



CPSA Summative Assessments

What to expect

A Summative Assessment is a mandatory pass/fail review of a physician's:

- **medical knowledge and procedural skills**
- **clinical decision-making skills**
- **communication and professionalism**

Expect
assessments to
span 3-4 days
in your practice.

to ensure the physician is fully competent to join the General Register of the College of Physicians & Surgeons of Alberta (CPSA). Physicians who have timed out on the Provisional Register and not met other criteria for the General Register must pass the Summative Assessment to continue practising medicine in Alberta.

Your cooperation will help the assessment run smoothly. The assessment will span 3-4 days in your practice location(s), whether that's a clinic, Emergency Room (ER), hospital, Designated Assisted Living facility or Long Term Care setting.

The CPSA physician assessor will observe and document your interactions with patients and review selected patient charts, then submit the findings to CPSA.

The findings are reviewed by a committee of physicians who will recommend a “pass” or “fail” based on the assessor's findings and a multi-source feedback report. The final decision will be made by the CPSA Assistant Registrar for Registration, who will contact you with the outcome and next steps.

You will be responsible to pay the costs of the assessment. An invoice will be sent to you at the end of the process and must be paid in full. Please see [fees on our website](#).



What happens after my Summative Assessment?


If you pass your Summative Assessment, your practice permit will be updated with your new registration status and you can continue your medical practice in Alberta.

If you fail your Summative Assessment, your registration on the Provisional Register will expire on December 31 of the current year. Your practice permit will not be renewed the following year. You may choose to appeal the decision at your own cost.

[Roadmap of a Summative Assessment](#). Tools inform a pass or fail status on candidate's Summative Assessment & determine their registration status.

1. Candidate completes **Pre-Assessment Questionnaire**

2. **Orientation** & start of visit:

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- Assessor completes **Direct Observation** of candidate-patient interactions
 - Assessor completes **Chart Review** of selected candidate charts
 - Chart Stimulated Recall**: Assessor & candidate review selected charts
 - Assessor completes **Communication & Professionalism Form**
 - Assessor ensures candidate meets **CPSA Standards of Practice**
 - Multi-source feedback** from patients, colleagues & other professional staff

There are six key elements of your Summative Assessment

1. **Direct Observation**: During the first 2 days of assessment, an assessor directly observes the candidate interacting with patients. Assessors complete a Direct Observation Form for every patient interaction.
 2. **Chart Review**: Assessor reviews total of 30 charts: 15 from your general patient roster and 15 from the mandatory categories listing. Please read the Chart Review instructions carefully.
 3. **Chart Stimulated Recall**: Assessor selects 10 of the 30 charts they reviewed to discuss in detail with the candidate to assess their clinical decision making and record keeping.
 4. **Communication & Professionalism Form**: Based on the assessor's observation of the candidate's interactions with patients, colleagues and staff, they'll assess their communication and professional demeanor by completing this form once.
 5. **Standards of Practice**: Assessor observes the candidate to ensure they meet CPSA Standards of Practice.
 6. **Multi-Source Feedback**: We'll collect feedback from patients and colleagues. The assessor will collect feedback from other professional staff.
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Start your Summative Assessment

Before your assessment, CPSA will need to collect some information to get a better understanding of your clinical practice. This will also help us find you an assessor and avoid potential conflicts of interest.

You will need to
complete a
pre-assessment
questionnaire.

CPSA will contact you to complete our Pre-Assessment Questionnaire when we are ready to match you with an assessor and start arranging your assessment dates. Scheduled assessments may be cancelled or re-scheduled only in the event of exceptional circumstances or emergencies.

We'll do our best to make sure there is no conflict of interest between you and your assessor. If you have a reasonable concern about a conflict of interest, please report it to CPSA within a week of your first contact with your assessor. If your concern is valid, we'll assign you another assessor. [Report a conflict of interest concern.](#)



Do you work in a hospital?

Connect your assessor with hospital medical and administrative leads to make the necessary arrangements. Your assessor will need a room to work in, access to health records (including instructions for EMR, if used) and permission to observe potential procedures if they occur in the operating room or ambulatory care procedure room.

Chart Review Checklist

Send your assessor 14 days of general patient visits. The patient roster forms need to include the reason for each patient visit. The assessor will select 15 of these patients' charts to review.

In addition to this patient roster, you must include another chart roster of 26 patient names of the following mandatory categories. Your assessor will select 15 of these 26 charts to review.

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|--|--|
| <input type="checkbox"/> Preventative care charts <ul style="list-style-type: none">• at least 2 male• at least 2 female | <input type="checkbox"/> Psychosocial/mental health charts <ul style="list-style-type: none">• at least 2 depression• at least 2 anxiety• at least 2 other (may include domestic violence or non-prescription substance abuse) |
| <input type="checkbox"/> Antenatal/Prenatal care charts <ul style="list-style-type: none">• at least 3 | <input type="checkbox"/> At least 2 chronic non-cancer patient management chart (with or without opioids) |
| <input type="checkbox"/> Well baby check chart <ul style="list-style-type: none">• at least 2, including an 18-month check if possible | <input type="checkbox"/> Acute care management charts <ul style="list-style-type: none">• at least 3, including one respiratory tract infection |
| <input type="checkbox"/> Chronic health conditions charts <ul style="list-style-type: none">• at least 2 hypertension• at least 2 diabetes• at least 2 complex care (i.e., patient with multiple co-morbidities) | |

In total, your assessor will review 30 charts: 15 of their choosing from your general patient rosters and 15 from the above mandatory patient roster.

Send both rosters to your assessor 30 days before the start of your Summative Assessment. Your assessor will select the charts they want to review and confirm them with you. You then need to confirm the chart review patient consent (next page) was obtained from these patients and provide the assessor with access to the charts



See next page for what your charts should and should not include.



Charts should include, as applicable:

- referral letter, initial consultation or emergency room report and/or admission report
- your progress notes, your consultation request(s) to others and results
- your reports to other physicians and your discharge summary

Identify any assessments that were performed by other physicians before you took over the patient's care.

Charts should NOT include:



- nurses' notes
- other doctors' notes
- material prepared by other people except as noted above

You will need to provide consent

Consent is required to enable the assessor to observe your interactions with patients and review your patient charts, and to enable the Summative Assessment Committee to review data on your practice.

BEFORE your assessment, download and review:

[Patient Appointment Observation Consent Form](#) – this must be completed by every patient your assessor observes at the time of the patient's visit. This is required at AHS or Covenant Health facilities or affiliates.

[Chart Review Consent Form](#) – this must be completed by every patient whose chart is selected for review by your assessor. This is **not** required at AHS/Covenant Health facilities or affiliates.

Please have these charts pulled and available by day 3 of your assessment. Give your assessor EMR access if your office uses an Electronic Medical Record (EMR). Prepare any necessary instructions and demonstrate how to navigate the system for patient files, requisitions, lab results, etc.

**Note: 90 days prior to the start of your assessment, we ask that you start obtaining patient consent from every patient you see for the Chart Review process.*

Gathering Multi-Source Feedback

Multi-source feedback provides valuable insight into physician workplace performance. Your patients, physician colleagues and co-workers/allied health professionals will be invited to provide feedback on how you perform as a communicator, collaborator and professional.

Your assessor will interview allied health professionals during your assessment. However, at least 2 weeks before the start of your assessment, send the following to suma@cpsa.ab.ca:

- The names and email addresses of **15 patients**
- The names and email addresses of **10 physician colleagues**, *including at least 3 specialists you refer your patients to*

We will process the feedback received from your patients, colleagues and allied health staff and include them in your Summative Assessment.

Questions or concerns?

Contact suma@cpsa.ab.ca

Multi-source
feedback helps
measure
performance.