

# National Harmonization of the Registration Requirements for Physicians

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Presenting on behalf of FMRAC**



**College of Physicians and Surgeons of Ontario**  
**QUALITY PROFESSIONALS | HEALTHY SYSTEM | PUBLIC TRUST**

# Who is my audience?

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- Physician recruitment specialists
  - Government?
  - Other health professions?
- Employed or retained by private and government entities
- Physicians recruited for clinical practice in any practice location:
  - Hospitals
  - Clinics
  - Regional health authorities
- Any other participants?



# Objectives

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- Overview of current situation
- National licensure standards
- Pros and cons of mobility and national standards
- What are your objectives?



# Objectives

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- Overview of current situation





*And remains safe for patients!*

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# Fundamental premise

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- Regulators are about the public interest
- Regulators set registration requirements
- Regulators support physician mobility



# Challenges in medical licensure

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- Current mobility in Canada ...
- A doctor is a doctor is a doctor ...
- A province is a province is a province (or a territory) ...



# European Union headlines

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Daily Mail (London, UK) *Terrifyingly inept foreign doctors are a symptom of a sickness in the NHS - not the cause* (Mar 18 2010)

Daily Mail (London, UK) *Fears over number of untested EU doctors [Scot Region]* (Mar 18 2010)

The Journal (Newcastle-Upon-Tyne, UK) *Safeguards are needed* (Feb 5 2010)

The Vancouver Sun (Vancouver, BC) *German doctor's fatal drug overdose killed British patient: Inquest* (Feb 4 2010)

Daily Mail (London, UK) *I have no interest in this at all ; As inquest opens, callous words of foreign doctor who killed his patient with a huge overdose* (Jan 15 2010)



# Imagine for a moment...

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# AIT - key points

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- Since 1994
- Applies to all licenses:
  - *Full license (unrestricted, unconditional)*
  - *Restricted license (restrictions, conditions)*
- Receiving jurisdiction
  - *Must accept*
    - Conduct/character issues can still be considered
  - *Apply equivalent restrictions, conditions (if possible)*
  - *No material re-training, testing, assessment or examination*

# Provincial AIT legislation

Ontario, Manitoba, British Columbia,  
Nova Scotia, Quebec



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# Objectives

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- National licensure standards



# In 2010

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● Trevor Theman



said:

- We've come a long way but we need:
  - Common registration criteria
  - Standards and procedures for assessment
  - Assurance that we will all follow the rules

# In 2011

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● Dan Faulkner



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# Challenges of developing national standards for registration

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# Regulators have agreed

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- Definitions

- Provisional
- Full

- Pathway to full license

- “Canadian” standard, or
- Alternative

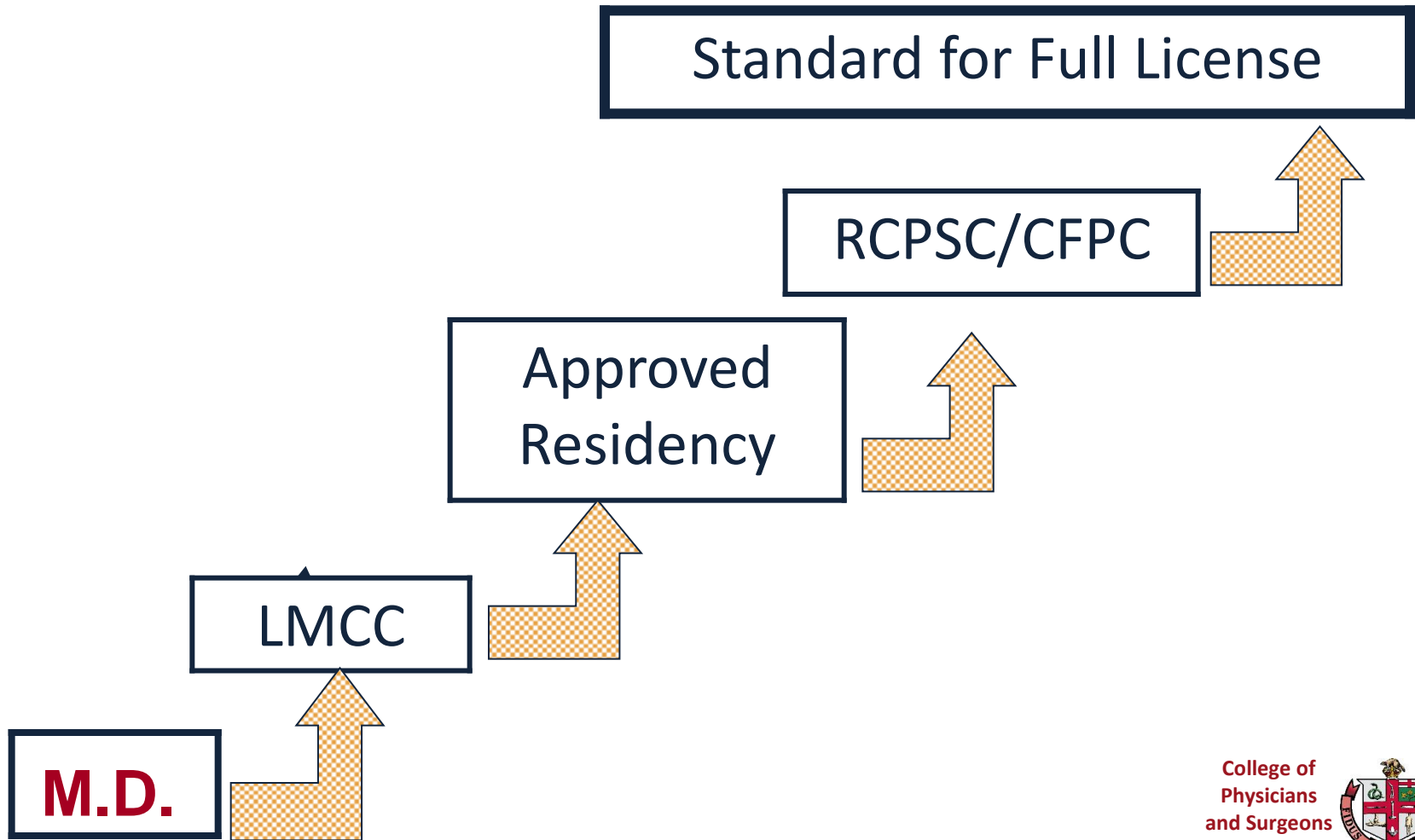
- Baseline qualifications (family medicine, specialists)
- Period of supervised practice
- Summative practice assessment





# Usual pathway to full license

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# General/Family Medicine

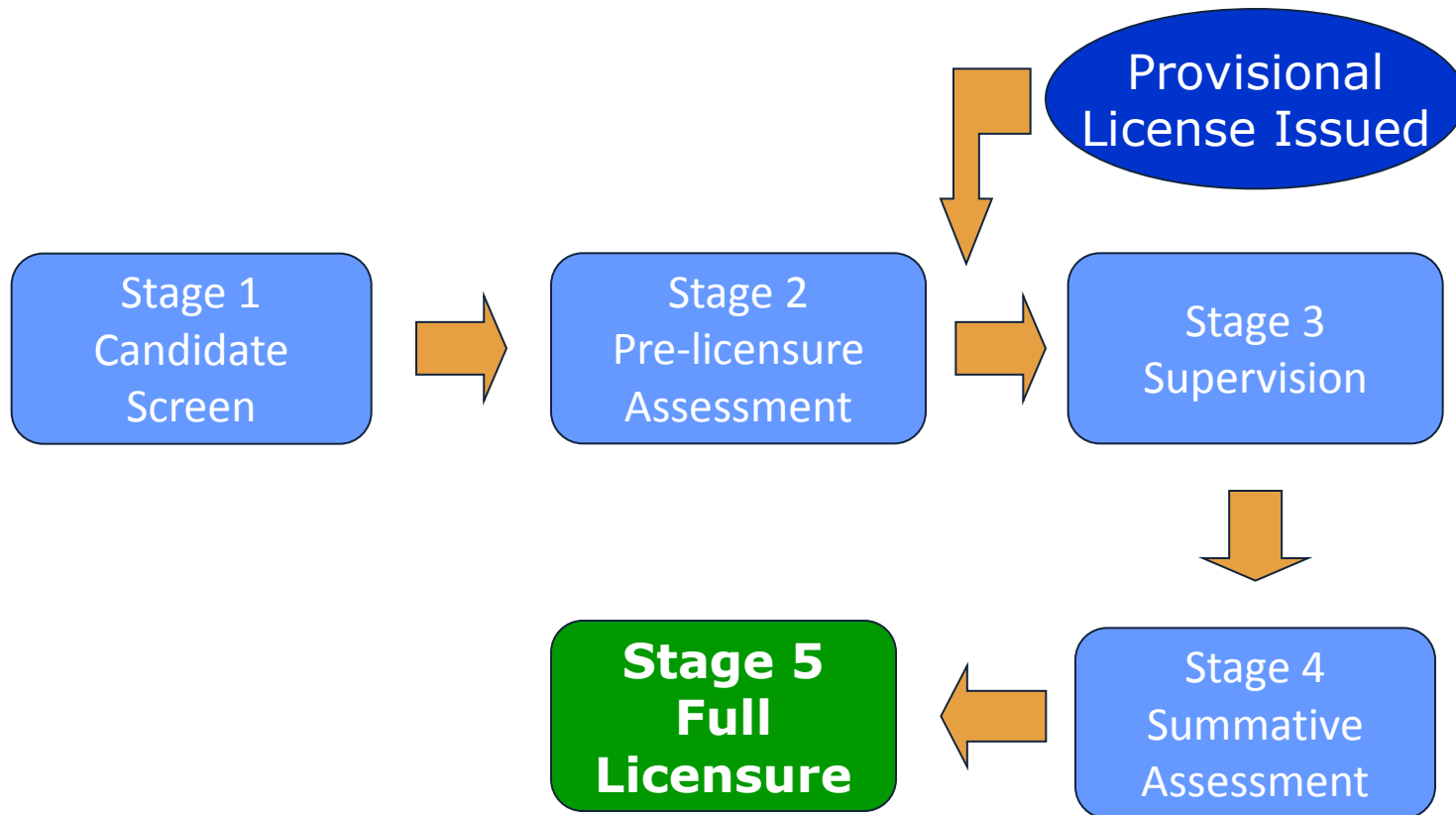
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- 6 jurisdictions have a process to assess and license GP/FP doctors
- Differ in:
  - Intensity of assessment
  - Criteria to enter assessment
  - What happens after assessment?



# Screening & assessing to full licensure

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# Alternative route from provisional to full - *DRAFT*

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- MD or DO/Language/currency/good character
- MCC EE
- Basic qualifications (family medicine)
  - One year discipline-specific postgraduate training & 3 years discipline-specific time in independent practice OR
  - Satisfactory completion of a nationally approved two-year discipline appropriate postgraduate training program, with certification of completion of the training and registration as a family physician within the jurisdiction of training OR
  - Completion of postgraduate program recognized by CFPC (but not certified)
- Pre-practice assessment in Canada

# Pre-practice assessment - *DRAFT*

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- Standardized Assessment
  - Stations (OSCE)
  - Therapeutics
- In-practice Clinical Assessment
  - Observation, records, 360, mini-CEX, etc.
- Is physician capable of entering practice?
- If so, provisional license issued
  - MRP
  - Practice under supervision



# Supervision in practice - *DRAFT*

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- Standardizing language
- Roles and responsibilities
- Length of supervision
- Qualifications of supervisor
- Training and support
- Tools
- Reporting
- Contracts



# Summative assessment - *DRAFT*

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- Ideally:
  - RCPSC or CFPC assessment for certification
- Summative assessment performed by regulatory authority
- Full license
  - The same standard of competence measured differently

# Progress

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- Screening Criteria
- Pre-practice Assessment
- Supervision
- Summative Assessment





# Objectives

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- Pros and cons of mobility and national standards



# Pros

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- One country - One standard
  - We do it for Canadian trained
- Mobility will be facilitated
- Candidates from abroad have better information
- Fits with other national registration initiatives
  - National application; PCRC, MINC



# Cons

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- Mobility
  - Recruitment & retention
- Lots of stakeholders to coordinate
  - 13 MRAs
  - 3 large, complex national organizations
- Government 'will' is essential
  - Legislation, regulations
- Money



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# In 2011

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● Dan Faulkner



says:

- We've got a good base of agreement and commitment
- It's tough work developing national standards
  - 13 jurisdictions have their own legislation, culture, realities
  - We've been tackling family medicine; now for 64 specialties!
- It's tough work implementing national standards

