National
Assessment
Collaboration

PRACTICE READY ASSESSMENT

<ENVIRONMENTAL SCAN SUMMARY REPORT>

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REVISION HISTORY

Version	Revision Date	Author(s)	Summary of Changes/Revisions
0.1	January 2012	C. Streefkerk	Creation of draft document
1.0	March 29, 2012	C. Streefkerk & L. Copp	First complete draft of report body and appendices; process-specific information and complementary initiatives components review by jurisdictional individuals and organizations
2.0	April 10, 2012	C. Streefkerk & L. Copp	Incorporation of K. Breithaupt and I. Bowmer feedback; MRA feedback incorporation through FMRAC WGAS
3.0	April 13, 2012	L. Copp	Final draft review prior to NAC[3] distribution
4.0	May 10, 2012	C. Streefkerk & L. Copp	Incorporation of NAC[3] direction and clarification; incorporation of broader consultation group feedback and corrections/clarifications

DISTRIBUTION

The document has been distributed to the following individuals, groups, committees and/or organizations:

- NAC[3]
- Consultation participants
- FQR initiative participants
- FMRAC

EXECUTIVE SUMMARY

The National Assessment Collaboration (NAC) is working with Practice Ready Assessment (PRA) programs across the country to streamline the evaluation process used for International Medical Graduates (IMGs) who seek a licence to practise medicine in Canada by developing or adopting the tools necessary for a pan-Canadian PRA process. This process, as it is envisioned, will meet the Medical Regulatory Authorities' (MRAs) provisional licensure requirements for a competency-based, pre-practice assessment in Canada.

An environmental scan was undertaken to review existing PRA processes, identify complementary initiatives as opportunities for collaboration and explore the envisioned pan-Canadian PRA process with various stakeholders. Cross-jurisdictional stakeholder consultations form the basis of the NAC PRA Environmental Scan.

Current Environment

Seven jurisdictions currently offer formal PRA processes in either or both of family medicine and other specialties. The processes encompass everything from pre-screening eligibility requirements of credentials and experience to assessment prerequisites to point-in-time and over-time assessments.

The variation across PRA processes is highlighted in an overview (Appendix G.6) that should be used to identify potential focus areas for a pan-Canadian process and to explore stakeholders' tolerance for flexibility within a common approach.

Within the Canadian stakeholder landscape of IMG-related initiatives for entry into residency and entry to practice, complementary initiatives exist that need to be considered in context of the NAC PRA as multiple opportunities for collaboration exist:

1. Potential for a governance structure within the Federation of Medical Regulatory Authorities of Canada (FMRAC) Working Group on Assessment and Supervision (WGAS)
2. Expert assistance in defining competency requirements for PRA with certification colleges and from current PRA programs
3. Partnerships with certification colleges for determining appropriate, context-specific assessment tools
4. Cross-organization benchmarking assistance from certification colleges and current PRA programs

Future Environment

Through stakeholder consultations, appetite is solidifying for a pan-Canadian PRA process that would meet the expectations of MRAs and ensure the mobility of IMG physicians within the Agreement on Internal Trade (AIT). Stakeholder interests run from a commitment to deliver existing processes to building a pan-Canadian process to making use of processes from other jurisdictions where the capacity to develop and maintain an independent process is not feasible.

Benefits of a common pan-Canadian process include clarifying the alternate pathway route across jurisdictions, gaining confidence that the same acceptable minimal standard for practice readiness is being set across Canada, increasing the legal defensibility of current processes and obtaining the efficiencies of scale that can be realized with common toolkits and cross-jurisdictional collaboration.

A pan-Canadian PRA process must be implementable across jurisdictions where capacity permits, allow some jurisdictional autonomy within the common process and be achievable within jurisdictional funding and human resource capacities. The vision for a pan-Canadian process must allow for variance in the frequency of assessments and in the location of over-time assessments.

Philosophical differences will need to be explored to reach general agreement on an acceptable level of practice readiness, to define types of IMGs (i.e., IMGs with credentials and known training) and to compile an appropriate assessment toolkit for each type of IMG and area of physician need (i.e., assess all IMGs with point-in-time and over-time assessments?) Currently, there is agreement that a practice-ready route

would apply to any IMG not meeting full licensure requirements including Canadians Studying Abroad (CSAs) who have completed their postgraduate medical education before returning to Canada.

Studies are needed to both inform and validate the pan-Canadian PRA route. The studies should consider process reviews, assessment tools, current process tools and outcomes, establishing a minimal standard and ongoing monitoring of the assessment process itself.

Pan-Canadian Approach

Through the consultations, several expectations were articulated. Finding the right balance between objectives and required changes, engaging the right subject matter experts and making use of the expertise that exists within the Canadian assessment environment are critical examples.

Potential Direction

The scope of what direction NAC should take was explored. There was general agreement that NAC should proceed with the development of a pan-Canadian PRA route that spans activities between pre-screening policy and assessments to assessment-based decisions regarding candidate readiness to practise. This work will likely include the validation of competencies to be assessed, alignment of policies and practices and formalization of a common PRA framework. This work should be supported by research studies that focus on the comparability and accuracy of common tools and overall processes, adoption or development of a common toolkit and the establishment of a common infrastructure where required.

The initial focus areas for a pan-Canadian PRA framework should be critical needs, and during the scan the most common need identified was for family medicine/primary care practitioners.

Where possible, existing committee or organization structures could be used including:

- National Assessment Central Coordinating Committee (NAC[3]) with oversight for the approach and outcomes of a pan-Canadian PRA route
- Medical Council of Canada (MCC) to coordinate, facilitate and manage the development of the framework
- PRA Steering Committee to direct the initiative and its sub-elements with representation from MRAs
- Working groups to provide input into various sub-elements (e.g., Advisory Council of International Medical Graduate Assessment Programs [ACIMGAP] for policy review and practical experience, jurisdictional funders as a consultation group regarding the financial feasibility of the pan-Canadian framework across jurisdictions)

CONTEXT

BACKGROUND

Since the report of the IMG Task Force in 2004, it has been accepted that Canada has a fragmented approach to assessing and integrating IMGs. As many listed medical schools around the world have curricula and/or monitoring processes that are unknown to medical authorities in Canada, MRAs rely on internal assessment processes to provide sufficient information about a candidate to determine his or her readiness to enter clinical practice in Canada. A consensus has emerged that assessments of medical knowledge and clinical skills are not sufficient and that potential practitioners should be objectively observed in a realistic clinical environment as well.

Through the NAC, the NAC[3] has made progress on implementing some of the key recommendations of the IMG Task Force. The overarching objective of NAC is to streamline the evaluation process for IMGs who seek a licence to practise medicine in Canada.

Accomplishments of the past eight years include:

- Development of a national research program and evaluation of IMG strategy
- Implementation of governance structures that can support a pan-Canadian IMG licensure process
- Use of new assessment tools with a focus on over-time observations and on point-in-time assessments of knowledge and clinical skills (e.g., mini-clinical evaluation exercise [mini-CEX], multisource feedback [MSF] and therapeutics examinations)
- Implementation of an assessment tool for screening IMGs for entry into Canadian postgraduate training programs (i.e., NAC Objective Structured Clinical Examination [OSCE])

In the next stage in the NAC commitment to streamline the evaluation process for IMGs, the focus shifts to the development and/or adoption of a pan-Canadian PRA process. This process, as it is envisioned, will meet the provisional licensure requirements of MRAs for a competency-based, pre-practice assessment in Canada.

The NAC PRA Environmental Scan was funded by Health Canada with in-kind support from MCC.

THE ENVIRONMENT/LANDSCAPE

Jurisdictions – Response to Physician Resource Needs

Efforts within the Canadian health-care system over the past few years have focused on the physician shortage situation that exists in many communities; a topic that is also of interest to the media.

When discussing physician resources as part of the health system, care must be exercised in speaking about the type of physicians required (i.e., family physicians or other specialists) and about the geographic location of the areas of need (i.e., urban, rural or remote areas within a jurisdiction).

As explained in the "Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications" (Forum of Labour Market Ministers, HRSDC, 2009), Canada relies on a community of foreign-trained physicians who immigrated to Canada to serve a growing and culturally diverse population. Of the approximately 250,000 immigrants who come to Canada annually, a proportion is internationally-trained doctors. About 25% of Canada's medical practitioners are IMGs and this will likely be true in the future.

The expectation is that immigration to Canada will continue according to the current human capital model, federal plans and population need projections. IMGs will continue to fill the gaps to meet the

needs of the Canadian public. While some jurisdictions continue to identify the need for physicians in underserviced areas, others are experiencing distribution issues.

Terminology – 'Entry to Practice' and 'Practice Ready'

'Entry to practice' generically refers to the process of a physician being permitted to commence medical practice. In the context of IMG assessment, the term is used in reference to an assessment designed to determine if an IMG has the requisite competencies to enter unsupervised or supervised medical practice or if they should use an alternate pathway that may include residency training.

'Practice ready' is an indication to an MRA that an IMG is qualified to enter medical practice in the capacity of a most responsible physician (MRP) under a provisional medical licence. There is an expectation that supervision and summative assessment will be a final prerequisite to attaining full medical licensure.

IMG – Pathways to Licensure

Currently, there exist three general routes for IMGs to enter into practice in Canada from a screen based on their credentials. The options are:

1. Obtain licensure – as credentials meet Canadian standards (i.e., IMG holds credentials accredited by the College of Family Physicians of Canada [CFPC] or the Royal College of Physicians and Surgeons of Canada [RCPSC]) or another jurisdiction has licensed the physician, etc).

2. Enter a supervised or unsupervised practice program for IMGs – as credentials indicate the IMG has completed acceptable postgraduate training and/or has been a practising physician outside of Canada

3. Complete Canadian postgraduate training – as credentials indicate the IMG does not have sufficient postgraduate training

In 2010, at least 393 IMGs across Canada were granted a provisional licence. A breakdown of the number of IMG physicians who obtained a provisional licence across the jurisdictions is included in Appendix C. Of note, five of the 13 jurisdictions in Canada licensed the majority of IMGs.

Estimates of 2010 Provisional Licences Granted - By Jurisdiction and Broad Specialty Area
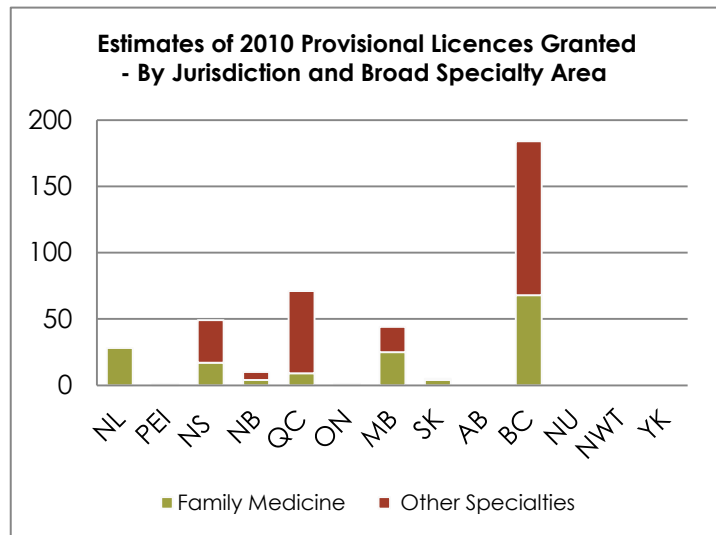
Figure 1 2010 Provisional Licences Granted Across Jurisdictions

Practice Ready Assessment Processes

Currently, seven jurisdictions in Canada offer formal PRA processes for IMGs in family medicine and/or other specialties. These processes collectively encompass a robust combination of assessment tools used to evaluate abilities that are essential for a physician to be deemed "practice ready". The tools used include both "point-in-time" examinations and "over-time" evaluation periods to determine if an IMG is qualified to enter medical practice as an MRP under a provisional medical licence.

Formal PRA processes exist today in two broad physician skill areas:

- **Family physicians**: Newfoundland and Labrador, Nova Scotia, Quebec, Manitoba, Saskatchewan and Alberta

- **Other specialties**: Quebec, Ontario, Manitoba and Alberta

PURPOSE OF THE NAC PRA INITIATIVE

A pan-Canadian PRA process is being explored by the NAC within an environment of multiple and often multi-role stakeholders. These groups operate in a Canadian system for medical licensure and for physician assessment and supervision.

The Stakeholders

Various stakeholder organizations come together to ensure that the physician supply is adequate and that the assessment and licensing system functions appropriately. Key players from a PRA perspective include:

- MRAs in their role to regulate the practice of medicine

- Provincial Ministries of Health (MoH) and Regional Health Authorities (RHA) as funders with a vested interest in meeting community needs for physicians in underserviced areas

- PRA programs and, while involvement by jurisdiction varies, this represents a cross-section including funded programs, medical schools and, in some cases, the MRAs themselves

Appendix D provides an overview of the general roles of these stakeholders.

Frameworks

The FMRAC Working Group on Registration sought to standardize the requirements and processes used by provincial and territorial MRAs for registration and licensure. The MRAs collectively defined and agreed to standards for medical registration in Canada, including standards for issuing provisional and full licences.

The standard for issuing a provisional licence is important to the development of a pan-Canadian PRA process for two reasons:

1. Consensus on the minimum standard for eligibility to a PRA process and eventual mobility is necessary to satisfy AIT
2. Solidifies the requirement for a competency-based, pre-practice assessment in Canada for both family physicians <u>and</u> other specialists

For a detailed description of the current standards for the issuance of a provisional licence, refer to Appendix E.

The FMRAC WGAS is continuing efforts to define acceptable processes for assessment, supervision and the final evaluation of physicians who do not hold a full, unrestricted licence. The work of this group focuses on aligning the different approaches of 13 jurisdictions to develop a common, national standard for pre-practice assessment, supervision in practice and a final summative assessment of physicians leading to full licensure. The principles of the work being explored are depicted in the process flow below.

Pre-Screen → Screening/ Competency Assessment → Provisional Licensure → Supervision (Monitored Practice) → Summative Assessment → Full Licensure
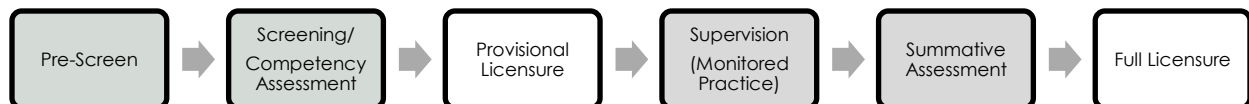
Figure 2 Principles of WGAS Work

This work is of particular importance to a pan-Canadian PRA process:

1. Solidifies the need for competency-based assessment for pre-screening and post-screening

2. Establishes the need for PRA to determine whether a candidate has the necessary knowledge, clinical skills and professional characteristics to practise medicine safely in Canada while <u>under supervision</u>

APPROACH

The NAC[3] contribution to establishing a pan-Canadian system depends on following a sequence of steps:

1. Complete the analyses of assessment programs currently active in Canada for IMG physicians identifying commonalities and differences
2. Propose an acceptable pan-Canadian process for evaluating readiness for practice
3. Identify a delivery model to be used for the process
4. Develop the required policies, guidelines, procedures and the training and assessment tools

ENVIRONMENTAL SCAN – ANALYSES APPROACH

The environmental scan gathered information about currently active Canadian programs for IMG physicians' entry to practice. The approach focused on establishing a baseline of information from the existing programs performing some form of PRA.

Initiate
- Validate approach & expectations
- Review published materials/public process information
- Establish general framework for discussion/data collection

Explore
- Today & future
- Structured jurisdictional stakeholder interviews
- Best practice consultation

Validate
- Review
- Confirm/adjust
- Socialize key themes – what we have in common

Report
- Current/future environment & expectations
- Commonalities/ differences
- Identify next steps

Figure 3 Environmental Scan Approach

To initiate the scan, the general approach was defined and expectations established with the NAC[3] in November 2011. An informal review of published material regarding programs, processes, etc. was performed and used to refine the structure for discussions and information collection.

Stakeholder consultations occurred from January to March 2012 and included three main types of information gathering:

- Multi-organizational participation within all jurisdictions
    - Those with PRA processes – discussion focused on current state and future directions
    - Those without PRA processes – discussion focused on context and future directions
- Complementary initiatives – discussions either directly or indirectly related to the assessment of physicians for entry into practice
- Participants and other stakeholders – discussions focused on awareness and exploration of opportunities for future involvement

Session outputs in the form of informal discussion notes, in addition to the program and complementary initiative summaries, were validated by specific jurisdictional or organizational representatives to ensure the general accuracy of information gathered.

ENGAGEMENT

As the environmental scan explored PRA in context of a pan-Canadian process, stakeholder responses were grouped informally by respective roles within a process framework. Details on stakeholders involved during the consultation are included in Appendix B.

Table 1 Stakeholders by Category

Stakeholder Category	Description	Consultations	
Driver	Require an assessment to grant provisional licence or certification respectively	MRAs FMRAC RCPSC	CFPC Collège des médecins du Québec (CMQ)
Delivery	Actively engaged in the delivery of a program to assess an IMG's readiness for entry to practice	IMG programs/processes (with and without PRA)	RCPSC CFPC
Funder	Contributes to the process to assess an IMG through direct or indirect funding, allocations of resources to the process	Provinces and Territories Regional Health Authorities	Ministries of Health Agencies (HealthForceOntario, Health Match BC)
Participants	Involved in the process as either a receiver of services within a program or plays a key role in supporting the delivery of the process	Practising physicians (supervisors and mentors of programs) through anecdotal feedback (IMGs were not actively engaged in the scan, though a focus group is planned once the framework is established)	Association of Faculties of Medicine of Canada (AFMC)
Other	Potential mechanisms for engagement throughout implementation (stakeholders with complementary initiatives or NAC stakeholders not actively engaged in delivery of PRA)	Health Canada	Canadian Medical Association (CMA)

PRACTICE READY ASSESSMENT CONCEPTS

In establishing the framework for discussion for NAC PRA, we focused on foundational material. The IMG Pathways to Licensure Proposal (Dr. Ian Bowmer) recommends a series of assessments that could be administered sequentially with common screening tools used to pre-screen and direct IMGs into two potential routes to practise in Canada; either a residency or a practice-eligible route.

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Screening (Credentials & Medical          Clinical Assessment              Training Required -
    Knowledge Assessment)          ─────  (NAC Examination)     ─────┬───  Postgraduate Training
    (MCCEE or MCCQE Part I)                                          │         Route
                                                                    └───  Practice Eligible Route
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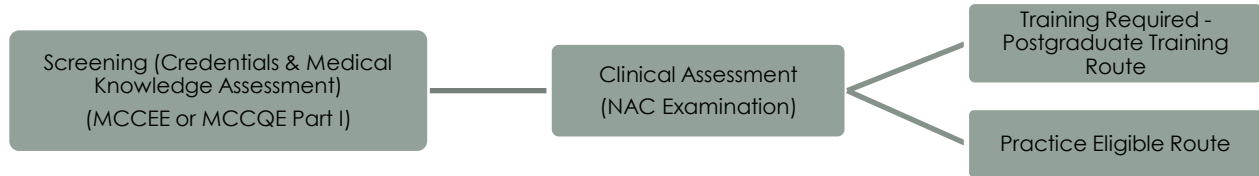
Figure 4 Proposed Screening Pathway

Table 2 Pathway Descriptions

Screen
• Assessment of training and practice (including practice currency)
• Source verification
• Basic screening of medical knowledge (i.e., computer-based assessment such as the MCC Evaluating Examination [MCCEE] or the MCC Qualifying Examination [MCCQE] Part I)

Clinical Assessment
• Clinical skills, communication, the integration of information and the development of a plan as well as therapeutics can be assessed in a clinical examination such as the NAC Examination
• The NAC Examination design is based on the deficits in the clinical ability of some IMGs entering postgraduate education; these deficits were identified through focus groups with residency program directors and include basic clinical skills, communication with patients and pharmacotherapy

Training Required	Practice Eligibility Route
• Based on screening and clinical assessment, IMG candidate requires further postgraduate training plus experience in the Canadian context and an orientation to the Canadian system	• Candidates are selected to enter this route based on their credentials, recent clinical experience and performance on assessments to date; this route is limited and program opportunities vary
• Entry into residency education is a competitive process where program directors make a judgment on entry using a comprehensive application file, including any screening assessment results	• Given funding limits and PRA opportunities, only those who exceed minimum requirements are selected
• A three-month clerkship/assessment/education is an option within this route in some jurisdictions	• A period of observed clinical practice usually requires a summative assessment using specific tools such as the mini-CEX, MSF and case-based discussion (CBD); these assessments are used to determine if an IMG is granted a provisional licence
	• The standard for entry into practice would be based on a composite of the knowledge tests (e.g., MCCEE, MCCQE Part I) and/or the performance on the NAC Examination

Licensure
• A final decision point that may include the ability to award a full licence or extend the provisional licence

Guiding Principles

Basic principles have been established by the NAC[3] related to collaboration, process and assessment tools. The principles incorporate lessons learned and key tenets from the NAC[3] experience of implementing a pan-Canadian examination for use by program directors selecting IMGs for residency. The principles established in 2005 through Maguire's "A Process for Assessing International Medical Graduates" are also reflected in this report. Appendix F contains a list of PRA principles established in the Maguire report.

Table 3 Guiding Principles

Concepts

- Alternate pathways, with national mobility (portability)
- Centrally-supported and regionally-delivered
- Build on existing provincial and regional IMG assessment processes, and those under development or planned
- Common pricing for IMGs with the opportunity for different funding models by jurisdiction

Process

- IMGs for practice ready assessment include new graduates who have completed postgraduate training and practising physicians
- Standards for provisional licensure should be comparable to Canadian-trained physicians
- Granting licences and certification - MRAs retain the right to grant licences to practise within their own jurisdictions; certification remains with the RCPSC, CFPC and CMQ

Tools

- Practice-ready clinical knowledge and skills assessments are standardized and reflect MCC, RCPSC and CFPC requirements

Data Gathering

Data gathering explored commonalities and differentiating factors in existing programs and processes, as well as complementary initiatives already underway.

Understanding of jurisdictional programs and processes within a larger framework to facilitate dialogue going forward.

Focusing on the activities and steps used within existing processes from eligibility criteria to assessment tools used and decision making approaches.

Highlighting the multiple stakeholders within a jurisdictional process and the tools and training used for assessors.

Exploring the supports in place for IMG candidates going through the PRA process from linking sponsorship to contextual-based assessments and orientation approaches.

Recognizing the infrastructures needed to support PRA processes.

Identifying other related activities that may need to be considered or opportunities for sharing responsibilities or activities in moving forward.

Figure 5 PRA Data-Gathering Strategy

CURRENT ENVIRONMENT

The PRA findings are based on a series of information gathering steps ranging from informal reviews of available published program information to formal Canadian jurisdictional and stakeholder consultations. The findings are organized to:

- Highlight the current situation for entry to practice through a provisional licence with a focus on PRA processes, their commonalities and differences
- Identify initiatives that are currently underway or planned that overlap or complement the pan-Canadian process envisioned by NAC
- Explore initial interest and considerations for a potential pan-Canadian NAC PRA process

PRA LANDSCAPE

Areas of Need

The areas of need vary by jurisdiction. There is a common need for rural/remote family physicians with the Territories requiring physicians in most disciplines, though various solutions are in place to support areas most in need. Consideration should be given to the severity of the impact in rural or remote communities when a physician resource is lost due to illness or mobility as compared to the impact in an urban environment.

Table 4 Areas of Need

Areas of Need		NL	PEI	NS	NB	QC	ON	MB	SK	AB	BC	NU[1]	NWT	YK
Family Medicine	Urban								✓				✓	✓
Family Medicine	Rural/Remote	✓	✓	✓				✓	✓	✓	✓		✓	✓
Other Specialties	Urban					✓	✓	✓					✓	✓
Other Specialties	Rural/Remote					✓	✓	✓		✓			✓	✓

IMGs

Attracting IMGs to a jurisdiction occurs primarily from within Canada with the exception of some overseas efforts in targeted medical specialties. An overseas approach adds complexity to the assessment process delivery constraints (i.e., timeframe restrictions).

Provisional Licensure Route – Estimated Volume

In 2011, approximately 300 IMG physicians were assessed through the existing PRA programs. A breakdown by jurisdiction is included in Appendix G.1. The PRA need is expected to increase over the next five years across Canada as the requirements take effect for a competency-based assessment falling under the standards for provisional licensure.

Estimated Volumes of PRA - 2011 Actuals and Five-Year Projections by Broad Specialty Area

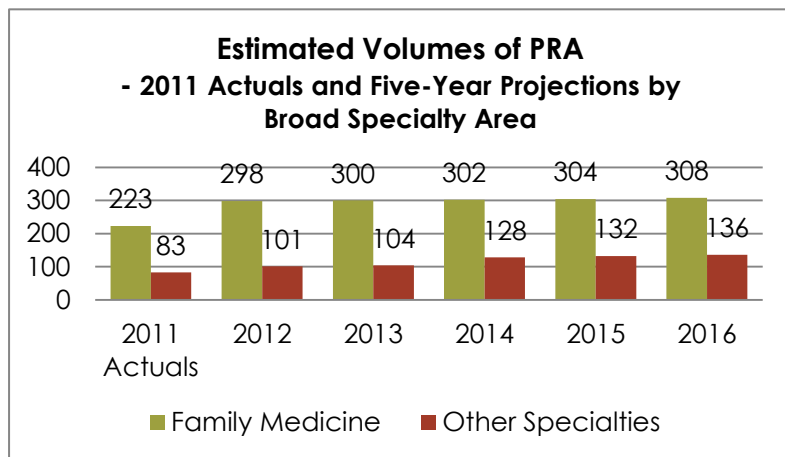| Year	Family Medicine	Other Specialties
2011 Actuals	223	83
2012	298	101
2013	300	104
2014	302	128
2015	304	132
2016	308	136

Figure 6 Estimated Volume of PRA over five years by Speciality Area

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[1] Note: At time of preliminary report distribution, engagement in consultations with Nunavut had not occurred.

Current Programs or Processes

The processes used to determine if an IMG is ready for entry to practice vary across jurisdictions but generally fall within two categories:

- Credential review only
  - IMG candidates have acceptable, comparable credentials that meet Canadian standards **OR**
  - Evaluation and assessment programs are limited or absent due to capacity issues
- PRA process that encompasses a credential review, a point-in-time examination and/or an over-time assessment
  - Specific IMG PRA programs have been developed in response to a combination of underserviced community needs and, in some cases, political and community pressure for physicians

In jurisdictional processes based solely on credential reviews, the activity includes a detailed review of IMG candidates' credentials, training and practice experiences to decide if these meet the standard for provisional licensure. A breakdown of the range of entry into practice decision-making for provisional licensure is included in the table below.

Table 5 Decision-Making Processes for Provisional Licensure by Province

	PRA Scope	NL	PEI	NS	NB	QC	ON	MB	SK	AB	BC	NU	NWT	YK
Family Medicine	Credentialing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
	Point-in-Time Assessment	✓		✓				✓	✓					
	Over-Time Assessment	✓		✓[2]		✓		✓	✓	✓				
Other Specialties	Credentialing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
	Point-in-Time Assessment						✓			✓				
	Over-Time Assessment					✓	✓	✓		✓				

As the purpose of the environmental scan is to gather information about programs currently active in Canada for IMG physicians' entry to practice, the following sections provide an overview.

Formal PRA Processes Overview

Currently, seven jurisdictions provide PRA processes with similar mandates and purposes. These seven jurisdictional processes are used to determine if an IMG is capable or not of entry to practice through provisional licensure. The processes are offered for family physicians or other specialty physicians, with Quebec, Manitoba and Alberta offering processes for both.

Table 6 Formal PRA Processes by Specialty across Provinces

Formal PRA Processes	NL	NS	QC	ON	MB	SK	AB
Family Medicine	✓	✓	✓		✓	✓	✓
Other Specialties			✓	✓	✓		✓

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[2] Over-time assessment occurs after a defined licence is granted.

Of note are the differences in assessment activities covered under various jurisdictional processes for provisional licensure. Most programs "finish" prior to provisional licensure with two exceptions; in Nova Scotia where supervised practice post-provisional licensure is covered under the program scope for family medicine, and in Alberta where supervised practice assessments occur after provisional licensure for both family medicine and other specialists. Refer to Appendix G.2 for an overview of the assessment activities covered by the various programs.

For an overview of the current PRA processes by jurisdiction including focus, delivery and funding sources, refer to Appendix G.3.

Collaboration - Multi-Stakeholder Processes

PRA processes engage multiple stakeholders and delivery mechanisms within each jurisdiction. The primary responsibility of the processes resides with the MRA or a university-affiliated IMG program. In all processes, there are strong linkages with the university or academic environments that make use of academic infrastructures to support the assessment. MRAs, where they are not owners of the process, are usually involved in the up-front credentialing and eligibility determination as the outcome of a successful assessment would be some form of licensure. Within Ontario, the MRA is only involved at the point of determining provisional licensure once the assessment is complete.

Where sponsorship is a critical component of the process, additional stakeholders participate to select physicians to fill underserviced community areas. Regional Health Care Authorities and sponsors (i.e., a family physician at a clinic in Alberta) are actively involved in the process. Their involvement ranges from preliminary screening of IMG candidates to placement and orientation.

Funding

All PRA programs operate under a cost-recovery model; however, the financial contributors to the process vary. The majority of the programs are funded through their respective jurisdictional Ministries of Health or other provincial programs. Provincial funding can be direct Ministry of Health funding or indirect through provincial IMG programs or hospital health authorities or individual or group practices. In the Newfoundland and Nova Scotia programs, candidates pay for a portion of the point-in-time assessment costs along with the MRA and the university. Where over-time assessments are used, there is no indication that candidates contribute to or offset the incurred cost across all jurisdictions.

In processes where there are strong linkages between job opportunities (i.e., sponsorship) and PRA, a return-of-service agreement is common. These range from two to four years where the IMG physician is required to complete the contract. In a few cases, RHAs or sponsors seek to recoup the investments in the assessment costs from the candidate where a return-of-service agreement is not used; however, this is exceptional.

Capacity

As program capacity varies significantly, a pan-Canadian process could assist with maximizing available spaces and infrastructure. In all jurisdictions, there are capacity restrictions on physical and human resources. In part, this has been created by the increasing number of postgraduate training spaces without a corresponding increase in university faculty to support the workload. The human resource limitations exist in academic university settings and community-based settings.

The type of assessor required is an important capacity constraint. For example, recruiting sufficient family medicine assessors can be a challenge, a constraint that can be eased with generalized recruitment efforts. The common challenge might be alleviated if general assessor recruitment and training were used across programs. Of interest, specialty-based assessment programs have a more variable capacity.

Frequency

The frequency of assessment varies from delivering "as-needed" or "on demand" assessments to scheduled application and assessment windows of one to three times per year. The variation in frequencies is observed within both family medicine and other specialty programs and is independent of

the assessment location. The variation does not depend on academic environments, etc. For example, the Ontario PRA program for specialties is delivered once per year whereas Quebec, Manitoba and Alberta offer their assessments on an as-needed basis while making use of academic environments. Family medicine programs are similarly different with Newfoundland and Labrador, Quebec and Alberta offering assessments on an as-needed basis and Nova Scotia, Manitoba and Saskatchewan offering processes on a scheduled basis. For an overview of the PRA processes timeline by jurisdictions, refer to Appendix G.4.

Process Supports

Orientation

All programs incorporate some form of orientation. The degree of formality, length and content of orientations differ. Common elements include orientation to the Canadian and jurisdictional environment, the assessment program or tools, Canadian society, interacting with other health-care professionals and team-based environments, and contract, legal and ethical issues. A common goal of orientation is to increase the probability of success for a skilled and competent candidate. Orientation components can span days or weeks. In cases where a less formal orientation occurs, other supports are available to IMGs.

Consultation

Access to staff resources for queries is offered within most programs. For example, the Newfoundland and Nova Scotia programs provide frequent opportunities to discuss progress and issues. Most government IMG programs and other associations provide assistance with finding temporary residences, relocation, counselling and subsidizing or covering living expenses during the assessments.

Assessor Support and Training

A critical component is the support and training provided to assessors. This support usually entails information sessions, documentation support, episodic contact and follow-up throughout the assessment.

Various training models exist with varying levels in the degree of formality. The amount of training and support provided depends on where the assessment occurs. When assessments are held in a community-based environment, assessor training ranges from handbooks and manuals to attending workshops. Where the assessors are academic staff, training supports are less formalized and are delivered through existing faculty development processes.

The programs reviewed in the following section have been separated into family medicine and other specialties to highlight commonalities and variations. In some jurisdictions, there is a clear distinction between the two groups; in other cases, the same process is used for both family medicine and other specialties.

Appendix G.5 contains overview information regarding specific jurisdictional processes. Appendix G.6 contains a summary of commonalities and variations between existing processes against the PRA data-gathering strategy.

FAMILY MEDICINE

Eligibility

All family medicine PRA programs require, at minimum, a Doctor of Medicine (MD) degree and the MCCEE. Some programs require additional assessments such as the MCCQE Part I and language proficiency results. Where language proficiency is a requirement, the Test of English as a Foreign Language (TOEFL) is the common assessment tool result.

All family medicine programs require sponsorship. Sponsorship is used as either an eligibility factor or after point-in-time assessment and prior to over-time assessment. Sponsorship as an eligibility requirement occurs in Newfoundland, Quebec, Saskatchewan and Alberta. In these jurisdictions, the activities related to the application, screening and selection of an IMG serve to reinforce the pre-screening through additional

credential and experience reviews, plus an interview and selection process between the IMG and the potential employer.

Requirements for postgraduate training and evidence of practice differ. However, there appears to be a pattern, whereby less postgraduate training is required if there is a greater emphasis on years of practice experience. Generally, with two years of postgraduate training, the requirement for evidence of practice ranges from one to two years; with one year of postgraduate training, the requirement for evidence of practice ranges from one to three years.

The variability within the overall eligibility component appears to be in line with the FMRAC Standards for Registration for Provisional Licensure.

Program Governance

The MRA plays a critical role in determining the minimum eligibility requirements for the processes. An IMG who is successful during the assessment ultimately needs to be licensed. The involvement of the MRA provides the successful IMG candidate with clear expectations of licensure up front. How the selection decision is made varies. Two common approaches are used. IMG candidates are ranked based on assessment scores or selected based on a blend of a subjective reviews from one or a combination of stakeholders (the RHA, province, university sponsor and/or the MRA).

Assessment Types

The types of assessment vary; either point-in-time or over-time assessments or a combination of both are used. Point-in-time assessments occur in an examination-type setting and are centralized within the specific jurisdiction. Over-time assessments take place in a community-based location or alternate setting.

In all processes, over-time assessments occur before provisional licensure with two exceptions:

- Nova Scotia uses an observed, in-practice assessment following defined license (provisional license)
- Newfoundland combines point-in-time training and over-time assessment

Table 7 Assessment Format for Family Medicine by Province

Assessment Type		NL	NS	QC	MB	SK	AB
Family Medicine	Point-in-Time	✓	✓		✓	✓	
	Over-Time	✓	✓	✓	✓	✓	✓

In general, two types of decision-making occur after these assessments:

- A structured judgement approach is used to indicate a pass/fail type of decision based on the assessments and defined standards
- A broad-based judgement approach is used to review the assessments and a discussion-based decision follows

Assessment Tools

Where point-in-time assessment tools are used, the assessment period generally ranges from two to three days. The tools used include:

- Medical knowledge – multiple-choice questions (MCQ), therapeutics
- Clinical skills – OSCE, structured office interview, standardized patient encounters

Generally, the over-time assessment period ranges from three to six months with outliers of two to 52 weeks. A two-week, over-time assessment is used in the Alberta program where candidates have "known" credentials, experience and acceptable postgraduate training (i.e., IMG candidates from the United Kingdom, some areas of Australia, etc.). A 52-week, over-time assessment is used in Nova Scotia where the assessment occurs following provisional licensure. Saskatchewan's pilot PRA program has eight weeks, but exploration is underway to determine the appropriate length of over-time assessment.

There appears to be a pattern between the screening requirements and assessment length. For example, where higher eligibility requirements exist, the assessment length appears to be shorter.

Across all programs, if candidates fail one component of the assessment, they are removed from the program. In some programs, an IMG may be removed from the process early if the IMG is deemed either clearly not ready or clearly practice-ready.

Where the over-time assessment occurs in an academic environment, similar tools are used for IMGs and CMGs in postgraduate training routes. All processes use some form of MSF and evaluation reports. A subset of the programs specifically indicated that mini-CEX, CBD and chart reviews are used.

OTHER SPECIALTIES

Eligibility

While there is significant variation in program eligibility, all other specialty PRA processes require, at minimum, an MD and the MCCEE; Ontario also requires the MCCQE Part I. In some programs, additional assessments (i.e., MCCQE Parts I and II) are preferred.

Proof of language proficiency through assessment is required in Quebec and Manitoba. TOEFL results are used for English language assessment; Office québécois de la langue française (OQLF) is used for French language proficiency. In Manitoba, candidates must also demonstrate that their practice experience occurred in an English-speaking environment.

All other specialist PRA processes, with the exception of Ontario, require sponsorship either as a criteria for eligibility or prior to the start of the over-time assessment. Sponsorship as an eligibility requirement occurs in Quebec and Alberta. The activities related to the application, screening and selection of an IMG serve to reinforce the pre-screening through additional credential and experience reviews as well as interviews with, and selection by, the potential employer.

The highest degree of variation in eligibility exists for postgraduate training, evidence and currency of practice and specialist certification.

Table 8 Eligibility Requirements for Non-Family Medicine Specialties by Province

Aspect of Eligibility by Jurisdiction	Postgraduate Training	Evidence & Currency of Practice	Certification
QC	Four-six years	12 months within the last two years	Specialty certificate
ON	Must be Board certified	Experience within last five years	Specialty certificate (Board certified)
MB	Over two years or highest qualification in specialty field (RCPSC durations)	Practice experience within an English-speaking environment	
AB	Three-four years	Three years discipline-specific practice	

Program Governance

The MRA plays a critical role in determining the minimum eligibility requirements for the programs. An IMG who is successful during the assessment will be licensed and MRA involvement provides the IMG candidate with clear expectations of licensure up front.

There is variability as to which organization decides if an IMG is eligible for the PRA process: a Sponsor (Alberta) or committee structure (Quebec), government through their initial screening of the candidate

and linkage to potential positions through strong sponsorship requirements (Manitoba) and a program (CEHPEA) or program directors (Faculties of Medicine).

Assessment Types

Over-time assessments are common across all processes with Ontario also performing point-in-time assessments. Point-in-time assessment occurs in a centralized examination site and over-time assessments are in an academic-based setting or an approved or accredited community-based setting (i.e., hospital setting with trained assessors).

Table 9 Assessment Format for Other Specialties by Province

Most run on an as-needed basis, with the exception of Ontario that works within a defined application window to facilitate co-ordination of the over-time assessment with university faculty schedules. Pass/fail decision-making is the norm when assessing IMG candidates for other specialties.

Assessment Type		QC	ON	MB	AB
Other Specialties	Point-In-Time		✓		
	Over-Time	✓	✓	✓	✓

Assessment Tools

The point-in-time assessment used by Ontario includes assessing specialty medical knowledge with an MCQ examination and assessing clinical skills with an OSCE. Successful candidates in the Ontario process are directed towards interviews for assessments performed within faculties of medicine.

Generally, the over-time assessment period ranges from three to twelve months. The duration of the four programs varies from fixed lengths of 13 weeks to three months and six months to Manitoba's variable over-time assessment length based on specialty (i.e., three months for urology, 12 months for psychiatry). To note, the Alberta program covers both pre- and post-provisional licensure assessments.

All over-time assessments require direct observation of clinical and communication skills. Common tools used include MSF and evaluation reports. A subset of the programs specifically indicated that they use mini-CEX, CBD and chart reviews.

OBSERVATION SUMMARY – PROCESS LEARNING

Throughout the consultations, challenges were identified and are summarized here in general themes. Some of the challenges are not directly related to assessment although any solutions that are implemented may be useful to a pan-Canadian PRA process.

Physician Supply, Retention and Distribution

PRA needs to be considered within the context of the broader goals of attracting and retaining a physician to serve a community's needs. Workplace, recruitment and retention needs must be aligned with PRA providing a competency-based assessment to ensure a physician is capable of independent practice. A successful community placement depends on the processes working together.

Resourcing and Maintaining

With changes or turnover in various settings, support needs to be available for assessors, IMGs, assessor trainers and sponsors. Programs often assist in resolving cultural clashes between IMG candidates and their assessors. Ensuring equal use of the PRA route across health-care centres, ensuring the program is understood and still required and ensuring human resources planning to support the programs in place are all necessary.

Cost Management

The selection of assessment processes needs to take into account the benefit of the tool (increased decision-making reliability) balanced against the financial and human resource time costs. In addition, the alignment of tools and program schedules must be considered together within the context of any existing program. Of note, developing content for knowledge and skills examinations is typically a significant cost consideration.

Location

Where assessments occur in a community-based environment, it is important to find the right place to assess a candidate. Candidates should be assessed in a context or setting similar to that in which they will be practising. Finding a location and an assessor with the desired skill set can pose logistical challenges. Delivering PRA is more than an assessment challenge; logistical solutions are critical to successful delivery.

Holistic planning occurs within the programs. Balancing the time commitments and expectations of assessors is one part and taking into account the roles and time commitments of all professionals who are participating in the evaluation process is equally important.

A strong advocate for IMG PRA within the academic environment (i.e., as exists in Manitoba) can make a significant difference in the successful delivery of assessments that occur within an academic setting.

Expectations

Expectations regarding roles and responsibilities, expected outcomes and available supports need to be clarified for the assessor, the IMG and program staff. Frequent ongoing communications through process documentation and administration coordination are necessary to ensure expectations are reinforced and monitored for both the IMG and the assessor. Knowing what the PRA process will and will not do, knowing the purpose and the time frame, is essential for the IMG who is being assessed. While assessors tend to be reasonably reimbursed, they also need to be clear on the expected time commitment. IMGs tend to require more time as compared to CMGs; program staff need to anticipate and appreciate this difference.

COMPLEMENTARY INITIATIVES

One purpose of the environmental scan is to establish a baseline understanding of the various initiatives that currently exist in the IMG landscape. A representation of the landscape is depicted in Figure 7 and is followed by high-level descriptions of the purpose for each initiative.
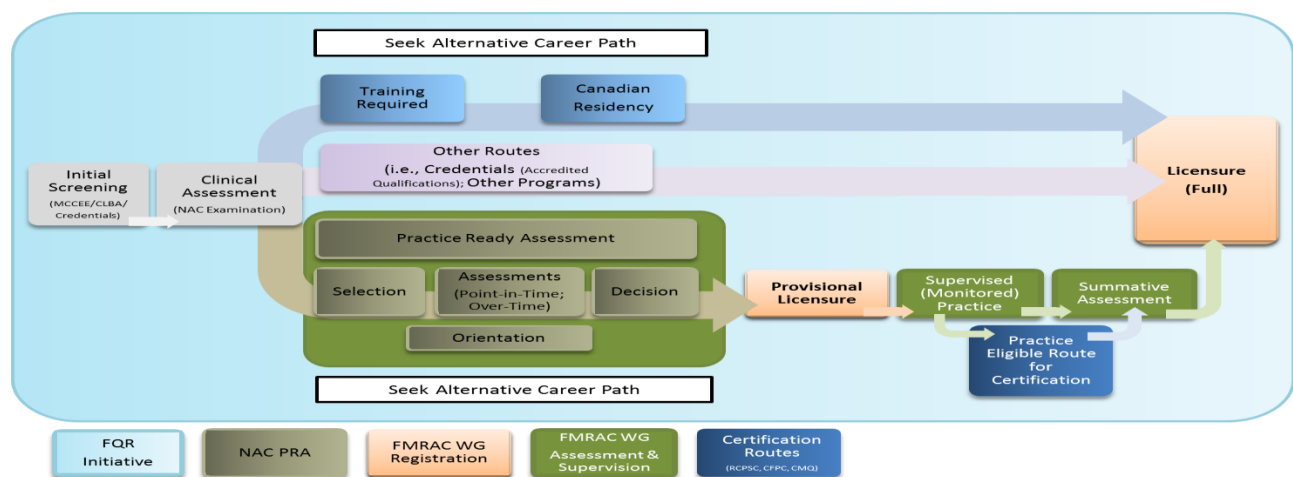

Figure 7 PRA Complementary Initiatives

Foreign Qualifications Recognition (FQR) Initiative

As part of the Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications, this initiative seeks to improve foreign qualifications recognition systems in Canada, including qualification assessment and recognition practices.

NAC PRA

To recommend and support the adoption and maintenance a pan-Canadian assessment process to determine whether or not an IMG is capable of entry into provisional practice and includes the up-front screening used to direct an IMG to a residency pathway.

FMRAC Working Group on Registration

To standardize, to the greatest extent possible, the various practices used by the provincial and territorial MRAs for registration and licensure.

FMRAC Working Group on Assessment and Supervision

To draft principles, acceptable methods and processes for assessment and supervision and final evaluation of physicians who do not hold a full, unrestricted licence.

Manitoba Practice Assessment Program (MPAP)

To develop a process to assess physicians in their practice settings that enables the College of Physicians and Surgeons of Manitoba (CPSM) to make a decision about granting registration to candidates moving from provisional to full licence in cases where physicians have not yet achieved final certification.

RCPSC Practice Eligible Route (PER) – Route B

RCPSC's exploration of the practice eligible route for IMGs will provide the opportunity to have all physicians working as specialists measured against national standards. PER attempts to remove the barrier of a certification examination for licensed specialists who have been competently practising in their specialty for over five years. PER Route B will be an alternate but rigorous assessment of knowledge, skills and judgment through an in-practice assessment.

CFPC Practice Eligible Route (PER)

CFPC's exploration of the practice eligible route for IMGs will provide the opportunity for those physicians already working as family medicine specialists to obtain certification through an alternate pathway that does not require writing the CFPC certification examination.

CMQ Specialist Certification Route

CMQ's specialist certification route is available to IMGs who have worked for a period of five or more years under a restricted permit. The route to certification is not through examination, but rather is based on the IMG's time spent under supervision through the restricted permit environment and a review of credentials and training related to his or her specialty.

The format and scope of a point-in-time clinical inspection comparing CMGs and IMGs may be a useful framework from which to assess existing PRA programs. Ultimately, assessing differences in practice quality of IMGs who have been provisionally licensed under different programs may be a useful lens under which to benchmark existing programs.

Society of Rural Physicians of Canada

The Society of Rural Physicians of Canada (SRPC) is the national voice of Canadian rural physicians. The SRPC's mission is to provide leadership for rural physicians and to promote sustainable conditions and equitable health care for rural communities. Internally, SRPC has informally discussed the need for assessment for rural environment practice. While discussions are currently at the "ideas" stage within SRPC, the scope may include some form of PRA for rural environments.

The SRPC is interested in being involved in NAC PRA with regard to determining whether to explore assessment for rural environments and to provide input into the competencies to be assessed for rural environment practice. In addition, there may be an opportunity to make use of the SRPC membership as a potential source of preceptor/assessor recruitment for rural, community-based assessments.

The existing PRA initiatives are all possible collaborators with NAC PRA. Categories below are collaboration opportunities in the activities, requirements, assessment tools being considered and where information sharing is appropriate.

Table 10 Opportunities for Collaboration

Complementary Initiative	Partnering/ Collaborating Opportunities				Awareness/ Information Sharing
	Governance	Competency/ Licensure Requirements	Assessment Tools	Benchmark Assistance	
FQR-GoC					✓
FMRAC Working Group on Registration		✓			✓
FMRAC WGAS	✓	✓	✓		
MPAP			✓		
RCPSC PER – Route B		✓	✓	✓	
CFPC PER		✓	✓	✓	
CMQ		✓	✓	✓	
SRPC		✓			✓

To consider the potential for collaboration across initiatives going forward in the context of NAC PRA, refer to Appendix H.1 and H.2 for highlights and for further details about the complementary initiatives including scope, timeline and resources involved.

In addition, the models proposed by the FMRAC WGAS, the IMG Pathways Model, current PRA processes and envisioned pan-Canadian PRA processes are aligned in their frameworks as identified in Appendix I.

FUTURE ENVIRONMENT

The future environment was discussed within each jurisdiction and by stakeholder groups. Policy discussions included the Standards for Issuance of Provisional Licensure and Full Licensure, the FMRAC WGAS and the IMG Pathways Model.

The ideal of a pan-Canadian PRA framework was seen to be a natural evolution of the processes that have been created in each jurisdiction to meet the principles driven by AIT. A pan-Canadian PRA framework with common standards that meet the minimal requirements of MRAs would realize the aim of enabling IMG mobility across Canada once full licensure (and possibly provisional licensure) is obtained.

INTEREST GOING FORWARD

A pan-Canadian process was consistently supported; however, participation ranged from those who would:

- Continue to deliver PRA processes that meet the minimal standard; they would participate in the development of the framework to establish comparable rigour in processes

- Plan to deliver PRA processes that would meet the minimal standard; they would participate in the development of the framework
- Be involved from an information awareness perspective and would:
    - Partner with other jurisdictions' assessment programs
    - Utilize other jurisdictional assessment processes when credentialing processes become insufficient to screen for entry into practice
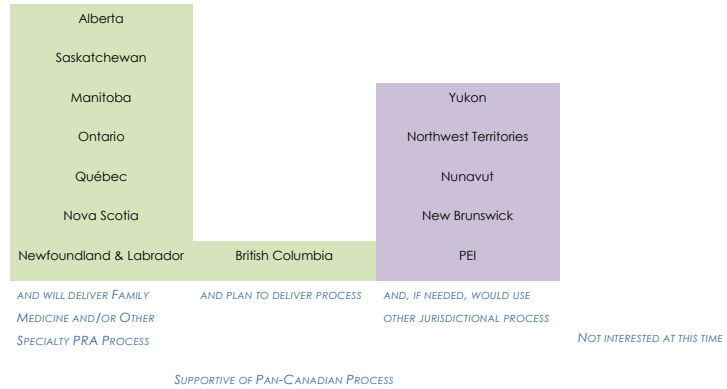

Alberta		Yukon
Saskatchewan		Northwest Territories
Manitoba		Nunavut
Ontario		New Brunswick
Québec		
Nova Scotia		
Newfoundland & Labrador	British Columbia	PEI

AND WILL DELIVER FAMILY MEDICINE AND/OR OTHER SPECIALTY PRA PROCESS

AND PLAN TO DELIVER PROCESS

AND, IF NEEDED, WOULD USE OTHER JURISDICTIONAL PROCESS

NOT INTERESTED AT THIS TIME

SUPPORTIVE OF PAN-CANADIAN PROCESS

Figure 8 Support for Pan-Canadian Process

What general understanding needs to be put in place regarding jurisdictions that decide to rely on credential-only routes for licensure?

Should the pan-Canadian Practice Ready Assessment framework or other initiatives establish guidelines in these cases for credential-only pathways for licensure?

BENEFITS AND CONCERNS WITH A COMMON PROCESS

Intended Benefits

In exploring the benefits of a common, pan- Canadian process for practice-ready decision-making, IMG, MRA and program efficiency perspectives were considered.

IMG

A common process would clarify the requirements and process for entry-to-practice pathways. A common process would enable stakeholders to concisely communicate a single model for PRA and identify unique requirements against a common standard.

MRA

MRAs would gain assurance there is one accepted, minimal standard for practice readiness set across the country. Specifically, there would be no lowering of the bar in certain areas to meet local needs for physicians. A standard assessment of IMGs through practice readiness conforms to AIT principles.

Public Health Care System

Establishing a common standard of PRA with rigorous assessment filters for IMGs who seek provisional licensure could alleviate resource drains in the health-care system once the physician is licensed.

PRA Processes

In general, a common process would increase public confidence in the jurisdictional practices and strengthen legal defensibility of licensure decisions. A common process would assist with standardization across the Canadian system, which includes Citizenship and Immigration Canada (CIC) rules and harmonizing processes, tools and decision-making.

Standardization of tools implies a common toolkit for pre-entry before evaluation begins, and a common method of documenting findings and reports to IMGs. Validated, secure examination content could be centrally developed, as could ongoing content improvements and maintenance of content banks.

Pan-Canadian IMG management could leverage the resources of the common elements to benefit the IMG. For example, candidates who cannot be accommodated in one jurisdiction could be assessed elsewhere with assurance of comparability. In addition, there exists the potential to manage point-in-time assessments (as part of pre-screening or an assessment filter) more collaboratively and consistently.

Through a pan-Canadian process, provinces and territories could find similar contexts in other jurisdictions to resolve conflicts between sponsor and assessment interests. Where sub-specialty spots or assessment skill sets do not exist in local academic or community settings, smaller jurisdictions or those who have capacity issues in some areas have an interest in contracting with larger programs to assess the more complex, smaller subspecialties on their behalf.

Common orientation materials and training on assessment tools that represent best practices are of interest to different stakeholders. Access to other programs has appeal, both from jurisdictions that currently deliver programs and for those that do not and do not intend to deliver a program.

Common Process Concerns or Issues

There are concerns regarding the buy-in, implementation and maintenance of a common process that are included in this environmental scan. The concerns raised should not be considered as barriers to a common process, but rather provide guidance for implementation planning. The concerns are listed in no particular order and are samples of concerns raised about how to move forward.

Specific concerns regarding the assessment tools and other practical implementation elements will need to be explored further once the general framework for a pan-Canadian process is articulated from a change management perspective.

Table 11 Themes for Consideration

Theme	Description	Consideration for NAC
Interest, Participation & Will	Getting agreement from all players in principle may be feasible, but once the practical implementation elements are on the table, there will be issues with the details.	Pan-Canadian support by jurisdictions is necessary to go forward.
	If not all jurisdictions are involved equally, the participating jurisdictions are investing a large amount of money into candidates who may be recruited to other non-participating jurisdictions; is this fair?	Having critical mass/ representation for all the jurisdictions is necessary.
	What is the tolerance for some jurisdictions to "opt-out" of running or using another program for PRA? How would this impact other jurisdictions (ethical inter-provincial recruitment with the need for an IMG to be mobile)?	What happens if jurisdictions opt-out?
		Strategize how the process, with respective investments, can be protected in context of AIT.

Theme	Description	Consideration for NAC
Common & Autonomy Balance – Politically Charged Environment	Jurisdictions have different needs and resources, differing focuses on areas of need (urban, rural, remote – from family physicians across all domains to family physicians in geriatric care to other specialties) and differing levels of finances and human resources to support a PRA process from assessors, to assessment locations, to availability of program supports.	Can there be some jurisdictional autonomy within a pan-Canadian process? If jurisdictions have substantially different needs, can they be accommodated within a common process? The jurisdiction's community physician resource needs may trump the need for a common process. How can this be managed and respected?
Concepts – Make Sure We Agree	CSAs should not be treated any differently than immigrant IMGs. Common processes should be the norm with a few managed and documented exceptions.	What is the ideal, what is the minimal standard for the two groups?
Common & Flexible Process	What is done needs to be common enough to be acceptable, but not so restrictive that it cannot be maintained in all jurisdictions. Government buy-in is critical and financial/resource requirements cannot be impractical. Some variation in how PRA might be conducted in each jurisdiction could occur as long as it does not jeopardize the assurance that an IMG assessed in any province would be eligible for provisional registration in all jurisdictions. This could be acceptable so long as comparability of assessments could be demonstrated (i.e., the period of observed practice might vary in length as long as the assessment or assessment tools were comparable).	The process needs to be achievable across jurisdictions and take into account funding and resource capacities. A common process must maximize standards in areas such as terminology, definitions and tools, yet allow for some flexibility (i.e., exempt from a specific part of the assessment if the candidate is a "known quantity" vs. unknown). Funding models should be fairly aligned; however, jurisdictions retain the right to subsidize in their own areas and implement return-of-service contracts. Ethical jurisdictional recruitment to be considered both overseas and within Canada, albeit respecting AIT mobility intentions.
Jurisdictions Were Not Waiting for NAC	Respect jurisdictional needs and capacities; no one was waiting for NAC to implement jurisdictional processes, so different models have been implemented. In some jurisdictions, assessments are seen as a fast-track program so point-in-time assessment requirements will compromise existing timeliness. In others, more robust, sequential programs from point-in-time to over-time assessments have been implemented.	Identify strong value systems in existing program and retain them in a common process. If considering an ideal framework, time needs to be given to manage the change and address individual implementation requirements.

Theme	Description	Consideration for NAC
Development of a pan-Canadian Process – Great Idea but How?	How will we pay for whatever it is we're envisioning? Jurisdictional funding envelopes are not expected to grow; we can benefit from the development of a pan-Canadian standard and use of same, but what does this mean?	What general support can be provided to at least offset the development costs of a pan-Canadian framework (i.e., resources, studies, etc.)? Leverage existing funding and direct a portion into a common process.
Difference in Philosophies – Makes Things Interesting	Differences in perspectives on IMG practice readiness, objectives of processes through to the assessment tools used include: • No such thing as a practice ready IMG vs. those who firmly believe that IMGs can be practice ready • Different kinds of IMGs (i.e., known to unknown where known is confidence in training [US, UK, Australia, etc.] vs. all IMGs need to go through the same filter route) • Must have exams to filter PRA vs. have an exam to sort candidates into differing IMG pathways (residency, practice-ready, etc.)	Expect philosophical differences about the process. Clearly identify and discuss ideas and preconceptions and define scope accordingly. Either address differences through research and project work or focus on an assessment toolkit.
Frequency of Assessments	Individual jurisdictions currently determine how often to run the program cycle. Account for varying capacities to assess and for jurisdictional reliance upon IMGs for meeting physician needs is important. Of note, there are more restrictions on frequency of point-in-time assessments than for in-practice assessments.	Any tools used in the common toolkit will need to be maintained in a manner that takes into account the assessment windows for standard elements.
Over-Time Assessment	Where will IMG assessment spots be found as access to academic environments become more challenging due to the expansion of Canadian medical schools and the ripple effect being felt in postgraduate training? At this stage, the number of residency spots available is seen as "stable". How can over-time assessment occur in smaller communities where back-up is limited? Finding assessors is a challenge and finding funding might pose problems. Thinking about where point-in-time assessments occur seems flexible so long as the assessment meets the needs of various program schedules, but when or where over-time assessment occurs is open to debate. • Academic vs. community • In jurisdiction vs. "outsourced" to another jurisdiction with capacity AND similar assessment context	Principles of over-time assessment need to be established; where the assessment occurs can be variable as long as it meets the minimum requirements. Funding over-time assessment may be more difficult for some jurisdictions. How can funding for over-time assessments be freed up to encompass a common pre-screening process with point-in-time assessment tools? Is over-time assessment needed for all IMG PRA candidates or is it to be used only for "borderline" practice-ready candidates?

Theme	Description	Consideration for NAC
Assessors	Who is the right assessor if over-time assessment cannot occur in an academic environment? In an environment of peer-based assessment, why aren't IMG assessors used more often?	Explore requirements for assessors; perhaps actively recruit IMGs who can assess as long as any perceived or actual conflict of interest is negated.
After Unsuccessful PRA Attempt	Not all jurisdictions have the resources or capacity to redirect unsuccessful IMGs to other pathways or bridge unsuccessful candidates beyond the IMG residency programs.	There needs to be concrete outage points and perhaps linkages to other pathways. Clarity in consequences for unsuccessful IMGs is needed.
Awareness of Impact of Common – Primary Concerns	Loss of physician resources is of paramount importance in smaller jurisdictions as there is a concern over losing candidates to 'more desirable areas' and the ability to retain physicians may be problematic. 'Competition' amongst smaller and larger jurisdictions exists today and will not be solved through a pan-Canadian PRA; however, PRA processes are seen as a factor in attracting and retaining physicians.	Success of jurisdictions' programs to recruit and retain physicians will be a key factor in alleviating these concerns with a pan-Canadian PRA process. Jurisdictional governments may need to recognize that additional emphasis on recruitment/retention will be needed, as well as the possibility of invoking return-of-service agreements if government covers some portion of assessment costs.
Approach is Critical to Buy-in and Success	Approach will be critical to making a pan-Canadian process work. Consultation will be important as will cross-jurisdictional communications and discussions.	What is the approach; would a "building block" approach work starting with the "simpler" items for agreement before tackling the more challenging issues?

A PAN-CANADIAN FUTURE MODEL

In exploring the future model(s) identified in Appendix J, cross-jurisdictional perspectives were gathered. Discussions ranged from general themes relating to the common process principles to specifics or criteria regarding the assessment framework used.

The envisioned assessment process is anchored to the general outcome of a PRA process. In essence, a patient should expect the same quality of care from a provisionally-licensed physician who has gone through PRA as he or she would expect and receive from a fully-licensed physician; this is the standard for the future model.

Throughout the consultations, common themes were identified. These included qualifying the term PRA to pre-provisional licensure PRA (the term 'practice-ready' is used for a variety of purposes) and the desire for an acceptable, rather than ideal, process. This desire for an acceptable process relies on other mechanisms in place to monitor the practice of all physicians post-provisional licensure (including CMGs).

A PRA process must meet the needs of the public, MRAs and IMGs. To assess an IMG physician's skills, a holistic view is needed that encompasses communication, culture change, medical knowledge, clinical skills and the context or geographic-specific knowledge.

The general pan-Canadian PRA framework consists of two key steps; selection of candidates eligible to enter a PRA route and an assessment step to ensure the IMG candidate is indeed ready for provisional licensure.

The screening mechanism will consider candidate credentials and practice experience along with point-in-time screening assessments of medical knowledge, language proficiency, etc.

After screening, the assessment filter consists of an over-time assessment of observed in-practice performance. Some point-in-time assessments may become screening mechanisms.
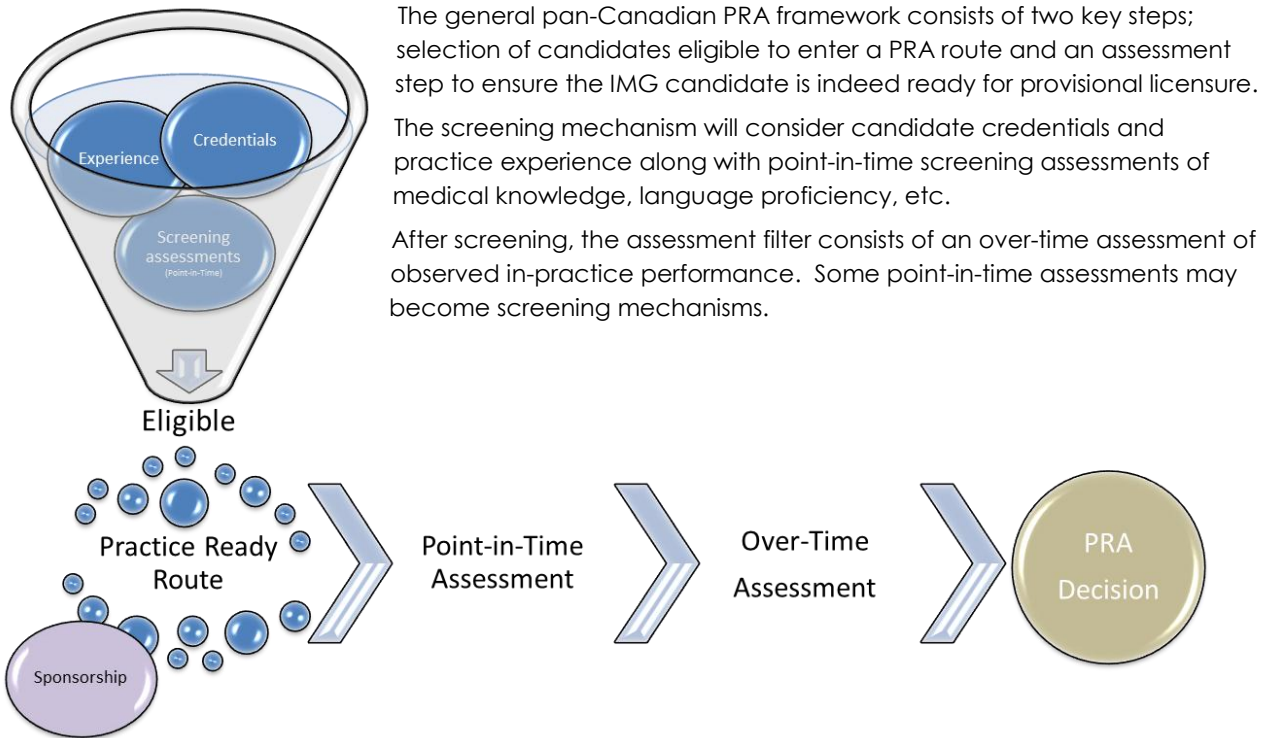

Figure 9 Screening for PRA

The following table represents the cross-jurisdictional perspectives gathered during consultations with specific NAC considerations highlighted.

Table 12 Cross-Jurisdictional Perspectives

Element	Description	Consideration for NAC
Model	The process to be developed must be fair, transparent and objective. The concept of a screening mechanism and assessment filter is generally acceptable. Currently, there are variations in when point-in-time assessment occurs (i.e., as a screening element or as part of the assessment filter).	Which IMG credentials meet the requirements for the PRA route? What type of sponsorship should be at the front end? And for the filtering component? This decision may drive screening requirements. MRAs need to play an important role in a pan-Canadian process. Are they the ultimate decision makers?

How	Various model options were discussed ranging from establishing a general framework to some form of accreditation of existing and future programs.
	
	Program accreditation by certifying bodies and MRAs?
	
	A PRA program accreditation framework is a possibility as it would promote comparability of programs while respecting the autonomy and needs of different jurisdictions and different frameworks for how PRA is delivered.
	
	• Framework established for accreditation
	• Standards built around whether or not a reasonable assessment activity is in place with adequate supervision, etc.
	• Accredited program meets expectations with a final assessment that ensures confidence that a given physician is capable
	   • Measure process and outcomes
	• Accredit assessment sites by program
	   • Community-based assessment sites could be accredited
		Establish framework or accreditation of programs.
		
		Framework
		
		• MRAs establish objectives for process and competencies to be assessed in collaboration with certification body
		• Programs collectively determine how competencies should be assessed with supporting studies
		• Develop common framework/tools
		• Each program implements changes as required
		
		Accreditation Issues
		
		• Who would accredit programs?
		• Who would perform audits of programs for continuing accreditation purposes, etc.?
		
		Regardless of the approach decided upon, there is recognition that each jurisdiction will need to build confidence in other jurisdictional programs and have confidence in their own.

Delivery Models	Point-in-time assessments are an area to consider for centralized assessment tool development and delivery.	What is the scope of PRA? Is the capacity and needs management in scope of the NAC role (i.e., managing cross-Canada assessment needs with capacity restrictions in jurisdictions) and what would this look like?

Element	Description	Consideration for NAC
Location of PRA Processes	In areas with less of a link to an academic environment, there should be more assistance and training for the assessor to help ensure the IMG's skills are comparable.	May be a need for guidelines around standards – what type of IMG and where assessment occurs. Guidelines could vary from geographic locations (urban, rural, remote) to assessor type (faculty, academic, physician) and assessment environment (academic, community).
What to Assess	Assessments are appropriate to practice context. Any assessment or eligibility or standards for what it takes to be practice ready would define the competencies for safe independent practice. Assessment needs to be focused on the practice for which the individual is being recruited. **Principles-based framework** Standardization of key aspects of assessment is needed for a pan-Canadian process. For example, definition and agreement on the qualifications and characteristics of assessor(s), the importance of access to multiple assessors, of up-to-date assessors with experience providing feedback, of assessors who are practising to acceptable standards and the scope of patient problems to be seen. **Flexibility** How much variation and flexibility will exist within a pan-Canadian framework? Can a step be omitted? For example, if pre-screening or point-in-time assessments are effective, do top candidates need an over-time assessment? Would only borderline candidates need an over-time assessment?	Considering that, at some point, the candidate will obtain full licensure and will be mobile, what is the requirement to ensure that the broadest skillset is covered for assessment vs. assessing a candidate for a specific scope of practice? How prescriptive does the pan-Canadian framework need to be in context of how things work?
Eligibility	Can anyone enter a PRA program? There are differing opinions on how open PRA should be. A degree of filtering usually occurs with the sponsor. Current thinking is that all IMGs who meet the requirements would go to PRA (including CSAs). Candidates must meet the Standards for Issuance for Provisional Licensure and perhaps include: • Actual IMG practice experience • Language proficiency level There is divergent thought on minimal levels of postgraduate training; however, various perspectives are included within the postgraduate training specifications for provisional licensure for family medicine and other specialties.	Are the requirements for sponsorship as part of eligibility a component of the pan-Canadian framework or should this be managed within the jurisdiction?

Element	Description	Consideration for NAC
Pre-Screening	Rigorous pre-screening is important to clearly establish a candidate's skill level before investing more time. Consideration for the different types of PRA that are required based on the physician's training is needed. For example, does a candidate from an Australian medical school certified as 'equivalent to Canadian medical schools' need to go through the entire PRA process? There may be opportunities to work together more closely on the pre-screen elements.	In context of the Standards for Issuance for Provisional Licensure and considering fairness, etc., can a pan-Canadian program differentiate between known and unknown IMG training programs? Can there be levels of pre-screening and other assessments; can some screening steps be skipped?
Point-in-Time	There is agreement that assessment tools should be standardized across the country and maintained collectively. Work to be done includes analyzing and proposing how existing screening tools could be used as program elements so to avoid duplicating work that has already been done. Issues exist around timing and locale of assessments. (Note: MCC Assessment Review Task Force [ARTF] recommendations indicate this as well.)	What is the purpose of the MCCEE? Could it be changed to focus on family medicine and other top specialty topics? Should the MCCQE Part I be delivered outside of Canada? How can we use the NAC Examination? Should we compare the strengths and weaknesses of existing tools?
Over-Time	**Length of time & frequency – viewpoints differ** Competency-based assessment doesn't have to have a defined set of time; however, one needs to be confident that the competencies are assessed. It is difficult to differentiate between formative and summative assessment with over-time assessments.	Does setting a period of time for the over-time assessment make sense? Does a common process include having an over-time assessment with direct observation without some strengths/ weaknesses assessment? Is there the potential to identify strengths and weaknesses and then focus the assessment on the weaknesses for a pass/fail decision? Tools must meet best practice standards and be monitored for validity in the PRA process.
Consent to Share Information	Once a decision is made, the information needs to be shared across jurisdictions. There is a notion of enduring consent to share information (i.e., PRA results should be on file with PCRC and any red flags from one jurisdiction should not be hidden from other jurisdictions should a physician attempt licensure in different jurisdictions.)	Consent to share PRA results needs to be taken into account to ensure access across jurisdictions.

Element	Description	Consideration for NAC
Appeals	Standardized appeal processes are required within a pan-Canadian PRA process, primarily to ensure consistency of appeal-related decision-making. This could cover who hears the appeals to how appeal information is shared across jurisdictions.	How much of the appeal process needs to be standardized? Process activities, timelines, grounds, appeal bodies, decision-making and communication? Who would hear the appeal at the onset or once precedents have been established?
Orientation	In provisional licensure, cultural elements cannot be overlooked. Orientation should focus on how to interact with other health professionals in the Canadian context including non-medical professionals. Training elements within orientation or observed in-practice assessment bear consideration; common gaps are cultural acclimatization and communications.	Orientation should be integrated into the pan-Canadian PRA processes. The ultimate goal is to select the right physicians with the right skills to enable them to serve the public; as such, a level playing field is important.

BENCHMARK COMPARISON

Formal benchmarking has not occurred across the existing processes. There was general consensus on the need for benchmarking in a pan-Canadian PRA process. This might mean benchmarking activities, tools and outcomes of existing processes and then identifying, understanding and adapting best practices as a pan-Canadian model. Benchmarking may include the following:

- Establishing evidence-based standards using CMGs and immigrant IMGs for proposed common assessments.
- Exploring the current state of program tools and best practices for future adoption.
- Guiding tool use and decision-making processes as well as providing recommendations on assessment tools and the sequencing of their use to support sound, practice-ready decision-making.
- Aligning future state best practices against international processes in similar fields or different industries.
- Monitoring tools to ensure they are used for their intended purpose within the pan-Canadian process.

PROPOSED APPROACH & DISCUSSION

APPROACH

The proposed approach for defining, designing and implementing a pan-Canadian PRA framework for provisional licensure is as follows:

WHAT: Scope & Model	HOW: Analysis & Design/ Transition Planning	DO: Implement & Monitor
• Goals & outcomes validation • Governance structure for the work • Environmental scan - baseline • Scope or focus for work • Formulation of pan-Canadian process • Change impact assessment/strategy	• Opportunity assessment & prioritization • Determine scope of standard • Set policies • Create procedures • Develop training materials • Select assessment tools • Examine predictors (research) • Plan & sequence	• Implementation • Detailed plan • Funding • Analysis & design • Development • Test/train • Implement – roll out • Monitor and assess • Transition to operations • Research on predictors

Figure 10 Approach to Pan-Canadian PRA

Appendix K outlines a potential high-level approach to a future model.

POINTS FOR DISCUSSION

The following points of discussion outline areas that require consideration, prior to developing specific recommendations for moving forward. The discussion areas are grouped into four broad themes and are in no particular order. These areas will be brought forward as design considerations.

Principles

What is the preferred approach for a pan-Canadian PRA process, taking into consideration:

- The broader need of jurisdictions to attract and retain physicians to serve various communities' needs
- That the process enables a MRA to make a decision about granting a provisional licence
- That the process requires multiple assessment approaches that not only identify candidates who have the best chance at success but are also cost-effective

Are there common themes that serve as guiding principles?

- Recognize and be sensitive to political and resource-strained jurisdictions
- Recognize the jurisdictions' varying needs
- Maintain acceptability and standardization across jurisdictions
- Implementation will require collaboration
- Clearly identify differences
- Benefit of the tool (increased decision-making reliability) or activity should be balanced against the financial and human resource time costs
- Use centrally-coordinated approaches where possible and build on each other's processes

Governance

Who needs to be involved in guiding a pan-Canadian PRA process?

- Who needs to be involved in defining or guiding the requirements for a competency-based assessment?
  - Should CFPC, RCPSC and CMQ be involved in defining the competencies as they set the standard for certification?
- Who will decide if the pan-Canadian PRA process is acceptable?
- Who should be involved in partnering on assessment research and development?
- What role could the FMRAC WGAS play in the initiative?
- What role can the postgraduate training programs play in considering "over-time" best practices and assessor training toolkits?
- Should the SRPC be engaged in NAC PRA discussions; if so, how?

Table 13 Potential Roles

Oversight	NAC[3] currently has representation of all major stakeholders and could be responsible for a pan-Canadian framework for PRA, setting priorities and objectives
Initiative Delivery/ Coordination	MCC could coordinate, facilitate and manage the development of the pan-Canadian framework by bringing together existing assessment committees, facilitating development of framework policies, performing associated research, benchmarking common toolkits and by providing transitional support to programs impacted by a new process
Steering Committee	Actively engaged in the oversight of the pan-Canadian PRA process with representation from MRAs and PRA program resources
	Potential to make use of the FMRAC WGAS with enhancements depending on the scope of the framework (during initial stages)
Working Groups	Developed to participate in discussions and address the deliverables and tasks at hand
	Research working group to design and run benchmark studies with a view to providing recommendations to MCC and the PRA Steering Committee on current assessment tools
	Policy & implementation working group – ACIMGAP to develop and validate framework policies with representation from MRAs and existing or planned programs
	Jurisdictional sounding board – jurisdictional funders to ensure framework is sound from an ongoing investment perspective

Scope

Should the first focus be based on one or all of the following:

- Development of a common framework for all specialty areas
- Cross-jurisdictional common needs (as in servicing physician under-serviced populations)
- Common location(s) of need (i.e., rural and remote areas)
- Alignment of efforts with complementary stakeholder initiatives (i.e., CFPC's exploration into the practice eligible route for certification without examination)

What is the scope of the design and development of NAC PRA initiative?

- Is it an end-to-end process from point of pre-screening to assessment-based decisions regarding a candidate's practice readiness?
- Does it include activities such as:

- Establishment of a common PRA framework
  - Alignment of policies, practices and documentation
- Research studies to focus on the comparability and rigour of common tools, supports and outcomes
- Adoption of a common toolkit including point-in-time and over-time assessments
  - Validation or formulation of competencies to be assessed
- Development or use of common infrastructure elements where feasible
- Common orientation, assessor and IMG supports

What is the implementation process?

- What are the considerations that would influence implementation in addition to respective jurisdictional timetables and capacities for integrating change?
- Should there be a centralized oversight role on the implementation of a pan-Canadian process or should it fall to jurisdictional organizations to facilitate implementation?
- What is the financial and human resource support required to transition current processes to a pan-Canadian process?

How can the pan-Canadian process facilitate capacity sharing across jurisdictions?

- Is the ability to maximize available spaces and infrastructures a component of a common process?
- What needs to be considered to facilitate capacity sharing (i.e., similar assessment contexts)?

Approach

How should jurisdictions that plan to utilize the pan-Canadian process, but not deliver a process, be engaged?

- What type of representation should be available to these jurisdictions on various working groups, etc.?
- What types of communications or engagement will be needed regarding process development and decision-making?

What opportunities exist for indirect benefits if we proceed with a pan-Canadian process?

- How could the work undertaken under the initiative assist current underserviced areas?
- An identified opportunity is an inventory and analysis of current programs for the territories and other provinces without assessment processes. Are there any other opportunities that need consideration?

What will be the decision process for common process concerns or issues?

Concerns or issues with:

- Standards, policies and/or guidelines
- Assessment tool selection
- Standard setting

Is an accreditation process an approach that should be considered?

- Is accreditation of the assessment process something that should be explored?
- Who would be positioned to best perform this role (i.e., through certification bodies and/or MRAs)?
- Are there benefits to considering this as an approach in addition to enabling the gathering and measurement of program comparability while respecting the autonomy and needs of different jurisdictions?
- Activities could include:
  - Establishing a framework for accreditation
  - Development of standards around whether or not a reasonable assessment activity is in place with adequate supervision, etc.

What is the degree of flexibility envisioned within a pan-Canadian process?

- Will variation be acceptable regarding the type of IMG that is being assessed (known credentials compared to unknown credentials)?
- Can components of the process be optional or mandatory?

NEXT STEPS

Immediate

PRA Environmental Scan finalization

Secure funding from Available Sources

Establish/formalize Steering Committee & Terms of Reference

Short-Term Direction

Approve charter to guide the design of a pan-Canadian PRA process

- Establish high-level plan and budget

Plan and implement research studies

- Inform the framework process, tools and policies

Medium-Term Targets

Pan-Canadian process framework finalized

- Policy
- Orientation
- Training Tools
- Centralized and regional components
- Monitoring
- Evaluation of program success

Figure 11 Next Steps

APPENDIX A: GLOSSARY AND ACRONYMS

TERM	DEFINITION	REFERENCE
AFMC	**Association of Faculties of Medicine of Canada** – A national organization that facilitates the information sharing and learning among Canadian medical schools; AFMC works to represent and support the mandates of Canadian medical faculties – research, medical education, clinical care with social accountability	
Assessor	A person who evaluates and makes decisions regarding a candidate's performance	
Candidate	Refers to the IMG physician who attempts a PRA process	
CanMEDS	**Canadian Medical Education Directives for Specialists** – A framework of competencies that act as a guide to the essential abilities physicians need for optimal patient outcomes; the framework defines the competencies needed for medical education and practice and are organized thematically around seven key physician roles: medical expert, communicator, collaborator, manager, health advocate, scholar and professional (within this document "CanMEDS" refers to both CanMEDS and CanMEDS-FM)	FMRAC WGAS
CAPP	**Clinician Assessment for Practice Program** – Nova Scotia PRA program	
CFPC	**College of Family Physicians of Canada** – Sets the highest standards for family medical education in Canada; a professional organization responsible for establishing standards for the training, certification and lifelong education of family physicians and advocates on behalf of the specialty of family medicine, family physicians and their patients	
CLBA	**Canadian Language Benchmark Assessment**	Citizenship and Immigration Canada
CMA	**Canadian Medical Association** – Voluntary association of physicians acting as national "voice of the medical profession" in Canada; lobbies for and promotes a variety of physician and public interest objectives	
Credentials	Documented evidence of status; in context, credentials would include medical diploma, postgraduate training, etc.	
CSAT	**Clinical Skills Assessment and Training** – Newfoundland and Labrador PRA program	
Eligibility	Stipulated requirements for consideration for entry into PRA program	
Entry to Practice	Generically, this term refers to the process of a physician being permitted to commence medical practice; in the context of IMG assessment, the term is used in reference to an assessment designed to determine if an IMG has the requisite competencies to enter medical practice as an MRP	

TERM	DEFINITION	REFERENCE
FMRAC	**Federation of Medical Regulatory Authorities of Canada** – A national organization and the privileged voice, both nationally and internationally, of the provincial and territorial medical regulatory authorities; FMRAC considers, develops and shares positions and policies on matters of common concern and interest	
Full Licence	A medical licence that is subject to no terms, limitations, conditions or restrictions	FMRAC Agreement on National Standards for Medical Registration in Canada
IMG	**International Medical Graduate** – Physicians who obtained their initial medical degree outside of Canada (the NAC PRA IMG also has postgraduate training outside of Canada)	CAPER – The National IMG Database Report & MCC
IMGACL	**IMG Assessment for Conditional Licensure** – Manitoba Practice Ready Assessment program for family medicine	CPSM
MCC	**Medical Council of Canada** – A national organization with a mandate to establish a national medical credential that is acceptable to all MRAs for medical licensure purposes	
MCQ	Multiple-choice question	
Mentor	A person who acts as a counsellor	
MRA	**Medical Regulatory Authority** – Provincial or territorial organizations that regulate the practice of medicine	
MRP	**Most Responsible Physician** – A physician who has final responsibility and is accountable for the medical care of a patient	FMRAC Working Group on Assessment and Supervision
NRSAP	**Non-Registered Specialist Assessment Program** – Manitoba Practice Ready Assessment program for specialists	
Orientation	An introduction as to guide one in adjusting to the program, Canadian health-care system, etc.	
OSCE	Objective Structured Clinical Examination	
Over-Time Assessment	An evaluation of skills, knowledge and/or competencies that occurs over an extended period of time, usually with direct observation; in context, this would include assessment of a physician in a clinical setting using a variety of assessment tools (i.e., mini-CEX, MSF)	
PCRO	**Physician Resource Coordination Office**	Health Employment Manitoba
PGT	**Postgraduate Training** – Clinical training programs certified by RCPSC or CFPC	
Point-in-Time Assessment	An evaluation of skills, knowledge and/or competencies, occurring at a particular moment; in context, this usually includes examinations (i.e., MCQ, OSCE)	
PPAP	**Provincial Physician Assessment Program** – Alberta PRA program	
PRA	**Practice Ready Assessment** – An alternate pathway (process or program) that allows physicians meeting the requirements (i.e., previous practice experience or who have completed non-Canadian PGT) to be assessed to determine their readiness to enter directly into practice under a provisional licence	

TERM	DEFINITION	REFERENCE
Practice-Ready Physician	An indication that an IMG is qualified to enter medical practice in the capacity of an MRP with an expectation of supervision and summative assessment required to attain full medical licensure	
PRAP	**Practice Ready Assessment Program** – Ontario PRA program	
Provisional Licence	A medical licence subject to terms, limitations, conditions or restrictions (including, but not limited to, further examinations, assessment and/or supervision), whether or not this information appears on the public register	FMRAC Agreement on National Standards for Medical Registration in Canada
CMQ-RPR	**CMQ Restrictive Licence – Ready to Practice Route** – Quebec PRA process	
RCPSC	**Royal College of Physicians and Surgeons of Canada** – Sets the highest standards for specialty medical education in Canada and responsible for the training, certification and life-long learning for specialist physicians and promotes sound health policy	
RHA/RHCA	Regional Health Authority/Regional Health Care Authority	
SIPPA	**Saskatchewan International Physician Practice Assessment** – Saskatchewan PRA program	
Sponsor	An individual or organization holding a position they wish for an IMG to occupy	
Sponsorship	Used in context of someone having a job/position to occupy if successful through the PRA process	
Supervision	Supervision is the act of overseeing the practice of a candidate; the nature, frequency, level and duration of interaction between supervisor and candidate will depend on the practice objectives of the supervisory arrangement defined by the MRA	FMRAC WGAS

APPENDIX B: INFORMATION SOURCES

Consultations

JURISDICTION/ ORGANIZATION	REPRESENTATIVES
Newfoundland and Labrador	Elizabeth Bannister(Memorial), Carl Sparrow (CSAT & MRA rep), Larry Alteen (Newfoundland Health and Community Services)
Prince Edward Island	Cyril Moyse (CPSPEI), Richard Wedge (Medical Director)
Nova Scotia	Gus Grant(CPSNS), Sandra Taylor (CPSNS), Gwen MacPherson (CPSNS), William Lowe (CPSNS), Lynda Campbell (NS Department of Health), Robert Maudsley(CPSNS), Bruce Holmes (Dalhousie)
New Brunswick	Edmund Schollenberg (CPSNB)
Quebec	Yves Robert (CMQ), Ernest Prégent(CMQ), Sylvie Leboeuf(CMQ), Isabelle Savard (Ministry of Health), Karine Huard (Ministry of Health)
Ontario	Rocco Gerace (CPSO), Dan Faulkner(CPSO), Jeff Goodyear (Ontario Ministry of Health), Lee Tregwin Goodyear (Ontario Ministry of Health), Anne Marie Crescenzi (CEHPEA), Murray Urowitz (CEHPEA), Arin De Fazio(CEHPEA), Arthur Rothman (CEHPEA) COFM: Mark Walton (McMaster), Sal Spadafora (Toronto), Caroline Abrahams (Toronto), Dan Faulkner (CPSO), Risa Bordman (CPSO), Ross Walker (Queen's Chair), Jolanta Karpinski (Ottawa), Maureen Morris (Western), Cathy Cervin (NOSM), Jennifer Fawcett (NOSM), Vishal Bhella (PAIRO [Professional Association of Interns & Residents of Ontario]), Jonathan DellaVedova (PAIRO), John Centofanti (PAIRO), Frances Lamb (COU [Council of Ontario Universities]), Sharon McNickle (COU), Michelle Cyr (COU)
Manitoba	William Pope (CPSM), Anna Ziomek (CPSM), Maxine Miller(CPSM), Jo-Ell Stevenson (CPSM), Marilyn Singer (University of Manitoba), Brooke Ballance (Manitoba Health)
Saskatchewan	Karen Shaw (CPSS), Barb Porter (CPSS), Shaylene Salazar (Saskatchewan Health), Ingrid Kirby (Saskatchewan Health), Adrienne Hagen Lyster (Saskatchewan Health), Penny Davis (Univ. of Saskatchewan), Dennis Kendel (FQR Observer)
Alberta	Ken Gardener (CPSA), Erin Anderson (CPSA), Farah Jamil (Alberta Health and Wellness), Cindy Gerdes (Alberta Health Services), Terry Gallamore (Alberta Health Services), Maureen Topps (AIMG), Patrick Yu (FQR Observer), Jolanta Slaska (FQR Observer)
British Colombia	Heidi Oetter (CPSBC), Rodney Andrew (UBC), Sharon Hall (UBC), Libby Posgate (BC Ministry of Health), Bev MacLean-Alley (BC Ministry of Health), John Mabbott (Health Match BC)
Northwest Territories	Samantha Van Genne (Registrar, Professional Licensing, Department of Health and Social Services)

JURISDICTION/ ORGANIZATION	REPRESENTATIVES
Yukon	Fiona Charbonneau (Community Services, Registrar), Laurel Miller-Wright (Community Services, Assistant Registrar), Brian Kitchen (Health and Social Services), Charlene Beauchemin (ADM, Community Services), Sherri Wright (ADM, Health Services), Kim Dolhan (Health and Social Services), Skylan Parker(Health and Social Services), Dave Sloan (Education), Robert Bousquet (YMC and GP), Bruce Beaton (Chair, YMC), Ruth Koenig (Assistant Registrar, Health Practitioners), Carol Cameron (A/YMC, Coordinator)
MCC	Ian Bowmer, Krista Breithaupt
CFPC	Francine Lemire, Paul Rainsberry
RCPSC	Tim Allen, Emily Stephenson
AFMC	Steve Slade
FMRAC	Fleur-Ange Lefebvre, Dan Faulkner (WGAS)
CMA	Todd Watkins (Council on Education and Development)
Society of Rural Physicians of Canada	Lee Teperman
Health Canada	Liz Hong-Farrell (HC), David Jones (HC), Emmy Mukasa (AB), Patrick Yu (AB), Dennis Kendel (SK)

Data Sources

AFMC, CAPER National IMG Database: Linda Bourgeois

CMA: Lynda Buske, Tara Chauhan

Papers

Proposal: Assessing International Medical Graduates for Entry Into Practice (Ian Bowmer, September 2011)

Process Information

PROCESS MATERIAL	
NL – CSAT	2011 Yearly CSAT Report
	CSAT Appeal Letter
	IEHP Assessment – Final Report
	Sample Results Report
NS – CAPP	CAPP Candidate Final Report, CAPP Progress Report
	CAPP Statistics – December 2011
	Assessment of International Medical Graduates and Their Integration into Family Practice: The Clinician Assessment for Practice Program
QC – PRA Process	IMG – Examination Outcomes for International Medical Graduates
	IMG Pathways Overview
MB – IMGACL & NRSAP	Internal Review – Self-Study Manitoba IMG Program
	External Review – University of Manitoba IMG Program
	Manitoba Orientation Schedule

PROCESS MATERIAL	
SK – SIPPA	Saskatchewan-Based Program to Assess Foreign-Trained Family Physicians Overview
AB – PPAP	Applicant and Sponsor Family Medicine Manuals Applicant and Sponsor Specialist Manuals Practice Supervisor Agreement Preliminary Clinical Assessor Agreement
RCPSC	RCPSC PER Guidebook, Report, FAQ – Routes to Specialty Certification
ONLINE RESOURCES	
NL – CSAT	http://www.cpsnl.ca/default.asp?com=Pages&id=111&m=365 https://www.med.mun.ca/pdcs/services/csat.asp
NS – CAPP	http://www.capprogram.ca/
QC – PRA Process	http://www.cmq.org/en/ObtenirPermis/DiplomesInternationaux.aspx
ON – PRAP	http://www.cehpea.ca/examinations/PRA/index.htm
MB – IMGACL & NRSAP	http://umanitoba.ca/faculties/medicine/education/imgp/familyphysicianassessment.html http://www.umanitoba.ca/faculties/medicine/education/imgp/specialistassessment.html
SK – SIPPA	http://www.health.gov.sk.ca/sippa, www.usask.ca/cme/SIPPA/index.php
AB - PPAP	http://www.cpsa.ab.ca/Services/ace/practicereadiness/overview.aspx

APPENDIX C – IMG PROVISIONAL LICENSURE OVERVIEW

Table 14 Past Provisional Licences Granted

Jurisdiction	Past Provisional Licences Granted				
	2010	2010	2011	2011	[1]
	Family Medicine	Other Specialties	Family Medicine	Other Specialties	
NL	28				[2]
PEI	1				[2]
NS	17	32	18	23	[3]
NB	4	6	2	4	[4]
QC	9	62	20	57	[5]
ON	0	1	0	1	[6]
MB	25	19	31	11	
SK	4	1	2	9	[7]
AB					[8]
BC	68	116	50	87	
NU	0	0	0	0	
NWT	0	0	0	0	
YK	0	0	0	0	
Total	**156**	**237**	**123**	**192**	
	393		**315**		

Notes

[1] MRAs were asked to identify:
How many provisional licences (or similar licences with different names) were granted by your medical regulatory authority in 2010 and 2011 to IMGs? Of these, how many underwent a practice-ready assessment?

IMGs for the purposes of the NAC-PRA scan are physicians who
• completed their MD outside of Canada
• complete their PG training outside of Canada and did not take any Canadian PG training

[2] At time of report finalization, information was not available.

[3] Of the provisional licences granted in Nova Scotia, assessments were used for the A portion, and the breakdown is as follows
2010 - 5 FM Assessments; 1 Other Specialty Assessment;
2011 - 7 FM Assessments

[4] CPSNB had to change the old numbers as highlighted. It has always defined IMG based on medical school alone, but this also excludes those with Canadian training as per the definition.

[5] QC: The difference between 2011 data between provisional licences granted and potential PRA volume is explained by the fact that some provisional licences are granted through academic recruitment (which requires no competency-based assessment). Assessments made in 2010 are as follow: FM/GP: 9 and OS: 26, for a total of 35.

6   ON: Only 2 licences of the NAC-PRA type were issued by CPSO in 2010 and 2011, a reflection of the temporary cessation by CEHPEA in 2009-10 of new candidates into its PRA stream. Since inception in 2002 of the PRA stream in Ontario, CPSO has issued approximately 125 NAC-PRA type licences, but almost all of these issuances occurred from 2002 to 2008.

   "ACGME Trained/US Board-Certified IMG Candidates": It should be noted that the CPSO offers a provisional licence pathway for US Board certified and ACGME residency trained IMGs ("Pathway 4" for short).   This pathway has had strong IMG uptake, with 66 licences issued in 2009 and 45 in 2011. However, it does not involve a practice-ready assessment of the NAC-PRA type. It requires a period of supervised practice followed by a summative practice assessment.

7   The numbers indicated represent those physicians who were granted a provisional licence upon initial registration. Other physicians were initially registered on another form of licensure and then were converted to a provisional licence. For information purposes, the breakdown of information for physicians in the latter scenario was:
   - 2010 - 3 Family Physicians, 5 Other Specialties
   - 2011 - 29 Family Physicians, 10 Other Specialties

8   CPSA/Alberta – Legislative change in practice registers. Unable to report numbers.

APPENDIX D – PRA STAKEHOLDER ROLES OVERVIEW

	Organization	Description	Role
Requirements & Acceptance	FMRAC	A national organization and the privileged voice, both nationally and internationally, of the provincial and territorial medical regulatory authorities; FMRAC considers, develops and shares positions and policies on matters of common concern and interest.	Facilitate consensus with MRAs on model
	MRAs	Provincial or territorial organizations to regulate the practice of medicine	Define the "what" of PRA, ultimate approvers of the competency-based assessment through their support and acceptance of PR decisions
Funder – During Development	Health Canada	Health Canada is the federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances The Health Human Resources Policy Division (HHRPD) is Health Canada's focal point for health human resource (HHR) issues associated with physicians, nurses (in collaboration with the Office of Nursing Policy) and other regulated health professionals; main activities include policy development and provision of advice related to identified HHR priorities, and program management for HHR strategy initiatives	Potential funders for the pan-Canadian practice ready assessment <u>development</u> work
Funders	Provincial/Territorial Ministries of Heath		Fund jurisdictional IMG programs/assessments; source of information for physician resource needs

	Organization	Description	Role
	Regional Health (Care) Authorities	Involved in the oversight of primary care in jurisdictions	Involved in the delivery of health care services within a jurisdiction; varying levels of involvement in PRA
Delivery	IMG Programs/ Processes	Responsible for the delivery, maintenance of current IMG PRA processes within jurisdictional frameworks	Determine "how" the pan-Canadian PRA process will work, as subject matter experts
Evaluation & Influence Competencies	CFPC	Sets the highest standards for family medical education in Canada; a professional organization responsible for establishing standards for the training, certification and lifelong education of family physicians and advocates on behalf of the specialty of family medicine, family physicians and their patients	Competency input
	RCPSC	Sets the highest standards for specialty medical education in Canada and responsible for the training, certification and lifelong learning for specialist physicians and promotes sound health policy	Competency input
Evaluation & Delivery	MCC	A national organization with a mandate to establish a national medical credential (LMCC) that is acceptable to all MRAs for medical licensure purposes	Support the direction of NAC through the coordination of the initiative
Medical Education	AFMC	A national organization that facilitates the information sharing and learning among Canadian medical schools; AFMC works to represent and support the mandates of Canadian medical faculties – research, medical education, clinical care with social accountability	Conduit to engagement with all medical schools

	Organization	Description	Role
	Medical schools - Universities	Faculties of medicine who train physicians	Source of evaluation expertise that will be required to assess the current clinical competence of IMGs seeking direct entry to practice
Conduit to Physician Resources	CMA	Voluntary association of physicians; acting as a national "voice of the medical profession" in Canada, lobbies for and promotes a variety of physician and public interest objectives	
	PTMA	The PTMAs are the provincial/territorial "locals" of the CMA and are focused almost exclusively on physician advocacy work and are the closest thing to a "doctor's union"; they negotiate professional compensation arrangements for doctors with their respective provincial governments	Potential to assist in the implementation of the assessment strategy in each jurisdiction by encouraging their community based members to serve as assessors and/ or mentors for IMGs
Committees	ACIMGAP	Provides the opportunity for the effective exchange of information regarding existing IMG assessment programs. Formed to support information sharing during the NAC entry into residency examination	Engaged in the development of a pan-Canadian process as individual processes may be required to adjust elements of the process
	ACHDHR	Provides policy and strategic advice to the Conference of Deputy Ministers of Health on the planning, organization and delivery of health services including health human resources	Consulted to ensure framework is financially viable from an ongoing maintenance perspective
	NAC[3]	Alliance of Canadian organizations seeking to streamline the evaluation process through which an IMG navigates on the path to obtaining a licence to practise medicine in Canada	Oversight and accountability for the pan-Canadian framework

APPENDIX E – FMRAC – STANDARD FOR THE ISSUANCE OF A PROVISIONAL LICENCE

Element[3]	Family Physicians	Other Specialists
Medical Degree	1. MD degree (WDMS 2000 or IMED) or Doctor of Osteopathic Medicine (U.S.); *and*	1. MD degree (WDMS 2000 or IMED) or Doctor of Osteopathic Medicine (U.S.); *and*
Examinations	2. At minimum the MCCEE; preferably the MCCQE Part I N.B.: this does not apply to physicians with academic appointments (see Exemptions); *and*	2. MCCEE **or** MCCQE Part I N.B.: this does not apply to physicians with academic appointments (see Exemptions); *and*
Training	3. a) Satisfactory completion of a nationally approved, two-year, discipline-appropriate postgraduate training program with certification of satisfactory completion of training and of registration/recognition as a general practitioner/family physician within the jurisdiction; **or** b) Satisfactory completion of a postgraduate training program recognized by the College of Family Physicians of Canada; **or** c) Satisfactory completion of at least one year of discipline-specific, postgraduate training and three years of discipline-specific time in independent practice outside of Canada; *and*	3. (a) Satisfactory completion of at least four years of discipline-specific postgraduate training in a program accredited by a national postgraduate training authority; **and** (b) A verifiable document of completion of specialist training by the national postgraduate training authority, referred to above; **or** If a verifiable document is not issued or available, then has been recognized as a specialist authorized to practice independently in the country where the postgraduate training was completed; *and*
Assessment	4. A competency-based, pre-practice assessment in Canada (to be defined by the Working Group on Assessment and Supervision).	4. A competency-based, pre-practice assessment in Canada (to be defined by the Working Group on Assessment and Supervision).

[3] This represents an overview of the standards as of January 2012; it should be noted that further detail refinement continues.

APPENDIX F – PRA PRINCIPLES

Based on the Principles Established in the 2005 report by T. Maguire's *A Process for Assessing International Medical Graduates* (IMGs):--

Equivalent standards for the IMG

- The standards applied to IMGs should be equivalent to the standards applied to graduates of Canadian medical schools with the caveat that the standards applied will need to acknowledge differences in cultural competencies and knowledge of the Canadian health-care system

Assessment tool(s) should be fair, efficient and reflect best practice

- While the requirements of licensure can be broad, the assessment tools for minimal competency are subject to the "Standards for Educational and Psychological Tests", published by the American Psychological Association, the American Education Research Association, the National Council on Measurement in Education and the current research literature on assessment in the professions

Decision-making autonomy separate from assessment process

- Provincial regulatory authorities retain the right to grant licences to practise within their own jurisdiction
- Certification is the responsibility of the RCPSC and CFPC

Assessment for provisional licensure

- Practice-ready IMGs may receive licences that are restricted and that the practice-ready group will require an efficient assessment strategy that checks their skills, then moves them toward licensure
- This may also require specific but truncated orientation through courses and monitored experience, but in general the time requirements will be brief and significantly less than a residency in one of the specialty programs

A valid determination of practice-ready clinical skills

- Involves both standardized assessments and performance assessments carried out in a context similar to the context in which the candidate will practise
- If the process is to be consistent and coherent, it must be administered by an appropriate organization; this organization will be required to develop and validate instruments, organize assessments and placements, maintain records, provide the necessary information and guidance for candidates, monitor standards, and ensure that the entire process is fair, efficient and reflects best practices

Build off current successes

- Currently, there are provincial and regional IMG assessment procedures in existence or under development

Ensure appropriate linkages

- For candidates nearer the 'practice-ready' end of the continuum, assessment and education are closely linked; it is assumed that any kind of monitored practice will involve feedback for improvement purposes as well an evaluation of readiness to undertake independent practice

APPENDIX G.1 – CURRENT ENVIRONMENT – IMG PRA VOLUMES

Table 15 Estimated pan-Canadian PRA Volumes

Estimated volumes of PRA - 2011 Actuals and Projections - by broad specialty area

	2011 Actuals	2012	2013	2014	2015	2016
Family Medicine	223	298	300	302	304	308
Other Specialties	83	101	104	128	132	136
Total	**306**	**399**	**404**	**430**	**436**	**444**

Table 16 Estimated Jurisdictional PRA Volumes

Future PRA Volume

Estimated Volume (Number) of Physicians Who will Take a PRA (Competency-Based Assessment)

Jurisdiction	2011 Actual	Trend	2012	2013	2014	2015	2016
NL							
Family Medicine	22	Similar	20	20	20	20	20
Other Specialties	0	Similar					
Total	**22**		**20**	**20**	**20**	**20**	**20**
PEI							
Family Medicine	0	Similar	0	0	0	0	0
Other Specialties	0	Similar	0	0	0	0	0
Total	**0**		**0**	**0**	**0**	**0**	**0**
NS							
Family Medicine	36	Similar	36	36	36	36	36
Other Specialties	0	Increase	10	10	10	10	10
Total	**36**		**36**	**36**	**36**	**36**	**36**
NB							
Family Medicine	1	Similar	0	0	0	0	0
Other Specialties	0	Similar	0	0	0	0	0
Total	**1**		**0**	**0**	**0**	**0**	**0**

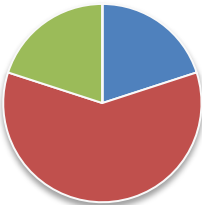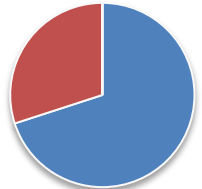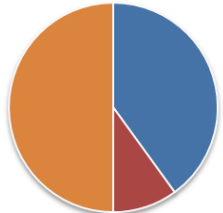| QC							
Family Medicine	19	Similar	19	19	19	19	19
Other Specialties	35	Similar	35	35	35	35	35
Total	**54**		**54**	**54**	**54**	**54**	**54**
ON							
Family Medicine	0	Similar	0	0	0	0	0
Other Specialties	3	Similar	10	10	10	10	10
Total	**3**		**10**	**10**	**10**	**10**	**10**
MB							
Family Medicine	5	Similar	5	5	5	5	5
Other Specialties	6	Similar	6	6	6	6	6
Total	**11**		**11**	**11**	**11**	**11**	**11**
SK							
Family Medicine	25	Increase	90	90	90	90	90
Other Specialties	0	Increase	0	0	20	20	20
Total	**25**		**90**	**90**	**110**	**110**	**110**
AB							
Family Medicine	115	Similar	115	115	115	115	115
Other Specialties	39	Similar	35	35	35	35	35
Total	**154**		**150**	**150**	**150**	**150**	**150**
BC							
Family Medicine	0	Increase	10	12	14	16	20
Other Specialties	0	Increase	15	18	22	26	30
Total	**0**		**25**	**30**	**36**	**42**	**50**
NU							
Family Medicine	0	Similar	0	0	0	0	0
Other Specialties	0	Similar	0	0	0	0	0
Total	**0**		**0**	**0**	**0**	**0**	**0**
NWT							
Family Medicine	0	Similar	0	0	0	0	0
Other Specialties	0	Similar	0	0	0	0	0
Total	**0**		**0**	**0**	**0**	**0**	**0**
YK							
Family Medicine	0	Increase	3	3	3	3	3
Other Specialties	0	Similar	0	0	0	0	0
Total	**0**		**3**	**3**	**3**	**3**	**3**

5

6

7

Notes

[1] MRAs were asked to assist in identifying the projected volume of NAC PRA assessments that are likely to be performed in their respective jurisdiction over the next five years in context of:
•2011 actual volume and estimated trends
•Anticipated increases/decreases resulting from jurisdictional physician need areas (HHR) that may utilize IMG physicians of which there is an awareness of same
•Implementation of the FMRAC Standards for the Issuance of a Provisional Licence that requires a competency-based assessment (PRA) prior to a MRA granting a provisional licence

[2] Trend estimates based on preliminary data collection during consultations January – March 2012.

[3] At time of report finalization, specific information was not confirmed; however, similar trends are expected.

[4] Range provided was between 5-10.

[5] Initial discussions with the SK government have been initiated to create/fund a program for other specialists. It will take several years to have an assessment program in place for other specialist physicians hence the volume anticipated to start in 2014.

[6] Numbers will not change as NU does not have the capacity for IMG assessments.

[7] This is a best estimate of the need for IMG pre-licensure assessment. The Limited (formerly Special) Licence program has been closed over the past couple of years. That said, it could reopen at any time with a subsequent need for assessment programs (as the Yukon Medical Council now has the authority, under the recently amended legislation, to require pre- and post-licensure assessment).

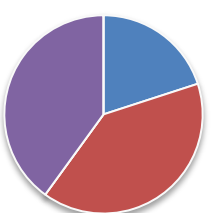# APPENDIX G.2 – CURRENT ENVIRONMENT – JURISDICTIONAL PROGRAM "SCOPES"
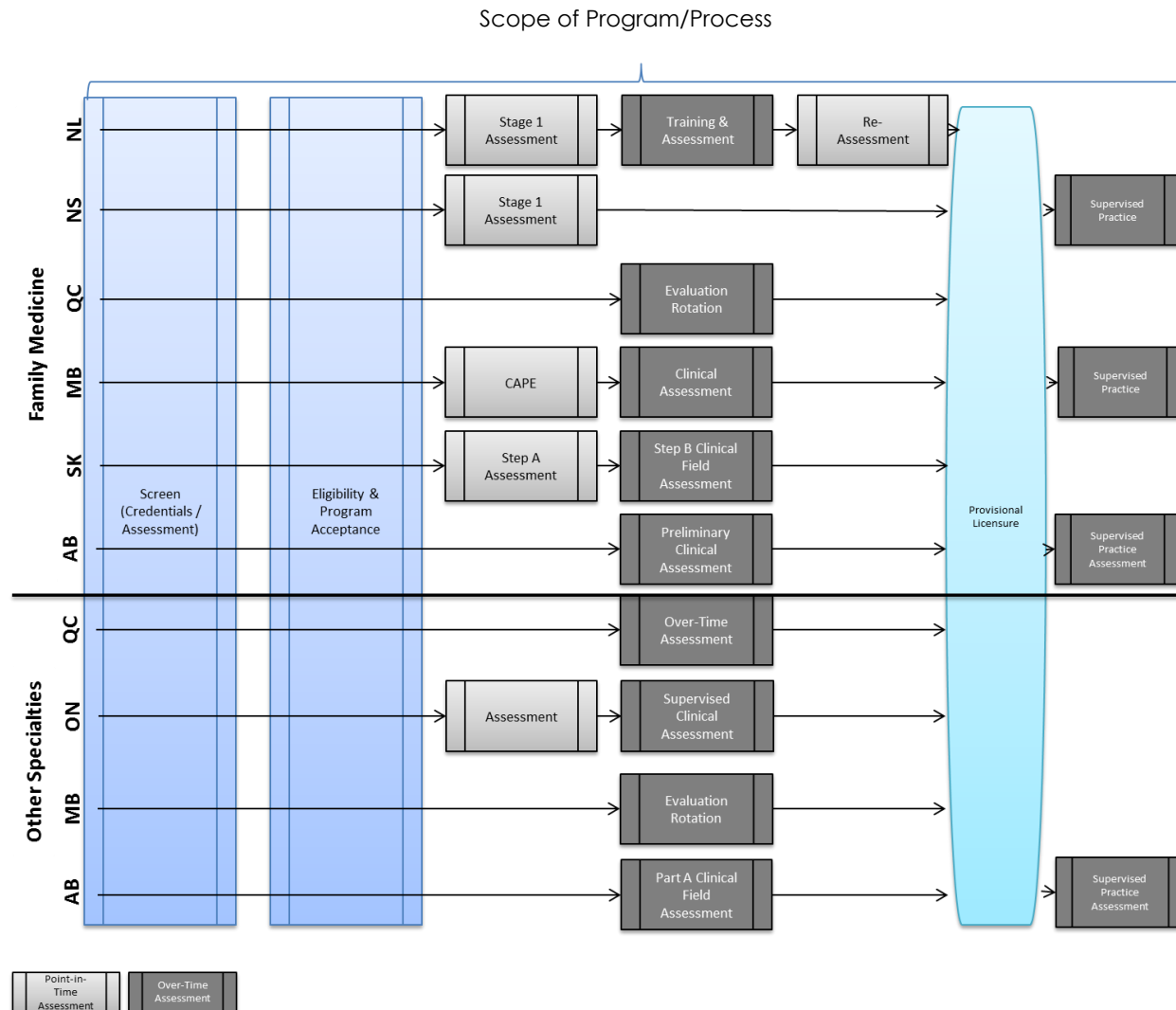
APPENDIX G.3 – CURRENT ENVIRONMENT – EXISTING PROGRAM DASHBOARD

Program	Description	IMG Candidate Location	Area of Need	Involvement in Delivery of Process (Application to PR Decision)	Process Funding Breakdown *(Estimates to demonstrate proportion only; Note: P/T broken down in RHA & MoH)*	Volume/ Year	Process Capacity
Clinical Skills Assessment & Training (CSAT) **Newfoundland & Labrador**	CSAT program assesses qualified IMGs for provisional licensure purposes. The program consists of the evaluation of medical knowledge, clinical skills and integrates a training element prior to the re-assessment step to establish if the IMG is ready for entry into provisional licensure practice.	In Canada	✓ Family medicine ○ Specialties ✓ Rural ○ Urban	**NFLD-CSAT** ■ MRA ■ Academic ■ Prov.(MoH/RHCA) ■ Program	**NFLD-CSAT** ■ MRA ■ Academic ■ Provincial Regional Health Care Authority ■ Provincial Government ■ Sponsor - potential future employer ■ Candidate	Ideal is 16, typcially 18-22	20
Clinician Assessment for Practice Program (CAPP) **Nova Scotia**	To evaluate IMG physicians who may be ready for entry into family practice without additional formal residency training in Canada, with a view to recommend the candidate for provisional licensure or not.	In Canada	✓ Family medicine ○ Specialties ✓ Rural ○ Urban	**NS - CAPP** ■ MRA ■ Academic ■ Prov.(MoH/RHCA) ■ Program	**NS - CAPP** ■ MRA ■ Academic ■ Provincial Regional Health Care Authority ■ Provincial Government ■ Sponsor - potential future employer ■ Candidate	36	38

Program	Description	IMG Candidate Location	Area of Need	Involvement in Delivery of Process (Application to PR Decision)	Process Funding Breakdown *(Estimates to demonstrate proportion only; Note: P/T broken down in RHA & MoH)*	Volume/ Year	Process Capacity
PRA Process **Québec**	To determine whether an IMG applicant recruited to meet specific physician human resource needs where sponsorship by a health establishment is required, meets the provisional licensing (restrictive permit) requirements of the CMQ and the assessment includes an evaluation period.	In Canada/ Overseas	✓ Family medicine ✓ Specialties ○ Rural ○ Urban	**QC** (Pie chart: MRA, Academic, Provincial Government)	**QC** (Pie chart: MRA, Academic, Provincial Regional Health Care Authority, Provincial Government, Sponsor - potential future employer, Candidate)	81	As needed
Practice Ready Assessment Program (PRAP) **Ontario**	To facilitate entry to practice for internationally educated health professionals (including physicians). This includes assessing IMGs to ensure they meet Canadian standards and provide orientation programs to training and practice in Canada.	In Canada	○ Family medicine ✓ Specialties ○ Rural ○ Urban	**ON - PRAP** (Pie chart: MRA, Academic, Prov.(MoH/RHCA), Program)	**ON - PRAP** (Pie chart: MRA, Academic, Provincial Regional Health Care Authority, Provincial Government, Sponsor - potential future employer, Candidate)	Variable	Point-in-time assessment unlimited Supervised clinical assessment variable
IMG Assessment for Conditional Licensure (IMGACL) **Manitoba**	To facilitate entry to practice for family medicine/general practitioners through an assessment route that provides qualified IMGs the opportunity to practise in Manitoba, and to provide communities in Manitoba with internationally-trained physicians willing to practise in rural regions.	In Canada	✓ Family medicine ✓ Rural	**MB - IMGACL** (Pie chart: MRA, Academic, Prov.(MoH/RHCA), Program)	**MB - IMGACL** (Pie chart: MRA, Academic, Provincial Regional Health Care Authority, Provincial Government, Sponsor - potential future employer, Candidate)	5	30

Program	Description	IMG Candidate Location	Area of Need	Involvement in Delivery of Process (Application to PR Decision)	Process Funding Breakdown *(Estimates to demonstrate proportion only; Note: P/T broken down in RHA & MoH)*	Volume/ Year	Process Capacity
Non-Registered Specialist Assessment Program (NRSAP) **Manitoba**	To facilitate entry to practice through an assessment route which provides qualified IMGs the opportunity to practice in Manitoba, and to provide communities in Manitoba with internationally-trained physicians willing to practise in underserved fields of medicine.	In Canada	✓ Specialties ✓ Urban ✓ Rural	**MB - NRSAP** ■ MRA ■ Academic ■ Prov.(MoH /RHCA) ■ Program	**MB - NRSAP** ■ MRA ■ Academic ■ Provincial Regional Health Care Authority ■ Provincial Government ■ Sponsor - potential future employer ■ Candidate	Varies 16	TBD
Saskatchewan International Physician Practice Assessment (SIPPA) **Saskatchewan**	Assesses IMG applicants for readiness for independent family practice under provisional licensure to meet the urban and rural need for physicians in the jurisdiction.	Overseas	✓ Family medicine ✓ ○ Specialties ✓ Rural ✓ Urban	**SK -SIPPA** ■ MRA ■ Academic ■ Provincial Government ■ IMG Program	**SK -SIPPA** ■ MRA ■ Academic ■ Provincial Regional Health Care Authority ■ Provincial Government ■ Sponsor - potential future employer ■ Candidate	8-9 per session	30 at 3 times/ year
Provincial Physician Assessment Program (PPAP) **Alberta**	To determine whether applicants are ready to enter independent practice (for provisional licensure) in Alberta through assessment of applicant's clinical knowledge and skills.	In Canada/ Overseas	✓ Family medicine ✓ Specialties ✓ Rural ✓ Urban	**AB - PPAP** ■ MRA ■ Academic ■ Prov.(MoH/RHCA) ■ Program ■ Sponsor	**AB - PPAP** ■ MRA ■ Academic ■ Provincial Regional Health Care Authority ■ Provincial Government ■ Sponsor - potential future employer ■ Candidate	154	Variable

Program	Description	IMG Candidate Location	Area of Need	Involvement in Delivery of Process (Application to PR Decision)	Process Funding Breakdown *(Estimates to demonstrate proportion only; Note: P/T broken down in RHA & MoH)*	Volume/ Year	Process Capacity
In development **BC**	To determine whether applicants are practice-ready for provisional licensure, the program is in its inception stages and scope is under development. Involvement and funding breakdowns are point-in-time estimates.	Likely in Canada	✓ Family medicine ○ Specialties ✓ Rural ✓ Urban	**BC - Future** ■ MRA ■ Academic ■ Prov.(MoH/R HCA) ■ Program	**BC - Future** ■ MRA ■ Academic ■ Provincial Regional Health Care Authority ■ Provincial Government ■ Sponsor - potential future employer ■ Candidate	TBD	TBD

APPENDIX G.4 – CURRENT ENVIRONMENT – EXISTING PROGRAM TIMELINES

Family Medicine

Month / Jurisdiction	January	February	March	April	May	June	July	August	September	October	November	December
AB	As needed											
MB									▓			
NL	As needed											
NS						▓						
QC	As needed											
SK*	▓				▓				▓			

* This denotes SIPPA's program period intakes.

Other Specialties

Month / Jurisdiction	January	February	March	April	May	June	July	August	September	October	November	December
AB	As needed											
MB	As needed											
ON										Once per year		
QC	As needed											

APPENDIX G.5 – CURRENT ENVIRONMENT – PROGRAM OVERVIEWS

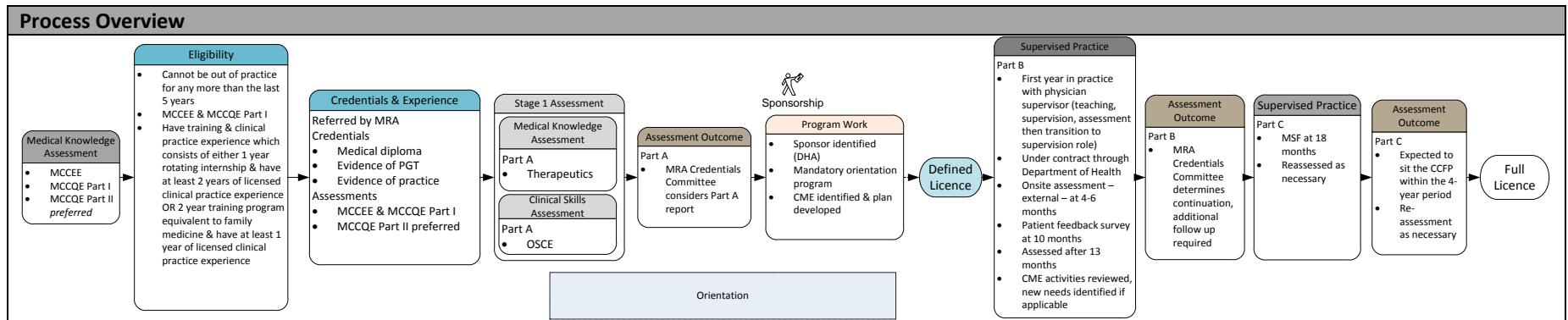| Reference	PRA Process Overview
G.5.1	Clinical Skills Assessment & Training (CSAT) **Newfoundland & Labrador**
G.5.2	Clinician Assessment for Practice Program (CAPP) **Nova Scotia**
G.5.3	PRA Process **Quebec**
G.5.4	Practice Ready Assessment Program (PRAP) **Ontario**
G.5.5	IMG Assessment for Conditional Licensure (IMGACL) **Manitoba**
G.5.6	Non-Registered Specialist Assessment Program (NRSAP) **Manitoba**
G.5.7	Saskatchewan International Physician Practice Assessment (SIPPA) **Saskatchewan**
G.5.8	Provincial Physician Assessment Program (PPAP) **Alberta**

G.5.1 - Jurisdiction and Program:	Focus:
Newfoundland & Labrador *Clinical Skills Assessment & Training (CSAT)*	Family physician - Rural
Purpose:	**Program Highlights:**
To evaluate IMG physicians for provisional licensure as a response to the need to recruit physicians for rural Newfoundland and Labrador. At the time of inception (1998), many of the physicians applying for employment needed further enhancement of their skills to meet licensure requirements.	Assessment, training/assessment of 25 weeks, re-assessment pre-provisional licensure • Point-in-time assessments - two-day (pre-licensure) assessment leading to an educational licence upon passing • Over-time assessment through training and evaluation – 25-week assessment course tailored to candidate needs • Point-in-time re-assessment • Orientation throughout the program, training is a differentiator for this program Candidate assessment costs: • Candidate pays $3,000 for the assessment + payment of preceptor costs during training assessment - ~$12,500 (25 weeks*$500) before provisional licensure granted

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Process Overview

Step	Description	Involved/Responsible
Prerequisite	• Applicants applying for a licence for entry to practice who are assessed as ineligible may be eligible to enter CSAT; if determined candidate is eligible, candidate is provided with an application form • Must have MCCEE	MRA
Application	• Provide evidence of eligibility and a Regional Health Care Authority must officially sponsor the candidate before the formal examination begins and must be willing to receive the candidate if successful (upfront sponsorship linkage) • The candidate applies for specific CSAT position postings and recruiting officers select candidates for positions	RHCA

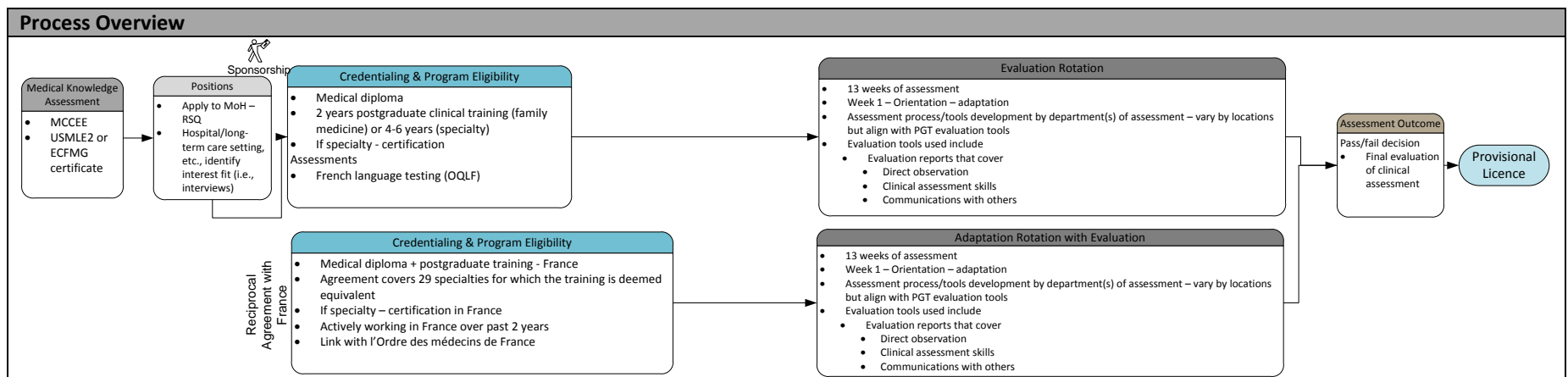| Step	Description	Involved/Responsible
Eligibility	• Completed 12-month rotating internship (minimum of eight-week rotation in each of medicine, surgery, pediatrics and an eight-week rotation in either OBGYN or psychiatry) • Training must be within three years of last practice • Pass on MCCEE with minimum passing score set • Meet English fluency policy • Reference checks performed	MRA
Decision Making	• MRA determines eligibility for CSAT • RHCA selects candidates for positions	MRA/RHCA
Orientation	• Orientation on Canadian health care/medical system, cultural elements and how to interact with other health professionals in the Canadian context • Two-hour meeting with CSAT Director to orient candidate to the program • RHCA conducts a two-day business orientation session	Varied
Stage 1 – Assessment	Throughout the assessment a residence and meal plan is offered: • Day 1 – MCQ, structured oral interview, meeting with CSAT Director (includes orientation to the program) • Day 2 – Therapeutic assessment and standardized patient encounters	University
Decision	• Scoring of the examinations takes one-two months to mark (double marking, etc.), multiple review points • Results reviewed by committee of physician assessors • Candidate can appeal on process, not content • If successful, candidate proceeds to training assessment once sponsor secured	Academic Advisory Committee (recommendation)/ CPSNL (final decision)
Sponsorship	• Sponsorship may not always be monetary, it may be the "promise" of a position if successful	RHCA
Stage 2 – Training & Assessment	• Assessment course tailored to the candidate's needs (25 weeks, can go to 32 weeks with up to one element of training repeated if required) • Training position offered and assigned a preceptor • In-training evaluation reports used	CSAT
Stage 3 – Reassessment	• Summative focused reassessment on all or a portion of the assessments in the assessment stage (i.e., MCQ, etc.) • Final assessment typically done in another region from where they are practicing	Academic Advisory Committee (recommendation)/ CPSNL (final decision)
Decision Making	Results to Academic Advisory Committee and meeting with RHCA: • If successful, MRA notified and provisional licence granted • If not successful, process stops and the candidate is required to pay back funds for accommodation and meals during the training process (the refund is appealable)	Academic Advisory Committee (recommendation)/ RHCA (decision) CPSNL (licensing decision)

G.5.2 - Jurisdiction and Program:	Focus:
Nova Scotia *Clinician Assessment for Practice Program (CAPP)*	Family physician - Rural
Purpose:	**Program Highlights:**
To evaluate IMG physicians who may be ready for entry into family practice without additional formal residency training in Canada, with a view to recommend the candidate for provisional licensure, or not.	• Point-in-time assessment to qualify to practice in Nova Scotia (basic knowledge and clinical skills) • Over-time assessment through supervised period; once licensed, physician is assigned physician supervisors to work with, assess and support the physician in their practice environment; however, supervisors are not involved in assessment • Program spans pre-provisional licensure and post-provisional licensure Candidate assessment costs: • Candidate pays $5,500 for the assessment excluding costs associated with the supervision period post provisional licensure

Process Overview

Step	Description	Involved/Responsible
Prerequisite	• Must have MCCEE and MCCQE Part I	Candidate
Application	Applies to CPSNS and eligibility requirements verified by MRA: • Condition of application is that successful candidates will practice in a rural area	MRA

Eligibility	• Cannot be out of practice for any more than the last five years
	• Pass MCCEE and MCCQE Part I
	• Have training and clinical practice experience consisting of:
	  • One year rotating internship AND have at least two years of licensed clinical practice experience OR
	  • Evidence of a two-year training program equivalent to family medicine AND have at least one year of licensed clinical practice experience
		MRA

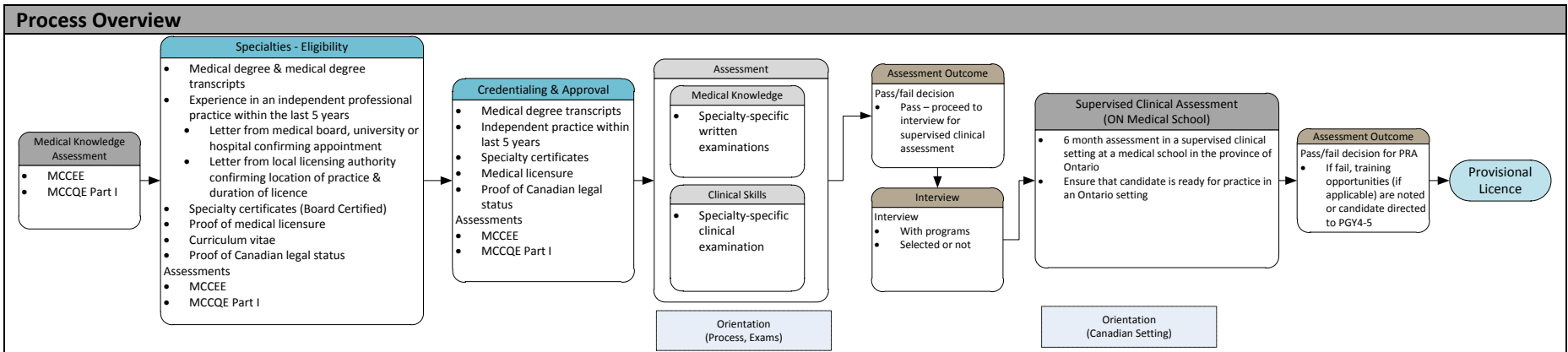| Step	Description	Involved/Responsible
CAPP Registration	• CAPP sends referred candidates the application form with the intention of verifying previous medical experience and history, fee deposits, etc. • There is a maximum of two attempts at Part A of the assessment and the IMG cannot be out of clinical practice for more than five years for both attempts	Program (MRA)
Part A – Assessment	• Day 1 – Therapeutics examination, afternoon orientation • Day 2 – OSCE	University
Orientation	Orientation to the examination process is included at point of application and prior to the examination window • OSCE orientation is integrated into the Part A assessment	MRA/ University
Decision	Scoring of the assessments within a week and clinical scores are weighted more heavily than therapeutics scores. • Report focuses on assessment of strengths and weaknesses and is provided to both the candidate and credentials committee (about 60 days from assessment to report) • Credentials Committee makes decision to offer a defined license • Documents must be source verified • Orientation session completion • Sponsor and supervisor secured • Four-year contract is signed	MRA Credentials Committee
Orientation	Mandatory five-day orientation: • Canadian health-care system • Contract information, legal/ethical issues • Mentoring program • CME session, etc.	MRA and others
Site Visits – Sponsorship/ Mentorship	• Sponsor (i.e., Medical Director/Chief of Staff) identified through Provincial Department of Health and Provincial District Health Authorities • Visit rural areas, candidates interviewed by districts and districts offer positions • Opportunity to meet with supervisors, etc.	Province
Part B – Supervised Practice	• Reports with decreasing frequency if performance satisfactory (self-assessments, supervisor reports) • At four-five months, external assessor performs a half-day practice audit; at 10 months, a patient feedback survey is completed • Culminates in a final report by the CAPP physician, assessor/supervisor, CME; goes to Credentials Committee to review and address concerns	MRA Province (contract)/ Sponsor/ Assessor
Part C – Post Mentorship	Independent practice with supporting systems if issues in Part B remain unaddressed and includes MSF at 18 months and any reassessments required, semi-annual reports, etc.	MRA/Sponsor Supervisor

G.5.3 - Jurisdiction and Program:	Focus:
Quebec - Restrictive License – Ready to Practice Route	Family Medicine/Specialists
Purpose:	**Program Highlights:**
To determine whether an IMG applicant recruited to meet specific physician human resource needs where sponsorship by a health establishment is required, meets the provisional licensing (restrictive permit) requirements of the CMQ and the assessment includes an evaluation period. The evaluation period is also used for France MD; however, for these candidates, sponsorship is not required and the applicant undergoes an adaptation period (rotations with an evaluation period.)	Offered throughout the year • Sponsorship required up front for IMGs (with the exception of France MD/PGT candidates) • Three-month clinical assessment in an academic or accredited environment • Over-time practice supervision in an hospital setting only (for five years) • Post-provisional licensure the physician works in a hospital/hospital-linked environment Candidate Assessment Costs: • No candidate assessment costs; Ministry of Health pays for assessment

Process Overview

Step	Description	Involved/Responsible
Prerequisite	MCCEE or USMLE2 or ECFMG certificate; French language proficiency	Candidate
Sponsorship	Ministry of Health through RSQ screens candidate CVs and determines if there is a need within the health-care system for their specific skill set. • CVs circulated to health-care providers (i.e., hospitals, long-term care facilities) to determine a potential match • Health-care provider may interview the candidate and determine that they are still interested in the candidate. • Candidates who obtain a sponsor proceed to the MRA eligibility process for the route. **Note**: France MD candidates do not need to secure a sponsor prior to applying for a restrictive permit within jurisdiction.	RSQ (MoH), hospitals

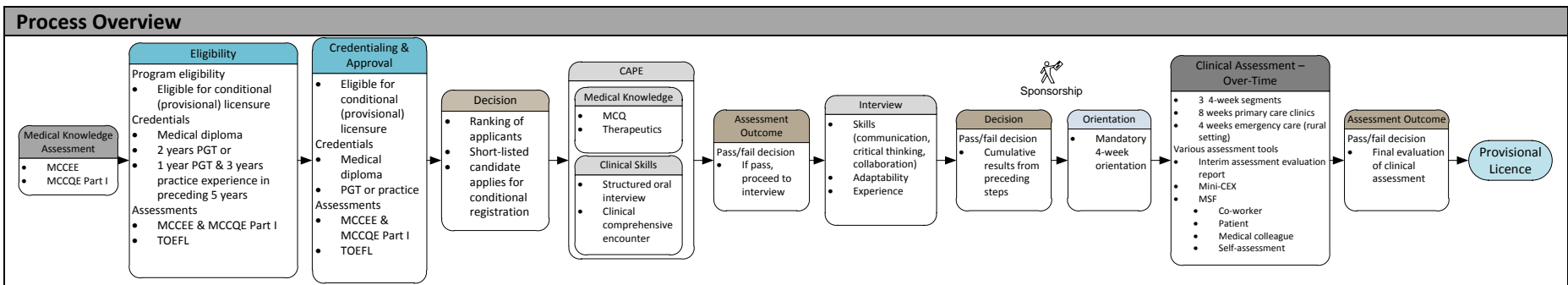| Step	Description	Involved/Responsible
Eligibility	MRA reviews the eligibility requirements and determines, that if the candidate is successful through the assessment program, a restricted permit would be granted • Medical diploma • Two years PGT (family medicine) or training in a specialty equivalent as to what is expected in Canada, and certification in the specialty • French language proficiency	MRA
Decision Making	Candidates who meet the requirements and have a sponsor proceed in the process	MRA
Evaluation Period (or Adaptation Period with Evaluation for France MD & PGT candidates)	Assessment period (13 weeks) • First week being an orientation/adaptation period • Candidates are assessed by trained assessors within a CMQ-accredited training environment with faculty links • Evaluation period does not occur in the sponsor hospital and the location of the evaluation is chosen based on similar environment to that of the sponsor organization For family medicine the assessment centres on three components: • Hospitalization • Patient follow-up • Emergency Performance is assessed using tools available to PGT assessors and is assessed at the level expected of a resident upon completion of training For other specialities, the candidates may also be exposed to practice in the emergency room, operating room, outpatient clinic, hospital floors as well as participation in other activities (i.e., on-call activities)	Assessor in practice environment
Decision	The assessor provides CMQ with the evaluation report and a CMQ committee determines whether or not to issue the requested restrictive permit	MRA
Post-provisional licensure	Within the jurisdiction, physicians under a restrictive license are linked to supervisory structures within the public health-care system; as such, supervision does occur while the physician practises independently	Organizations

G.5.4 - Jurisdiction and Program:	Focus:
Ontario *Practice Ready Assessment Program (PRAP)*	Specialties
Purpose:	**Program Highlights:**
To facilitate entry to practice for internationally educated health professionals. This includes assessing IMGs to ensure that they meet Canadian standards and providing orientation programs to training and practice in Canada.	• Point-in-time assessment offered through CEHPEA in the specific specialty for medical knowledge and clinical skills • Over-time assessment (six-month assessment in supervised clinical setting in Ontario medical school) • Orientation component Candidate assessment costs: • Candidate pays ~$2,700 for point-in-time assessment (in addition to $200 application fee) excluding the supervised clinical setting assessment provided by the medical school through funding by the province

Process Overview

Step	Description	Involved/Responsible
Prerequisite	• MCCEE, MCCQE Part I • Applications only accepted for PRA route where there are identified IMG PRA positions available within the supervised clinical assessment environment, through the Council of Faculties of Medicine in Ontario	
Application	Available positions (i.e., at least one position available) in a specific specialty area are posted	CEHPEA
Eligibility	• Medical degree and board-certified in their home jurisdiction in which there is a specialty opening • Must have been in practice within the past five years • Evidence through letters from medical board, university, or hospital confirming appointment and from local licensing authority confirming location of practice and duration of licence	CEHPEA

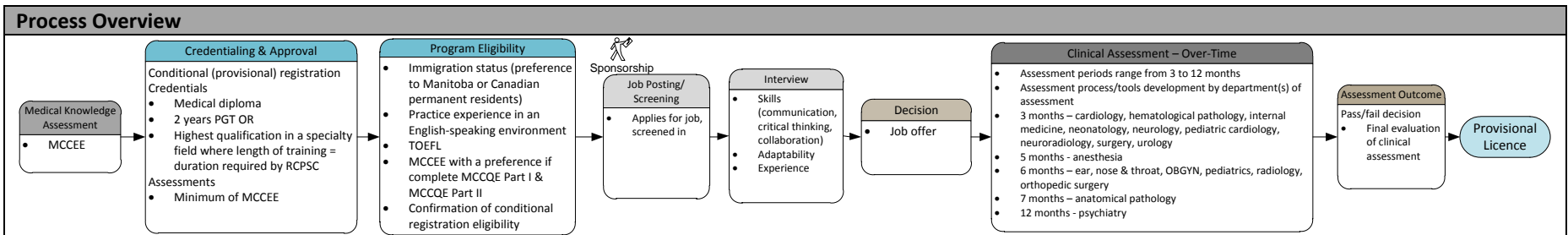| Step	Description	Involved/Responsible
Decision Making	Those candidates who meet the eligibility criteria are accepted into the first stage of assessment	CEHPEA
Orientation	Examination orientation materials are provided online	CEHPEA/ University
Stage 1 – Assessment	• Written & clinical examinations • Written examinations are either purchased from national or international testing organizations or created in-house using Ontario university professors • Clinical examinations are all created in-house using Ontario university professors	CEHPEA
Decision	• Pass/fail decision made on point-in-time assessments; must pass both to be successful • If successful, eligible for an interview with the program directors who manage the supervised clinical assessment portion of the program, or their designates • Examination results are valid for three years • Summary report of written examination is available free of charge as part of results notification and includes a summary of examiner comments highlighting areas of weakness or unsatisfactory performance • If unsuccessful, candidate would need to re-apply in the next cycle when the specialty has an available position within Ontario medical schools (i.e., next iteration)	CEHPEA
Interview	Candidates are invited for interviews by program directors facilitated by CEHPEA	University
Stage 2 – Supervised Clinical Assessment	Six-month assessment in an Ontario medical school supervised clinical setting	University
Orientation	Orientation to Training and Practice in Canada (OTPC) is offered by CEHPEA and is compulsory for candidates who have been accepted for specialty residency training program: • Three weeks in duration • Covers patient-centred interview process, documentation, collaboration and other aspects of the Canadian medical system prior to beginning residency	CEHPEA
Decision	Decision is made regarding candidate's practice readiness	Program Director
Candidate Outcome	• If deemed practice-ready, may proceed to apply for registration with MRA • If deemed lacking in a particular area but seen to be trainable, a postgraduate training education experience is prescribed, with a maximum of two years of funding • If lacking overall, candidate dismissed from the program	CEHPEA

G.5.5 - Jurisdiction and Program:	Focus:
Manitoba *IMG Assessment for Conditional Licensure (IMGACL)*	Family medicine – Rural
Purpose:	**Program Highlights:**
To assess if a physician is practice-ready in family medicine who has completed medical school, a residency and who has practice experience in another country; established in 2007. Offers an accelerated route to licensure. Successful candidates receive conditional (provisional) licensure to begin independent practice.	• Two-stage assessment pre-provisional licensure – point-in-time and over-time • Multiple screening points (filters) throughout the process • Candidate interviews in interested regions and sponsorship required during orientation and assessment • Physicians must work in an underserviced area of Manitoba for a return of service • If successful in assessment, candidate works in sponsoring region with the support of a mentor

Process Overview

Step	Description	Involved/Responsible

Program Eligibility	• MCCEE and MCCQE Part I, English language proficiency (TOEFL)
	• Be eligible for conditional (provisional) registration by the CPSM
	   • Be a graduate from an approved faculty of medicine
	   • Completed an assessment process acceptable to the College *(once completed PRA)*
	   • Passed the MCCEE and MCCQE Part I OR MCCQE Part II OR both (LMCC)
	   • Completed one of the following postgraduate clinical training requirements:
	     • Two years acceptable postgraduate clinical training
	     • One year acceptable postgraduate clinical training, at least three years practice experience in the preceding five-year period and completed an acceptable orientation program
	• Be issued a certificate from the Minister of Health stating that the physician is required to provide medical services in a specified community or practice setting
		IMG Program

Application	• Selection committee conducts preliminary screening of applications and provides a file score • Raking determined by quality of Canadian health-care experience, completion of MCCEE and MCCQE Part I, reference quality	IMG Program

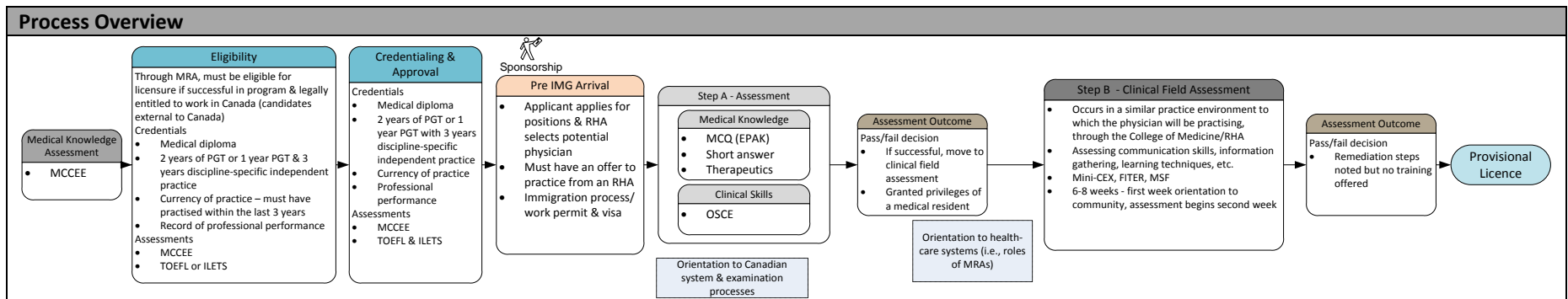| Step	Description	Involved/Responsible
	• Candidate must register with the PRCO who work with the candidate to facilitate employment	
Decision Making	• Selection committee short lists candidates based on the written application • Candidates are invited to apply for conditional registration by the CPSM	IMG Program
Conditional Registration	File is reviewed; if successful in obtaining approval, candidates proceed to CAPE	CPSM
CAPE Assessment	Three-day assessment measuring the performance of an applicant against provincial standards for primary care physician practice: • MCQs (150 questions for core knowledge), therapeutics assessment (17 short clinical scenarios) • At least two structured oral interviews and up to four common primary care clinical scenarios discussing history, physical exam, differential diagnosis and management plans (including investigation, treatment, monitoring and follow-up) • Clinical comprehensive encounter (nine standardized patients, 15 minutes each)	Clinical Assessment Programs
Decision Making	Best score on written application and CAPE assessment proceed to the interview stage	IMG Selection Committee
Interview	• Standard in-person interview, using structured questions for about 30 minutes, includes questions related to professional experiences, but does not test medical knowledge • Testing for effective communication skills, critical thinking skills, adaptability, collaborative skills and experience, understanding of Canadian/Manitoba health-care system	Resident Training Committee
Decision Making	Admission to the final stage of the program is based on the cumulative results • Written application (10%), CAPE results (50%), interview (40%)	IMG Selection Committee
Sponsorship	• Once accepted in the final stage, candidates must obtain a sponsor in Manitoba and the sponsor may be a Manitoba Regional Health Authority, hospital or a private clinic • Candidate is paid during the assessment and orientation period	PRCO
Orientation	Mandatory, four-week orientation program designed to assist IMGs in achieving a timely integration into the system (runs twice per year): • Overview of Canadian health-care system, role of physicians, patient-centred approach and team-based practice environments • Explore the model that highlights the typical Canadian learning setting and differences IMGs may experience • Training in patient-centred interviewing, social-cultural training and ethics	Faculty of medicine/ PRCO/CPSM/ RHAs

Clinical Assessment	• Three four-week segments including eight weeks of primary care clinics and four weeks of emergency in rural Manitoba outside of the sponsoring RHA area
	• Assessment may occur in different sites and each rotation is covered by a trained assessor
	• Assessed by preceptor, patients, medical colleagues and co-workers using:
	  • Interim assessment evaluation report, mini-CEX
	  • Co-worker questionnaires, patient questionnaires, medical colleague questionnaires, self-assessment questionnaires
	• Pass/fail determined by assessors or committee depending on the structure of the assessing clinic or hospital
		Assessors

Decision Making	• Final evaluation is provided by individual assessors or by committee, failure in one rotation results in dismissal from the program • At successful completion of the three rotations, a letter of program completion is provided to CPSM	IMG Program

G.5.6 - Jurisdiction and Program:	Focus:
Manitoba *Non-Registered Specialist Assessment Program (NRSAP)*	Specialists – Rural and Urban

Purpose:	Program Highlights:
To assess if a physician who has completed medical school, a residency and who has practice experience in another country, is practice ready in a specialty. Program established in 1999.	• Strong linkage to areas of need with upfront job offer before assessment begins • Credentialing and interviews are used as pre-screening, program consists solely of over-time assessments • Makes use of existing assessment infrastructure, similar to PGY5 • Varying lengths of clinical assessment depending on specialty area

Process Overview

Step	Description	Involved/Responsible

Prerequisites	Be eligible for conditional (provisional) registration by CPSM:
	• Be a graduate from an approved faculty of medicine
	• Completed an assessment process acceptable to the College *(once completed PRA)*
	• Passed the MCCEE
	• Completed one of the following postgraduate clinical training requirements for practice in a specialty field:
	  • The highest qualification in a specialty field where the length of training is of equal duration to that required by RCPSC, which would entitle the physician to obtain a licence limited to the specialty training field
	  • Two years acceptable postgraduate clinical training that would entitle the physician to obtain a licence limited to the specialty training field
	• Be issued a certificate from the Minister of Health stating that the physician is required to provide medical services in a specified community or practice setting
	• Receive confirmation of eligibility from CPSM
		CPSM

Program Eligibility	• Immigration status (preference to Manitoba residents and Canadian permanent residents) • Practice experience in an English-speaking environment • English language proficiency (TOEFL) • MCCEE with a preference to candidates who have completed MCCQE Parts I and II	PRCO

Step	Description	Involved/Responsible
	• Confirmation of conditional registration eligibility	
Job Posting, Application & Sponsorship	• Available specialist positions posted through PRCO, candidate applies • Candidate CVs and scores reviewed by PRCO • If screened in, reviewed by Screening Panel (IMG Program, Department of Assessment, VP Medical from sponsoring RHA) • Short-listed candidates proceed through to interviews	PRCO
Interview	Interviewed by Screening Panel and PRCO representative	PRCO
Decision Making	If successful, candidate is offered a job from a RHA or private clinic	RHA

Assessment	• Conducted in university-affiliated hospitals that correspond to the physician's area of specialty
	• Brings together assessing departments, CPSM and the IMG program
	  • Each department develops own evaluation criteria and determines the time frame required to assess the candidate
	  • Assessment periods range from three – twelve months
	• Where possible, evaluation occurs in a university hospital or clinic separate from the sponsor
	• Candidates evaluated at the level of a PGY5 resident
		Department of Assessment

Decision Making	• Final evaluation of the candidate is through the evaluating department • Termination of an assessment can occur after a period of one month if the assessing department determines the candidate is clearly unsuitable • At successful completion of the rotations, a letter of program completion is provided to CPSM	IMG Program

G.5.7 - Jurisdiction and Program:	Focus:
Saskatchewan *Saskatchewan International Physician Practice Assessment (SIPPA)*	Family Medicine – Rural and Urban
Purpose:	**Program Highlights:**

To evaluate IMG physicians who may be ready for entry into family medicine with a view to recommend the candidate for provisional licensure, or not, to meet the urban and rural need for physicians in the jurisdiction.	Offered three times per year:
	• Program elements occur pre-provisional licensure
	• Point-in-time assessment to qualify to proceed to a clinical field assessment
	• Over-time assessment through clinical field assessment
	• Orientation supports throughout assessment program
	    • Following a pilot review, the program is operational as of May 2012
	    • Currently, physicians from countries whose postgraduate training is fully recognized by the MRA require a six-week clinical field assessment; all others require 12 weeks
	Candidate assessment costs:
	• No candidate assessment costs during pilot stage, candidate fees to be determined
	• IMGs compensated throughout assessment period with an honorarium (i.e., ~$1,000/week) and receive accommodation

Process Overview

Step	Description	Involved/Responsible
Prerequisite	MCCEE	Candidate
Sponsorship	Candidates are recruited by health region or provincial recruitment agency through posting; RHA screens candidates based on currency of practice, scope of practice, etc.	RHA
Eligibility	Be eligible for licensure with CPSS: • Have passed MCCEE • Have offer to practice from one of the RHAs and be prepared to participate in a two-year return of service agreement	MRA

Step	Description	Involved/Responsible
	• Have met all the requirements for obtaining a work permit or otherwise be legally entitled to work in Saskatchewan	
Immigration	Program provides candidates with assistance to complete the immigration process (i.e., work permit/visa),; work permits are 18 weeks in duration	Program
Decision Making	• Based on eligibility requirements being met, including the offer to practise, candidates may proceed through the assessment portion of the program • Unsuccessful candidates have a maximum of two attempts to apply to the program with one year in between application attempts	RHA/ CPL at College of Medicine
Orientation	Centralized orientation spans 10-14 days: • Orientation to the community • Record keeping practices • Patient-centered care • Cultural issues • Learning and practice resources • Boundaries • SIPPA examinations	Program
Step A – Assessment	• Therapeutics and MCQ (EPAK) for medical knowledge • OSCE for clinical skills	University
Decision	• Third-party results analysis with pass/fail or successful/not successful decision • Successful candidates proceed to next stage of orientation • Unsuccessful candidates are assisted by the recruitment agency to return home	Third party
Orientation	Orientation is provided to the health-care system within jurisdiction	Program

Step B Clinical Field Assessment	• Eight-week field assessment occurs in community similar to the environment being recruited for
	• Placement based on availability of assessors who provide direct supervision and evaluation by physician assessors of actual patient interactions
	• First week is orientation-based in nature (no formal assessments occur during this time)
	• Remaining five or 11 weeks encompass a global review of practice to cover communication skills, information gathering, learning techniques, prescribing, case management, etc.
	   • Five mini-CEX records of patient interactions per week (total of 25 or 55 assessments)
	   • MSF (peers, colleagues, patients, self and supervisor participation)
	   • In-training evaluation report for overall performance evaluation (including a FITER)
		Clinical Setting

Decision Making	• Pass/fail or successful/unsuccessful decision based on psychometric analysis • If successful, educational licence ends and candidates are provided a provisional licence • If unsuccessful, candidates' return home is facilitated by recruitment agency and must wait 12 months before reapplying	University

G.5.8 - Jurisdiction and Program:	Focus:
Alberta *Provincial Physician Assessment Program (PPAP)*	Family Medicine/Specialists – Rural/Remote and Urban
Purpose:	**Program Highlights:**
To determine whether applicants are ready to enter independent practice (for provisional licensure) in Alberta through assessment of applicants' clinical knowledge and skills.	Offered throughout the year: • Credentials review determines eligibility for a practice-based preliminary clinical assessment that occurs before the granting of an independent licence • The program includes a supervised practice assessment component that occurs after the granting of an independent licence Candidate assessment costs: • No candidate assessment costs; sponsor organization pays for assessment (MRA program runs on a revenue neutral/cost recovery model)

Process Overview

Step	Description	Involved/Responsible
Prerequisite	Program eligibility determined by provisional licensure requirements and includes the MCCEE	Candidate
Sponsorship	• Sponsorship open to individual members, clinics, health-care facilities, health authorities • Sponsor must have a position being recruited to fill and must cover assessment costs • Position identified and sponsor identifies IMG who may meet the position requirements	Clinics/independent physicians/AHS
Eligibility	MRA reviews IMG to determine if the candidate meets requirements for full licensure; if not, determine if eligible for the PRA program and recommends which assessment parts require completion and estimated length of time • If candidate is eligible for licensure, they need to secure a sponsor • If sponsor is anyone other than AHS, AHS' approval needs to be obtained (ties recruitment to privileging to need) • Proof of English language proficiency	MRA

Step	Description	Involved/Responsible
Decision Making	Program begins when minimum requirements are met and sponsorship is confirmed	MRA
Orientation	Orientation is informally performed by sponsors with varying levels of occurrence and subjects covered	Sponsor
Part A – Preliminary Clinical Assessment	- Two weeks to three months - Assessed by trained assessors but not in the location the applicant is being recruited to (where possible) - Candidate works in a clinical domain chosen based on what they are applying to do (i.e., rural family physician, general internist in a hospital, etc.) - Assessment is to determine if the applicant has the appropriate clinical knowledge, skills and professionalism to practise safely in independent practice and uses CanMEDS Roles - Length varies depending on how "known" the candidate's credentials are - Family medicine assessment may span two weeks if from accredited family medicine program through CFPC (i.e., Australia, UK, Ireland) or otherwise up to three months - Specialists assessment lasts three months - Assessment can be ended early: - If the candidate is not ready, with clear and significant gaps in knowledge (assessment is terminated) - If the candidate is clearly ready - Using an electronic competency-based achievement system (ECBAS) - Assessor rates whether or not the candidate's independent practice standard has been observed, inferred, across CanMEDS Roles and clinical problems, procedural skills, etc.	MRA/Assessor
Decision	- Pass/fail decision made - If pass, candidate is given a provisional licence, subject to continuing in Part B of the program (monitoring/supervision post-provisional licensure)	MRA
Part B – Supervised Practice Assessment	- Supervisor assigned, mix of tools used - Assessment occurs in the location they are recruited to and supervision is less rigorous than Part A - Assessment runs for about three months and frequency of assessments is set according to the assessors discretion - No formal assessor training is provided; however, a manual is provided and assessment support is made available	MRA
Decision Making	- Pass/fail decision - If failed, can reapply for entire process with evidence of appropriate remedial intervention	MRA

APPENDIX G.6 – CURRENT ENVIRONMENT – PRA PROCESS COMPARISON

Green	• Commonalities across elements • Variation is perceived to be neutral • Allows for regional variation
Yellow	• Some commonalities • Adjustments perceived to be minor - medium
Red	• Significant variation • Adjustments/changes perceived to be medium - high

Comparison/Element	Family Medicine						Specialties			
	NL-CSAT	NS-CAPP	QC	MB-IMGACL	SK-SIPPA	AB-PPAP	QC	ON-PRAP	MB-NRSAP	AB-PPAP
Program/Process										
Physician need being served	Rural	Rural	Rural	Rural	Urban/Rural	Urban/Rural	Rural	Urban/Rural	Urban/Rural	Urban/Rural
IMG pool/recruitment	Canada	Canada	Canada	Canada	Overseas/Canada	Overseas/Canada	Canada/Overseas	Canada	Canada	Canada
Frequency of program	As needed	Once per year	As needed	Once per year	Three per year	As needed	As needed	Once per year	As needed	As needed
Annual program capacity	16	38	Variable	30	90	Variable	Variable	Variable	Variable	Variable
Actual volume (2011)	18-22	36	28	5	24-27	115[4]	53	3	11	39
Delivery involvement	Univ./MRA/RHA	MRA/Univ.	MoH/MRA/Univ.	Univ./MRA	Univ./MRA/Program	MRA/Sponsor	MoH/MRA/Univ.	Univ./Program	Univ./MRA	MRA/Sponsor
Funding	Mixed incl. IMG	Mixed incl. IMG	Province/MRA	Province	Province	Sponsor	Province/MRA	Mixed incl. IMG	Province	Sponsor

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[4] The breakdown between Family Medicine and Other Specialties is an estimated breakdown of the 154 assessments performed in Alberta as historical information was not captured to differentiate by specialty area.

Comparison/Element	Family Medicine						Specialties			
	NL-CSAT	**NS-CAPP**	**QC**	**MB-IMGACL**	**SK-SIPPA**	**AB-PPAP**	**QC**	**ON-PRAP**	**MB-NRSAP**	**AB-PPAP**
Process Elements										
Program eligibility										
MD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
PGT	1 year	1-2 yrs	2 yrs	1-2 yrs	1-2 yrs	2 yrs	4-6 yrs in specialty	Fully qualified in specialty	2 yrs in specialty	3-4 yrs in specialty
Evidence of practice	3 yrs	1-2 yrs (for a total of three with PGYT)	12 months within last 2 yrs	3 yrs if only one yr of PGYT, 0 yrs if 2 yrs of PGYT	3 yrs	Evidence of currency of practice	12 months within last 2 yrs	Within last 5 yrs	Practice experience in an English speaking env.	Proof of professional performance
MCCEE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MCCQE Part I	No	Yes	No	Yes	No	No	No	Yes	No	No
Language proficiency*	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	No
Sponsorship	Yes	No	Yes	No	Yes	Yes	Yes	No	No	Yes
Program selection**										
Min. Eligibility Rqmts.	MRA	MRA	MRA	MRA	MRA	MRA	MRA	MRA	MRA	MRA
Other Rqmts.	RHA	RHA	Province	University	RHA/CPL	Sponsor	Province	CEHPEA/ Program Dirs.	University	Sponsor
Assessment Types										
Point-in-Time	Yes	Yes	No	No	Yes	No	No	Yes	No	No
Over-Time	Yes, includes training	Yes, but post-provisional	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Location	Community	Community	Community/ Academic	Community	Community/ Academic	Community	Community/ Academic	Academic	Academic	Academic
Decision Making***	Broad-based judgment	Broad-based judgment	Structured judgment	Structured judgment	Structured judgment	Structured judgment	Structured judgement	Structured judgement	Structured judgement	Structured judgement
Supports										
Sponsorship	Yes (up front)	Yes (after PiT)	Yes (up front)	Yes (after PiT)	Yes (up front)	Yes (up front)	Yes (up front)	No	Yes (up front)	Yes (up front)
Orientation	Yes	Yes	Yes	Yes	Yes	Ad-hoc	Yes	Yes	Yes	Ad-hoc
Assessor Supports	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Assessor Training	Yes	Yes	Yes	Yes	Yes	Yes (formal)	Yes	Yes	Yes	Yes (informal)
IMG Supports	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Comparison/Element	Family Medicine						Specialties			
	NL-CSAT	**NS-CAPP**	**QC**	**MB-IMGACL**	**SK-SIPPA**	**AB-PPAP**	**QC**	**ON-PRAP**	**MB-NRSAP**	**AB-PPAP**
Assessment tools										
Point-in-Time										
Medical knowledge										
MCQ	**Yes**	No	No	**Yes**	**Yes**	No	No	**Yes**	No	No
TPx	**Yes**	**Yes**	No	**Yes**	**Yes**	No	**No**	**No**	**No**	**No**
Clinical	No	**Yes**	No	**Yes**	**Yes**	No	No	**Yes**	No	No
SOI	**Yes**	No	No	**Yes**	No	No	No	No	No	No
SPE	**Yes**	No	No	No	No	No	No	No	No	No
Over-Time										
Length	25 wks	52 wks (post prov. lic.)	13 wks	12 wks	6-8 wks	2 wks – 3 mnths	13 wks	6 months	3-12 months	3 months
Tools	MSF/ Evaluation reports	MSF/ Practice audits	Evaluation reports	MSF/Mini-CEX/ Evaluation reports	MSF/Mini-CEX/ Evaluation reports	MSF/ Evaluation reports/CBD/ Chart reviews	Evaluation reports	Evaluation reports	MSF/Mini-CEX/ Evaluation reports	MSF/ Evaluation reports/ CBD/Chart reviews

* Language proficiency assessments are part of CIC processes; however, process utilizes the results.

** Program selection is usually a collaborative activity taking into consideration the minimum eligibility requirements, screening tools used and/or application processes for physician need areas.

*** Structured judgment is generally used to indicate a "pass/fail" decision based on the assessments and defined standards whereas broad-based judgment is generally used to indicate a review of the assessments and discussion as to the decision.

APPENDIX H.1 – COMPLEMENTARY INITIATIVES OVERVIEW
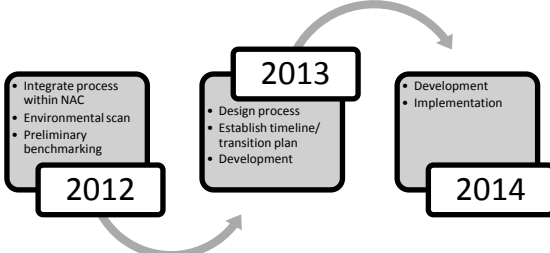
Complementary Initiative Highlight	In Context of NAC PRA	Involvement Area
Foreign Qualifications Recognition Initiative		
Part of the Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications, this initiative seeks to improve foreign qualifications recognition systems in Canada, which include qualification assessment and recognition practices.	In context of NAC PRA, the initiative seeks to identify areas for potential collective action that will better inform IMGs' understanding of the licensure pathway process and optimize their progress through entry into practice.	Cooperate on orientation
National Assessment Collaboration Practice Ready Assessment		
To implement (develop or adopt) and maintain a pan-Canadian assessment process to determine if an IMG is capable or not of entry into provisional practice.	The process designed and decision made must be acceptable to all MRAs to assure public safety and ensure the successful IMG's mobility and portability.	
FMRAC Working Group on Registration		
To standardize, to the greatest extent possible, the various practices used by the provincial and territorial medical regulatory authorities for registration and licensure.	With the intention of achieving uniformity of purposes and procedures to facilitate labour mobility, it is within this future environment that NAC PRA is being envisioned.	Standards for issuance of a Provisional Licence

Complementary Initiative Highlight	In Context of NAC PRA	Involvement Area
FMRAC Working Group on Assessment & Supervision		
To draft principles, acceptable methods and processes for assessment and supervision and final evaluation of physicians who do not hold a full, unrestricted licence.	Activities related to moving from 13 approaches to a common national standard for pre-practice assessment, supervision in practice and final summative assessment of physicians leading to full licensure. Work is critical to accepting the NAC PRA pan-Canadian process.	Potential Steering Committee
Manitoba Practice Assessment Program		
To develop a process to assess physicians in their practice settings to enable the College to make a decision about granting registration to these candidates; moving from a provisional to full licence, in cases where physicians have not yet achieved final certification for a variety of reasons.	To perform an in-practice assessment for physicians moving from a provisional to full licence. This initiative falls within the framework of the FMRAC Working Group on Assessment and Supervision. Opportunity to ensure alignment of tools and look for avenues to collaborate within the assessment continuum.	Cooperate on tool selection; specifically, the process and tools used for in-practice assessment as this may be similar to the over-time assessment in context of PRA.
Royal College Practice Eligible Route – Route B		
PER will provide an opportunity to have all physicians working as specialists to be measured against national standards. PER will attempt to remove the barrier of a certification examination for licensed specialists who have been competently practising their specialty for over five years. PER Route B is an alternate, but rigorous assessment of knowledge, skills and judgment through an in-practice assessment.	To certify physicians practising as specialists across Canada and licenced to do so under the MRAs. Opportunity to ensure alignment of tools and look for avenues to collaborate within the assessment continuum.	Input into competencies Cooperate on tool selection
College of Family Physicians – Practice Eligible Route		
CFPC's exploration of the Practice Eligible Route for IMGs will provide the opportunity to have all physicians working as Family Medicine specialists obtain certification through an alternate pathway that does not require writing the CFPC certification examination.	In-practice assessment tools, competencies demonstrated by family physicians and implementation approaches to be considered in context of NAC PRA. Opportunity to ensure alignment of assessment tools and explore the avenues to collaborate within the assessment continuum.	Input into competencies Cooperate on tool selection

CMQ – Route to Specialist Certification		
CMQ's Specialist Certification route is available to IMGs who have worked for a period of five or more years under a restricted permit.	Route to certification is not through examination rather based on the IMG's time spent under five years of supervision through the restricted permit environment and a review of credentials and training related to his or her specialty. The format and scope of the point-in-time clinical inspection between CMGs and IMGs may be a useful framework from which to assess existing current PRA processes. Ultimately, differences in practice quality of IMGs who have been provisionally licensed under different programs may be a useful lens through which to benchmark existing programs.	
Society of Rural Physicians of Canada		
Internally, the Society has informally discussed the need for assessment for rural environment practice. While discussions are currently at the "ideas" stage within the Society, the scope may include some form of practice ready assessment for rural environments.	The SRPC is interested in being involved in NAC PRA in the context of determining whether to explore assessment for rural environments and to provide input into the competencies to be assessed for rural environment practice (i.e., what makes the environment different, what are the competencies and requirements for family physicians and other specialists, etc.) In addition, there may be an opportunity to make use of the SRPC membership as a potential source of preceptor/ assessor recruitment for community-based assessments in a rural context.	Input into competencies Network of rural physicians as potential preceptors

APPENDIX H.2 – FUTURE MODEL – COMPLEMENTARY INITIATIVES DETAILED DESCRIPTION

Complementary Initiative	Foreign Qualifications Recognition – Entry into Practice Pathway		Owner	Health Canada
Purpose:	As part of the Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications, this initiative seeks to improve foreign qualifications recognition systems in Canada, which include qualification assessment and recognition practices. In context of NAC PRA, the initiative seeks to identify areas for potential collective action that will better inform IMGs' understanding of the physician licensure pathway process and optimize their progress through entry into practice. Analysis and action plan development activities are conducted through the Physician Task Team, consisting of representatives from provincial/territorial governments and co-led by the Government of Alberta and Health Canada.			
Scope:	To aid IMGs to become licensed to practise medicine in Canada, the Foreign Qualifications Recognition initiative is undertaking stakeholder consultations to identify priority areas of action for the physician occupation. For this component, the areas span from point of information sharing about the full pathway to an IMG's entry into practice and pre- and post-licensure and include assessment practices, training, orientation and workplace integration programs, etc. Analysis for the Entry into Practice Pathway is complemented by the work previously done for the Entry to Residency Pathway. Note: The FQR work does not go beyond the identification of priority action areas. Once areas have been identified, it is up to individual governments and organizations to review their partnerships, available funding and funding mechanisms to see what makes sense and what can be done on any of the action areas.			
NAC Linkage:	The practice ready assessment focus within NAC augments the information-gathering for the overall FQR initiative.			
Timeline:			**Approach:**	• Survey of jurisdictional practices for entry into practice • Consultation to identify focus areas • Identify opportunities for action • Prioritization
Opportunities for Alignment:	• NAC PRA environmental scan to identify other areas to FQR that are not "in scope" of assessment but may be components of the larger vision • Review of FQR survey to identify common themes or potential conflicts of information		**Next Steps:**	• Share respective information
Working Group Composition:	• Emmy Mukasa, (Gov of AB, PTT Co-lead) • David Jones (HC – PTT Co-lead) • Patrick Yu (Gov of AB) • Eileen May (Gov of MB) • Angel De Paz (Gov of MB) • Roseline Pelletier (Gov of NB)	• Jan Kutcher (Gov of NS) • Stella Juma-Anderson (Gov of SK) • Ingrid Kirby (Gov of SK) • Liz Hong-Farrell (HC) • Libby Posgate (ACHDHR) • Beth McGinnis (ACHDHR)	• Annik Beaudry (CIC) • Erin Wheal (CIC) • Colin Kok (HRSDC) • Nicole D'Avignon (HRSDC) • Mark Roe (HRSDC) • Kim Dalgleish (HRSDC)	
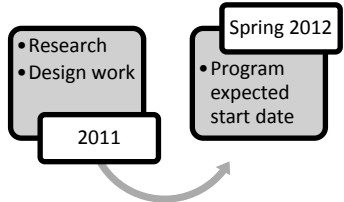
Complementary Initiative	NAC Practice Ready Assessment	Owner	National Assessment Collaboration
Purpose:	To implement and maintain a pan-Canadian assessment process to determine if an IMG is capable or not of entry into provisional practice. The process designed and decision made must be acceptable to all MRAs to assure public safety and ensure the successful IMG's mobility and portability within Canada.		
Scope:	The scope of this initiative spans the design, development/adoption of a pan-Canadian process for PRA that includes the: • Integration of this work within NAC structures • Completion of the analysis of existing IMG programs and exploration of the future state • Benchmarking on current programs and future model from a process, tool and eventually an outcome perspective • Design of an acceptable pan-Canadian PRA process based on the scope and model envisioned • Analysis and design including transition planning for the scope of the process • Development or adoption of assessment tools, predictors, policies and training to support the process • Implementation of the process and structures to support the ongoing monitoring		
NAC Linkage:	NAC PRA links to the overall National Assessment Collaboration to streamline the evaluation process used for IMGs who seek to obtain a licence to practise medicine in Canada.		
Timeline:	Integrate process within NAC • Environmental scan • Preliminary benchmarking **2012** **2013** Design process • Establish timeline/ transition plan • Development Development • Implementation **2014**	**Approach:**	• Environmental scan of programs • Design a pan-Canadian process • Develop or adopt standards for common use • Implement and monitor
Opportunities for Alignment:	• NA	**Next Steps:**	• Present environmental scan to NAC[3] • Obtain direction on next steps
Steering Committee Composition:	• Dr. Anne-Marie MacLellan (Chair – CMQ) • Dr. Elizabeth Bannister (Memorial University, NL) • Ms. Sylvie Leboeuf (CMQ) • Ms. Shaylene Salazar (Government of Sask) • Mr. Jeff Goodyear (Government of ON) • Dr. Arthur Rothman (Chair, NAC Test Committee - CEHPEA)	• Ms. Bev MacLean-Alley (Government of BC) • Ms. Nancy MacBeth (Public Member) • Dr. Mohamed Ravalia (IMG Member) • Mr. Dan Faulkner (FMRAC Rep from CPSO) • Dr. Xin-Min Li (University of Manitoba)	• Mr. Glenn Monteith (Government of Alberta) • Dr. Murray Urowitz (Chair of ACIMGAP- CEHPEA) • Dr. Glen Bandiera (University of Toronto) • Dr. Francine Lemire (CFPC) • RCPSC representative • Dr. Todd Watkins (CMA)

Complementary Initiative	Working Group on Registration		Owner	FMRAC
Purpose:	To standardize the various practices used by the provincial and territorial medical regulatory authorities for registration and licensure.			
Scope:	To define and agree to standards for medical registration in Canada with participation from the 13 provincial and territorial medical regulatory authorities.			
NAC Linkage:	As the initiative achieved agreement on the uniformity of purposes and procedures for licensing in an effort to facilitate labour mobility, NAC PRA is being envisioned within this agreement			
Timeline:	•Implementation 2012 onwards		**Approach:**	• Implement the standards across MRAs on differing timelines as changes are required by various jurisdictions across legislation, policy and by-laws.
Opportunities for Alignment:	• NAC PRA processes will align with the standards.		**Next Steps:**	• Be informed of changes to the standards
Supplemental Information:	FMRAC – Agreement on Standards for Medical Registration in Canada – November 2011			
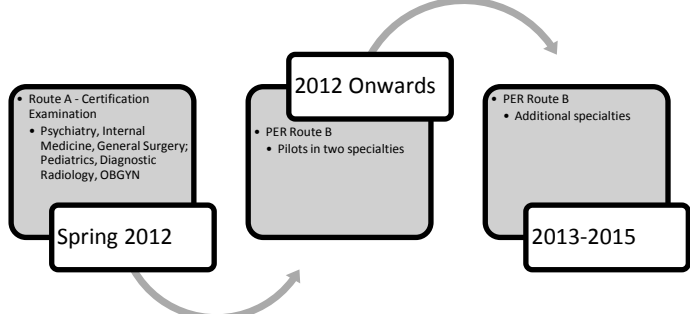
Standard for the Issuance of a Provisional License

General Practitioners/Family Physicians	Other Specialists
1. MD Degree (WDMS 2000 or IMED) or Doctor of Osteopathic Medicine (U.S.); **and**	1. MD Degree (WDMS 2000 or IMED) or Doctor of Osteopathic Medicine (U.S.); **and**
2. At minimum, the MCCEE, preferably the MCCQE Part I N.B.: this does not apply to physicians with academic appointments (see Exemptions); **and**	2. MCCEE **or** MCCQE Part I N.B.: this does not apply to physicians with academic appointments (see Exemptions); **and**
3. a) Satisfactory completion of a nationally approved, two-year, discipline-appropriate postgraduate training program with certification of satisfactory completion of training and of registration/recognition as a general practitioner/family physician within the jurisdiction; **or** b) Satisfactory completion of a postgraduate training program recognized by the College of Family Physicians of Canada; **or** c) Satisfactory completion of at least one year of discipline-specific postgraduate training and three years of discipline-specific time in independent practice outside of Canada; **and**	3. (a) Satisfactory completion of at least four years of discipline-specific postgraduate training in a program accredited by a national postgraduate training authority; **and** (b) A verifiable document of completion of specialist training by the national postgraduate training authority, referred to above; **or** If a verifiable document is not issued or available, then has been recognized as a specialist authorized to practise independently in the country where the postgraduate training was completed; **and**
4. A competency-based, pre-practice assessment in Canada (to be defined by the Working Group on Assessment and Supervision).	4. A competency-based, pre-practice assessment in Canada (to be defined by the Working Group on Assessment and Supervision).
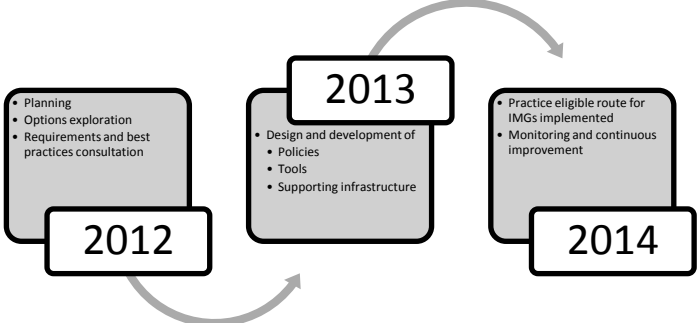
Complementary Initiative	Working Group on Assessment and Supervision		Owner	FMRAC
Purpose:	To draft principles, acceptable methods and processes for assessment and supervision and final evaluation of physicians who do not hold a full, unrestricted licence			
Scope:	Activities related to moving from 13 approaches to a common, national standard for pre-practice assessment, supervision in practice and final summative assessment of physicians leading to full licensure. The objective of the pre-practice assessment is to determine if the candidate has the necessary knowledge, clinical skills and professional characteristics to practise medicine safely in Canada <u>under supervision.</u>			
NAC Linkage:	From a NAC PRA perspective; the focus for alignment with this initiative is in the principles, acceptable methods and processes for pre-practice assessment:			
	Pre-Screen → Screening/ Competency Assessment → Provisional Licensure → Supervision (Monitored Practice) → Summative Assessment → Full Licensure			
Timeline:	2010 • Survey → 2011 • Expectations • Consultation • Framework → 2012 • Reconstitute Working Group • Explore role	**Approach:**	• Survey of MRAs to identify major components • Establish expectations for supervision • Consult to explore commonalities and differences • Reviewed outcome with Registrars and draft list of elements/requirements for pre-provisional licensure assessment	
Opportunities for Alignment:	• Guide/direct the NAC PRA for competency expectations of physicians seeking practice-ready standing • Validate the pre-screening/screening and competency assessment in context of granting a provisional licence to qualified candidates	**Next Steps:**	• Define the meaning of "practice ready" for provisional licensure • Define the requirements of "observed (evaluated) in-practice assessment"	
Working Group Composition:	• Dan Faulkner (CPSO) • Ernest Prégent (CMQ) • Ken Gardener (CPSA) • Carl Sparrow (CPSNL)	• Anna Ziomek (CPSM) • Karen Shaw (CPSS) • Bill Lowe (CPSNS)	Observers: • Ken Harris (RCPSC) • Paul Rainsberry (CFPC) • Heidi Oetter (Registration Working Group) • Ian Bowmer (MCC)	
Supplemental Information:	FMRAC's Working Group on Assessment and Supervision – "A Framework for Assessment and Supervision of General/Family Physicians for Provisional and Full Licensure – DRAFT" April 28 2010. The general framework was used to explore the future pan-Canadian process throughout the environmental scan.			

Complementary Initiative	Manitoba Practice Assessment Program	Owner	CPSM & University of Manitoba
Purpose:	To develop a process to assess physicians in their practice settings to enable the College to make a decision about granting registration to these candidates, moving from a provisional licence to a full licence, in cases where physicians have not yet achieved final certification for a variety of reasons. The assessment process will be comprehensive, transparent and tailored to the specialty and practice setting. Eligibility for the program will include physicians who: • Have attempted either Part I and/or Part II of the MCCQE <u>and/or</u> have attempted to become certified by CFPC or RCPSC; <u>and</u> • Are currently practising in Manitoba on the Provisional Register, <u>and</u> • Have been in active practice in Manitoba for a period of two years (note: A review of the self-assessment reports must determine that sufficient data exist about the physician's practice to complete an assessment)		
Scope:	The scope of the work being undertaken includes the design, development, implementation, use and monitoring of: • Overall MPAP purpose, goals and process • Assessment components (self-assessment, surveys, on-site visit, interviews) • Assessor selection process, assessor training and guides (to ensure consistency of approaches used across assessors on assessments, completion of assessment tools and report writing) This initiative is supported by research activities in the following areas • Validation of the Manitoba Practice Assessment Program – May 2011 to December 2011 • A Pan-Canadian Inventory of Physician Assessment, Enhancement and Remediation Activities – May 2011 to December 2011 • Weighting CanMEDS Role and Competencies - October 2010 to January 2011		
NAC Linkage:	The in-practice assessment has been designed using a blueprint based on the CanMEDS Roles and enabling competencies from both CFPC and RCPSC. For the assessment of practising physicians, it is highly appropriate as it reflects many aspects of professional life and performance. Specialty-specific competencies are identified by CFPC and RCPSC.		
Timeline:	• Research • Design work 2011 Spring 2012 • Program expected start date	**Approach:**	• Assessment design, eligibility determination • Define MPAP assessment process/final report process (and appeals handling) • Blueprint based on CanMEDS Roles/enabling competencies • Implementation
Opportunities for Alignment:	• Process followed, assessment tools used • Training of assessors/approach and scope	**Next Steps:**	• Observe and look for opportunities for schedule alignments (i.e., as inputs into NAC PRA or concurrent activities)
Working Group Composition:	• Marilyn Singer, Program Director • Jose Francois, Associate Dean, CPD	• Jillian Horton, Assistant Director • Brenda Stutsky, Program Advisor	• Robert Renaud, Psychometrician
Supplemental Information:	Manitoba Practice Assessment Program Overview http://umanitoba.ca/faculties/medicine/education/cpd/assessment/mpap_index.html		

Complementary Initiative	Practice Eligibility Route to Certification for Specialists (PER)	Owner	Royal College
Purpose:	To certify physicians practising as specialists across Canada and licensed to do so under the MRAs. PER will provide an opportunity to have all physicians working as specialists to be measured against national standards. Currently, each jurisdiction has its own form of assessment with no set pan-Canadian standard. PER attempts to remove the barrier of a certification examination for licensed specialists who have been competently practising within their specialty for over five years. PER Route B is an alternate, but rigorous assessment of knowledge, skills and judgment through an in-practice assessment.		
Scope:	The scope of PER includes the implementation of two types of assessment routes: Route A – current format specialty certification or Route B – context-based scope-of-practice examination/assessment conducted by peer assessors. The initial focus is on establishing what to assess to determine competency. The selection of the appropriate tools will follow.		
Proposed Process Overview:			

Description:	The PER route establishes the eligibility for the stream to the assessment tools used to enable a Certification decision. The PER assessment of specialties includes three components:
	• Individualized continuing professional development (CPD) plan – Maintenance of Certification Component (MOC PER)
	• Credentials review and confirmation of eligibility criteria (i.e., source verification of PGT, current scope of practice review including feedback and multisource feedback from patients, colleagues and co-workers)
	• Assessment
	    • Route A – current format specialty certification
	    • Route B – *under development* - context-based scope-of-practice assessment/examination conducted by peer assessors. Examples of tools being considered include:
	        • Direct observation of care
	        • Structured oral assessment based on practice and/or standardized cases
	        • Chart-stimulated review and examination
	        • Practice statistics and other performance indicators review
	        • RCPSC validated test material		

NAC Linkage:	The practice-based examination and assessment envisioned by the Practice Eligibility Route to Certification for Specialists Route B provide an opportunity to explore the competencies required for specialists and the assessment tools being proposed for use. Exploration as to the potential supporting infrastructure (resources, tools, etc.) required to deliver the alternate route should also be considered as there may be efficiencies of scale and maintenance to be gained.		

Complementary Initiative	Practice Eligibility Route to Certification for Specialists (PER)	Owner	Royal College

Timeline:	2012 Onwards
	
	Route A - Certification Examination
	• Psychiatry, Internal Medicine, General Surgery; Pediatrics, Diagnostic Radiology, OBGYN
	Spring 2012
	
	• PER Route B
	• Pilots in two specialties
	
	• PER Route B
	• Additional specialties
	2013-2015
		Approach:	• Determine competencies of a practising specialist
			• Identify potential tools for assessment
			• PER Route B
			  • Pilot
			  • Review for improvements and refinement opportunities

Opportunities for Alignment:	• Approach used to consult and define requirements for the assessment • Assessment tools	**Next Steps:**	• Inform RCPSC of the NAC PRA initiative • Explore opportunities to investigate assessment tools being proposed
Working Group Composition:	• Dr. Paul Bernstein - Obstetrics and Gynecology • Dr. John Bohnen - General Surgery • Dr. Paul Dagg - Psychiatry • Dr. Moyez Ladhani - Pediatrics • Dr. Grant Stoneham - Diagnostic Radiology • Dr. Jeffrey Schaefer - Internal Medicine • Dr. Michael Sullivan - Anesthesiology • Dr. Robert Maudsley – Chair; Royal College/ OE Associate Director • Dr. Ken Harris - Royal College/OE Director • Dr. Gary Cole - Royal College/OE Senior Researcher/Developer • Emily Stephenson - Royal College/Manager, Credentials Unit, OE		• MRA Working Group *(Note: one meeting held in early 2011, group to be revitalized winter/spring 2012)*
Supplemental Information:	The Practice Eligibility Route to Certification for Specialists (PER) November 2011 Practice Eligibility Route to Certification – Frequently Asked Questions (FAQ) Guide – Practice Eligibility Route to Certification for Specialist – Overview and Application Forms – October 2011		

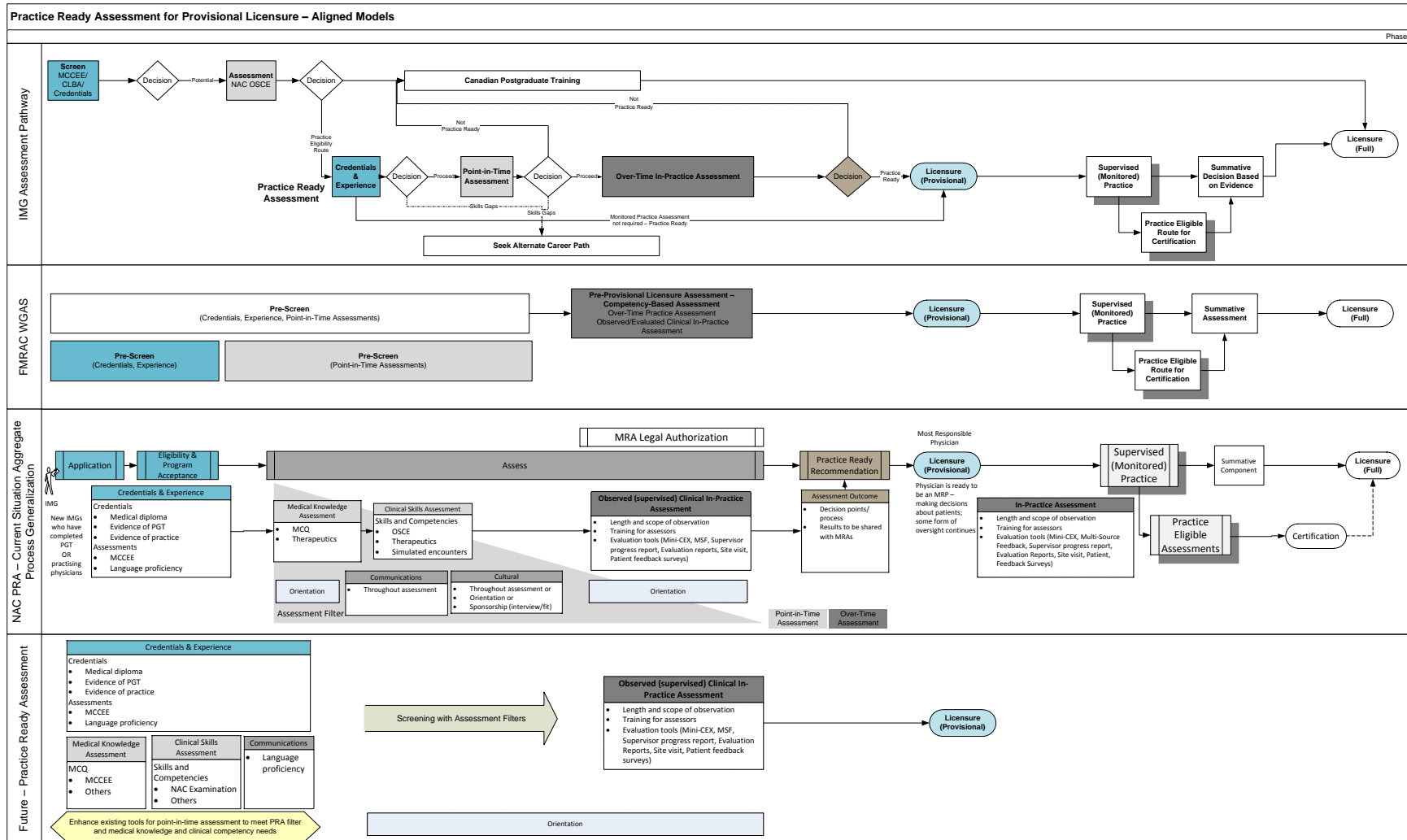| Complementary Initiative	Practising Physician Eligibility Route for Family Medicine – Practice Based Assessment	Owner	CFPC
Purpose:	Eligibility for Certification in family medicine is granted by the CFPC to those members who have either completed approved residency training in family medicine or become eligible for certification through a combination of approved training and practice experience. Once eligible, individuals may be granted certification either by successfully completing the certification examination in family medicine or through an alternate pathway. An alternate pathway currently offered by CFPC is the Alternative Route to Certification (ARC) and the application window ends in December 2012. ARC was implemented as a time-limited alternate pathway to certification and did not focus on an evaluation component. In addition, CFPC recognizes international credentials through accreditation and will continue to do so. There is a recognition that a Practice Eligible Route for Certification for primarily IMGs is required going forward.		
Scope:	With the ARC window closing, CFPC is exploring the practice eligible route for physicians currently licensed to practise in a Canadian jurisdiction. In context of NAC PRA, CFPC would explore an alternate to certification examinations for IMGs who have been granted a provisional licence; it is envisioned that an assessment protocol would be implemented in 2014. The scope of the work includes exploring options based on requirements and best practices, design and development of the policies, tools and infrastructure required, as well as implementation and monitoring.		
Proposed Process Overview:			

Description:	Eligibility for the practice eligible route to family medicine certification would be reviewed in context of the framework envisioned through the FMRAC Working Group on Assessment and Supervision; however, core tenets would likely remain for candidates and are noted as follows:
	• Possess a licence in good standing to practise family medicine independently in a province or territory of Canada **or** elsewhere
	• Completed 12 months of relevant postgraduate medical training
	• Completed a minimum of five years of full-time active family practice prior to application date and be in continuous, full-time, active family practice for a minimum period of two years immediately preceding application date
	• Remain in continuous, full-time, active practice in Canada and maintain their licensure
	• Provide references from two colleagues (known at least two years) who are licensed and in good standing in the same jurisdiction as the applicant
	    • At least one letter of support must be from a member of the CFPC who holds certification in family medicine
	While the options exploration is still in the planning stages, initial thoughts as to the in-practice assessment scope could include the following elements:
	• CPD to ensure a learning culture and provide the candidate with learning benefits
	• In-practice assessment such as
	    • Chart audits supported by standard setting for what charts should look like compared to norms to identify outliers		

Complementary Initiative	Practising Physician Eligibility Route for Family Medicine – Practice Based Assessment	Owner	CFPC
	• Physician evaluations and observed care • Chart stimulated recall against protocols • Formal orals – structured case discussions • Mini-pearls (self-audit, reflection) with assessment components • Review of clinical questions arising from patient encounters • Self-directed evidence-based practice assessments • Communications survey – matched questionnaires (patient and physician generated with third-party analysis)		

NAC Linkage:	While practice-eligible candidates for this route for certification in family medicine are practising as physicians (i.e., with provisional or full licence), the tools and assessments used and the principles and method/approach to assessment may be considered in context of the NAC PRA "Observed (evaluated) In-Practice Clinical Assessment". As the focus for many jurisdictions is the assessment for family medicine serving rural communities, efforts should be aligned.		

Timeline:	2013
	2012
	• Planning
	• Options exploration
	• Requirements and best practices consultation
	• Design and development of
	  • Policies
	  • Tools
	  • Supporting infrastructure
	2014
	• Practice eligible route for IMGs implemented
	• Monitoring and continuous improvement
		Approach:	• Options exploration based on Family Medicine Certificant requirements and best practices
			• Alignment/collaboration with other assessments (i.e., MRA provisional licensure to full licensure supervised practice and summative assessment steps)
			• Design, development and implementation

Opportunities for Alignment:	• Partnering in assessment research, development and supporting tools (i.e., assessor training) • Consultation/collaboration in the family medicine competencies to be demonstrated for provisional licensure and options for point-in-time and over-time (observation-based) assessments	**Next Steps:**	• Once direction is received as to the scope of the pan-Canadian process and initial focus areas, planning of activities should be shared to determine if alignment or sharing of resources is feasible
Working Group Composition:	• To be defined		
Supplemental Information:	NA		

Complementary Initiative	CMQ Route to Specialist Certification	Owner	CMQ
Purpose:	To provide an alternate path to certification and full licensure that does not require certification through examination.		
Description:	CMQ's specialist certification route is available to IMGs who have worked for a period of five or more years under a restricted permit. To note, conversion of a restrictive permit (provisional licence) to a full permit after only one year of restrictive permit practice can only be done through certification examinations. The route to specialist certification after five or more years under a restricted permit is not through examination, but rather is based on applicants' time spent under five years of supervision through the restricted permit environment and their training program and postgraduate training duration and content. An in-depth review of credentials and training related to their non-certified university training program and postgraduate training (in duration and content) is performed to determine if the program and training are equivalent to that required in Québec for family medicine or another specialty. The applicant's program and training are assessed against RCPSC and CFPC training program elements.		
NAC Linkage:	A professional inspection (peer review) was performed to assess the quality of the practice of IMGs with a restrictive permit. As an outcome from the assessment program, restrictive permit holders were globally deemed as competent as full permit holders. It was decided that no further assessment would be required as practice quality appeared to be sufficient. The format and scope of the inspection may be a useful framework from which to assess existing current PRA programs/processes to determine if there are differences in practice quality of IMGs who have been provisionally licensed under different programs.		

Complementary Initiative	Rural Physician Assessment	Owner	Society of Rural Physicians of Canada
Purpose:	The Society of Rural Physicians of Canada (SRPC) is the national voice of Canadian rural physicians. The SRPC's mission is to provide leadership for rural physicians and to promote sustainable conditions and equitable health care for rural communities. SRPC performs a wide variety of functions such as developing and advocating health delivery mechanisms, supporting rural doctors and communities in crisis, promoting and delivering continuing rural medical education, encouraging and facilitating research into rural health issues and fostering communication among rural physicians and other groups with an interest in rural health care.		
Scope:	Internally, the Society has informally discussed the need for assessment for rural environment practice. While discussions are currently at the "ideas" stage within the Society, the scope may include some form of practice ready assessment for rural environments.		
NAC Linkage:	The SRPC is interested in being involved in NAC PRA in the context of determining whether to explore assessment for rural environments and to provide input into the competencies to be assessed for rural environment practice (i.e., what makes the environment different, what are the competencies and requirements for family physicians and other specialists, etc.) In addition, there may be an opportunity to make use of the SRPC membership as a potential source of preceptor/assessor recruitment for community-based assessments in a rural context.		

APPENDIX I – FUTURE MODEL– PROCESS EXPECTATIONS ALIGNMENT

Practice Ready Assessment for Provisional Licensure – Aligned Models

Phase

IMG Assessment Pathway

Screen MCCEE/ CLBA/ Credentials → Decision — Potential → Assessment NAC OSCE → Decision

Practice Eligibility Route

Practice Ready Assessment

Credentials & Experience → Decision — Proceed → Point-in-Time Assessment → Decision — Proceed → Over-Time In-Practice Assessment → Decision — Practice Ready → Licensure (Provisional)

Canadian Postgraduate Training — Not Practice Ready

Not Practice Ready

Skills Gaps — Skills Gaps

Seek Alternate Career Path

Monitored Practice Assessment not required – Practice Ready

Supervised (Monitored) Practice → Summative Decision Based on Evidence → Licensure (Full)

Practice Eligible Route for Certification

FMRAC WGAS

Pre-Screen (Credentials, Experience, Point-in-Time Assessments)

Pre-Provisional Licensure Assessment – Competency-Based Assessment
Over-Time Practice Assessment
Observed/Evaluated Clinical In-Practice Assessment

Licensure (Provisional)

Supervised (Monitored) Practice → Summative Assessment → Licensure (Full)

Practice Eligible Route for Certification

Pre-Screen (Credentials, Experience)

Pre-Screen (Point-in-Time Assessments)

NAC PRA – Current Situation Aggregate Process Generalization

IMG
New IMGs who have completed PGT OR practising physicians

Application → Eligibility & Program Acceptance → Assess

MRA Legal Authorization

Practice Ready Recommendation

Assessment Outcome
- Decision points/ process
- Results to be shared with MRAs

Most Responsible Physician

Licensure (Provisional)
Physician is ready to be an MRP – making decisions about patients; some form of oversight continues

Supervised (Monitored) Practice → Summative Component → Licensure (Full)

Credentials & Experience
Credentials
- Medical diploma
- Evidence of PGT
- Evidence of practice
Assessments
- MCCEE
- Language proficiency

Medical Knowledge Assessment
- MCQ
- Therapeutics

Clinical Skills Assessment
Skills and Competencies
- OSCE
- Therapeutics
- Simulated encounters

Observed (supervised) Clinical In-Practice Assessment
- Length and scope of observation
- Training for assessors
- Evaluation tools (Mini-CEX, MSF, Supervisor progress report, Evaluation reports, Site visit, Patient feedback surveys)

In-Practice Assessment
- Length and scope of observation
- Training for assessors
- Evaluation tools (Mini-CEX, Multi-Source Feedback, Supervisor progress report, Evaluation Reports, Site visit, Patient, Feedback Surveys)

Practice Eligible Assessments → Certification

Orientation

Communications
- Throughout assessment

Cultural
- Throughout assessment or
- Orientation or
- Sponsorship (interview/fit)

Orientation

Assessment Filter

Point-in-Time Assessment | Over-Time Assessment

Future – Practice Ready Assessment

Credentials & Experience
Credentials
- Medical diploma
- Evidence of PGT
- Evidence of practice
Assessments
- MCCEE
- Language proficiency

Medical Knowledge Assessment
MCQ
- MCCEE
- Others

Clinical Skills Assessment
Skills and Competencies
- NAC Examination
- Others

Communications
- Language proficiency

Screening with Assessment Filters →

Observed (supervised) Clinical In-Practice Assessment
- Length and scope of observation
- Training for assessors
- Evaluation tools (Mini-CEX, MSF, Supervisor progress report, Evaluation Reports, Site visit, Patient feedback surveys)

→ Licensure (Provisional)

Enhance existing tools for point-in-time assessment to meet PRA filter and medical knowledge and clinical competency needs

Orientation

APPENDIX J – FUTURE MODEL– PRA PATHWAY SCREENING & ASSESSMENT FILTER

APPENDIX K – FUTURE MODEL– POTENTIAL APPROACH

Plan
- Scope
- Focus area
- Approach
- Governance

Design Framework
- Common minimal standards
  - Competency
  - Eligibility
  - Point-in-Time assessment
  - Over-Time assessment
  - Outcome/decisions
- Areas of flexibility/guidelines

Decide
- Research evidence based
- Infrastructure/support required
- Common policy/ processes
- Coordination requirements
- Approach to implementation

Implement