

## Glossary

<b>Regulatory Terms</b>	
<b>Term</b>	<b>Definition</b>
Accreditation	<p>Accreditation is a formal system to evaluate a doctor's competence necessary to perform safely and effectively within the scope of the doctor's practice, assessed against specific criteria.</p> <p style="padding-left: 40px;">Can be called peer review or competence review. <b>College of Physicians and Surgeons of Alberta (Canada)</b></p> <p>Sometimes this word is used in terms of evaluating an organization or system, eg, accreditation of medical schools to ensure they meet the required standard.</p> <p style="padding-left: 40px;">The evaluation of an organisation or system such as the evaluation of a training program or a hospital. <b>College of Physicians and Surgeons of Alberta (Canada)</b></p> <p style="padding-left: 40px;">Refers to official recognition (e.g. certificate) of meeting these criteria or standards. <b>Medical Council of Canada</b></p> <p style="padding-left: 40px;">Refers to the evaluation of an organization. <b>National Board of Medical Examiners (United States)</b></p>
Certificate of good standing (CGS)	<p>Document providing evidence that the doctor is fit to practice and has not been found guilty of unprofessional conduct, and that there are no pending or previous disciplinary orders or criminal proceedings against the doctor.</p> <p style="padding-left: 40px;">A "Certificate of Current Professional Status" includes details of any current restrictions on a doctor's right to practise. Pending cases are not included in the certificate. <b>European</b></p> <p style="padding-left: 40px;">"Verification of licensure" provides demographic information, current status and boards' disciplinary actions. <b>United States</b></p> <p style="padding-left: 40px;">A CGS is only issued if the doctor is on the register and is not the subject of any pending or current complaints that may result in disciplinary proceedings. Does not attest that there have never been any such matters of complaint against the practitioner. A "Letter of Good Standing" (LGS) is issued to a practitioner who is no longer on our register and is not the subject of any pending or current complaints that may result in disciplinary proceedings. Does not attest that there have never been any such matters of complaint against the practitioner. <b>Medical Council of Tasmania (Australia)</b></p>

<p>Certification</p>	<p>An agency is empowered by statute to certify to the public that individuals have satisfied particular requirements that indicate their competence in a particular field. The certified practitioner is given the exclusive right to use a certain title, eg, doctors have the right to practice medicine.</p> <p>Confirmation (certificate is issued) by a licensing or educational body stating the doctor has achieved a particular qualification. <b>College of Physicians and Surgeons of Alberta (Canada)</b></p> <p>Agencies are <i>required</i> rather than <i>empowered</i> by statute to certify physicians. <b>United States</b></p>
<p>Clinical audit</p>	<p>The process used by doctors to assess, evaluate and improve the care of patients in a systematic way. It involves objectively measuring performance against previously set standards and when the actual performance does not meet the standard, making recommendations for change.</p> <p>Sometimes audit is used to describe the process to evaluate an organization.</p>
<p>College, society or association</p>	<p>A body that comprises, trains and represents a group of vocationally registered doctors (see “vocational scope of practise”).</p> <p>Sometimes called a “Faculty.”</p> <p>A “College” is an organized body of persons engaged in a common pursuit or having common interests, rather than an educational institution or part of a university, eg, the body that licenses and regulates the practice of medicine. A “Society” is a voluntary association of individuals who meet for common ends, eg, an advocacy group for physicians. <b>College of Physicians and Surgeons of Alberta (Canada)</b></p>
<p>Competent</p>	<p>A competent doctor is one who has the skills and knowledge required to practice medicine in accordance with the category of his or her registration and who does practice to a standard acceptable to reasonable peers, and to the community. (See “performance” for comparison)</p> <p>Having requisite knowledge and skills as opposed to what a doctor actually does in practice. <b>College of Physicians and Surgeons of Alberta (Canada)</b></p>
<p>Consumer</p>	<p>People who use or are potential users of a health and disability support service. Consumer is an inclusive term covering those directly involved (patients), as well as caregivers and family (indirect consumers). Doctors can be consumers.</p>
<p>Consumer representative</p>	<p>A person nominated by and accountable to a constituency. A consumer representative, eg, a patient’s relative or friend, is responsible for representing the views of the constituency they represent, and is accountable to that group for the position they take.</p>

Continuing medical education (CME)	Educational activities undertaken to maintain competence, ensure medical skills and knowledge are up-to-date, and improve clinical effectiveness. Sometimes called continuing professional development (CPD) and maintenance of professional standards (MOPS).
Credentialing	<p>Process to assign specific clinical responsibilities (scope of practice) to health professionals on the basis of their training, qualifications, experience and current practice within an organizational context. Credentialing is part of a wider organizational quality and risk management system designed primarily to protect the patient.</p> <p>Credentialing involves a group of peers ratifying the general ability of a practitioner to perform particular types of procedures, usually relying on information provided by the practitioner, such as curriculum vitae, qualifications or college Fellowship, a log of procedures or treatments, evidence of continuing medical education and supervised assessment, where appropriate. It gives broad recognition to appropriate qualifications and experience.</p> <p>This is sometimes referred to as “Privileges.”</p> <p>(See “Fast Track Credentials System”)</p> <p>The process of assessing an individual’s credentials – assessing qualifications and letters of reference as examples. Distinct from the process of privileging – defining the specific activities in which an individual is allowed to perform in a specified setting. <b>College of Physicians and Surgeons of Alberta (Canada)</b></p>
Disclosure	When providers of a service are required or choose to disclose specified information to prospective users of the service.
Doctor (MD or DO)	A health professional licensed or registered to practice medicine may be called physician, medical practitioner, osteopathic physician or medical professional.
Fast track credentials system	A method being developed for quickly processing licensure applications of medical practitioners who meet or exceed “gold standard” practice requirements. This will be done via a fast track method, whereby regulators exchange physician information in order to establish an individual's identity, qualifications and experience for the purposes of registration/licensing in another country, thereby easing the migration of competent physicians from one jurisdiction to another.
Fitness to practise	<p>Term used in the U.K. to refer to the competence, conduct, professional performance and physical/mental health of a doctor for the purposes of medical practise. Doctors whose fitness to practise is impaired may be the subject of action against their registration.</p> <p>Outside the UK, fitness to practise will often refer only to the physician and mental health of a doctor.</p>

Intern	<p>A newly graduated doctor who has provisional or probationary registration. This gives the doctor an opportunity to show that he/she is fit to be granted full registration.</p> <p>Sometimes the term is used to describe a doctor in training.</p>
International agreement	Specific policy defined and implemented by two or more national medical regulatory bodies for the registration/licensing of physicians.
Layperson	<p>A person who is not a health professional. The layperson of a regulatory body provides a different perspective; in particular, they do not have the professional knowledge (or bias) ascribed to health practitioners.</p> <p>May also be called “Public Member. “</p> <p>A member of a medical regulatory body who is not medically qualified. <b>General Medical Council (United Kingdom)</b></p>
Legislated requirements	Requirements that are laid down by government acts, regulations or statutes.
Letter of standing	<p>Document containing information about the physician’s current physical/mental health professional conduct, and whether or not he/she has been disqualified in part or totally from practicing medicine.</p> <p>(See “Certificate of Good Standing” for comparison)</p>
Licence	<p>Governmental authorization and official recording of the names of persons who have certain qualifications in the practice of a medical profession or occupation and who are permitted to exercise the skills and privileges associated with that profession or occupation.</p> <p>Sometimes referred to as “Practising or Registration Certificate.”</p> <p>Permission granted by a competent authority to allow an individual to engage in a business or occupation or specific activity, eg, to practise medicine. Term is distinct from the <i>register</i>, which is a listing of individuals who have been granted a license to practise medicine in our jurisdiction. <b>College of Physicians and Surgeons of Alberta (Canada)</b></p>
Licensing tasks	Legislation that grants an exclusive right to perform certain tasks to specifically defined groups of people. For instance, in some countries, only registered medical practitioners, dentists and veterinarians may prescribe drugs.
Licensing workers in an occupation	A regime where only licensed persons can offer certain services. Entry to the occupation is dependent upon the worker meeting prescribed standards. Entry qualifications normally involve education and some discretionary criteria related to character or fitness to practise.
Medical practitioner/professional	(see “Doctor”)

Medical regulatory body	<p>Organization responsible for the registration/licensing of medical doctors (physicians or MDs), whereby the doctors are entitled to practice their profession and for the oversight of the physician's professional conduct. The medical regulatory body could be public, non-governmental or a mix of both.</p> <p>Can be called "Board," "Council," "College" or "Regulatory Authority"</p>
Medical regulation	The act of controlling professional medical practice in accordance with law; or, a specific rule for carrying out a statute.
Osteopath	A health professional who completes training in a recognized School of Osteopathy (but not accredited by the American Osteopathic Association's (AOA) Council on Osteopathic College Accreditation (COCA)) outside the United States. These professionals have a limited scope of practice (restricted to patient assessment and the use of manipulation only) and cannot perform surgery or prescribe drugs, or medications in the course or caring for their patients.
Osteopathic Physician	A physician who, through study and clinical experience, is awarded the Doctor of Osteopathic Medicine (D.O.) degree by an AOA COCA (WHO recognized) accredited school of osteopathic medicine, and is permitted full practice rights including, but not limited to, surgery, prescribing of drugs and medications, and the unrestricted practice of medicine, with the integration of osteopathic manipulative treatment.
Performance	<p>A doctor, who performs satisfactorily and practices to a standard acceptable to reasonable peers and to the community.</p> <p>(see "Competent" for comparison)</p> <p>A measure of what one actually does in practice as opposed to one's measurable knowledge and skills.  <b>College of Physicians and Surgeons of Alberta (Canada)</b></p>
Physician	<p>(see 'Doctor')</p> <p>Sometime refers to a doctor who works in the specialist area of internal medicine.</p>
Physician Practising Osteopathy	In some jurisdictions outside the United States, medical practitioners who hold an unrestricted medical license or registry take advanced and recognized courses in osteopathic manipulative treatment for which they receive a certificate or recognition, and may employ manipulative treatment in the course of rendering complete medical care to their patients.
Practising certificate	<p>Means a renewable certificate, which entitles a doctor to practise for the period specified.</p> <p>Sometimes called "Annual Practising Certificate" or "License" as it is renewed every year.</p>

Privileges	<p>Privileges delineate the role a practitioner is allowed to perform in the facility. The privileges may be broad, allowing work up to a certain level, or may be specific to treatments or procedures that are part of the practitioner's training.</p> <p>Sometimes called "Credentialing."</p>
Public member	<p>The public member of a regulatory body is a person who is not a health professional.</p> <p>Sometimes called a "Layperson."</p>
Registration	<p>Registration is a term used where there is a register kept of people who meet certain criteria and of people able/permitted to do certain tasks, like practice of medicine. There are no restrictions to entry to the occupation apart from the requirement to be on the register if you wish to enter, or continue to practise a particular occupation. Registration in the latter sense does not convey any suggestion of competence or quality of service.</p> <p>Term used after individual fulfills all professional and legal obligations necessary for accreditation of a medical surgical practitioner or institution or hospital, etc. <b>Pakistan Medical and Dental Council</b></p>
Regulation	<p>The act of controlling professional medical practise in accordance with law; or a specific rule for carrying out a statute. Regulation is about the setting and maintenance of professional standards and, to this end, will often incorporate responsibility for education, registration, standards and fitness to practise.</p> <p>There are different types of regulation: self-regulation can mean either the way the individual doctor regulates his/her own personal behaviour/practise, or be a description of a system of regulation operated by the profession independent of government; and, professionally-led regulation is a system of regulation led by the profession independent of government, but in partnership with patients, the public and the wider society.</p>
Revalidation	<p>The process by which doctors have to regularly show that they are up to date, and fit to practice medicine. This will mean that they are able to keep their license to practice.</p> <p>Sometimes called "Recertification."</p>
Scope of practice	<p>Particular area of medical practice that requires particular knowledge, skills and attitudes and may be specific to a procedure, location and/or time period.</p>
Specialist	<p>A doctor who has a postgraduate qualification and works in a specific are of medicine or scope.</p> <p>Sometimes called "Consultant" or "Vocationally Registered."</p>

Vocational scope of practise	<p>A vocational scope of practice is recognition from the regulatory authority that the doctor can:</p> <ul style="list-style-type: none"> <li>• practise as a specialist</li> <li>• work without supervision</li> <li>• provide a collegial relationship, and</li> <li>• supervise doctors who hold registration within a provisional general, provisional vocational or special purpose scope of practice.</li> </ul>
<b>Examination Terms</b>	
Absolute standards	Each candidate is assessed against standards decided on prior to the actual examination and is not assessed in terms of ranking relative to others taking the same examination. Conceptually, using absolute standards, all candidates could pass or all could fail the examination.
Angoff method	In setting standards for minimum competence on multiple-choice based credentialing examinations, one of the most commonly used approaches is the Angoff method. The question asked by this method is, "What is the probability that a minimally competent candidate would answer this question correctly?" The standard setter is in effect asked to judge the difficulty of the item within some range for a minimally competent candidate. The estimated performance standard for a judge is determined by summing the item difficulty estimates. The resulting average "Angoff rating" over judges is then used as the performance standard for the examination.
Borderline group method	A standard setting method that requires the judges to identify a group of candidates that they believe to be on the "borderline" between adequate and inadequate, in terms of the knowledge and skills measured by the test. The cutscore is determined by identifying the test observed score that divides the borderline group in two (e.g. using the median value). This can be done with a sample of candidates; it assumes that judges are able to make judgements about the knowledge and skills of the sample of candidates.
Clinical Skills Assessment (CS/PE)	An examination format that utilizes specially trained standardized patients (SPs) in assessing the clinical skills of candidates during a standardized clinical encounter. SPs are generally used, in this type of examination, to do the actual evaluation of the candidate.
Contrasting groups method	A standard setting method that requires the judges to separate a group of candidates into those who are qualified and those who are not, in terms of the knowledge and skills measured by the test. The cutscore is determined by identifying the test score, obtained by these candidates that best divides them into two groups. There are a number of different ways to make this determination. This method can be done with a sample of candidates; it assumes that judges are able to make judgements about the knowledge and skills of the sample of candidates.
Criterion referenced	Typically refers to a test or a standard setting approach that requires candidates to reach a specified performance level that is related to acceptable levels of knowledge and skills, and unrelated to how well the candidates performed relative to others.

Hofstee method	Sometimes called a “compromise” approach, this standard setting method requires that judges in the study estimate the highest and lowest acceptable performance standard and passing rate. These four values are used to plot two points. One point represents the minimum acceptable performance standard and the maximum acceptable failure rate. The second point is defined by the maximum acceptable performance standard and the minimum acceptable failure rate. Any value falling on the line segment defined by these two points is considered an acceptable combination of performance standard and failure rate. The intersection of the line segment with the cumulative frequency distribution of examination scores defines the performance standard.
Item-mapping method	<p>An essential feature of this method is the use of item response theory (IRT) to “map” items onto a proficiency distribution where cut scores (standards) is set. Standard-setting panels are presented with a set of items, which are ordered by difficulty from easiest to hardest. Item difficulty is empirically determined after calibrating the item using IRT. This prearranged ordering presumably reflects the complexity level of content and the level of the proficiency. Therefore, it helps the panelists understand the relative relationship between difficulty and proficiency. The panelists decide cut scores by reviewing the item difficulty order and the specific content level represented by the item difficulty order. The most important advantage of this method is that the panelists are able to directly relate the cut scores they decide to the level of competence. Therefore, it is more criterion-referenced than many other standard setting methods.</p> <p>This method was first introduced in late 1980s. The earlier applications were based on items calibrated by the Rasch model (sometimes called one-parameter IRT). In current literature, it is also called Mapmark approach and categorized as a variant of Bookmark method.</p>
Norm referenced	Generally refers to a test or a standard setting approach that assesses a candidate in terms of how well the candidate performs relative to other test-takers.
Objective Structured Clinical Examination (OSCE)	A format administering a combination of appropriate assessments – not an assessment method.
Relative standards	A norm-referenced approach in which candidates are assessed relative to others taking the same examination.
Reliability	Generally refers to the accuracy or the precision of an examination score. The degree to which a score or a set of scores reflect the true knowledge level or skills of the test taker. There are a number of procedures available for estimating reliability.
Standard setting	Refers to the process of determining the minimally acceptable examination performance level for a candidate to receive a passing outcome. The standard setting process typically identified a cutscore that will be used to separate failing and passing candidates.
Validity	Extent to which there is theory or evidence to support the use and interpretation of examination results.