

Comprehensive Clinical Assessment

This policy has been developed to help physicians without Canadian Certification move to General Registration.

Preamble:

The Registrar of the College has the discretion to authorize a Comprehensive Clinical Assessment of Practice (CCA) for the purpose of ongoing licensure in PEI. Specifically, a physician holding Provisional registration may be eligible to undergo a CCA as a route to General registration. Eligibility for CCA includes holding a Provisional Registration (or equivalent) for 3 years in a Canadian Province and has had at least one attempt at writing the Canadian Certification exams. Canadian medical graduates are expected to obtain their Canadian Certification.

The Comprehensive Clinical Assessment Policy provides guidance for the planning and conduct of such an assessment and outlines the necessary supporting activities and a procedure for determining success or failure.

Policy:

General Principles

A CCA may be authorized at the discretion of the Registrar to a physician with Provisional registration under the Family Medicine Register or the Specific Disciplines Register.

The CCA may only be performed for a physician who is currently in practice, as the Most Responsible Physician (MRP), in PEI.

In authorizing a CCA, the Registrar will take into account the availability of resources, including qualified assessors, to conduct the assessment.

The CCA, including administrative oversight, will be conducted at the assessed physician's expense (see Costs).

Participation in a CCA is voluntary for the assessed physician, however failure to participate may result in loss of or restrictions on registration, as directed by the Council.

The CCA will be conducted primarily in the assessed physician's own practice. Assessors will use additional tools and resources, as appropriate, to meet all core requirements of the assessment.

The assessment will include a representative sample of the assessed physician's actual scope of practice, sufficient to inform a decision by the Registrar. In addition, the assessment may include elements beyond the physician's typical scope of practice, but within the reasonably expected scope of a specialist in that discipline (i.e. foreseeable emergency situations or procedures).

The standard applied to all aspects of the assessment will be that of an acceptably competent specialist (Family Medicine and other specialties), providing care that is safe and meets current Canadian standards for the discipline. Specialty specific standards will be determined by the expert assessors and communicated to the College and assessed physician in advance.

Elements of the CCA are not considered compensatory i.e., excellence in one core aspect of practice will not compensate for lack of demonstrated competence in another. The exact duration of the CCA will vary according to the scope of practice, but will be no fewer than three and no more than five days. Assessment activities may be distributed over several weeks, if necessary.

Assessment Team

A minimum of two assessors will participate in the assessment and contribute to any recommendations arising. Single assessors may perform individual elements of the assessment.

Assessors will be physicians who practice in the same discipline as the assessed physician and who have a similar or overlapping scope of clinical practice. It is not necessary that assessors work in the same practice environment as the assessed physician (i.e., rural vs urban, tertiary vs regional center).

Assessors will be retained and oriented to the assessment process by the College. Assessors must be free of any reasonable conflict of interest and, most importantly, be capable of preparing an unbiased assessment report for the College. Assessors will be retained by and compensated through the College. In no circumstances will assessors be directly retained or compensated by the assessed physician.

Outcomes

The Assessment Team will provide a report to the Registrar, advising one of the following:

1. That the physician consistently performs at the level of a safe and acceptably competent Canadian specialist in ALL aspects of the CCA; or
2. That the physician performs at the level of a safe and acceptably competent Canadian specialist in some aspects of the CCA, with the following EXCEPTIONS: (list).
3. Does not perform at the level of a safe and acceptably competent Canadian specialist. Assessors will make no specific recommendation regarding licensure or conditions.

When making a decision regarding further registration, the Council will consider the results of the CCA along with any other relevant information including, but not limited to supervision reports and examination results.

The Council's decision may include:

1. Changing Registration from Provisional to General; or
2. Specific conditions and/or restrictions regarding scope of practice, a practice location or any other conditions and/or restrictions deemed necessary to support safe and effective practice; or
3. Eligibility for an Associate Physician licence.

There is no Appeal of Council's decision.

Assessment Elements

In advance of the CCA, the following documents will be collected:

1. Letters of Support (Provincial Medical Director, Department Head)
2. A list of potential colleagues for interview, identified by the Department Head.
3. Physician Scope of Practice Document
4. Physician practice/contact information (all sites)
5. Discipline-specific Objectives of Training Documents (RCPSC or CFPC)
6. Continued Professional Development (CPD) Report – RCPSC or CFPC (up to 5 years)

The above documents will be used by the College, in collaboration with the Assessment Team, to develop the following:

1. Assessment Plan
2. Financial Documents

The CCA will be comprised of the following:

Core Elements:

1. Direct Observation of Clinical Care (excepting non-clinical disciplines) – Minimum 10 cases.
2. Direct Observation of Medical Procedures (for procedural specialties) – As required.
3. Structured Record Review, including audit against key speciality-specific standards and clinical practice guidelines – Minimum 30 Cases.
4. Record-based discussion of Clinical Care – Minimum 10 cases.
5. Review of CPD history – up to 5 years.
6. Structured interviews with clinical colleagues and staff – minimum 6 individuals.

In addition, the CCA may include the following:

Optional Elements:

1. Simulation (key procedures, team-based care, crisis-resource management)
2. Structured Case Review (including imaging, laboratory or other investigations) – cases provided by assessors
3. Review of key outcomes and metrics – as deemed relevant

Costs

Assessors will be compensated at the standard College rate (currently \$150 per hour).

On application, the candidate will pay the CPSPEI Administrative Assessment Fee of \$1,500 to the College, necessary to support the recruitment of assessors, assessor consultation and development of an assessment plan.

- If the College is unsuccessful in recruiting suitable assessors, the fee will be refunded minus expenditures to date.
- If the physician elects not to proceed with a developed plan, the fee is forfeit in its entirety. Once an assessment has started, this fee is not refundable.

The following activities related to the CCA will be remunerated:

- Initial consultation and development of the assessment plan.
- Conduct of all Core and Optional elements under the plan.
- Report preparation
- Related meetings
- Travel and expenses

The College will charge appropriate administrative fees reflecting the costs of:

- Recruitment, consultation with and orientation of physician assessors
- Development of the assessment plan and related documents
- Compilation of assessment tools and documents, relevant to consideration by the Registration Committee.

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