Dear Colleagues,

“Why do you have an exam?” This was the first question Professor Lambert Schuwirth, hired by the College to conduct an external review of our Certification process, asked key informants in 2015. Dr Schuwirth is Professor of Medical Education at Flinders University in Australia, and a renowned expert in the area of assessment. Although the Board of Examiners has robust quality assurance and improvement programs regarding the examination, with the decoupling of the Medical Council of Canada Qualifying Examination Part II and our Certification examination, we believed that an independent look at our Certification process was both timely and relevant.

It is interesting to reflect on the CFPC’s journey regarding the Certification process. After the College was created in 1954, it took 12 years for the first 2 residency programs in family medicine to be created (at the University of Calgary in Alberta and Western University in London, Ont). Thirteen candidates took the first Certification examination in Family Medicine in 1969. By 1974, we had a family medicine residency program in all faculties of medicine, and by 2008, more than 1000 physicians a year achieved Certification.

Certification by either the CFPC or the Royal College of Physicians and Surgeons of Canada is currently one of the mandatory requirements to achieve a full unrestricted licence to practise in a Canadian jurisdiction. It represents a national standard for the practice of family medicine that is conferred when the results of a series of assessments provide evidence that such a standard has been achieved. Although much emphasis is placed on the examination, the College has always understood the importance of an in-training assessment. This has been sustained and enhanced with the implementation of our Triple C Competency-based Curriculum; in fact, family medicine was the first specialty in Canada to implement a nation-wide competency-based curriculum and assessment system for postgraduate training. Our current assessment series includes workplace-based assessments during a 2-year residency training program and our Certification examination that consists of simulated office orals and written short answer management problems.

After a thorough review of relevant documents and psychometric analyses of our examination instruments, structured interviews with those involved in our Certification process, and an on-site visit in September 2015, Dr Schuwirth concluded that our current assessment processes were sound and defensible, and that our program was robust and credible. He identified its particular strengths:

- a culture of collegiality and excellence,
- rigour of our examination content development,
- quality control of our examination instruments,
- postadministration quality assurance processes, and
- expertise in assessment.

Dr Schuwirth also suggested some work for us: improve the documentation of our regulations and procedures; ensure investment in our staff and infrastructure (eg, software programs for the administration of the examination); review our standard-setting procedure (ie, how we determine pass or fail decisions); and invest in more scholarly activities and innovation about how to optimize our assessment tools and strategies for decision making for Certification. Our Board of Examiners will be developing specific plans to address these recommendations.

Overall, we are extremely pleased with Dr Schuwirth’s findings, as they celebrate the excellent work of our staff and numerous volunteer members, and confirm our own confidence in our high-quality assessment program.

Although we do not know what the Certification process will look like in 20 years and whether traditional, high-stakes examinations will still exist, we do anticipate that examinations will continue to be part of the summative assessment of physicians in the foreseeable future. The practice-eligible route to Certification has been in place since the examination’s inception, and we plan to continue to offer it. The Alternate Route to Certification was introduced in 2007, after family medicine had been deemed a specialty, and enrolment closed in December 2015. It is being reviewed at the moment, and we hope to be able to add a robust assessment component and reintroduce it in the next 12 to 18 months.

As you read this article, 400 candidates will have participated in our fall examination, and more than 1400 candidates will have achieved Certification this year. Let’s celebrate how far we have come in this journey and remain vigilant and proactive with new developments in this area. We thank the staff and volunteer family physicians engaged in this process.