

Fair Registration Practices Report

Physicians and Surgeons (2012)

The answers that you submitted to OFC can be seen below.

This Fair Registration Practices Report was produced as required by:

- the Fair Access to Regulated Professions Act (FARPA) s. 20 and 23(1), for regulated professions named in Schedule 1 of FARPA
- the Health Professions Procedural Code set out in Schedule 2 of the Regulated Health Professions Act (RHPA) s. 22.7 (1) and 22.9(1), for health colleges.

Provision of Information About Registration Practices (1 / 13)

Describe how you make information about registration practices available to individuals applying or intending to apply for registration. Specify the tools used to provide information, and the manner in which you make that information available, current, accurate and user friendly in each of these subcategories:

a) steps to initiate the registration process

Information about the steps to initiate registration with the College of Physicians and Surgeons of Ontario (CPSO) is readily available to individuals from the CPSO's website and by corresponding directly with CPSO, either by telephone or email.

The CPSO's Applications and Credentials Department has an Inquiries Unit made up of a team of staff whose role is to provide information and guidance to prospective applicants on registration requirements, policies and procedures.

The CPSO's website contains a registration section that offers extensive information, instructions and forms. Individuals can learn about registration and obtain application material directly from the website. Our website underwent a complete redesign in 2008 with special emphasis given to the display, readability, and ease of access to registration information. Links to the CPSO's website and reference to its registration information are widely posted in the websites of other organizations (e.g. municipal, provincial and federal governments, immigration, recruitment and career guidance centers, hospitals, medical schools, and national organizations, including other provincial medical licensing and national examination and certification bodies).

b) requirements for registration

As with information on the initial registration steps, information on registration requirements is readily available to individuals from the CPSO's website and by corresponding directly with CPSO Applications and Credentials Inquiries staff, either by telephone or email.

Most of the CPSO's registration requirements, particularly the academic qualifications and examinations required for registration, are set out in Regulation 865/93 under the Medicine Act. Other requirements are contained in various registration policies, many of which offer acceptable alternatives to the regulatory requirements.

Our credentialing requirements, including the specific forms and documents we require to verify qualifications, are derived from the general requirement in Regulation 865/93 that every applicant must establish his or her identity and provide documentary evidence of credentials.

The list of requirements (which we refer to as the "schedule of requirements") that is provided by the CPSO with each registration application is the best source for complete and detailed information.

For each class of registration there is a separate schedule containing the requirements specific to the class, along with the common credentialing requirements. These schedules are continually updated to reflect changes in requirements and edited for clarity and readability. The schedules set out the specific requirements along with detailed instructions on how to complete them, along with general information and guidance on the registration process and time frames. They are comprehensive and current, so that the ordinary fully-qualified applicant could complete the application process without necessarily having to contact Registration Inquiries staff with additional questions.

Applicants need not personally contact the Applications and Credentials Inquiries staff for access to the schedules and application forms. All schedules of requirements and application forms for the commonly issued classes of certificates are freely available to anyone for viewing on-screen and for downloading from the College's website.

Physicians seeking registration for special purposes, such as short-term emergency or university-based academic appointments, may contact the Applications and Credentials Inquiries staff to discuss their needs and determine the most appropriate class of certificate. Similarly, the prospective employers of these physicians (typically, the administrative staff of Ontario hospitals and medical schools) may inquire with Registration on physicians' behalf.

Of the different classes of certificate issued by the CPSO, the Independent Practice and the Postgraduate Education class are by far the most commonly issued. In 2011, these two classes accounted for 90% of total certificates issued. However, for all classes of certificate, not just these two common ones, there is a corresponding schedule of requirements and instructions on application process and time frames. The following is a complete list of the different classes of certificate of registration issued by the CPSO:

Independent Practice:

- permits independent practice in the areas of medicine in which the physician is educated and experienced.
 - the vast majority (about 80%) of practicing physicians in Ontario hold this class of certificate. It is commonly obtained after completion of postgraduate training and is held throughout the physician's career.

Postgraduate Education:

- may practice only as required by the postgraduate education program in which the physician is enrolled at an Ontario medical school.
- may prescribe drugs only for in-patients or out-patients of a clinical teaching unit of the medical school
- may not charge a fee for medical services.
- certificate expires when enrollment in postgraduate medical education ceases.
 - the Postgraduate Education class contains sub-types designed for certain types of training appointments such as electives and pre-entry assessments.

Restricted:

- must practice in accordance with the specific terms and conditions imposed on the certificate by a committee of the College (e.g. registration committee, discipline committee).

- several of the CPSO's registration policies, particularly those which offer alternatives to the regular registration requirements, result initially in issuance of a Restricted certificate with terms, conditions and limitations imposed by the Registration Committee.

Note: A person cannot apply directly for a Restricted certificate. Instead, the person must apply for one of the other classes (e.g. Independent Practice). If the person does not meet the qualifications for that class, his or her application is referred to the Registration Committee. If the Registration Committee approves issuance of a certificate of registration and imposes specified terms and conditions on the certificate, it automatically becomes a Restricted certificate.

Academic Practice:

- may practice only in the medical school department in which the physician holds an academic appointment.
- may practice only to the extent required by the appointment.
- certificate expires when the academic appointment ends.

- this class of certificate is intended for physicians appointed as clinical professors at Ontario medical schools who do not hold all the Canadian postgraduate qualifications required for an Independent Practice certificate.

Short Duration:

- may practice only to the extent required by the physician's short duration appointment at a public hospital, psychiatric facility or medical school in Ontario
- must practice under the supervision of a physician holding an independent practice certificate
- certificate valid for up to thirty days only.
- issued only for short-term emergency need, or to provide education to Ontario physicians, usually consisting of brief clinical demonstration.

Academic Visitor:

- may practice only in the medical school department in which the physician holds an academic appointment.
- may practice only to the extent required by the appointment.
- certificate may be issued for up to fifteen months only.

- intended for visiting academic physicians from international medical schools who have short-term clinical or teaching appointments at Ontario medical schools.

c) explanation of how the requirements for registration are to be met, such as the number of years of schooling required for a degree to be deemed equivalent to an Ontario undergraduate degree, length and type of work experience, credit hours or program content

The qualifications required for registration consist of a degree in medicine (this is a standard requirement for all applicants) along with the class-specific postgraduate training, examination and certification requirements. For the Independent Practice and Postgraduate Education classes, detailed information on requirements is readily available to applicants from the College's website and the downloadable schedules of requirements. Detailed requirements on the other classes is contained in the relevant schedule of requirements which are

available by contacting Applications and Credentials Inquiries staff by telephone, email or letter.

With respect to the requirement for a degree in medicine, the CPSO registration regulation defines the criteria of an acceptable degree, including the duration and general content of the undergraduate medical curriculum. It is a broad definition, as evidenced by the fact that over 1500 medical schools worldwide provide a curriculum and degree in medicine that meet the definition.

For registration purposes, an important distinction is made between a degree in medicine granted by medical schools in Canada or the United States accredited by the Committee on Accreditation of Canadian Medical Schools and the United States' Liaison Committee on Medical Education and a degree in medicine granted medical schools located outside Canada and the United States. Applicants from the latter group are considered international medical graduates (IMGs). One of the key criteria for acceptability of an international medical degree is that it be granted by a school that is listed in the Directory of Medical Schools published by the World Health Organization. Alternatively, if not listed in the WHO Directory, a listing in the International Medical Education Directory (IMED) published by the Foundation for the Advancement of International Medical Education and Research (FAIMER) would also be acceptable. The latter requires Registration Committee as the WHO Directory is specifically named in the regulation.

As for the postgraduate qualifications specific to each class of registration, these consist mostly of Canadian qualifications provided by Canadian examining and certifying bodies separate from the CPSO. The CPSO provides applicants with the contact information for these organizations.

d) any education or practical experience required for registration that must be completed in Ontario or practice that must be supervised by a member of the profession who is registered in Ontario

*** SAME AS LAST YEAR ***

None of the classes of certificates of registration issued by the CPSO include a requirement for educational or practical experience that must be completed in Ontario. The Independent Practice certificate requires one year of clinical clerkship, postgraduate training, or practice experience, but this can be completed anywhere in Canada. This information, along with information on the rest of the registration requirements, is readily available to individuals from the CPSO's website or by corresponding directly with CPSO, either by telephone or email.

e) requirements that may be satisfied through acceptable alternatives

Over the past ten years, the CPSO has introduced numerous registration policies that offer acceptable alternatives to the regular requirements set out in the regulation. Information on these acceptable alternatives is prominently featured in the registration policies section of the CPSO's website.

Individuals who wish to apply for registration under one of these policies are able to download the policy and policy guide sheet, as well as an application form and instructions. Individuals may also telephone or email the Inquiries staff in the Applications and Credentials Department for further information and personalized guidance on the registration policies.

Certain of the registration policies recognize alternatives to the Canadian exams and/or residency training ordinarily required for independent practice. For example, the "Pathway 4" policy recognizes American residency training and USMLE exam. On the basis of these pre-requisite alternative qualifications, the pathway permits the candidate to engage in time-limited supervised practice in Ontario, followed by an in-depth practice assessment. If the assessment is successful, the candidate is authorized by the Registration Committee to enter independent practice in Ontario.

f) the steps in the assessment process

Information on the general steps involved in the CPSO's registration assessment process is provided to applicants in the instructions that accompany the application material.

The CPSO's assessment process consists of the following basic internal steps performed by staff:

(a) qualifications assessment phase, which involves checking that the applicant possesses the qualifications and meets the requirements for the class of certificate of registration in question;

(b) credentialing phase, which consists of source-verifying the applicant's qualifications, practice history and good standing (steps (a) and (b) happen concurrently); and

(c) approval phase, which consists of final checks for completeness of the application, accuracy of applicant's data entered in the registration database, and issuance and mailing of the certificate of registration.

g) the documentation of qualifications that must accompany each application; indicate which documents, if any, are required only from internationally trained applicants

*** SAME AS LAST YEAR ***

The documentation of qualifications that must accompany each application is clearly laid out in the schedule of requirements that is provided with the application form. This documentation, once provided, would ordinarily complete the application and no further supporting documentation would be required. If it were determined that additional documentation is needed, the applicant would be given precise instructions on the nature of the required documents.

With some exceptions, the documents required from international medical graduates (IMGs) are the same as the documents required from Canadian medical graduates (CMGs). This reflects the fact that the requirements for registration for IMGs are nearly identical to those for CMGs.

One example of a document that would be required for IMGs and not for CMGs is the statement of results on the Medical Council of Canada Evaluating Examination (this is a screening exam that is required only for IMGs applying for a Postgraduate Education certificate). English or French translations of foreign language documents are another example of a documentary requirement that usually applies only to IMGs.

h) acceptable alternatives to the documentation if applicants cannot obtain the required documentation for reasons beyond their control

If, for reasons beyond their control, applicants are unable to obtain the required documentation, information on acceptable alternatives is available through one of three ways.

For certain of the required documents, the schedule of requirements that goes with the application form will provide instructions on acceptable alternative documents. Applicants can also obtain information on acceptable alternatives by contacting staff in the Applications and Credentials Inquiries Unit. Thirdly, for an individual whose application is in the credentialing phase, he or she can contact the Credentials Assessor concerned to discuss his or her situation and obtain guidance on acceptable alternatives. Applicants are introduced to the Credentials Unit and the particular assessor handling their application by way of a standard email notice sent to applicants after Credentials' receipt and initial assessment of the application.

It should be noted that the CPSO has an explicit registration policy that allows graduates of medical schools in Iraq and in other countries experiencing war or civil disruption to submit alternative documents instead of the usual verification documents from the source organizations.

i) how applicants can contact your organization

*** SAME AS LAST YEAR ***

Contact information is available through the CPSO's website and in the registration application material. Contacts are provided for telephone and email. As well, links to the CPSO's website and its contact information is widely available in the websites of many organizations throughout the province and the country.

j) how, why and how often your organization initiates communication with applicants about their applications

*** SAME AS LAST YEAR ***

The instructions that accompany the application material advise applicants that immediately following arrival of their application at the CPSO, the CPSO will send them confirmation of receipt of their application. This confirmation is sent by regular mail and contains a receipt from the Finance Department for payment of application fee. Applicants are advised in this initial notice that further communications by the CPSO regarding the application will normally be by email or telephone.

The next communication by the CPSO usually occurs following initial assessment of the application. If it is determined that certain documents remain outstanding, the applicant will be advised to telephone the Registration Inquiries staff to obtain details and guidance on these remaining documents. After that, if all the remaining documents arrive within a reasonable period, the application is processed and the next communication initiated by the CPSO would be the mailing of the applicant's certificate of registration.

If credentialing complications arise or if the applicant presents a unique situation, the Inquiries staff may transfer the call to the Credentials Assessor so that the Assessor and applicant can discuss the matter in detail. The Assessor will also write or telephone the applicant directly if there is clear urgency to the application or if it appears that the applicant needs special assistance.

k) the process for dealing with documents provided in languages other than English or French

Applicants are informed that documents in languages other than English or French must be supported by certified English or French translations. This information is clearly set out in the instructions provided with the application form.

The certification must be done by a Canadian embassy overseas, an applicant's own embassy or consular office in Canada, or a certified member of the Association of Translators and Interpreters of Ontario. Translations prepared by the source organization in support of the foreign-language original document, e.g. an English language translation prepared and issued by the applicant's medical school overseas, are also acceptable.

Applicants requiring clarification about the CPSO's translation requirements or experiencing difficulty obtaining a required translation may call the Inquiries staff to discuss their situation.

l) the role of third-party organizations, such as qualification assessment agencies, organizations that conduct examinations or institutions that provide bridging programs, that applicants may come into contact with during the registration process

Information on third-party organizations is available to applicants from the CPSO's website and by corresponding directly with CPSO, either by telephone or email.

The following are the CPSO's key third-party organizations:

- (1) Medical Council of Canada (MCC)
- (2) College of Family Physicians of Canada (CFPC)
- (3) Royal College of Physicians and Surgeons of Canada (RCPSC)
- (4) Centre for Evaluation of Health Professionals Educated Abroad (CEHPEA)

The MCC, CFPC and RCPSC are the national examining and certifying bodies in Canada. These organizations issue the Canadian postgraduate medical qualifications which the CPSO and all other provincial medical licensing authorities recognize and require for entry to independent medical practice. CEHPEA provides services to IMGs including standardized evaluation and orientation programs prior to entry to a residency program in Ontario.

For prospective CPSO applicants, basic information on the role of these third-party organizations and links to their websites are available from the CPSO's website. Because the qualifications issued by the national bodies are pre-requisites for registration with the CPSO, by the time individuals are eligible to apply for CPSO registration, they will already have applied to one or more of the national bodies and obtained the qualifications they issue.

For more information on third-party organizations, prospective applicants can call the CPSO's Applications and Credentials Inquiries staff. The Inquiries staff will offer guidance on the individual's particular situation in relation to eligibility for the various examinations offered by the third-party organizations.

The roles played by the Canadian Resident Matching Service (CaRMS), HealthForce Ontario (HFO), and the Physician Credentials Registry of Canada (PCRC) should also be noted, since many applicants will come into contact with one or both of these organizations prior to applying to CPSO.

CaRMS is Canada's national resident matching service. Final-year Ontario and Canadian medical students as well as most IMGs who wish to gain entry to a residency program in Ontario must apply through CaRMS. CaRMS works in close cooperation with the medical education community and medical schools to provide an electronic application service and a computer match for entry into the available residency program positions both for Ontario and the rest of Canada.

HFO is a broad initiative of the Ontario government aimed at identifying and addressing Ontario health human resource needs. Among HFO's services is an Access Centre for IMGs and other internationally educated health professionals. The Access Centre provide a range of services to these individuals, such as providing information about registration with Ontario health Colleges and counselling on career options.

PCRC was formed in 2005 and is a division of the MCC. PCRC provides a credentials verification service for physicians applying for registration with the CPSO or with any of the other provincial medical regulatory authorities (mra's) in Canada. PCRC maintains a centralized repository of all the core credentials it has previously verified, so that applicants who have completed PCRC credentialing for registration with one mra can have PCRC share their verified credentials with other mra's, thereby avoiding duplication of verifications. For many of our IMG applicants, PCRC provides a valuable and time-saving supplement to CPSO's credentialing process. Information on the PCRC sharing option is prominently displayed in the CPSO's application material for IMGs.

m) any timelines, deadlines or time limits that applicants will be subject to during the registration process

All important timelines, deadlines and time limits are clearly communicated to CPSO applicants.

The written instructions accompanying the application form set out the key points in this area. These timelines and deadlines are later reinforced through telephone and email contacts that occur between applicants and CPSO staff throughout the process.

n) the amount of time that the registration process usually takes

General processing times are provided in the instructions that accompany the application form; along with recommendations on how far in advance applicants should start the process to enable timely registration.

This information is also communicated to prospective applicants through the general overview of the process provided in the website and in any telephone or written contacts they may have with Inquiries staff. It is repeated and clarified as necessary throughout the application process via the updates that applicants obtain on the status and progress of their applications.

o) information about all fees associated with registration, such as fees for initial application, exams and exam rewrites, course enrolment or issuance of licence

*** SAME AS LAST YEAR ***

Information on fees required for CPSO registration is readily available to individuals from the CPSO's website and by corresponding directly with CPSO, either by telephone or email. Fee amounts and methods of payment are detailed in the list of requirements that accompany the application form.

Fees required by the CPSO's third-party organizations are available from the websites of these organizations.

p) accommodation of applicants with special needs, such as visual impairment

Special needs applicants identify their needs through their responses to the relevant question in the CPSO's application form, or they can contact the Applications and Credentials Inquiries staff for information and guidance before they apply. Such applicants are accommodated on an individual basis by the CPSO, with consideration given to their situation by the CPSO's Registration Committee if necessary.

The websites of most of the CPSO's third-party organizations contain information acknowledging applicants with special needs and availability of accommodations.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

Summary of Changes and Developments in 2011 Relating to CPSO Registration Practices, Policies

CPSO Website Enhancements:

In 2011 the CPSO posted to the registration pages of our website explicit statements relating to fees, credentialing alternatives, and registration service.

Our statement on fees sets out the cost-recovery principle behind our registration fees. We also posted to the website our long-standing policy relating to acceptance of alternative documentation in event of war or civil disruption preventing applicants from obtaining primary-source verification of credentials. In addition, we posted our registration service pledge setting out our commitment to quality service and transparent, objective, impartial and fair registration practices.

CPSO Registration Policies:

• Pathways Policy:

As reported in our 2009, 2010 and 2011 annual reports, a new registration policy was passed late in 2008 containing four pathways leading to registration for independent practice.

These pathways offer alternatives to certain of the Canadian exam and residency requirements normally required for registration. The pathways are based on various alternative credentials such as relevant independent practice experience and licensure in Canada or the USA, completion of approved postgraduate training prior to 1993, certification as a specialist by one of the American Boards of medical specialties, and completion of a practice assessment in Ontario. The pathways went into effect in December 2008 and applications began to arrive early in 2009. Over the last four years, 374 applicants have been approved by the Registration Committee under the pathways, including 107 in 2012.

	Pathway 1	Pathway 2	Pathway 3	Pathway 4	
2009	8	2	15	51	Total = 76
2010	3	0	20	57	Total = 80
2011	2	0	29	85	Total = 116
2012	0	0	17	90	Total = 107

Although Pathways 1 and 2 remain in place, beginning in 2010 they were largely superseded by the new AIT legislation in Ontario, which offered a more direct route to registration for many such applicants.

- **Policy on "Specialist Recognition Criteria in Ontario"**

In November 2011 the CPSO updated its policy on recognition of specialists to include those with specialty certification by the College in Quebec (as per the 2009 Ontario/Quebec agreement). The update also captured those holding US Board certification who are registered with the CPSO under pathways 3 and 4.

The update also set out specific criteria relating to recognition of family medicine specialists. The previous version of the policy addressed non-family medicine specialists only.

Policy for "Restricted Certificates for Exam-Eligible Candidates"

In 2011 the Registration Committee reviewed its policy for Restricted Certificate of Registration for Exam-Eligible Candidates, as part of the five-year cycle for review of existing registration policies.

The Registration Committee noted that the policy continues to be accessed by a large number of candidates (over 500 in the previous five years) and determined that the policy should continue in force. A minor update was made to the policy title; specifically, the phrase "exam-eligible" was inserted in the title. The eligibility criterion in the policy requiring previous postgraduate experience or practice experience in Canada was removed.

- **AIT and National Agreement on Registration Standards**

In 2009, in support of the Agreement on Internal Trade (AIT), the Federation of Medical Regulatory Authorities of Canada (i.e. FMRAC, which consists of the CPSO and all the other provincial and territorial medical regulatory authorities), began work on a new national registration standards agreement covering full licensure and provisional licensure. Entitled the "FMRAC Agreement on National Standards," it supersedes the earlier 2001 agreement and will ensure greater uniformity of registration standards and promotion of physician labour mobility.

The Full licensure component of the FMRAC agreement was agreed upon in late 2009 and adopted by the CPSO's Council in 2010.

Development of the Provisional licensure component continued in 2011, with meetings of the national working groups taking place throughout the year.

- **Ontario Labour Mobility Act**

In late 2009 another significant development occurred in connection with AIT. Specifically, the "Ontario Labour Mobility Act" came into force along with associated amendments to the Regulated Health Professions

Act. The purpose of this new Act is to eliminate or reduce measures that restrict labour mobility in Canada and support the Ontario government in fulfilling its obligations under the AIT. The RHPA amendments essentially state that physicians holding an out-of-province licence are entitled to obtain an equivalent class of certificate from the CPSO (if there is an equivalent class) without being required to meet any additional examinations, assessments, or training requirements.

In early 2010 the CPSO posted to its website applications specifically for AIT applicants. AIT applications began to immediately arrive and this inflow continued throughout 2011.

In 2011 the CPSO drafted an amendment to its registration regulations to explicitly incorporate the labour mobility provisions in the RHPA. Circulation of the amendment to CPSO membership concluded in November. Government approval and passage of the amendment is expected in 2012.

In 2012 the approval of regulation amendment for CPSO's registration regulations to explicitly incorporate the labour mobility provisions in the RHPA passed

• **CFPC Certification Without Examination**

In 2008, the CFPC introduced two alternative pathways to certification without examination.

The first, known as "ARC" (Alternative Route to Certification), is aimed primarily at family physicians practising in Canada who had obtained licensure before the requirement for full residency and certification exam became the norm in 1993.

The second policy enables CFPC certification without examination to those who completed family medicine training and obtained specialist qualification in jurisdictions officially recognized by the CFPC. The first jurisdictions to be approved by the CFPC were the USA and Australia. In July 2010 the CFPC added Ireland as one of its approved jurisdictions. The UK was added in 2011. Eligible candidates from these jurisdictions may apply for CFPC certification without needing to take the CFPC exam or complete any family medicine residency training in Canada.

In November 2009 the CPSO introduced a registration policy that accommodates these CFPC alternative pathway certificants. It enables their registration without need for the usual completion of Canadian residency training in family medicine and CFPC examination. The addition of the UK in 2011 helped further widen access to this CPSO policy.

• **RCPSC's Practice Eligibility Route**

The RCPSC's new Practice Eligibility Route (PER) will provide eligible candidates with an alternative route to RCPSC certification that does not involve completion of a Canadian residency program. PER will consist of two routes: Route A will lead to access to the certification examination while route B will offer a practice-based assessment for certification, instead of the examination.

PER is particularly aimed at physicians already licensed and practising as non-certified specialists in Canada, including international specialist physicians practising with restricted licenses. The goal is to remove barriers to certification for individuals who are competently practising specialty medicine in Canada and meeting the national standards.

Development of PER continued in 2011. The first phase will be piloted in the specialties of psychiatry and anesthesiology. These two specialty areas rank high in terms of number of non-certified practitioners in Canada and number expressing interest in PER.

Developments in 2011 at the Medical Council of Canada

• Harmonized National Examination: MCCQE Part 2 and CFPC Certification Exam

In 2011 further progress was made towards harmonizing the MCCQE 2 examination with the CFPC certification examination to create a single, enhanced examination.

The Medical Council of Canada and the College of Family Physicians of Canada have collaborated extensively on this important initiative. The new harmonized exam will launch in spring 2013 and will be taken by those seeking CFPC certification beginning that year. These candidates would ordinarily have needed to take the MCCQE 2 in the fall of 2012 in order to obtain the LMCC, but the harmonized exam in 2013 will enable them to forgo the MCCQE Part 2. Those who pass the harmonized exam will qualify for both the LMCC and CCFP.

The new exam will reduce testing burden, travel and expense for candidates while offering an enriched exam drawn from the joint expertise of the two national organizations. The MCCQE Part 2 will continue to be required for candidates in disciplines outside family medicine.

• NAC Examination for IMGs

Roll-out of the new NAC-OSCE examination continued in 2011. The NAC examination is the initial product of the National Assessment Collaboration, a multi-stakeholder group whose long-term aim is to advance standardization, streamlining and reduction of duplication among IMG assessment tools and processes across Canada. Overall governance of NAC resides with the Medical Council of Canada. Stakeholder participation is extensive, and includes the CPSO and CEHPEA.

The NAC-OSCE examination is specifically for IMGs and is designed to test their readiness for entry to a residency training program in Canada. In 2011 all of the five provinces that run IMG assessment programs -- Ontario's CEHPEA among them -- replaced their local examination with the NAC examination. Unlike results on the past province-specific examinations, results on the NAC-OSCE will have portability and will aid residency program directors across the country in their selection of IMG candidates during the CaRMS match.

The NAC established a Practice Ready Assessment Steering Committee in April 2012 to continue its mandate to develop common standards for PRA programs.

• AMRC

In 2010 the federal government (HRSDC) announced funding for development of a national application process for medical licensure. The MCC and FMRAC are working together on this initiative, with staff from PCRC (Physician Credentials Registry of Canada) and representative from the medical regulatory authorities leading its development. Piloting will begin in Nova Scotia 2013, with Canada-wide implementation expected to begin the following year.

The name of the project is Application for Medical Registration in Canada (AMRC). AMRC will employ and build on the existing technical infrastructure of PCRC, and its operations and staff will be based there.

Once implemented, AMRC will provide a national online portal through which applicants can apply for licensure to any one or more of the provinces and territories. AMRC will capitalize on applicants' existing verified credentials in the PCRC repository and will employ data feeds from RCPSC, CFPC and Canadian medical schools. The benefits will include the following:

- reduced duplication of credentialing effort among the provinces and territories,
- streamlined and common application process that supports FMRAC's national standards and labour mobility under the Agreement on Internal Trade,
- an enhanced national credentials repository offering potential future uses such as a national physician register and a national databank and clearinghouse for disciplinary and other provincial College actions.

Technical development of AMRC progressed throughout 2011. Regular meetings were held of the technical working group and advisory committee (these group have CPSO representation). Stakeholder engagement meetings with the national certifying bodies (RCPSC and CFPC) and Canadian medical schools were also held.

• **MCCQE Part 1 Fairness Study**

In 2011 the University of Alberta Centre for Research in Applied Measurement and Evaluation published a paper containing the results of a statistical study examining presence of bias in MCCQE 1 questions. The study found that very few items in the MCCQE Part 1 question bank elicit group differences by Gender (Male/Female); Country of Degree (Canada/Foreign); Birth Country of Examinee (Canada/Foreign); Citizenship (Canadian/Non-Canadian); or Language (English/French). In simplest terms, the study showed the MCCQE Part 1 to contain a reassuringly minimal presence of biases that might affect candidates' pass result.

CEHPEA Adopts NAC Examination

In 2011 CEHPEA replaced its CE1 examination with the new NAC-OSCE examination. CEHPEA was a key contributor in development of the new examination. Much of the content of the new NAC examination was drawn from CEHPEA's CE1 examination.

In addition, in 2011 CEHPEA revamped its website for improved access to information and navigation. CEHPEA also became a licensed user of MINC (the national identification number for physicians) and started using PCRC services, including accepting applicants' shared credentials from PCRC's repository of verified credentials.

Summary of Changes and Developments in 2012 Relating to CPSO Registration Practices, Policies

For applications in process, information on the present status, remaining requirements, and approximate timelines is readily available to applicants by contacting the Inquires staff or in 2012 by means of an online web based application. This application is a secure site that allows the applicant to view the progress of their application and see outstanding requirements. The online

application tool was implemented which addressed the process and communication with all applicants regarding their application. Once an application, fee and email address of a new registrant reached the College an automated secure email is sent to the applicant welcoming them to the process and giving them access to a view to their own application process. Now applicants can see online which requirements are outstanding, assessed or not in good order. The applicant can either call still Inquiries for further information or respond by sending in the appropriate document and/or contacting the appropriate 3rd party.

The implementation of an administrative unit, was created to support the new online tool. Applicants' views to their applications and requirement processing is administered by this team. The assessment and committee review credentialing was moved to a case coordinator model which allowed for applicants to know their coordinator and communicate directly with them. Low value administrative functions were centralized to support areas, mail, photocopying, file pagination. As a result, in 2012 Timelines for applicants to hear back from the College on their initial assessment was improved, reducing wait time from 7 to 4 weeks on a traditional pathway certificates of registration and from 15 to 5 weeks for those requiring registration committee review. Letters of Eligibility for purposes of IMG work permits were centralized in 2012 to the Inquiries team, to facilitate front line communication and ensure 5 day service standards.

Transparency and clarity continued as a 2012 initiative, a newly formatted outline of cases requiring registration committee review was developed and added to the Website. Registration Committee Q&A's on supervision, assessments and the process were developed and included for these registrants. The new table indicates dates for all steps in the process leading to the Registrations Committee's Review of the Case.

CPSO continued working with 3rd party organizations by hosting stakeholder conferences for HFO and MCC to ensure updated processes, tools and communications are shared so that applicants may receive continuity of information.

The NAC established a Practice Ready Assessment Steering Committee in April 2012 to continue its mandate to develop common standards for PRA programs.

Policies continued to be reviewed on a regular basis, with no significant changes in 2012. The Technical development and implementation of AMRC progressed throughout 2012. Regular meetings were held of the technical working group and advisory committee (these group have CPSO representation). Stakeholder engagement meetings with the national certifying bodies (RCPSC and CFPC) and Canadian medical schools were also held. A prototype is set to launch with Nova Scotia and Alberta as the first user testing is set.

Amount of Fees (2 / 13)

Are any of the fees different for internationally trained applicants? If yes, please explain.

*** SAME AS LAST YEAR ***

The fees required to apply for registration with the CPSO are the same for all applicants, regardless of whether they are Ontario, Canadian, American or international medical graduates. These fees consist of the application fee and the membership fee.

The fees required by the CPSO's third-party organizations are the same for all applicants, with respect to their common certification examinations. There are certain services and examinations offered by these organizations that are available only for international medical graduates.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

no change

Provision of Timely Decisions, Responses and Reasons (3 / 13)

a) What are your timelines for making registration decisions?

*** SAME AS LAST YEAR ***

In the matter of timelines for registration decisions, there is a distinction between those applicants who fully meet the regulatory registration requirements and those who do not.

For the former group, the registration decision i.e. the decision to issue a certificate of registration, is made by Credentials staff within one to three days. Note, however, that this timeline does not include the lead-up time

spent by the applicant in completing all the credentialing requirements, or the time spent by the Credentials staff in making the preliminary assessment of the application upon its arrival at the CPSO.

For the latter group, the group who do not have the required qualifications, the timeline for the registration decision is considerably longer. This is primarily because it includes the time needed to refer the application to the Registration Committee and schedule it for review by the Committee.

The CPSO's governing statute, the Regulated Health Professions Act, requires that all applications that do not meet the registration requirements be referred to the Registration Committee for review. The Registration Committee meets at four to six week intervals. Thus, for the applicants in this latter group, the need to wait for the next available meeting, coupled with the time needed by Registration Committee support staff to prepare the application for review, gives a registration decision timeline of six to eight weeks on average.

An important factor influencing registration timelines is the applicant's planned starting date for practice in Ontario. The CPSO tries very hard to ensure that all eligible applicants are registered on time for their appointment, and, where possible, the CPSO will expedite its decision making to achieve this objective.

b) What are your timelines for responding to applicants in writing?

*** SAME AS LAST YEAR ***

Applicants submitting routine inquiries in writing are usually provided with a written response by Registration Inquiries staff in three to five business days or less.

The three-to-five-day timeline covers the vast majority of the written inquiries dealt with by the Registration Department. Responses to complex or sensitive inquiries requiring input by senior staff ordinarily take longer, usually five to fifteen business days.

c) What are your timelines for providing written reasons to applicants about all registration decisions, internal reviews and appeal decisions?

*** SAME AS LAST YEAR ***

Written reasons for registration decisions are provided only in the case of decisions by the Registration Committee to refuse an application. In such cases, the applicant is advised in writing of the refusal decision within five business days after the Registration Committee meeting. The written reasons are sent afterwards, normally within six weeks from the date of the decision.

An applicant may appeal from the Registration Committee decision to the Health Professions Appeal and Review Board (HPARB). The applicant may request either a review or a hearing. The timelines for release of HPARB's decision on the appeal differ depending on whether the applicant has requested a review or a hearing. The time required by HPARB to carry out a review and release its decision is usually between six to nine months. Hearings take longer. The time required to schedule a hearing and release the decision takes about 12 months.

d) Explain how your organization ensures that it adheres to these timelines.

*** SAME AS LAST YEAR ***

The timeline associated with each major segment of the CPSO's registration process is treated as an internal performance benchmark. Achievement of these benchmarks are tracked and reported by staff in an internal quarterly report to management. This tracking and oversight of the process promotes adherence to the timelines.

Also, as noted above, an important goal of the registration process is to register applicants in time for their appointment starting dates. The staff's focus on this goal assists adherence to the processing timelines.

Lastly, to ensure that timelines are met during the CPSO's peak registration period from March to July, additional temporary staff (primarily summer students) are hired each year during this time. Furthermore, registration staff are not permitted vacation time during the critical registration months of May and June.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

In 2011, the CPSO's Registration Department undertook a review of its registration process from the perspectives of efficiency, quality and sustainability of the process.

The review analyzed information relating to work volume, seasonality of work volume, technology, communications, roles and responsibilities, process timelines, process complexity, linkages with other departments, and departmental structure. The review considered feedback from staff and from our 2010 applicant survey and focus group, and also considered developments internally and external to the CPSO, including national registration initiatives.

The process review identified changes and improvements that will advance the process towards its long-term objectives and vision relating to efficiency, quality and sustainability. Implementation of these changes, analysis of their impact, and identification of further refinements will begin in 2012.

Results of the process review came to play in 2012:

In 2012 a restructuring of the Department realigned Applications & Credentials under one Manager to support the process of all new Inquiries, Credentialing and Assessing of Applications. These included those applicants going to Registration Committee for review. A separate second department was created to Service all Members/Incorporations and the Register, with its own management team.

Within A&C changes to processes which included:

- the addition of an administrative unit,
- the creation of online status view to applicants
- the implementation of service standards and measurements
- the realignment of staff

Decreased initial assessment timelines from 15-7 weeks for registration committee review and 7-4 weeks for applications processed at the staff level. Additionally the new processes were subjected to a 10% audit, in addition to the three tier quality check process to ensure accuracy.

2012 launched an internal tracking tool, otherwise referred to as AMS the applications status check. The tool gives all staff and management a view to all workflow, aging of applications and upcoming benchmarks. Start dates for applicants are at view for staff to prioritize within the aging process and registration committee cases are housed in one area with no hand off between departments.

Likewise, at a College level the Senior Management team has implemented a dashboard which includes process indicators that are submitted to council four times a year. They include indicators, targets and measurement of College objectives.

2013 have plans underway to have online surveys for applicant satisfaction and an increase of staff within the Inquiries team to allow for specialized queues, one for "Entering Practice in Ontario", "Clinical Fellows" and "Registration Committee Cases". This will allow for IMG' to get faster more specialized service.

[BACK TO INDEX](#)

Access to Records (4 / 13)

a) Describe how you give applicants access to their own records related to their applications for registration.

Applicants are entitled to a copy of their registration file at their request. Applicants are asked to put their request in writing, specifying which part of their file they wish to be copied, if not the whole file. Upon receipt of their request, the CPSO Registration Department will mail copies to the applicant.

In practice, however, relatively few applicants request a copy of either all or part of their registration file.

Applicants who do not meet one or more of the registration requirements and whose applications require review by the Registration Committee are always provided with a copy of all the documents and information from their registration file that will be going before the Registration Committee.

b) Explain why access to applicants' own records would be limited or refused.

*** SAME AS LAST YEAR ***

Applicants' request for access to information or documents from their registration file could be limited or refused if staff were to determine that release of it could jeopardize the safety of any person.

Many older registration files have been culled of all but the essential credentialing documents and submissions that formed the basis of the application and the CPSO's decision on the application. Therefore, if

the individual were to reapply to the CPSO, the individual would have access only to the parts of his or her old registration file that had been retained.

c) State how and when you give applicants estimates of the fees for making records available.

*** SAME AS LAST YEAR ***

The CPSO does not charge applicants a fee for a copy of their registration documents. However, in the rare case of a repeat request by an applicant, or of a request by an applicant's lawyer for the applicant's entire file, the CPSO may charge 25 cents per page.

d) List the fees for making records available.

*** SAME AS LAST YEAR ***

The fees for copies are as noted in part (c) above.

e) Describe the circumstances under which payment of the fees for making records available would be waived or would have been waived.

*** SAME AS LAST YEAR ***

As explained in part (c) above, for the vast majority of requests by applicants for copies of the registration documents, the CPSO does not charge a fee. On those occasions where a fee would be charged, the CPSO would consider requests for waiving of the fee on a case-by-case basis.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

In 2012 Copies of Registration and Membership documents were available to applicants/members by written request. 10\$ for 10 pages or less was the fee and an additional \$1 per page for every page in excess. Registration Committee files remain to sent to the applicant at no cost. One request was made this year for a copy of their specialization to be shared with another jurisdiction.

Resources for Applicants (5 / 13)

a) List and describe any resources that are available to applicants, such as application guides, exam blueprints or programs for orientation to the profession.

*** SAME AS LAST YEAR ***

The following resources are available for all physicians interested in practising in Ontario:

1. The schedule of requirements included with each application package includes detailed information on each credentialing requirement, as well as general application guidelines and timeframes.
2. The MCC's website provides examination reference materials, including examination demonstrations, instructional videos, scoring guides and recommended readings.
3. The CFPC's home study program includes internet based CFPC education programs that allow physicians to self-evaluate, along with recommended books and journals. They also recommend practice sessions with individual residency programs or, for those candidates who are not enrolled in a training program, with provincial chapters that may run exam orientation workshops prior to examinations.
4. The RCPSC provides an outline on its website of the examination format for each medical or surgical specialty.
5. HealthForceOntario's Recruitment and Relocation service works with physicians interested in relocating to Ontario. Representatives help determine eligibility for licensure as well as assist with job placement. They also provide an overview of the Ontario practice environment.

The following resources are available specifically for IMGs:

1. The CPSO maintains a general information package for IMGs which contains detailed descriptions of the core requirements for an Independent Practice certificate, including how access to the requirements can be obtained and links to relevant third-party organizations.
2. The Registration Inquiries staff attends information sessions organized by various third-party and community organizations. The information presented is tailored to the specific group and topics range from providing information on the various routes to registration to assisting IMGs matched to a residency program with the application process.
3. CEHPEA offers the Orientation to Training and Practice in Canada (OTPC) program. The five week program is mandatory for all IMGs selected to a specialty residency program, and the focus is on communication skills and an introduction to Canadian medical culture.
4. CEHPEA also offers the Pre-Residency Program (PRP), a 4 month intensive preparatory program which addresses key competency areas to prepare IMGs for residency. It is mandatory for all IMGs matched to a family medicine program.
5. The Access Centre of HealthForceOntario (HFO) provides IMGs with information on routes to practice, ongoing counselling and support, self-assessment tools, and referrals to third party organizations.

The role of HFO is of particular importance as a resource for IMGs in Ontario. The CPSO has a close collaborative relationship with HFO, and CPSO staff frequently refer IMGs to the services offered by HFO.

6. The Communication and Cultural Competence program is a web-based self-study program, created through partnership with the MCC and CPSO, in which participants have the opportunity to explore specific aspects of the Canadian Health Care system that have been traditionally difficult to access prior to entry into the system.

The focus is on the communication, ethical and professional behavior objectives now included in the revised Medical Council objectives, called the CLEO -2s or C2-LEOs.

7. The Canadian Information Centre for International Medical Graduates provides information which helps IMGs understand the Canadian medical environment, including information on practice options, ethical and legal aspects, and liability coverage. They also provide an overview of each provinces registration requirements.

8. The RCPSC website has a section specifically designed for IMGs and focuses on all available routes to certification, including the routes specifically for IMGs: Practice Ready Assessment, Academic Certification, Jurisdiction Approved Training, and Individual Competency Assessment.

b) Describe how your organization provides information to applicants about these resources.

*** SAME AS LAST YEAR ***

The majority of the information discussed above is available on the CPSO or relevant organization's website. Information can also be obtained by contacting the Registration Inquiries staff by telephone or email. Since Inquiries staff are able to discuss the examinations and services above only in general terms, IMGs are always referred to the correct organization for more detailed information.

There are several private companies which offer exam preparatory courses; however, the College refers all inquiries about such courses to the relevant examination body for further discussion.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

No change to this section

[BACK TO INDEX](#)

Internal Review or Appeal Processes (6 / 13)

In this section, describe your internal review or appeal process. Some regulatory bodies use these two terms (*internal review* and *appeal*) for two different processes, some use only one of these terms, and some use them interchangeably. Please use the term that applies to your profession. If you use both terms (for two different processes), please address both.

a) List your timelines for completing internal reviews or appeals of registration decisions.

*** SAME AS LAST YEAR ***

Internal review is conducted by the Registration Committee. The Registration Committee has ten formally scheduled meetings per year, with a meeting occurring every 4 to 6 weeks. As soon as an application is

complete, it is presented to the Registration Committee at its next available regularly scheduled meeting. This would usually be the second meeting after the application is received in the Registration Committee Department. Thus, the Registration Committee decision is normally made within 6 weeks after the application is received in the Registration Committee department.

Occasionally, between regularly scheduled meetings, the Committee may hold short, unscheduled meetings to accommodate straightforward cases that comply with registration policies. For applications dealt with at these meetings, the usual 6-week timeline noted above would be considerably shortened, thereby affording an expedited approval process for these applicants.

i. State the number of internal reviews or appeals of registration decisions that exceeded your timelines.

*** SAME AS LAST YEAR ***

In 2011 the Registration Committee considered a total of 936 applications. Of those, approximately 85% (800) of the applications were decided within the usual 6 week timeline.

ii. Among internal reviews or appeals that exceeded your timelines, state the number that were from internationally trained applicants.

*** SAME AS LAST YEAR ***

About 130 applications in total took longer than the usual 6 week timeline for a decision. Of these, approximately 75 (65%) were IMG applicants.

As noted earlier, as soon as an application is complete, it is scheduled for the next available Registration Committee meeting. Of those applications that take longer than our usual timeline of eight weeks, the delay is often the result of applicant asking for additional time to make his/her final submission to the Registration Committee.

There is normally no backlog of prepared applications requiring review by the Registration Committee. The Registration Committee agenda for any given meeting will expand as necessary to accommodate all the applications that are ready for review.

b) Specify the opportunities you provide for applicants to make submissions regarding internal reviews or appeals.

*** SAME AS LAST YEAR ***

When the Registrar decides to refer an application to the Registration Committee, a written notice is given to the applicant. The applicant is invited to make any additional documentary information that the applicant believes may help the Committee in deciding his/her application. There is no restriction on the number of or

the type of written submissions that an applicant can make to the Registration Committee.

Under the RHPA, an applicant is given 30 days to make written submissions to the Registration Committee. However, if an applicant requests additional time to make submission, the extension is almost always granted.

c) Explain how you inform applicants about the form in which they must make their submissions (i.e., orally, in writing or by electronic means) for internal reviews or appeals.

*** SAME AS LAST YEAR ***

As noted above, the College gives written notice to applicants of the referral of their application to the Registration Committee. An applicant is invited to make additional written submissions to the Registration Committee.

d) State how you ensure that no one who acted as a decision-maker in a registration decision acts as a decision-maker in an internal review or appeal of the same registration decision.

*** SAME AS LAST YEAR ***

The Registration Committee is a statutory committee of the College, composed solely of members of the Council of the College. No College staff sit on the Registration Committee. Therefore, at this stage of the process, it is the Registration Committee members that make the decision. The Registrar and/or staff is not involved in this decision making.

e) Describe your internal review or appeal process.

*** SAME AS LAST YEAR ***

Under Section 15(1) of the RHPA (Code), if a person applies to the Registrar for registration, the Registrar shall,

- (a) register the applicant; or
- (b) refer the application to the Registration Committee.

If the Registrar refers an application to the Registration Committee, he must give the applicant written notice of the statutory grounds for the referral and of the applicant's right to make written submissions to the Registration Committee. The applicant may make written submissions to the Registration Committee within thirty days after receiving this notice. If an applicant requests additional time, the extension is usually given.

Under Section 16(1) of the RHPA (Code), the Registrar is required to give the applicant, at his or her request, all the information and a copy of each document the College has that is relevant to the application. In practice, however, even if the applicant has not requested it, a copy of each relevant document is always provided to the applicant. The applicant does not have to make a specific request.

When an application is complete, it is scheduled for review by the Registration Committee at its next regularly scheduled meeting.

The Registration Committee, after considering an application, may make an Order doing any one or more of the following:

1. Direct the Registrar to issue a certificate of registration.
2. Direct the Registrar to issue a certificate if the applicant successfully completes examinations set or approved by the panel.
3. Direct the Registrar to issue a certificate of registration if the applicant successfully completes additional training specified by the panel.
4. Direct the Registrar to impose specified terms, conditions and limitations on a certificate of registration of the applicant and specify a limitation on the applicant's right to apply for removal or modification of the terms, conditions and limitations.
5. Direct the Registrar to refuse to issue a certificate of registration.
6. Direct the Registrar to impose terms, conditions or limitations on a certificate of registration and the applicant is an individual described in subsection 22.18 (1) (*Note: This particular provision, along with ss. 22.18, are new sections that were added to the RHPA late in 2009 to capture applicants under AIT. See below for further details.*)

Additionally, the Registration Committee may, with the consent of the applicant, direct the Registrar to issue a certificate of registration with terms, conditions and limitations.

Following the Registration Committee meeting, the College writes to every applicant informing them of the Registration Committee's decision.

The Registrar will proceed with issuing a certificate of registration to an applicant, if the applicant consents to the Order made by the Committee.

The applicant is informed that if they are dissatisfied with the Registration Committee's Order, they may appeal the Registration Committee's Order to the Health Professions Appeal and Review Board.

f) State the composition of the committee that makes decisions about registration, which may be called a Registration Committee or Appeals Committee: how many members does the committee have; how many committee members are members of the profession in Ontario; and how many committee members are internationally trained members of the profession in Ontario.

*** SAME AS LAST YEAR ***

The Council of the College is responsible for appointing members to the Registration Committee. The members are appointed for a term of 12 months, initially, and may be renewed by Council.

In 2010, the Registration Committee was composed of seven individual Council members that included five physician members and two public members. Of the five physicians, one was an internationally trained physician.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

Regarding the expedited approval process afforded by the interim unscheduled Registration Committee meetings, as noted above in 6(a):

In 2011 the registration staff completed a review of the 159 cases dealt with at these meetings the previous year. The purpose of the review was to determine the actual effectiveness and efficiency of these meetings as a means to expedited approval. The results of the review confirmed their usefulness and the Registration Committee therefore agreed that these interim meetings would continue to be held between regularly scheduled meetings.

In 2012 the Registration Committee considered a total of 977 applications. Of those, approximately 99% (967) of the applications were decided within the new timeframe. Decision letters and agendas were centralized to a committee support team for consistency and harmonization within one College division. The intention is for the new team to increase bench strength and expedite orders with reasons.

[BACK TO INDEX](#)

Information on Appeal Rights (7 / 13)

This section refers to reviews or appeals that are available after an internal review or appeal. Describe how you inform applicants of any rights they have to request a further review of or appeal from a decision.

*** SAME AS LAST YEAR ***

General information about the Registration Committee process and the appeal process is available on the College website.

After the Registration Committee makes its decision, the College gives written notice to the applicant of the Committee's decision. The applicant is advised that if he/she is dissatisfied with the Registration Committee's decision, appeal may be made to the Health Professions Appeal and Review Board (HPARB). The applicant is advised that upon receipt of the Registration Committee's Order with reasons, he/she has thirty days to appeal the Registration Committee's decision to the Board.

Together with the written Order and reasons, the College provides to the applicant a two-page document prepared by HPARB that gives information about the appeal process. This same information is also available from HPARB's website.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

no change

[BACK TO INDEX](#)

Assessment of Qualifications (8 / 13)

This category covers your processes for assessing all qualifications, such as academic credentials, competencies, language ability or practical experience.

a) List the criteria that must be met in order for an applicant's qualifications to satisfy the entry-to-practice requirements for your profession.

*** SAME AS LAST YEAR ***

Listed below are the requirements that an applicant must have under the CPSO's registration regulation (O.Reg. 865/93 under the Medicine Act, Ontario) to qualify for an Independent Practice certificate of registration.

The focus is on the Independent Practice certificate because the vast majority of CPSO's membership, including its IMG members, hold this class of certificate (i.e. over 90% of all members, not including postgraduate trainees, hold an Independent Practice certificate). It is the only certificate class that allows the holder to practise medicine anywhere in Ontario in any area of medicine in which he or she is educated and experienced, and without any time limit on the certificate. All other classes of certificate carry additional standard terms, conditions and limitations relating either to the duration of the certificate or to the practice appointment and location for which the certificate is valid. For fully-qualified physicians who have completed postgraduate training and wish to practise medicine in Ontario, the Independent Practice certificate is the usual and appropriate class of certificate for which they would apply.

The requirements for an Independent Practice certificate consist of the common credentialing requirements (e.g. source-verification of qualifications, evidence of good standing in other jurisdictions, criminal record screening, etc.) and the specific academic, examination and practice qualifications required for this class of certificate. These required qualifications are as follows:

- degree in medicine from an accredited Canadian or US medical school or from an acceptable medical school listed in the World Directory of Medical Schools,
- pass standing on Parts 1 and 2 of the Medical Council of Canada Qualifying Examination (or one of the acceptable alternative qualifying examinations),
- certification by examination by either the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada,
- completion, in Canada, of one year of postgraduate training or active medical practice, or completion of a full clinical clerkship at an accredited Canadian medical school,
- Canadian Citizenship or permanent resident status.

The foregoing are the qualifications for an Independent Practice certificate as set out in the CPSO's registration regulation. Nearly all applicants who are issued an Independent Practice certificate possess these qualifications.

However, applicants without one or more of these qualifications may still be able to obtain an Independent Practice certificate based on their eligibility under one or more of the CPSO's registration policies and approval by the Registration Committee. For each of the qualifications listed above, there is at least one, and in some cases two or three, registration policies that addresses the qualification.

A few of the policies offer outright exemption from the qualification, such as the exemption policy for the Canadian citizenship/permanent resident status requirement. Other policies allow an alternative qualification to the required one, such as the doctor of osteopathy policy which recognizes the D.O. degree as an alternative to the M.D. requirement.

Lastly, some policies enable time-limited deferral of the required qualification or allow a practice assessment in lieu of the required qualification. The four "Pathways" are examples of policies that recognizes a successful practice assessment as an alternative to the required certification examinations or residency training.

b) Describe the methodology used to determine whether a program completed outside of Canada satisfies the requirements for registration.

*** SAME AS LAST YEAR ***

Generally, the only program completed outside Canada that forms part of the usual requirements for CPSO registration is the undergraduate medical degree program. Other programs completed outside Canada, particularly postgraduate programs, do not form part of the usual requirements for CPSO registration and therefore do not require assessment by the CPSO.

The criteria used to determine the acceptability of the medical degree program are set out in the CPSO's registration regulation, as follows:

-- an M.D. or equivalent basic degree in medicine, based upon successful completion of a conventional undergraduate program of education in allopathic medicine that,

(i) teaches medical principles, knowledge and skills similar to those taught in undergraduate programs of medical education at accredited medical schools,

(ii) includes at least 130 weeks of instruction over a minimum of thirty-six months, and

(iii) was, at the time of graduation, listed in the World Directory of Medical Schools published by the World Health Organization.

To determine whether the program meets these requirements, CPSO credentialing staff refer to the WHO Directory of Medical Schools and carefully check the contents of the applicant's medical school transcript for curriculum content and duration, curriculum completion, and conferral of the degree. Alternatively, if not listed in the WHO Directory, a listing in the International Medical Education Directory (IMED) published by the Foundation for the Advancement of International Medical Education and Research (FAIMER) would also be acceptable under CPSO registration policy.

c) Explain how work experience in the profession is assessed.

*** SAME AS LAST YEAR ***

For purpose of application for an Independent Practice certificate, the CPSO requires that the applicant have completed, in Canada, one year of postgraduate training or active medical practice, or a clinical clerkship at an accredited Canadian medical school. The one year of active medical practice must include significant clinical experience pertinent to the applicant's area of medical practice. Compliance with this experience requirement is determined by way of a report from the applicant's employer verifying the year of relevant practice experience. The usual way by which applicants satisfy this requirement is through completion of residency.

Apart from the one year required for independent practice, CPSO registration requirements for the other classes of registration do not include work experience as a specific requirement .

d) Describe how your organization ensures that information used in the assessment about educational systems and credentials of applicants from outside Canada is current and accurate.

*** SAME AS LAST YEAR ***

The CPSO does not engage in extensive assessment of educational systems outside Canada. In the case of the degree in medicine requirement, the CPSO relies on listing in the WHO Directory of Medical Schools as the measure of acceptability. The WHO has published numerous editions of the Directory since its first in 1953, and it is updated from time to time between editions with supplementary listings of newly recognized medical schools. (Alternatively, if not listed in the WHO Directory, a listing in the International Medical Education Directory (IMED) published by the Foundation for the Advancement of International Medical Education and Research (FAIMER) would also be acceptable.)

In the case of assessment of postgraduate training systems outside Canada, the CPSO relies on assessments of these training systems by its third-party organizations, particularly the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada.

e) Describe how previous assessment decisions are used to assist in maintaining consistency when assessing credentials of applicants from the same jurisdictions or institutions.

*** SAME AS LAST YEAR ***

To aid in consistency of credentials assessment decisions, the CPSO retains representative past decisions and maintains a bank of sample documents from past cases, organized by jurisdiction and institution. Credentialing staff often refer to this sample bank when assessing credentials.

f) Explain how the status of an institution in its home country affects recognition of the credentials of applicants by your organization.

*** SAME AS LAST YEAR ***

As explained in 8(b) above, from the standpoint of the CPSO's registration requirements for international medical graduates, the key institution in the applicant's home country is his or her medical school. As part of

the requirements for an acceptable degree in medicine, the medical school must be listed in the listed in the World Directory of Medical Schools published by the World Health Organization. Ordinarily, if the status of the medical school is such that it is not recognized by the government in that country, then it would not qualify for listing in the WHO Directory.

g) Describe how your organization accommodates applicants with special needs, such as visual impairment.

*** SAME AS LAST YEAR ***

Special needs applicants identify their needs through their responses to the relevant question in the CPSO's application form, or they can contact the Registration Inquiries staff for information and guidance before they apply. Such applicants are accommodated on an individual basis by the CPSO, with consideration given to their situation by the CPSO's Registration Committee if necessary. The CPSO has registered applicants presenting special needs of a physical or mental nature.

Just as the CPSO provides accommodations, so do the CPSO's third-party organizations. Special needs applicants may be fully qualified when they apply to the CPSO, meaning they will have completed the pre-requisite assessment and examination processes administered by the CPSO's third-party organizations. Accommodations will have been made for them by our third-party organizations.

h) State the average length of time required to complete the entire registration process, from when the process is initiated to when a registration decision is issued.

*** SAME AS LAST YEAR ***

Taking all applications and all registration classes into account, the average time to complete the registration process is about two to three months.

It must be stressed, however, that duration can vary greatly from applicant to applicant. For a fully qualified applicant who requires less credentialing, is very proactive in completing the application requirements, and has an urgent starting date, the process can be accomplished in as little as a week or less. On the other hand, for an applicant who is missing qualifications, has many credentialing requirements to complete, and attends to his or her application only sporadically, the process can take a year or more.

Also, duration of the process varies by class of certificate and type of applicant. The process for short duration certificates issued to meet an urgent need is designed to be completed in a compressed time period and can be expedited if necessary. On the other hand, the process for the independent practice class of certificate takes significantly longer.

With respect to applicant type, the process will usually take less time for an applicant just out of training and requiring less credentialing, as compared to an applicant who has been in practice for many years and in many jurisdictions outside Ontario. IMG applicants also tend to take longer, as explained below.

i. State whether the average time differs for internationally trained individuals.

*** SAME AS LAST YEAR ***

For international medical graduates (IMGs), the average processing time is different, as explained below.

ii. If the average time differs for internationally trained individuals, state whether it is greater or less than the average for all applicants, and the reasons for the difference.

*** SAME AS LAST YEAR ***

For IMGs, the registration process is typically longer, averaging three to five months. This difference occurs largely because credentialing of IMGs, unlike that of Ontario or Canadian graduates, involves numerous primary-source verification documents from overseas, which typically take much longer to arrange for and to arrive than primary-source verifications from within Canada. Also, if the IMG has practised in numerous jurisdictions outside Canada, this adds to the number of required credentialing documents and increases the likelihood that the processing time will take longer.

However, as noted in 8(h) above, the duration can vary greatly from case to case, and this is particularly true for IMG applicants. For a fully qualified IMG applicant who requires less credentialing and is very proactive in completing the application requirements, the process can be accomplished in much less than the average time.

i) If your organization conducts credential assessments:

i. Explain how you determine the level (e.g., baccalaureate, master's, Ph.D.) of the credential presented for assessment.

*** SAME AS LAST YEAR ***

The CPSO conducts credential assessments in-house, employing a team of credentials assessors.

With respect to the medical degree credential, this is a basic qualification which every CPSO applicant must possess. The medical degree document and transcript must clearly indicate that a degree in medicine has been conferred.

ii. Describe the criteria that are applied to determine equivalency.

*** SAME AS LAST YEAR ***

With respect to the medical degree, provided it meets the CPSO's regulatory criteria for an acceptable degree in medicine (whether for medical schools inside or outside Canada), it is deemed an acceptable degree in medicine for CPSO registration. There is no process, policy or criteria for determining equivalency of other degrees to the degree in medicine.

The same situation applies to other credentials presented for assessment. The postgraduate qualifications required for CPSO registration are specific and apply to all applicants. Thus, there is no regular process and no set criteria for determining equivalency of other qualifications.

iii. Explain how work experience is taken into account.

*** SAME AS LAST YEAR ***

As explained in 8(c) above, for the purpose of application for an Independent Practice certificate, the CPSO requires that the applicant have completed, in Canada, one year of postgraduate training or active medical practice, or a clinical clerkship at an accredited Canadian medical school. The one year of active medical practice must include significant clinical experience pertinent to the applicant's area of medical practice. Canadian medical school graduates meet this requirement by virtue of clerkship training, which makes up most their final two years of medical school. International graduates meet this requirement by completing a residency, clinical fellowship or other year-long postgraduate training appointment at a Canadian medical school. Alternatively, they meet this requirement by practising in Canada while holding some form temporary or provisional licence.

Apart from this one year of practice experience required for independent practice, CPSO registration requirements do not include work experience as a specific requirement. Any work experience beyond the one-year requirement does not factor into the regular assessment process.

j) If your organization conducts competency assessment:

i. Describe the methodology used to evaluate competency.

*** SAME AS LAST YEAR ***

Generally speaking, the CPSO itself does not conduct competency assessments as part of its process to determine an applicant's compliance with the regulatory requirements for registration. Instead, competence is assessed and demonstrated by way of applicants' passing the required examinations and obtaining the certifications granted by the CPSO's third-party organizations (see 8(a) above).

However, the CPSO has introduced certain registration policies, such as the "Pathways" policies, that rely on practice assessments as a key indicator of competency. These policies apply to those who do not possess the regular exam-based credentials issued by the CPSO's third-party organizations. They were developed as part of the College's commitment and strategy to introduce new ways to evaluate the competence and performance of physicians wishing to practise in Ontario. They are based on the discerning use of valid and reliable practice-based assessment tools to evaluate the clinical knowledge, skill and judgement and performance of physicians who have extensive and independent clinical experience in another jurisdiction.

The practice assessments are conducted by Ontario physicians and consist of on-site observation and chart reviews of an applicant's current practice outside Ontario. They employ a multi-dimensional approach that includes multiple sources of information, e.g. surveys of colleagues, co-workers and patients, as well as personal interviews with selected co-workers.

ii. Explain how the methodology used to evaluate competency is validated, and how often it is validated.

*** SAME AS LAST YEAR ***

With respect to validation of the exams used to evaluate competency, see the Third-Party Organization information below.

With respect to the practice assessments conducted by the CPSO to evaluate competency, the tools and methods used for these assessments are periodically reviewed and enhanced to ensure their reliability, consistency of use and effectiveness. Many of these quality improvements are based on direct feedback from the assessors themselves.

The CPSO has a research and evaluation department that validates tools (such as medical record review tools) and keeps abreast of the literature and of advances in the field across Canada to ensure that the CPSO uses current, validated tools.

iii. Explain how work experience is used in the assessment of competency.

*** SAME AS LAST YEAR ***

Apart from the one year of practice experience that is required for independent practice, the CPSO regulatory requirements do not include work experience as a specific requirement. Therefore, any work experience beyond the one-year requirement does not factor into our regular assessments of competency.

k) If your organization conducts prior learning assessment:

i. Describe the methodology used to evaluate prior learning.

*** SAME AS LAST YEAR ***

The CPSO does not conduct prior learning assessments. See Third Party Organizations below for information on prior learning assessments as a method of assessment.

ii. Explain how the methodology used to evaluate prior learning is validated, and how often it is validated.

*** SAME AS LAST YEAR ***

The CPSO does not conduct prior learning assessments. See Third Party Organizations below for information on prior learning assessments as a method of assessment.

iii. Explain how work experience is used in the assessment of prior learning.

*** SAME AS LAST YEAR ***

The CPSO does not conduct prior learning assessments. See Third Party Organizations below for information on prior learning assessments as a method of assessment.

l) If your organization administers examinations:

i. Describe the exam format, scoring method and number of rewrites permitted.

*** SAME AS LAST YEAR ***

The CPSO does not conduct examinations. For information on examinations, see Third-Party Organizations below.

ii. Describe how the exam is tested for validity and reliability. If results are below desired levels, describe how you correct the deficiencies.

*** SAME AS LAST YEAR ***

The CPSO does not conduct examinations. For information on examinations, see Third-Party Organizations below.

iii. State how often exam questions are updated and the process for doing so.

*** SAME AS LAST YEAR ***

The CPSO does not conduct examinations. For information on examinations, see Third-Party Organizations below.

Please identify and explain the changes in your registration practices relevant to this section that

occurred during the reporting year.

In 2012 the College approved an evaluation methodology of its Registration Policies and Pathways. The aim of the evaluation is to determine whether there are any differences in performance of members based on their route to registration in Ontario. This evaluation will take place over a 3 year period.

[BACK TO INDEX](#)

Third-Party Organizations (9 / 13)

a) List any third-party organizations (such as language testers, credential assessors or examiners) relied upon by your organization to make assessment decisions.

*** SAME AS LAST YEAR ***

The CPSO's primary third-party organizations, from the standpoint of assessment and examination of applicants, are as follows:

- Medical Council of Canada (MCC). The MCC is a national body offering broad-based medical evaluating and qualifying examinations that are recognized and required for licensure in Ontario and throughout Canada.
- College of Family Physicians of Canada (CFPC). The CFPC is the national examining, certifying and training program accrediting body for family physicians in Canada.
- Royal College of Physicians and Surgeons of Canada (RCPSC). The RCPSC is the national examining, certifying and training program accrediting body for medical specialists in Canada.
- Centre for the Evaluation of Health Professionals Educated Abroad (CEHPEA). CEHPEA is an organization funded by the Ontario Ministry of Health and Long-Term Care and provides assessments and examinations for international medical graduates seeking entry to a family medicine or specialty residency program in Ontario.

The CPSO's third-parties are separate and independent from the CPSO, each having a distinct role to play in the medical licensure system, but they are also our partners and stakeholders with whom we consult, collaborate and engage in continuing dialogue.

The roles played by CaRMs (the Canadian Resident Matching Service) and HFO (HealthForceOntario) and PCRC (the Physician Credentials Registry of Canada) should also be noted. While these are not third-party assessment bodies from the standpoint of s. 22.4(2) of the RHPA Code (i.e. third-party organizations relied on by the CPSO to assess qualifications), they play an important informational, coordinating or supporting role in the larger registration landscape. Many applicants will come into contact with one or both of these organizations prior to applying to CPSO. For more information on their specific roles, refer to section 1(l) above.

b) Explain what measures your organization takes to ensure that any third-party organization that it

relies upon to make an assessment:

i. provides information about assessment practices to applicants

*** SAME AS LAST YEAR ***

The CPSO is required under the Regulated Health Professions Act to take reasonable measures to ensure that its third-party organizations involved in assessing qualifications do so in a way that is transparent, objective, impartial and fair.

With respect to information about their assessment practices, the CPSO is assured that all of its third-party organizations provide ample information of this nature and do so in an open and transparent manner.

We gain this assurance through our many regular staff-to-staff contacts with these third-party organizations. The CPSO also has official high-level representation in them, either directly or through the Federation of Medical Regulatory Authorities of Canada (FMRAC). The MCC's governing body is composed of the Registrars from the provincial licensing authorities, including the CPSO. At the RCPSC and CFPC, the CPSO is represented by FMRAC. At CEHPEA, the CPSO is a member of CEHPEA's governing body.

Through these channels, the CPSO has extensive knowledge of the assessment processes used by its primary third-party organizations, and is assured of their impartiality, objectivity, transparency and fairness. Their examinations include fundamental elements of fairness such as standardized formats, reliance on experts for exam content, pre-testing for validity, reliability and freedom from bias, option for re-writes, access to score results and profiles, exam guides and samples, and variety in exam format (multiple-choice, short answer written questions, and objective structured clinical and oral exams (OSCEs and SOEs).

ii. utilizes current and accurate information about qualifications from outside Canada

*** SAME AS LAST YEAR ***

The CPSO is assured that our third-party organizations utilize current and accurate information about qualifications from outside Canada. We gain this assurance through our many contacts and discussions with staff at each third-party organization, by our review of our third-party website content, and by the initiatives our third parties have undertaken to study overseas medical training systems and explore ways they might be recognized.

iii. provides timely decisions, responses and reasons to applicants

*** SAME AS LAST YEAR ***

The CPSO is assured that our third-party organizations provide timely decisions, responses and reasons to applicants. We gain this assurance through our many contacts and discussions with staff at each third-party organization, by the comments we receive from individuals who have previously applied to our third parties, by the regularity and reliability of examination results that we receive from our third parties, and by the published formal policies our third parties have for communicating decisions to applicants.

iv. provides training to individuals assessing qualifications

*** SAME AS LAST YEAR ***

The CPSO is assured that our third-party organizations provide training to individuals assessing qualifications. We gain this assurance through our many contacts with staff at each third-party organization and our knowledge of their staff expertise.

v. provides access to records related to the assessment to applicants

*** SAME AS LAST YEAR ***

The CPSO is assured that all of its third-party organizations provide reasonable access to applicants to records related to their assessment. Each third party provides feedback to applicants on the assessment results and offers an appeal process.

vi. accommodates applicants with special needs, such as visual impairment

*** SAME AS LAST YEAR ***

The CPSO is assured that all of its third-party organizations provide accommodations to applicants with special needs. The websites of the MCC, CFPC and RCPSC contain information acknowledging applicants with special needs and the availability of accommodations for them.

c) If your organization relies on a third party to conduct credential assessments:

i. Explain how the third party determines the level (e.g., baccalaureate, master's, Ph.D.) of the credential presented for assessment.

*** SAME AS LAST YEAR ***

In the assessment processes of the CPSO's third parties, there is no determination of "level" of credential, such as exists in the assessment process of other professions. As with CPSO, a key credential for the third-parties is the degree in medicine, and the criteria and process to determine its acceptability are similar to the CPSO's. The medical degree document and transcript must clearly indicate a degree in medicine.

ii. Describe the criteria that are applied to determine equivalency.

*** SAME AS LAST YEAR ***

CPSO's third-party organizations do not routinely undertake degree equivalency assessments. Nor do the third parties engage in routine equivalency assessments for the other credentials they require for eligibility to take their examinations. These credentials are specific and apply to all applicants. There is no regular process and no set criteria for determining equivalency of other qualifications.

iii. Explain how work experience is taken into account.

*** SAME AS LAST YEAR ***

Generally speaking, work experience by itself does not factor into assessment of credentials by the CPSO's third parties. As noted above, the required credentials consist mainly of specific academic qualifications (such as a degree in medicine) and completion of recognized postgraduate medical training programs.

However, one notable example where work experience figures as a distinct credential is in the CFPC's "practice eligibility" option for entry to its certification examination. Briefly, this option recognizes family medicine practice experience (minimum five years including at least two years in Canada), in combination with acceptable residency training in family medicine (minimum one year), as key criteria for exam eligibility.

d) If your organization relies on a third party to conduct competency assessments:

i. Describe the methodology used to evaluate competency.

*** SAME AS LAST YEAR ***

The CPSO's third-party organizations do not engage in competency assessments as defined by the Office of the Fairness Commissioner, i.e. relying on direct observation of skills, knowledge and/or abilities to determine if an individual has achieved a competency standard. Our third parties evaluate competency primarily through examinations and, to a lesser extent, through prior learning assessment.

The RCPSC and CFPC are responsible for accrediting all Canadian residency training programs. In this respect they play a key role in shaping methodology used to evaluate competency in the postgraduate medical education system in this country.

ii. Explain how the methodology used to evaluate competency is validated, and how often it is validated.

*** SAME AS LAST YEAR ***

See 9d(i) above.

iii. Explain how work experience is used in the assessment of competency.

*** SAME AS LAST YEAR ***

See 9d(i) above.

e) If your organization relies on a third party to conduct prior learning assessments:

i. Describe the methodology used to evaluate prior learning.

*** SAME AS LAST YEAR ***

"Prior learning assessment," as defined by Office of the Fairness Commissioner, refers to the assessment of skills and knowledge obtained through past formal or informal learning. It is distinct from competency assessment or assessment by examination, the latter of the two being the primary approach used by our third parties. None of the CPSO's third-party organizations utilize prior learning assessments as their major method of assessment, but the RCPSC incorporates some prior learning assessment in connection with certain of IMG assessments.

For example, the RCPSC considers its programs for "Individual Competency Assessments" and "Practice Ready Assessment" to involve an element of prior learning assessment. Essentially, these programs give advanced standing into an RCPSC residency and access to the RCPSC examination on the strength of applicants' past training and specialty qualifications overseas, coupled with their performance in a screening and evaluation process.

ii. Explain how the methodology used to evaluate prior learning is validated, and how often it is validated.

*** SAME AS LAST YEAR ***

As explained in 9(e)(i), prior learning assessment is not the usual means by which the CPSO's third-party organizations conduct their assessments. To the extent prior learning assessment methods are used, validation of methods would occur in the context of validating the objectives and results of the program, such as RCPSC's "Practice Ready Assessment." Applicant feedback, the nature of applicant appeals, evaluation of actual performance in the program, stakeholder input on program objectives and program effectiveness, and ongoing quality enhancements would all form the basis for validation of the program.

iii. Explain how work experience is used in the assessment of prior learning.

*** SAME AS LAST YEAR ***

This question generally does not apply to the CPSO's third-party organizations. To the extent that prior learning assessment is employed, it focuses on past completion of formal postgraduate residency training

programs and content of these programs.

f) If your organization relies on a third party to administer examinations:

i. Describe the exam format, scoring method and number of rewrites permitted.

*** SAME AS LAST YEAR ***

Numerous exams are administered by the CPSO's third-party organizations. The use of examinations is the primary means by which the third parties assess knowledge, skills and competence of CPSO applicants. The following are the examinations regularly administered by the CPSO's third parties:

MCC -- Evaluating Examination (MCCEE), Qualifying Examination Part 1 (MCCQE 1), Qualifying Examination Part 2 (MCCQE 2);

CFPC -- Certification Examination in Family Medicine, Examination of Special Competence in Emergency Medicine;

RCPSC -- Certification Examination (consisting of separate written and oral parts) in each of the RCPSC's sixty-one recognized specialties;

CEHPEA -- Comprehensive Clinical Examination (CE1)

Exam format includes including multiple-choice questions, short answer written questions, objective structured clinical examinations(OSCEs), and structured oral examinations (SOEs).

Scoring methods use primarily a pass/fail approach supplemented by a detailed component score profile. The nature of these score profiles vary across the different examinations, but in general they show particular components passed/failed, numerical scores, cohort mean scores, and applicant's score relative to mean score.

The number of re-writes permitted depends on the examination. Some allow an unlimited number of re-writes (MCC and CEHPEA exams) while others allow a limited number of re-writes. The RCPSC, for example, allows up to three attempts at its oral examination.

The role of the MCCEE is of particular relevance for IMGs who are contemplating Ontario (or elsewhere in Canada) as their future home and place of practice. The MCCEE represents the first concrete step they must take in that direction. It is one of the basic, common requirements that IMGs must complete to apply for a residency position and qualify for an Educational licence. It is a four-hour computer-based examination offered in both English and French at more than 500 centers in 73 countries worldwide. It provides a general assessment of the candidate's basic medical knowledge in the principal disciplines of medicine. It is also designed to assess the skills and knowledge commensurate of an IMG entering the first year of residency training in Canada.

ii. Describe how the exam is tested for validity and reliability. If results are below desired levels, describe how you correct the deficiencies.

*** SAME AS LAST YEAR ***

The tests used by CPSO third-parties to ensure reliability and validity of their examinations include extensive

psychometric testing; review, analysis and updating of existing content by recognized experts in each medical field; pre-testing of exam questions; conformity with existing "blueprints" for exam content; evaluation of content by internal exam committees; oversight and auditing by exam boards independent of the internal exam development group.

Examples of methods used to prevent or correct anomalous results include pre-testing of individual questions and modifying them as necessary. In the case of actual results on an entire section of an exam being universally lower than expected, results are adjusted upwards.

iii. State how often exam questions are updated and the process for doing so.

*** SAME AS LAST YEAR ***

All third parties update their questions frequently. Brand new questions are introduced each year, and in the case of the oral examinations, the entire question set might be replaced each year. If questions are to be re-used they are not used in successive years or are revised before being re-used. Questions are also updated to reflect developments in the discipline and the overall objectives of the examination.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

Stakeholder conferences were introduced in 2012 for 3rd party organizations to share new processes and procedures, to ensure continuity of information and communications and to exchange applicant feedback of our perspective programs. The result of the HFO learning day was the creation of FAQ's for supervision and assessment.

[BACK TO INDEX](#)

Training (10 / 13)

a) Describe the training that your organization provides to:

i. individuals who assess qualifications

*** SAME AS LAST YEAR ***

The Credentials Section is the area within the CPSO's Registration Department that conducts the primary assessment of qualifications. The unit is staffed by eight assessors, all of whom go through in-depth and lengthy training. The training process is multi-faceted and involves all members of the Credentials Section, including the supervisor. The Manager of the Registration Department also provides instruction, guidance and insight throughout the process.

For new employees, training advances in stages, beginning with study of all material related to CPSO credentialing and registration. This includes the registration regulations and policies, application requirements and other reference and resource material. This knowledge acquisition phase is followed by one-on-one practical training provided by other assessors and the section supervisor. It includes instruction and review of how applications are credentialed and processed from point of arrival to issuance of the certificate of registration. Once the new assessor has acquired a fundamental knowledge base and received practical instruction, he or she assumes a small caseload of applications and then gradually progresses to a full share of work. This hands-on phase involves extensive feedback from the supervisor. The overall duration of training is approximately one year.

ii. individuals who make registration decisions

*** SAME AS LAST YEAR ***

In reviewing applications, assessors make judgements along the way in determining compliance with the regulations and ensuring appropriate documentation is collected to satisfy the regulatory requirements. All staff involved in making registration decisions undertake appropriate training to enhance judgement and analytical skills, to increase awareness of fair and unbiased assessments, to make use of best registration practices, and, above all, to ensure that registration decisions accord with the CPSO's regulatory and credentialing requirements. Decisions on registration applications are subject to an internal triple-check process with the Credentials Section that reinforces training and learning.

iii. individuals who make internal review or appeal decisions

*** SAME AS LAST YEAR ***

The College continually provides training to Council members. Every year, the Council hosts a one-day orientation session for Council members, where members are given general information about the role of the College, mandate of the various committees, and other relevant issues such as the importance of recognizing and declaring any conflict of interest.

New members appointed to the Registration Committee are given a package of written material that provides an overview of the registration process, all relevant legislation, and all registration policies and information about the key third party organizations. Additionally, staff holds a training session for all new members to review the material and analyze some case examples.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

In 2012 the training of every role within the Applications Department from Administrator, Inquiries Advisor, Assessor and Coordinator is enhanced, comprehensive and hands on.

Step one: understand 'what is required to be a doctor in Ontario'. This is newly administered by a

College Medical Advisor.

Step two: understand “what are our policies and regulations”. Staff receives an overview by the Manager of the department on the various classes and policies and supporting schedules with a brief overview of the Registration System and Doctor Search. The supervisor reviews the Regulation and policies in more detail with newly created training manuals.

Step three: understand “what is a complete application:” Registration Analyst is paired with new staff to review all requirements and applications and administers a final exercise of building an application in good order.

Step four: “understanding the applicant” All staff is expected to do a rotation within Inquiries to hear what the nature of applicant queries.

Step five: “understanding your role” All staff are paired with "a mentor" to do one on one training with live cases and are assigned individual cases based on Certificate Type within the first month. Long term classes and cases are seen as progressing in difficulty, all work is under the 3 tier quality review for sign off.

Step six: “understanding the process” All staff attend a registration committee meeting to understand the full process while individuals are selected for outreach events.

[BACK TO INDEX](#)

Agreements on the Recognition of Qualifications (11 / 13)

Examples of agreements on the recognition of professional qualifications include mutual recognition, reciprocity and labour mobility agreements. Such agreements may be national or international, between regulatory bodies, associations or jurisdictions.

a) List any agreements on the recognition of qualifications that were in place during the reporting period.

*** SAME AS LAST YEAR ***

In 2009, in connection with the Agreement on Internal Trade (AIT), the Federation of Medical Regulatory Authorities of Canada (which consists of the CPSO and other provincial and territorial medical regulatory authorities) began development on a new national registration standards agreement covering full licensure and provisional licensure.

Entitled the "FMRAC Agreement on National Standards, " it supersedes FMRAC's earlier 2001 agreement, and will ensure greater uniformity of registration standards and promotion of physician labour mobility. The Agreement accords with the requirements set out in the labour mobility chapter (chapter 7) of the AIT. In 2010, the College's Council approved the Full licensure standard within the FMRAC Agreement. FMRAC continues to refine the standards within the Agreement for provisional licensure.

Also, in 2010 MCC and FMRAC (with explicit agreement and support from each MRA) started development of a common application form to be used by registration applicants across Canada. Applicants will access the form and complete it online through a national portal based at PCRC. Representatives from CPSO are part of the technical development and steering groups.

b) Explain the impact of these agreements on the registration process or on applicants for registration.

*** SAME AS LAST YEAR ***

The 2009 FMRAC Agreement recognizes and affirms the specific postgraduate medical qualifications for full licensure (namely, LMCC and certification by the RCPSC or CFPC) as the means by which inter-provincial mobility of fully-licensed Canadian physicians is assured. These qualifications are held by the majority of practising Canadian physicians, and the 2009 Agreement assures their portability for licensure purposes across Canada.

The Agreement also specifies as part of the licensure standard the requirement for an undergraduate medical degree. The standard accepts degrees from medical schools listed either in the WHO World Directory of Medical Schools or in the FAIMER International Medical Directory.

Physicians who meet the standard and apply to the CPSO must complete the usual credentialing requirements and follow the usual processing timelines, but they can submit their applications with full assurance that their qualifications will be recognized.

Piloting of the national application form for registration is expected to begin in 2013. It will be an online form that will automatically populate with credentials data drawn from the PCRC repository and be transmitted to the province where the applicant intends to apply. It is expected to reduce redundancy for applicants by having them complete just one basic form that can be used across Canada and also reduce duplication among MRAs in their credentialing of applicants' basic credentials. The College intends to continue its support and participation in development of the national application.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

See the Changes part at the bottom of Section 1 in this report for developments in 2011 relating to AIT and the FMRAC Agreement on national standards for full and provisional licensure.

No Change in 2012

[BACK TO INDEX](#)

Languages in which application information materials are available

a) Indicate the languages in which application information materials were available in the reporting year.

Language	Yes/No
English	Yes
French	No
Other (please specify)	French telephone service available

Paid staff employed by your organization

b) In the table below, enter the number of paid staff employed by your organization in the categories shown, on December 31 of the reporting year.

When providing information for each of the categories in this section, you may want to use decimals if you count your staff using half units. For example, 1 full-time employee and 1 part-time employee might be equivalent to 1.5 employees.

You can enter decimals to the tenths position only. For example, you can enter 1.5 or 7.5 but not 1.55 or 7.52.

Category	Staff
Total staff employed by the regulatory body	332
Staff involved in appeals process	7
Staff involved in registration process	25

Countries where internationally educated applicants were initially trained

c) In the following table, enter the top source countries where your applicants¹ were originally trained in the profession (**excluding** Canada), along with the number of applicants from each of these source countries.

Enter the country names in descending order. (That is, enter the source country for the greatest number of your applicants in the top row, the source country for the second greatest number in the second row, etc.)

Use the dropdown menu provided in each row to select the country.

Note that only one country can be reported in each row. If two or more countries are tied, enter the information for these tied countries in separate rows.

Country of training (Canada excluded)	Number of applicants in the reporting year
S Arabia	167
India	155
U.K.	132
Ireland	123
U.S.	104
Australia	75
Pakistan	74
Egypt	67
Netherlands Antilles	55
Poland	47

¹Persons who have applied to start the process for entry to the profession.
Select "n/a" from the drop-down list if you do not track this information. Enter "0" in a "Number of applicants" field if you track the information, but the correct value is zero.

Jurisdiction where members were initially trained

d) Indicate where your members² were initially trained in the profession (use only whole numbers; do not enter commas or decimals).

The numbers to be reported in the **Members** row are the numbers on December 31st of the reporting year. For example, if you are reporting registration practices for the calendar year 2009, you should report the numbers of members in the different categories on December 31st of 2009.

	Jurisdiction where members were initially trained in the profession (before they were granted use of the protected title or professional designation in Ontario)					
	Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
Members on December 31st of the reporting year	20048	6735	493	10408	0	37684

² Persons who are currently able to use the protected title or professional designation of the profession.

Enter "n/a" if you do not track this information. Enter "0" if you track the information, but the correct value is zero.

Additional comments:

Notes:

Table A: Although the CPSO does not offer French language versions of its regular application forms, we do offer French language service upon request.

Table C: Figures in this table reflect applicants actually registered in 2012. It does not include applicants withdrawn or still in process at year end. Note also that the figures in this table represent total applicants under all registration classes.

Applications your organization processed in the past year

e) State the number of applications your organization processed in the reporting year (use only whole numbers; do not enter commas or decimals).

from January 1 st to December 31 st of the reporting year	Jurisdiction where applicants were initially trained in the profession (before they were granted use of the protected title or professional designation in Ontario)					
	Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
New applications received	1546	822	104	1677	0	4149
Applicants actively pursuing licensing (applicants who had some contact with your organization in the reporting year)	1600	850	110	1750	0	4310
Inactive applicants (applicants who had no contact with your organization in the reporting year)	20	5	5	40	0	70
Applicants who met all requirements and were authorized to become members but did not become members	n/a	n/a	n/a	n/a	n/a	0
Applicants who became						

FULLY registered members	1546	822	104	1677	0	4149
Applicants who were authorized to receive an alternative class of licence³ but were not issued a licence	0	0	0	0	0	0
Applicants who were issued an alternative class of licence³	892	527	88	1279	0	2786

³ An alternative class of licence enables its holder to practise with limitations, but additional registration requirements must be met in order for the member to be fully licenced. Please list and describe below the alternative classes of licence that your organization grants, such as student, intern, associate, provisional or temporary.

Enter "n/a" if you do not track this information. Enter "0" if you track the information, but the correct value is zero.

Additional comments:

Table (e):

The counts provided for "New Applications Received" includes only those new applications in 2012 that resulted in issuance of a certificate of registration.

The counts provided for "Applicants Actively Pursuing Licensure" combines all the new issuances in 2012 plus estimates of the remaining number of applications submitted in 2011 that were still in process at 2012 year end.

The counts provided for "Applicants who became Fully Registered Members" includes only those new applications in 2012 that resulted in issuance of a certificate of registration and therefore the counts here are the same as those in "New Applications Received."

The counts for "Applicants who were authorized to receive an alternative class of licence but were not issued a licence" are recorded as zero. The CPSO does not officially track these numbers, but the actual numbers, if any, would be negligible (i.e. less than 25 in total.)

For "Applicants who were issued an alternative class of licence" we are including Postgraduate Education, Restricted, Academic Practice, Academic Visitor and Short Duration as our alternative classes. We are excluding the Independent Practice class.

	Class of licence	Description
		<div style="border: 1px solid black; padding: 5px;"> <p>This is the class of certificate held by 81% of</p> </div>

a)	Independent Practice	<p>College members. It is the equivalent of the "full licence" in other provinces. It is issued to those who meet the standard for independent practice in Ontario. It permits the holder to practise in the areas of medicine in which the holder is educated and experienced. Beyond this standard term, it carries no other terms, conditions and limitations.</p>
b)	Postgraduate Education	<p>This class of certificate is issued only to physicians formally enrolled as a postgraduate medical trainee (e.g. medical residents, clinical fellows or electives) at an Ontario medical school. Holders may practise only within their postgraduate training appointment and may not charge fees for services. The certificate expires when the trainee ceases enrollment in the training program.</p>
c)	Restricted	<p>This class of certificate carries specified terms, conditions and limitations as ordered by a CPSO committee.</p> <p>Applicants approved by the Registration Committee, including those approved under registration policies, may result in issuance of a Restricted certificate with terms, conditions and limitations imposed by the Registration Committee.</p> <p>Note: A person cannot apply directly for a Restricted certificate. Instead, the person must apply for one of the other classes (e.g. Independent Practice). If the person does not meet the qualifications for that class, his or her application is referred to the Registration Committee. If the Registration Committee approves issuance of a certificate of registration and imposes specified terms and conditions on the certificate, it automatically becomes a Restricted certificate.</p>

d)	Academic Practice	<p>This class of certificate is issued only to academic physicians holding a professorial clinical appointment at a medical school in Ontario. Holders of this class of certificate are limited to practising to the extent of the requirements of their academic appointment.</p>
e)	Academic Visitor	<p>This class of certificate is issued only to visiting academic physicians from medical schools outside Ontario who have short-term clinical or teaching appointments at Ontario medical schools. The certificate automatically expires after twelve months.</p>
f)	Supervised Short Duration	<p>This class of certificate is issued for a maximum 30-day term, and only for appointments requiring emergency care or to provide a brief educational program or clinical demonstration to Ontario physicians. The short duration appointment must be based at Ontario medical school or public hospital. The certificate holder must practice under the supervision of an Ontario physician holding an Independent Practice certificate</p>
g)		<input data-bbox="824 1444 1489 1509" type="text"/>
h)		<input data-bbox="824 1608 1489 1673" type="text"/>
i)		<input data-bbox="824 1772 1489 1837" type="text"/>

j)

Reviews and appeals your organization processed in the past year

f) State the number of reviews and appeals your organization processed in the reporting year (use only whole numbers; do not enter commas or decimals).

from January 1 st to December 31 st of the reporting year	Jurisdiction where applicants were initially trained in the profession (before they were granted use of the protected title or professional designation in Ontario)					
	Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
Applications that were subject to an internal review or that were referred to a statutory committee of your governing council, such as a Registration Committee	150	75	25	727	0	977
Applicants who initiated an appeal of a registration decision	0	0	0	2	0	2
Appeals heard	0	0	0	1	0	1
Registration decisions changed following an appeal	0	0	0	1	0	1

Enter "n/a" if you do not track this information. Enter "0" if you track the information, but the correct value is zero.

Additional comments:

Table F:

The counts provided in the first row refer to decisions made by the CPSO's Registration Committee in 2012. The counts in the second row refer to the number of applicants who initiated an appeal from the Registration Committee decision to HPARB in 2012, including any appeals initiated in 2012 relating to decisions made in late 2011. The counts in the third row refer specifically to hearings by HPARB in 2012 and do not include reviews by HPARB.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

In 2012, the CPSO's total issuance of certificates of registration of 4149 (see Table E) was another annual record, and marked the fifteenth straight year of increasing annual issuance.

Furthermore, the total number of certificates issued to IMGs in 2012 (1677) was the highest ever annual issuance for this group.

In 2012 the approval of regulation amendment for CPSO's registration regulations to explicitly incorporate the labour mobility provisions in the RHPA passed

[BACK TO INDEX](#)

Certification (13 / 13)

I hereby certify that:

- i. I have reviewed the information submitted in this Fair Registration Practices Report (the "Report").
- ii. To the best of my knowledge:
 - all information required to be provided in the Report is included; and
 - the information contained in the Report is accurate.

Name of individual with authority to sign on behalf of the organization: Mr. Dan Faulkner

Title: Deputy Registrar

Date: Friday, March 1, 2013

[BACK TO INDEX](#)