Canadian Medical Education Journal
Revue canadienne de l'éducation médicale

An open letter to all stakeholders involved in medicine and medical education in Canada
Une lettre ouverte à tous les intervenants impliqués dans la médecine et l'éducation médicale au Canada

Kevin Eva

Volume 13, Number 4, 2022

New thinking on medical licensure in Canada
Nouvelle réflexion sur le permis d'exercice de la médecine au Canada

URI: https://id.erudit.org/iderudit/1092116ar
DOI: https://doi.org/10.36834/cmej.75549

See table of contents

Publisher(s)

Canadian Medical Education Journal

ISSN

1923-1202 (digital)

Explore this journal

Cite this document

Eva, K. (2022). An open letter to all stakeholders involved in medicine and medical education in Canada. *Canadian Medical Education Journal / Revue canadienne de l'éducation médicale*, *13*(4), 1–2. https://doi.org/10.36834/cmej.75549

Canadian Medical Education Journal

Editorial

An open letter to all stakeholders involved in medicine and medical education in Canada

Une lettre ouverte à tous les intervenants impliqués dans la médecine et l'éducation médicale au Canada

Kevin Eva[1]

[1]Centre for Health Education Scholarship, University of British Columbia, British Columbia, Canada

Correspondence to: Kevin Eva; email: kevin.eva@ubc.ca

Published: Aug 26, 2022. CMEJ 2022, 13(4) Available at https://doi.org/10.36834/cmej.75549

In times of trouble, it can be challenging to think aspirationally.[1] Given the world's current difficulties, therefore, it would be totally understandable if our healthcare system and those who lead it were to batten down the hatches while waiting for the storm to pass. "Storm" need not even be metaphorical given that my home province of British Columbia has, in the last year alone, seen unprecedented heat, fire, flooding, snow, and cold. The health problems those moments of climate volatility created have occurred at the same time as we are achieving increasing degrees of clarity regarding the longer-term social injustices done to Indigenous populations both within and outside the Canadian health system.[2] Then there is the matter of this damn-demic that has forced at least a few emergency departments (among other health services) to close because of insufficient staffing.

I start this editorial with those reminders of some of the big issues plaguing our world not to make readers feel overwhelmed, but to highlight how impressive it is that the Medical Council of Canada (MCC) continues in its effort to rise above such challenges and determine how it can best serve the health of Canadians. Times of trouble are, after all, precisely when one should be thinking aspirationally. The challenges listed are only examples, but they demonstrate how dynamic the world is and, hence, why it is critical that every stakeholder in the medical profession strive for excellence by adapting to modern realities rather than clinging to the seemingly safe status quo.

As part of their effort to think aspirationally, the MCC convened an Assessment Innovation Task Force (AITF) at the start of 2021 and charged it with offering guidance regarding how education, assessment, and clinical practice have evolved along with thoughts on the implications those changes might hold for the organization.[3] Dozens of consultations were undertaken with people spanning the country and the globe, leading to extended debates ranging from the philosophical (e.g., what competence is; how assessment influences it; and what it should mean to hold a licentiate) to the practical (e.g., how key competencies should be examined; and what strengths, weaknesses, opportunities, and threats exist in adopting a variety of plausible assessment techniques).

This special issue of CMEJ shares the insights of some of the scholars the AITF called upon to guide the MCC's deliberations. They are worth sharing because the position papers they produced hold broader relevance than just MCC practice. In other words, while this is a special issue on licensure (in which MCC examinations play a substantial role) and the authors were, thereby, guided in their rhetorical choices by that context, the ideas their efforts enabled are worth sharing with a wider readership because they represent a microcosm of health professional education and practice more generally. As examples, Anawati speaks to the prominent move to virtual care,[4] and Cummings explores the value of open-book examinations.[5]

Common themes across the submitted articles and others the AITF received include the value of integration between

different stages of training, prioritization of a developmentally-focused continuum, and providing the skills, knowledge, and access to information that practitioners need to remain up to date as regulatory standards and professional expectations continue to evolve.[6,7,8,9] That is, there were various calls for better merging of our educational and our assessment practices, for shared accountability between individuals and institutions, and for recognition of the full complexity inherent in a wide array of needs.

While professional licensure is a critical means through which Canada ensures a safe and effective healthcare system,[10,11] it must be thought of as the culmination of one's training, not the culmination of one's learning. To avoid the latter fate it is imperative that no stage of the training through practice continuum operate in isolation, as a hurdle one merely needs to overcome rather than part of a system developed to support an integrated pursuit of better healthcare. The early stages of the continuum are commonly thought of as laying the groundwork by developing knowledge and skills that must then be built upon in context appropriate ways. It also critical, however, that we examine their role in setting expectations regarding what it means to be a professional by establishing processes and habits that enable and empower individuals to enact those ideals. If the later stages of the continuum do not reinforce those learnings with meaningful activity that is valuable to the practitioner, the many tensions that regulatory processes create will undermine that foundation no matter how solidly it was built.

As a result, while the AITF was brought together to advise the MCC, it was clear to everyone (the MCC included) that the MCC is but one contributor to the strength of our healthcare system. This editorial and the spirit underlying this special issue is, therefore, not directed at the MCC. Rather, it is better conceived of as an open call to other stakeholder groups to not let the tendency to wait for better times distract them from movement towards better cohesion within and through our assessment practices. The MCC's stated vision is "striving to achieve the highest level of medical care through excellence in assessment." For Canadian healthcare to remain a world leader in health professions education requires that our medical schools, accrediting bodies, regulators, and continuing professional development offices use excellence in assessment as a means to an end, working collaboratively to generate models in the pursuit of excellence more generally. Each of us has a role to play and our capacity to elevate the quality of care through education, assessment, and regulation will be stronger if we work as an integrated system.

References

1. Eva KW. Strange days. *Med Educ* 2020;54(6):492-3.
2. Turpel-Lafond ME. *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care.* November 2020.
3. Medical Council of Canada. The Assessment Innovation Task Force gets underway. Feb 22, 2021. https://mcc.ca/news/the-assessment-innovation-task-force-gets-underway/. [Accessed June 16, 2022].
4. Anawati M. Virtual care in undergraduate medical education: Perspectives beyond the pandemic. *CMEJ* 2022;13(4). https://doi.org/10.36834/cmej.73879
5. Cummings B. Exploring the role of open book examinations in licensure in 2021 and beyond. *CMEJ* 2022;13(4) https://doi.org/10.36834/cmej.73897
6. Warm et al. Creating a developmentally minded licensing process: Connecting fractals along the continuum. *CMEJ* 2022;13(4) https://doi.org/10.36834/cmej.73871
7. Brydges et al. On embedding assessments of self-regulated learning into licensure activities in the health professions. *CMEJ* 2022;13(4). https://doi.org/10.36834/cmej.73855
8. Nickell et al. Is there a role for a learner education handover as part of the Medical Council of Canada assessment and licensing process. *CMEJ* 2022;13(4) https://doi.org/10.36834/cmej.73844
9. Lockyer J, Sargeant J. Multisource feedback. *CMEJ* 2022;13(4) https://doi.org/10.36834/cmej.73775
10. Wenghofer E, Boulet J. Medical Council of Canada Qualifying Examinations: What do (did) they measure? *CMEJ* 2022;13(4). https://doi.org/10.36834/cmej.73770
11. Touchie C et al. Losing high-stakes clinical skills examinations: Have we considered the unintended consequences? *CMEJ* 2022;13(4). https://doi.org/10.36834/cmej.73889