

# Standards for Medical Registration in Canada

*Is the medical profession in compliance with the Agreement on Internal Trade?*

## *Presentation to CASPR*



Federation of  
Medical Regulatory  
Authorities of Canada

Fédération des  
ordres des médecins  
du Canada

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# AIT Refresher

- A physician with a full, unrestricted license for independent practice in one Canadian jurisdiction  eligible for licensure in another jurisdiction
- A physician with a provisional license  also eligible if the same conditions and restrictions can be met / imposed in the receiving jurisdiction

# Why pan-Canadian standards?

- Important to apply the same rigor in screening and assessing physicians' qualifications across the country
- important to acknowledge that there will often be more than one way to meet a particular standard

# Other parallel “driver”

## *Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications*

- Fairness
- Transparency
- Timeliness
- consistency

# FMRAC and its Members

*FMRAC Standards for Medical Registration in Canada* were approved in principle by the Registrars in June 2013:

- the bulk of the work has been completed
- this document will continue to evolve as the various jurisdictions (try to) implement the standards
- the FMRAC Registration Working Group is still active

# Full Licensure

## The “Canadian” standard

Physicians applying for the first time to become licensed to practise medicine in a Canadian jurisdiction may achieve full licensure only if they:

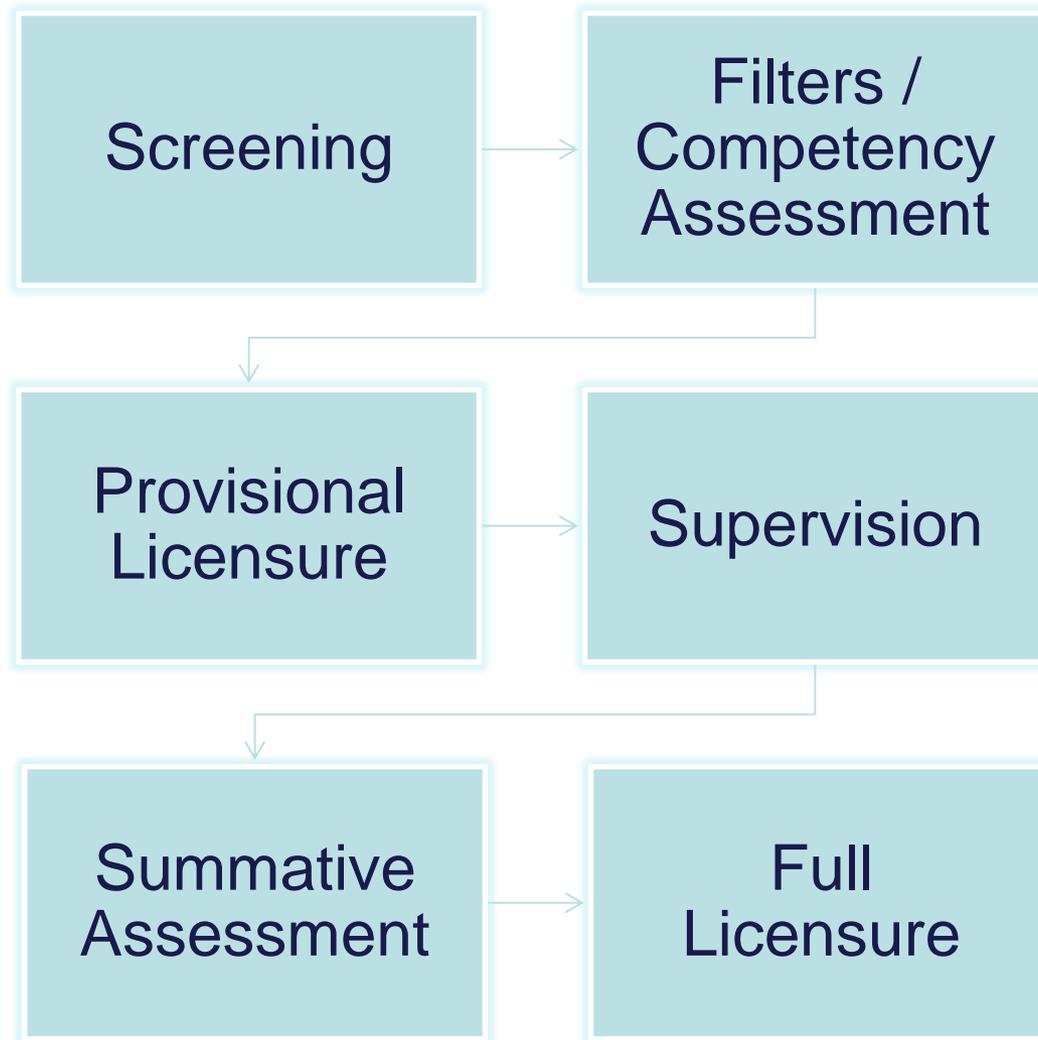
- have an MD degree (on the WHO WDMS or FAIMER IMED list at the time of graduation) or a **Doctor of Osteopathic Medicine** degree from an AOA-accredited school
- are a Licentiate of the Medical Council of Canada
- have satisfactorily completed a discipline-appropriate postgraduate training program in **allopathic** medicine, and evaluation by a recognized authority; and
- have achieved certification by the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada or the *Collège des médecins du Québec*.

# Provisional Licensure

May be achieved by those physicians who do not meet the Canadian Standard. Before a provisional license is issued:

- screening elements
- practice-ready assessment

# Overview of the Framework



# 2 routes for Family / General Practice

*For both routes, candidates need:*

Medical degree

**and**

At minimum, the MCC Evaluating Exam; preferably the MCC Qualifying Exam Part I (\*)

N.B.: this does not apply to physicians with academic appointments who will receive academic licensure

# FPs / GPs (cont.)

## Route 1 - **and**

a) Satisfactory completion of a two-year discipline-appropriate postgraduate training program in general practice or family medicine, with certification of satisfactory completion of training and of registration/recognition as a general practitioner/family physician within the jurisdiction;

**or**

b) Satisfactory completion of at least one year of discipline-specific post graduate training in general practice or family medicine and three years of discipline-specific time in independent practice in general practice or family medicine outside of Canada (a list of minimal practice experience requirements has been developed and approved);

**and**

Satisfactory completion of a competency-based, pre-practice assessment in Canada (developed by NAC-PRA).

# FPs / GPs (cont.)

## Route 2 – **and**

A ruling from the College of Family Physicians of Canada that the candidate is eligible to receive the CCFP designation based on recognized training and certification outside Canada (<http://www.cfpc.ca/RecognizedTraining/>)

# Other Specialists – 2 routes

*For both routes, candidates need:*

Medical degree

**and**

At minimum, the MCC Evaluating Exam; preferably the MCC Qualifying Exam Part I (\*)

N.B.: this does not apply to physicians with academic appointments who will receive academic licensure

# Other Specialists (cont.)

## Route 1 – **and**

(a) Satisfactory completion of at least 4 years of discipline-specific postgraduate training in [insert name of discipline];

**and**

(b) A verifiable document of completion of specialist training in [insert name of discipline] referred to above;

**or**

If a verifiable document is not issued or available, then has been recognized as a specialist authorized to practice independently in [insert name of discipline] in the country where the postgraduate training in [insert name of discipline] was completed;

**and**

Satisfactory completion of a competency-based, pre-practice assessment in Canada (developed by NAC-PRA).

# Other Specialists (cont.)

## Route 2 – and

A ruling from the Royal College of Physicians and Surgeons of Canada that the candidate is eligible to take the RCPSC certification exam based on jurisdiction approved training

([http://www.royalcollege.ca/portal/page/portal/rc/credentials/start/routes/international\\_medical\\_graduates#jurisdiction](http://www.royalcollege.ca/portal/page/portal/rc/credentials/start/routes/international_medical_graduates#jurisdiction)) The Royal College is working on this.

*N.B.: Not uniform acceptance of this approach. Several MRAs have decided to require these physicians to undergo a practice-ready assessment.*

# Academic Licensure - new

An academic license is granted to a physician for the purposes of a full-time academic appointment at a Canadian faculty of medicine:

- it does not require the candidate to undergo the Medical Council of Canada Evaluating Exam, the Medical Council of Canada Qualifying Exam Part I, or a pre-licensure assessment;
- it requires that the candidate hold a full-time academic appointment in a medical school in Canada that is accredited by the Committee on Accreditation of Canadian Medical Schools;
- it requires written confirmation of the full-time academic appointment by a letter from the dean of the faculty of medicine, or his / her designate, or the University Senate (or Senate Committee);
- it is permanently linked with the academic appointment; and
- there may be additional requirements set by the medical regulatory authority in each jurisdiction.

# Pre-screening requirements – can be done / started before coming to Canada

1. Language proficiency (basic vs. for medicine)
2. Currency of practice
  - 2.1 Length of time away from practice
3. Good standing / character
4. Fitness to practise / physician health
5. Credentials verification through the MCC's Physician Credentials Repository

# Language proficiency – for IMGs

***French language proficiency*** as per QC law.

## ***English language proficiency testing***

Exemptions – a second category added:

- 1) medical education and patient care experience in one of the countries with English as a first and native language
- 2) currently in practice or in PGME in a country or jurisdiction where English is a first and native language and they met the FMRAC Language Proficiency Testing standard in order to enter practice or PGME in that country or jurisdiction

# Language proficiency (cont'd)

**All others** – within the last 24 months:

- IELTS academic version: minimum 7.0 in each of the components;
- TOEFL-IBT academic version: minimum of 24 in each of the four components (**with the intention of phasing out use of the TOEFL before 2016**)

## **Where next?**

Language proficiency for the bedside

- ? Occupational English Test (Cambridge English Language Assessment)
- ? Benchmarking the MCC Qualifying Exam Part I (and making it international)

# Language proficiency – for GCMS

## **Permissive under the AIT**

For physicians trained in Canada in English or French, it is important to acknowledge that some provincial and territorial medical regulatory authorities may require language proficiency testing if the language of the candidate's undergraduate or postgraduate medical education is in the other official language than the language of patient care in the receiving jurisdiction.

***DRAFT***

# Currency of practice - updated

Upon submission of the completed application, the candidate must provide documented evidence of having been in discipline-specific formal training or discipline-specific independent practice within the last three years.

N.B.: some jurisdictions will use, or consider using, 5 years for FPs/GPs.

# Length of time away from practice- new

## *For non-medical reasons:*

Explanation for any and all periods of three months or more away from discipline-specific training or practice, for the entire professional life time.

## *For medical reasons:*

Report **any** absence from training or practice (clinical, teaching, research or administration) that resulted from a medical condition that could have (a) a risk of harm to patients, (b) a negative impact on practice, or (c) both. If in doubt about the obligation to report an absence of this nature, the candidate is requested to contact the relevant medical regulatory authority.

# Good character / standing - updated

The candidate must provide evidence of good character through several processes, for example: self-disclosure (best achieved through the application process), certificates of professional conduct from each and every jurisdiction in which they held a license, criminal record checks, letters of reference, and any other information as required by the medical regulatory authority.

*N.B.: a standard letter of reference and referee criteria have been approved.*

# Fitness to practise / physician health

## Updated

The candidate must provide evidence of fitness to practise (physician health) through several processes, for example: self-disclosure, certificates of professional conduct from each and every jurisdiction in which they held a license, letters of reference, and any other information as required by the medical regulatory authority. Processes to demonstrate evidence of fitness to practise include self-disclosure (best achieved through the application process), criminal record checks and letters of reference.

*N.B.: a standard letter of reference and referee criteria have been approved.*

# Credentials verification

- In recognition of the varying amount of time required for source verification of credentials, the candidate will be considered once all the relevant documents have been received for verification by the Medical Council of Canada's Physician Credentials Repository.
- The medical regulatory authority has the right to reverse its decision if verification is not possible, if adverse information is uncovered, or if the candidate withdraws consent to view the document or documents.

# Pre-licensure in-practice, competency-based assessment

- Complex
- Expensive
- Requires significant human resources
- Requires effective partnerships

# National Assessment Collaboration: Practice-Ready Assessment

Initiative under the aegis of the Medical Council of Canada, this involves partnering with organizations in Canada that have expertise in:

- Physician assessment design and delivery (the programs in several provinces)
- Tool development
- Tool validation
- Evaluation of assessment processes

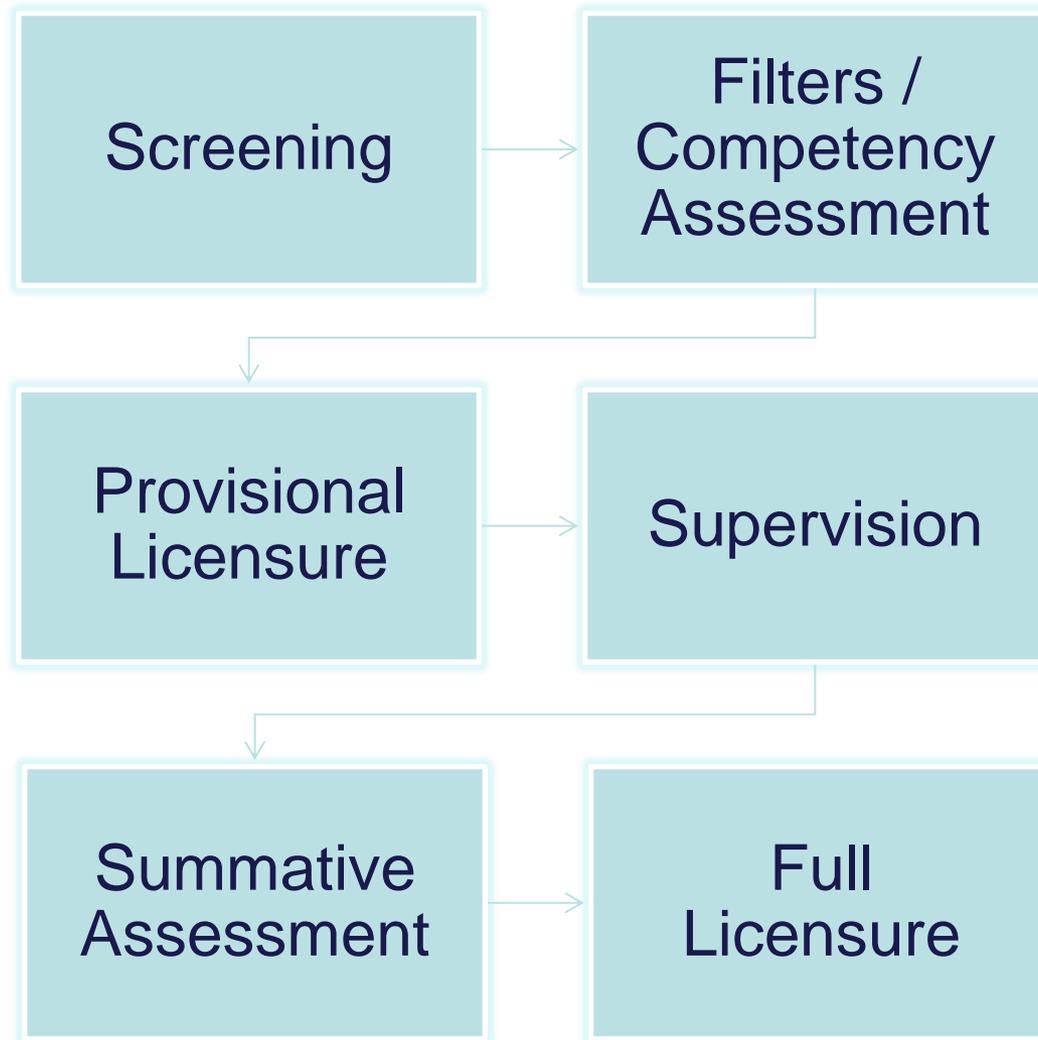
# NAC-PRA (cont.)

FPs / GPs:

<http://mcc.ca/wp-content/uploads/Reports-NAC-PRA-family-medicine-standards.pdf>

Internal Medicine and Psychiatry:  
*underway*

# Overview of the Framework



# Provisional licenses have:

- Restrictions / conditions / limitations
- Requirements for supervision:  
*Expectations of Medical Regulatory Authorities Using Supervision for Provisional Licensure Purposes*

*N.B.: Assessment ≠ Training*  
*Supervision ≠ Mentorship*

# Provisional licenses (cont.)

*Assessment*  $\neq$  *Training*

*Supervision*  $\neq$  *Mentorship*

# Criteria / essential components

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
  - Nature and Content of the Report
  - Frequency of Reports/Management of Report Information
8. Arrangements with the Supervisor
  - Contractual Arrangements
  - Remuneration for the Supervisor

# Provisional → Full licensure (*consensus*)

1. Achieve the Canadian standard.

**or**

2. Satisfactorily complete

- a period of supervised practice in a Canadian jurisdiction

*and*

- a summative practice assessment in a Canadian jurisdiction.

# Summative Assessment

## Option 1-

### **RCPSC or CFPC**

- a) Certification Examination; or
- b) Practice Eligible Route to Certification

## Option 2-

### **Assessment Through MRA Summative Assessment**

*In the hope that this option will disappear after Option 1(b) is fully operational*

# Why is this so important?

Chapter 7 of the federal / provincial / territorial Agreement on Internal Trade says that a physician who has a license with restrictions / conditions / limitations must have mobility if the receiving jurisdiction can accommodate the same restrictions (and all other requirements are met).



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Fédération des  
ordres des médecins  
du Canada

Questions?  
Thank you

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