

National Trends in Licensing Doctors

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QUALITY PROFESSIONALS | HEALTHY SYSTEM | PUBLIC TRUST

Today's Objectives

- Quick recap from CASPR in Collingwood 2011
- Status report on the following:
 - **Credentials**
 - Pan-Canadian Licensure Standards
 - Application for Medical Registration in Canada
 - **Entry to practice assessment**
 - **Expectations for Supervision**
 - **Summative assessment to full license**
- Implementing national standards
 - **Challenges and opportunities**



In 2010

- Trevor Theman said:

(Registrar, College of Physicians and Surgeons of Alberta)



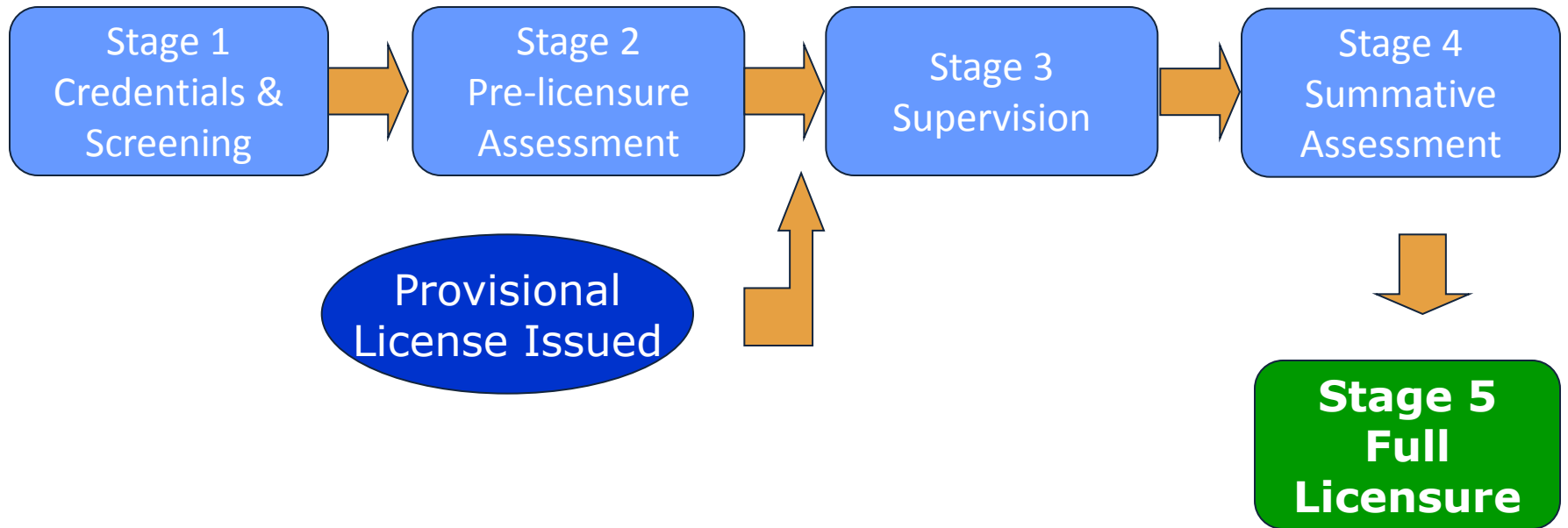
- **We've come a long way but we need:**
 - Common registration criteria
 - Standards and procedures for assessment
 - Assurance that we will all follow the rules

Recap from 2011 in Collingwood

- Medical regulators and physician mobility
 - Patient safety and public interest
- AIT as a driver of national standards
 - Qualifications across Canada differ
 - Provincial legislation of AIT - differences
- Journey to national standards
 - Common entry criteria – full/provisional licenses
 - Pathway from provisional to full
 - Supervision and summative assessment
 - Commitment to provincial/territorial implementation



Screening & assessing to full licensure



Stage 1: Credentials & Screening

- Standards for medical licensure in Canada
 - Federation of Medical Regulatory Authorities of Canada
 - Medical Regulatory Authorities
- Application for Medical Registration in Canada (AMRC)



Why Standards?

- **Trust in rigour and consistency**
- **Acknowledge different ways to meet the standards**



Pre-Screening Criteria

- ❑ Language proficiency
- ❑ Currency of practice
 - ❑ Including time away from practice
- ❑ Good standing / character
- ❑ Fitness to practise / physician health
- ❑ Qualifications
 - ❑ Family/general physician
 - ❑ specialist



Language proficiency

- ***French language proficiency***
 - In accordance with the legislation in Québec (other jurisdictions recognize and accept this process)
- ***English language proficiency testing***
 - Exempt if medical education and patient care experience in a prescribed country with English as first and native language
 - IELTS or TOEFL within last 24 months



Currency of practice

- **Documented evidence - at time of application - of discipline-specific formal training or discipline-specific independent practice within the last three years**
 - Explanations of periods away from training or practice of three months or more



Good standing / character

- **evidence of good character, such as**
 - self-disclosure
 - certificates of professional conduct from each and every jurisdiction in which they held a license
 - letters of reference
 - Other as required by the medical regulatory authority.



Fitness to practise / physician health

- **evidence of fitness to practise (physician health) such as:**
 - self-disclosure
 - certificates of professional conduct from each and every jurisdiction in which they held a license
 - letters of reference
 - other information required by the medical regulatory authority.



Qualifications

GPs / FPs (consensus, albeit in evolution)

Status – consensus

1. MD Degree (WDMS 2000 or IMED) or DO;

and

2. at minimum the MCC Evaluating Exam; preferably the MCC Qualifying Exam Part I;

and

Other specialists (in progress)

Status – work in progress

1. MD Degree (WDMS 2000 or IMED) or DO;

and

2. MCC Evaluating Exam or Qualifying Exam Part I;

and

Qualifications (cont'd)

| GPs / FPs (consensus) | Other specialists (in progress) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>3. a) satisfactory completion of a nationally approved two-year discipline-appropriate postgraduate training program, with certification of satisfactory completion of training and of registration/recognition as a general practitioner/family physician within the jurisdiction;</p> <p>or</p> <p>b) satisfactory completion of a postgraduate training program recognized by the CFPC;</p> <p>or</p> <p>c) Satisfactory completion of at least one year of discipline-specific postgraduate training and three years of discipline-specific time in independent practice outside of Canada;</p> <p><i>and</i></p> | <p>3. a) satisfactory completion of at least 4 years of discipline-specific postgraduate training in a program accredited by a national postgraduate training authority;</p> <p>and</p> <p>(b) a verifiable document of completion of specialist training by the national postgraduate training authority, referred to above;</p> <p>or</p> <p>If a verifiable document is not issued or available, then has been recognized as a specialist authorized to practice independently in the country where the postgraduate training was completed;</p> <p><i>and</i></p> |

Qualifications (cont'd)

GPs / FPs (consensus)

4. a competency-based, pre-practice assessment in Canada (to be defined by the Working Group on Assessment and Supervision).

Other specialists (in progress)

4. a competency-based, pre-practice assessment in Canada (to be defined by the Working Group on Assessment and Supervision).

Application for Medical Registration in Canada (AMRC)

- **Common application point for Canada**
- **Submit to relevant MRA**
- **Benefits:**
 - Standard questions
 - One application; multiple MRAs
 - Source verification with application
- **Timing**
 - Pilot project Jan/2013



Stage 2: Pre-licensure assessment

- National Assessment Collaboration/ Medical Council of Canada
- FMRAC Assessment & Supervision Working Group



National Assessment Collaboration

- **Standardized assessment for entry to postgraduate training (NAC OSCE)**
- **5 sites in Canada**
- **National standards; regional delivery**
- **Reviewing Practice Ready Assessments**
- **Currently 7 jurisdictions with programs**



Concept of Practice-ready assessment

- **Completed in Canada only**
- **Series of filters (information) to be used together to predict success on the practice-based, clinical assessment**
- **Possible filters:**
 - **Criteria**
 - **Therapeutics/OSCE**
 - **Orientation**
 - **Sponsorship**
- **In-practice assessment (number of weeks)**



Objective of Practice Ready Assessment

- **An assessment designed to determine if an IMG has the requisite competencies to enter unsupervised medical practice (most responsible physician)**



Current Status

- **NAC Central Coordinating Committee**
 - **Commissioned an environmental scan**
 - **Ongoing Dec/11 – Apr/12**
 - **Directions dependent on:**
 - **Buy-in to need**
 - **Building on commonalities**
 - **Funding for development and sustenance**
- **FMRAC Assessment & Supervision Working Group**
 - **8 MRAs, CFPC, MCC, RCPSC**



Stage 3: Supervision

- FMRAC Assessment & Supervision Working Group

Final Document

- *Expectations of Medical Regulatory Authorities for Supervision used for Provisional Licensure Purposes*



Process for development

- **Skeleton of supervision expectations (March – May 2010)**
- **June 2010 FMRAC Annual General Meeting roundtables**
- **June/10 to March/11 production of Expectations document**
- **Draft and survey in April 2011 to MRAs - feasibility and acceptability of recommendations**
- **Received by Registrars in June 2011**
- **Presented to FMRAC: AGM delegates in June 2011**
- **Feedback collated July – October 2011**
- **Endorsed by Registrars October 26**
- **FMRAC seeks Council endorsement from all jurisdictions**
- **Report to FMRAC Forum of Registrars in May 2012.**



Components: Expectations and Best Practices

1. **Roles and responsibilities of the Supervisor**
2. **Length of the period of supervision**
3. **Qualifications / characteristics of the Supervisor**
4. **Training and support of the Supervisor**
5. **Tools for Supervisors**
6. **Number of Supervisors who are involved in submitting official reports of the Candidate**
7. **Reporting mechanisms (eg. content, frequency)**
8. **Arrangements with Supervisor (eg. contracts, remuneration)**



Stage 4: Summative assessment

Purpose

- Final step to achieve full licensure from provisional

Either

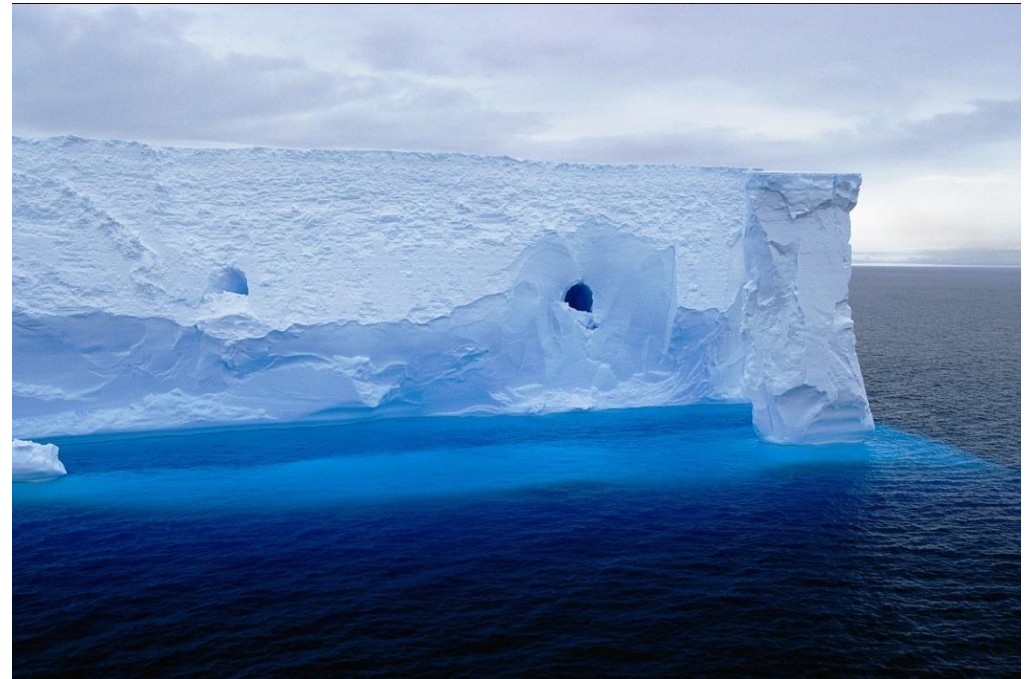
- Achieve the “Canadian qualifications”, or
- Do one of
 - **National certification body (RCPSC, CFPC, CMQ)**
 - Certification exams
 - Practice eligibility route
 - **Medical regulatory authority**
 - Practice-based summative assessment

12 years ago....

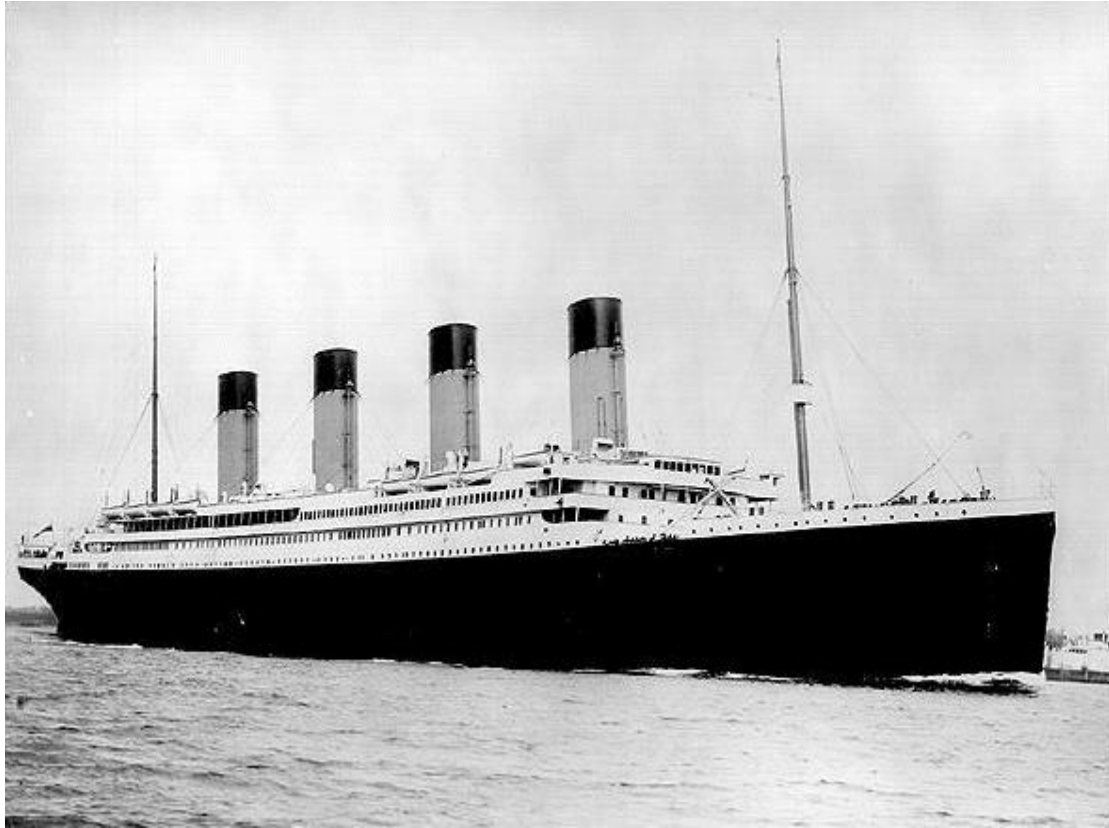
- Independent and dissimilar IMG assessment programs
- Minimal discussion by MRAs about consistency in credentials
- MRA's did own source verification
- “Acceptable” physicians were not always mobile



Changing Course: The RMS Titanic



Avoiding the iceberg is possible. Steering the Titanic, early warning, speed, construction, lifeboats and more were all factors. We have agreed not to navigate in the dark.



Implementation & Next Steps

- Complete and keep fresh pan-Cdn agreement
- Provincial/territorial implementation
 - Capacity
 - Funds
 - New laws
- Health human resource planning
- IMG expectations (immigration)



The Titanic Orchestra

