Australia

AMC Appoints New Chief Executive Officer

The Australian Medical Council (AMC) has appointed Philip Pigou as its new Chief Executive Officer.

Pigou will join the AMC in January 2018 from his role as CEO of the Medical Council of New Zealand (MCNZ), succeeding Ian Frank, AM, who will end his three-decade term as leader of the AMC at the end of 2017.

Pigou has been involved in medical regulation, accreditation and education in New Zealand over many years. He has served as CEO of the MCNZ since 2005 and held other senior leadership roles in the health sector in New Zealand.

In a statement, AMC President Jillian Sewell, AM, described Pigou as a "long-term friend of the AMC."

"Mr. Pigou's insight into indigenous health issues through his work with Maori and Pacific Island people, as well as his understanding of change and project management, strategy development, and leadership will be invaluable in the next, new chapter for the AMC," she said. "His collaborative approach and commitment to strengthening the AMC as a values-based and innovative organization will underpin our future work."

Ian Frank joined the AMC in 1988 and has been Chief Executive since 1991. He is credited with helping advance the AMC's visibility as an international leader in medical education, assessment, accreditation and standards-setting. During his tenure, AMC modernized its assessment of international medical graduates, including establishing the world-class Vernon Marshal National Test Centre in Melbourne.

The AMC also strengthened its accreditation capability, and now accredits 126 primary and specialist medical programs offered by 37 education providers across Australia and New Zealand.

Source: Australian Medical Council news release, August 15, 2017

Canada

Three Provinces Join Canada's New Centralized Exam Registration System

Several Canadian provinces are now participating in Canada's centralized system for examination registration — part of the Medical Council of Canada's (MCC) effort to streamline the process of examination and credential review of physicians.

Medical regulatory authorities in Manitoba, Prince Edward Island, and Yukon are the latest to integrate the "physiciansapply.ca" national online portal into their application process in 2017. They join Alberta, Nova Scotia, Quebec, Saskatchewan, Newfoundland and British Columbia in accepting applications through the portal, bringing the total to nine provinces and territories.

The portal will eventually cover all 13 regulatory authorities across Canada. The portal offers a centralized system for exam registration that receives, reviews, verifies and stores credentials and documents of candidates from across Canada and around the world.

The secure portal streamlines operational details for medical regulatory authorities as they process potential new physicians, while helping candidates apply for exams, view results, submit credentials and documents, and have their materials verified and translated.

The national application-portal project was funded by Employment and Social Development Canada, the Federation of Medical Regulatory Authorities of Canada and its members, and the Medical Council of Canada.

Source: MCC *Echo*, June 2017

Canada's MCCQE Part I and NAC Examinations to be Substantially Changed

As part of the Medical Council of Canada's (MCC) evolution of its examinations in 2018 and 2019, changes are coming to the MCC Qualifying Examination (MCCQE) Part I, one of the requirements to obtain the

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Licentiate of the Medical Council of Canada (LMCC), and to the National Assessment Collaboration (NAC) Examination, required for internationally trained physicians applying to Canadian residency programs.

MCCQE Part I

For those planning to take the MCCQE Part I in 2018, the examination will be offered in its usual settings in Canada's faculties of medicine, and at selected private sites as well. Candidates will schedule their exam date among those available for their testing center for spring or fall testing.

However, starting in the spring of 2019, the exam will be administered by a separate vendor. It will continue to be offered in all of the Canadian cities where it is offered now, but also in many international cities and up to five times a year (four times in 2019, its inaugural year).

Candidates will need to apply through the MCC to take the exam, as they do now, but they will then be able to schedule the exam with the vendor and go to a vendor-operated site. "Testing windows" will be offered, allowing candidates to choose the time period and location for the exam. Candidates will also be able to change their testing appointments on their own.

The exam experience is changing too, according the MCC. Some of these changes will take effect in 2018, as the MCC gears up for the new delivery model in 2019.

One of these changes is that candidates will be able to flag questions and return to them at any time during the exam. While candidates previously have been able to flag questions on the clinical decision-making portion of the exam, in the multiple-choice portion they were required to finalize a section and submit it before going on to the next section. That meant they could not return to that section to reconsider a question. Beginning in 2018, the exam will be continuous — there will be no sections. Prospective physicians taking the exam will be able to flag questions in the multiple-choice as well as the clinical decision-making questions and return to any question at any time.

The MCC is also planning on making the multiple-choice component of the exam longer, making it possible to test more competencies in the required content areas.

NAC Examination

To date, candidates had to pass the MCCEE to apply for the NAC Examination in Canada, but that will be changing, as well, under the new examination process. As of the March 2018 session, the MCCEE will no longer be a prerequisite for the NAC Examination in Canada.

Prospective residents who take the examination will have to be in their last year of medical studies — or have completed their studies — and meet some other eligibility requirements, according to the MCC. The NAC Examination itself is also changing, including enhancements to content, with a greater focus on critical thinking, and the introduction of new scoring methods in 2019.

Current rules will also change to allow candidates to retake the NAC Examination up to three times, regardless of whether they passed or failed previous attempts. This would allow candidates to improve their score, even if they have already passed.

To learn more about the MCC's examinations and the upcoming changes, please visit www.mccevolution.ca.

Source: MCC *Echo*, June 2017

New Zealand

Recertification Definitions and Guidelines Continue to Advance in New Zealand

The Medical Council of New Zealand (MCNZ) continued its ongoing effort to create a robust and well-defined system of continuing professional development for physicians — known in New Zealand as recertification — publishing a new document that further refines the essential principles that will guide the recertification process in the future.

MCNZ sought input on how best to implement recertification from a wide variety of stakeholders

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during a discussion process that included submissions of ideas from national and international regulators, medical colleges, unions, employers, other groups and individuals. Among topics under discussion are how to ensure reasonable costs, efficient, non-redundant administration, and appropriate time-frames for continuing professional development activities by physicians.

The MCNZ's latest document offers a "vision and principles" for recertification, noting that for success, the recertification process should be:

- Evidence-based
- Formative in nature
- Informed by relevant data
- Based in the doctor's actual work and workplace setting
- Profession-led
- Informed by public input and referenced to the Code of Consumers' Rights
- Supported by employers

The MCNZ has also published a policy document on Regular Practice Review (RPR)—a process designed to improve practice among physicians. The MCNZ is encouraging adoption of this process as an option for continuing professional development in New Zealand. The policy states that RPR must:

- Be informed by a portfolio of information on the performance of the doctor that may include audit and log books
- Include multisource feedback
- Include external assessment by an external peer
- Include a method of giving constructive feedback

To learn more about New Zealand's efforts at developing its recertification process, please visit www.mcnz.org.nz.

Source: Medical Council of New Zealand web announcement, accessed Sept. 29, 2017

United Kingdom

Survey Suggests Only Two-thirds of Trainee General Practitioners Plan to Work in NHS General Practice

A new study by England's University of Warwick indicates that only two in three doctors who are completing their training to become general practitioners (GP) in the United Kingdom plan to work in National Health Service general practice there.

Of those intending to remain in the NHS most propose working as locum tenens physicians or salaried GPs rather than entering a GP partnership.

Results were extracted from an online survey completed by GP trainees employed in the UK's West Midlands who were within three months of achieving their Certificate of Completion of Training (CCT).

The quality of general practice experience during all training (including student years) was reported as influencing personal career plans, and in particular perceptions about workload pressure and morale within training practices.

According to University of Warwick researchers, the study highlighted a number of factors related to GP training programs in the UK that are detrimentally influencing the career plans of newly trained GPs. Many of these relate to perceptions about workload pressure and morale within UK practice placements.

The researchers said sociodemographic factors, such as age, gender, and having children, also influenced career plans.

The survey results come in the face of increasing practice workloads in the UK, along with declining GP recruitment, retention and morale, according to the researchers. The attractiveness of general practice as a career for new physicians is at an all-time low, they said, with workload, uncertainty about the future of general practice and lack of respect for GPs often identified as factors.

Source: University of Warwick news release, August 15, 2017

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