Professional behaviours

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

8 sections · the MCC's Qualifying Examinations Blueprint

Professional behaviours are the attitudes, knowledge and skills that make a physician competent, ethical and trustworthy. They include clinical and administrative competence, communication and ethics. On the MCCQE this activity tests Canadian ethical and legal duties: consent, capacity, confidentiality and its limits, truth telling, boundaries, negligence, documentation and medical assistance in dying. Questions describe a dilemma and ask what the physician should do. The best answer respects the patient, follows the law, and is honest. Because laws differ by province, the exam tests principles that hold across Canada.

You should be able to: After this guide you can choose the ethical and legal action a Canadian physician must take on consent, capacity, confidentiality, reporting, truth telling, boundaries, negligence, documentation, MAID and impaired colleagues.

Every section: the key point and the trap

1. Consent and capacity

Valid consent is informed, voluntary, given by a capable person, and specific to the treatment.

Trap: Do not equate a refusal you disagree with to a lack of capacity. Capacity depends on understanding and appreciation, not on the choice.

2. Confidentiality and its legal limits

Patient information is confidential. Share it only with consent, with the circle of care when implied consent applies, or when the law requires or permits.

Trap: Do not investigate or confront the family to be sure first, and do not ask a colleague to report for you. Reasonable suspicion is enough and the duty is yours.

3. Truth telling

Patients have a right to honest information about their health.

Trap: Do not agree to keep a capable patient uninformed because family asks. The patient decides how much to hear.

4. Boundaries and conflicts of interest

Sexual or romantic relationships with a current patient are never allowed. Rules for former patients are set by provincial law and college policy.

Trap: Do not think that ending care makes any relationship acceptable at once. College rules on former patients still apply.

5. Negligence and the standard of care

Negligence needs four elements: a duty of care, a breach of the standard of care, harm, and the breach caused the harm.

Trap: Do not equate an unexpected complication with negligence. Ask whether the care met the standard, not whether the outcome was bad.

6. Documentation and medical records

Write notes at the time of care or soon after: findings, reasoning, plan, and what the patient was told.

Trap: Do not write the note as if it were made at the earlier time. Altering records is a serious professional failure.

7. Medical assistance in dying and conscientious objection

Medical assistance in dying (MAID) is legal in Canada under the federal Criminal Code, with eligibility criteria and safeguards in the law.

Trap: Do not refuse to discuss MAID and leave the patient without a path. Conscientious objection does not end the duty of care.

8. Physician wellness and impaired colleagues

Physician burnout and illness are common and affect patient safety. Seeking help is part of professionalism.

Trap: Do not ignore impairment to protect a colleague, and do not confront them in front of patients. Patient safety comes first.

Key terms

Capacity: The ability to understand information about a decision and appreciate its consequences for oneself.

Circle of care: The health providers directly caring for a patient, who may share information under implied consent.

Reasonable grounds to suspect: A belief based on facts that a reasonable person would hold; proof is not needed.

Standard of care: What a reasonable and prudent physician with similar training would do in similar circumstances.

Negligence: A breach of the standard of care that causes harm to a patient who was owed a duty.

Conscientious objection: Declining to provide a service because of personal moral or religious beliefs.

Effective referral: A referral made in good faith to a willing, available and accessible provider or agency.

Physician health program: A confidential provincial service that helps physicians with health or substance use problems.

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