Management

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

7 sections · the MCC's Qualifying Examinations Blueprint

Management is how a physician generates, plans and organises safe and effective care, together with the patient. It is the second largest physician activity on the MCCQE. Questions ask for the most appropriate next step, the first-line treatment, when to refer or transfer, and how to follow up. The best answer is safe first, then effective, then fitted to what the patient wants and to the setting. Many items take place in rural, remote or long-term care settings, where resources shape the plan.

You should be able to: After this guide you can choose the safe next step, the first-line treatment and the right referral or follow-up plan for an MCCQE vignette, in any Canadian setting.

Every section: the key point and the trap

1. The most appropriate next step: stabilise first

If the patient is unstable, the next step is airway, breathing and circulation, before any test or specialist.

Trap: Do not choose a diagnostic test as the next step when vital signs show the patient is unstable.

2. First-line therapy

First-line means the treatment a current Canadian guideline recommends first for most patients.

Trap: Do not choose a second-line or newer drug when the stem gives no reason to skip the first-line option.

3. When to refer or transfer, including rural and remote care

Refer when the problem needs skills, tests or treatment you cannot safely provide.

Trap: Do not delay time-critical treatment only to wait for transfer. Give what the protocol allows locally, then move the patient.

4. Shared decision-making and goals of care

Shared decision-making means the physician gives the options, benefits and harms, and the patient brings their values and goals.

Trap: Do not pick the most aggressive treatment by default. The best plan fits the patient's goals and wishes.

5. Safe prescribing and deprescribing

Check allergies, kidney and liver function, pregnancy and other drugs before you prescribe.

Trap: Do not stop a benzodiazepine suddenly after long use. Abrupt stopping can cause withdrawal and seizures.

6. Follow-up, safety-netting and transitions of care

Every plan needs follow-up: when, with whom, and which result will be checked.

Trap: Do not assume the family physician will learn about pending results. The ordering physician must arrange who follows them.

7. Antimicrobial stewardship and watchful waiting

Not every problem needs a drug. Watchful waiting with review is a real treatment choice.

Trap: Do not choose an antibiotic because the patient asks for one. Explain the reason and give a safety plan instead.

Key terms

Stabilise: Make a patient safe by supporting airway, breathing and circulation before other care.

First-line therapy: The treatment a current guideline recommends trying first for most patients.

Shared decision-making: Choosing a plan together: the physician gives options and the patient gives values and goals.

Goals of care: A conversation about what matters most to the patient, used to guide treatment choices.

Deprescribing: Planned stopping or lowering of a drug when its harms outweigh its benefits.

Medication reconciliation: Comparing drug lists at each transition of care to find and fix errors.

Safety-netting: Telling a patient which symptoms mean they must seek care again, and how.

Watchful waiting: Planned observation without treatment, with a set time to review.

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