**Title**: Development of a medical certification for foreign doctors in the Pontifical Catholic University of Chile

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Context and setting: The association of Chilean medical schools began in 2010 a process of accreditation of foreign doctors who want to practice medicine in Chile through two assessments, one written that takes place once a year (centralized ASOFAMECH) and a practical part that instructs Chilean five medical schools, one of which is the Catholic University of Chile, through a clinical coordinator for each university. We began this challenge in 2010, settling a team formed by the clinical coordinator of the school and five coordinators for each of the specialties to evaluate (internal medicine, pediatrics, family medicine, surgery and obstetrics and gynecology).

Why the idea was necessary: There was a need from the association of medical schools in Chile (ASOFAMECH) to standardize the certification of foreign doctors in our country and in my school to create a standardized medical certification for Chile, supported in experience of the teaching staff in clinical skills assessment.

What was done: We decided as a school to accept the challenge of evaluating 50 applicants in 2010 for which appointed a clinical coordinator of the school he was given a protected time and responsibility to create a team and an evaluation model the practical component of the examination (EUNACOM-SP). This practical test design in 4 stages (Internal Medicine / Family Medicine, Pediatrics / Family Medicine, Surgery and Obstetrics and Gynecology). Each stage had an OSCE type examination and an oral examination. They "use" bank ECOE cases for each specialty had previously for the evaluation of their internship which had already been validated. Thus in 2011 we evaluated 50 applicants and accept for the year 2012, 60 applicants (which took 50.4% of applicants assessed).

In 2011 I postulate to FAIMER working with this project, which aimed to review the technical aspects of the structure of the test (number of OSCE stations, setting standard for passing the exam, review stations and design skills that are being assessed and standardization of the oral examination).

**Evaluation of results and impact:** After 7 months we have implemented a process that each candidate at the practical examination Eunacom be exposed to: long type 8 stations with standardized patient cases (OSCE), 23 stations type short-cases (OSCE) supplementary material (laboratory tests, images, etc) and 4 structured oral exams. To date (August 2012), the process ends in December 2012, we evaluated 26 candidates in Internal Medicine / Family Medicine, Surgery 27, 37 in Pediatrics / Family Medicine and 29 in gynecology and obstetrics. With an approval rating of 22% in medicine / family medicine, surgery 6.7%, 25.4% in pediatric / family medicine and 1.7% in obstetrics and gynecology.

The instruments used (evaluation guidelines with standardized patient, Matching patterns with clinical cases) were validated by each specialty teams internship exams and oral examination designed by the technical team of the school Eunacom by consensus and as cutoffs for approval (which was 60% of the items off).

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