Health promotion and illness prevention

Medical Council of Canada Qualifying Examination (MCCQE, formerly MCCQE Part I)

8 sections · the MCC's Qualifying Examinations Blueprint

The MCC describes health promotion and illness prevention as helping people gain more control over their health and what shapes it. This covers screening, immunization, counselling, prenatal and well-child care, and the health of whole populations. Questions often show a well person and ask what to offer next. You must know who to screen, with which test, how often, and when to stop. Other questions test vaccines, behaviour change, and the social and structural causes of poor health, including Indigenous health and cultural safety. Canadian guidance decides the answer, so learn the Canadian Task Force and the Canadian Immunization Guide.

You should be able to: After this guide, you should be able to choose the right screening test, vaccine or counselling approach for a Canadian patient, and recognize the social and structural causes of poor health.

Every section: the key point and the trap

1. How to read a screening question

Screening is for people with no symptoms. A person with symptoms needs a diagnostic test, not screening.

Trap: Do not apply a screening schedule to a patient with symptoms or a high-risk history. Read the stem for both before choosing.

2. Cancer screening in average-risk adults

Colorectal: ages 50 to 74, a stool test (FIT or guaiac) every 2 years, or flexible sigmoidoscopy every 10 years. A strong family history needs colonoscopy instead.

Trap: Do not choose colonoscopy every 5 years or annual PSA for an average-risk adult. These are common wrong options.

3. Immunization: the Canadian Immunization Guide

Provinces set the exact childhood schedule, but the principles come from NACI and the Canadian Immunization Guide.

Trap: Do not delay vaccines for a mild illness or missing records. Do not give a live vaccine in pregnancy.

4. Prenatal care

Before pregnancy: folic acid 0.4 mg daily, starting 2 to 3 months before conception. Higher doses are for higher risk, such as a past neural tube defect.

Trap: Do not forget that a negative antibody screen means anti-D is still needed. A positive screen means she is already sensitized and anti-D will not help.

5. Well-child care and the Rourke Baby Record

The Rourke Baby Record guides each visit: growth, nutrition, development, examination, immunization and advice.

Trap: Do not reassure parents about a missed milestone without a plan. 'Wait and see' is often the wrong answer for language and social delays.

6. Counselling and behaviour change

Use the 5 As: ask, advise, assess readiness, assist, arrange follow-up.

Trap: Do not lecture. On the exam, the confronting or fear-based option is almost never the best communication answer.

7. Population health and its determinants

Health depends on income, education, housing, food security, work, social support and access to care, not only on medical care.

Trap: Do not assume privacy rules stop you from reporting a notifiable disease. Reporting is a legal duty and does not need consent.

8. Indigenous health and cultural safety

Health gaps for First Nations, Inuit and Métis peoples come from colonial policies, such as residential schools, and from ongoing racism in health care.

Trap: Do not choose an option that stereotypes, for example assuming alcohol use, or that excludes family against the patient's wishes. Ask the patient.

Key terms

Screening: Testing people who have no symptoms to find disease early.

Overdiagnosis: Finding a disease that would never have caused harm in the person's life.

NACI: National Advisory Committee on Immunization: it gives Canada's expert vaccine advice.

Live vaccine: A vaccine made with a weakened germ that can still multiply a little, such as MMR.

Aneuploidy: An abnormal number of chromosomes, as in Down syndrome.

Cultural safety: Care in which the patient feels respected and safe, as judged by the patient.

Social determinants of health: The conditions in which people live and work, such as income and housing, that shape health.

Notifiable disease: A disease that law requires doctors to report to public health.

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