 Addresses Projected Physician Shortages and Other Looming Issues

Despite advances in its medical infrastructure, India faces significant health care challenges that will require it to change the way it delivers medical education, according to a major report from the Medical Council of India.

The Council’s “Vision 2015” report outlines steps that should be taken to address a serious shortage of physicians in India — a major problem for the

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country despite the fact that it has the most medical colleges in the world. The ratio of physicians to patients in India, according to the report, is currently 1 to 1,700, while the worldwide average is 1.5 to 1,000.

After a comprehensive workforce analysis, the Council determined that the ratio in India should be 1 to 1,000, suggesting that the ratio could be achieved by the year 2031 with key changes in the medical education system — including an increase in the number of government-supported medical colleges.



Though there has been improvement in quality health results in India, national statistics reveal wide disparities between different states and in rural and urban areas in terms of access to basic medical services and quality health care.

While most of these issues are generally attributed to inadequate infrastructure and a lack of resources, the Council says in its report that physician shortages — of both generalists and specialists — inequitable distribution of manpower and resources, and deficiencies in the quality of medical education have also contributed.

Vision 2015 identifies as major challenges large gaps in health care accessibility in many parts of India, the need for enhanced clinical competency, and the limited opportunities for post-graduate training. The report seeks to address accessibility and competency issues via an effort to “standardize the output of graduate medical education in the form of an ‘Indian Medical Graduate’; a skilled and motivated basic doctor.”

Vision 2015 addresses the areas of graduate and postgraduate medical education that need attention, including examination patterns, ethics of medical practice, equivalence of various degrees and courses, enhancement of compensation for medical teachers and setting up standards for accreditation of medical colleges.

The report calls for a restructuring of undergraduate training and strategies to increase the number of specialists practicing in India — while maintaining high standards of quality and patient safety.

“The most significant challenge for regulatory bodies like the Medical Council of India has been to balance the need for more medical colleges with the maintenance and improvement of quality standards,” the report states. “The globalization of education and health care and India’s potential as a destination of choice for quality education and health care has brought the issue into sharper focus.”

To read the full report and the recommendations of the Medical Council of India, visit www.mciindia.org/MediaRoom/Announcements.aspx. ■

Source: Medical Council of India website, November 2011

Ireland

Irish Regulatory Agencies to Collaborate on Public Safety and Public Health Issues

The Pharmaceutical Society of Ireland (PSI) and Ireland’s Medical Council (MC) have signed a memorandum of understanding between the two regulatory groups aimed at improving collaboration on issues of public safety and public health.

In a news release, the MC said the memorandum “provides a framework to assist the joint working of the two statutory regulators to ensure maximum effectiveness regarding public safety and public health issues when carrying out their statutory functions.”

The MC regulates Irish physicians, and the PSI regulates Irish pharmacists. The two bodies will collaborate more closely in areas such as the discharge of their respective regulatory functions and the sharing of information, with particular emphasis on “the safe use of medicine in the interest of patient safety,” according to the MC.

The memorandum was signed on behalf of the PSI by President Paul Fahey and Registrar and Chief Executive Dr. Ambrose McLoughlin, and on behalf

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of the MC by President Kieran Murphy and Chief Executive Officer Caroline Spillane.

Spillane said that the new agreement would further build on the existing strong working relationship between the MC and the PSI.

“The primary role of both organizations is to safeguard the public, and this new agreement will allow for greater cooperation in the interests of patient safety. The Medical Council looks forward to strengthening ties with the PSI and developing a collaborative approach on areas of common interest.” ■

Source: Ireland Medical Council website, November 2011