

## Attendees:

### Council Members - Voting:

- Stacey Strilchuk, President
- Jaelene Mannerfeldt, Vice President
- Daisy Fung, Executive Committee Member-at-Large
- Richard Buckley
- Nicole Cardinal
- Patrick Etokudo
- Christopher Fung
- Levonne Louie
- Linda McFarlane
- Laurie Steinbach
- Ian Walker
- Tyler White

### Council Members – Non-Voting:

- Todd Anderson

### Additional Attendees:

- Scott McLeod, Registrar
- Gail Jones, Senior Executive Assistant (Recording Secretary)
- Sue Welke, Program Manager, Governance
- Michael Caffaro, Assistant Registrar
- Charl Els, Assistant Registrar
- Gordon Giddings, Assistant Registrar
- Ed Jess, Chief Innovation Officer
- Pam Gill, Hearings Director and In-house Legal Counsel

### Guests (Internal):

- Mr. Dean Blue, Director, Accreditation
- Ms. Jill Hastings, Program Manager, Registration Assessments
- Ms. Keely McBride, Program Manager, Policy
- Mr. Phong Van, Director, Continuing Competence

### Regrets:

- Brenda Hemmelgarn (non-voting)
- Chaim Katz (non-voting)
- John O'Connor (voting)
- Michael Taylor (non-voting)

### Resources for Council Members:

- **CPSA Council Reference Manual**
- **Principles to Guide Council Interactions**
- **Council Conflict of Interest Policy**
- **Council Member Code of Conduct Policy**
- **Councillor's Oath**
- **CPSA Values**
- **Commonly used Acronyms**

**Monday, September 26 starting at 1900.**

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## **1.0 Call to Order and Introductions – public session**

***The meeting was called to order at 1900.***

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### **1.1 Traditional Territorial Acknowledgement**

***At each Council meeting, individuals are invited to share a personalized message to recognize and respect Indigenous Peoples who lived and continue to live on this territory, and for the land to which we are all connected. This type of acknowledgement is part of CPSA's ongoing efforts to develop healthy and reciprocal relations with Alberta's Indigenous communities—a key element of reconciliation, a process we are committed to.***

***Ms. Strilchuk provided the Traditional Territorial Acknowledgement and spoke about the upcoming National Day for Truth and Reconciliation. She shared the message that she has provided to Siksika as part of their upcoming Every Child Matters: Traditional Powwow.***

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### **1.2 Conflict of Interest Declaration (Real, Potential or Perceived)**

***No conflicts were declared.***

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### **1.3 Approval of agenda and consent agenda items**

***Council approved the agenda as circulated.***

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## **2.0 Registration**

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### **2.1 International Medical Graduates (IMGs) Registration Proposal**

***Council approved the proposed pilot for an alternative approach to registering IMGs from approved jurisdictions. The pilot will leverage current processes to enable IMGs to begin practicing in their identified community sooner, while continuing with supervised practice assessments that ensure protection of the public. While some draft policies were presented, Council was not called upon to approve those policies as they are considered operational policies. Information about the pilot will be shared with stakeholders and partners as soon as possible with the goal to operationalize this process immediately.***

The public session adjourned at 19:55.

## **3.0 In Camera (Council and others by invitation)**

- Privileging in Accredited Facilities**

Council met in camera prior to final adjournment.

|   |  |   |  |
|---|--|---|--|
| <b>Submission to:</b>                   | <b>Council</b>   |   |  |
| <b>Meeting Date:</b>                    | <b>Submitted by:</b>   |   |  |
| September 26, 2022                      | Scott McLeod   |   |  |
| <b>Agenda Item Title:</b>               | International Medical Graduate Registration  |   |  |
| <b>Action Requested:</b>                | <input checked="" type="checkbox"/> The following items require approval by Council<br>See below for details of the recommendation.  | <input type="checkbox"/> The following item(s) are of particular interest to<br>Choose an item.<br>Feedback is sought on this matter. | <input type="checkbox"/> The attached is for information only.<br>No action is required. |
| <b>AGENDA ITEM DETAILS</b>              |  |   |  |
| <b>Recommendation (if applicable) :</b> | <p>It is recommended</p> <p><i>That Council approves the proposed pilot for an alternative approach to registering IMGs from approved jurisdictions.</i></p> <p><i>And</i></p> <p><i>That Council approves, in principle, the draft policies:</i></p> <ol style="list-style-type: none"> <li><i>Draft Policy – Provisional Register – Conditional Practice – General Practice/Family Medicine</i></li> <li><i>Draft Policy – Provisional Register – Conditional Practice – Specialty Discipline Practice</i></li> </ol>  |   |  |
| <b>Background:</b>                      | <p>There is a perception that CPSA's current process for safely registering international medical graduates is too burdensome, thus decreasing interest in coming to Alberta. In addition, there are significant concerns that Alberta does not have a sufficient number of physicians to meet the provincial demand.</p> <ul style="list-style-type: none"> <li>CPSA is proposing a five-year pilot project to implement an additional route to the registration process for international medical graduates (IMG) trained in certain jurisdictions to enable them to begin practicing in their identified community faster. Details of this proposed pilot are available in the attached briefing note.</li> </ul> |   |  |
| <b>Next Steps:</b>                      | <ul style="list-style-type: none"> <li>Engage with stakeholders on the roll-out of this additional alternative approach (e.g., Alberta Health Services, Alberta Health, etc.).</li> <li>Develop the implementation plan and parameters of the pilot:</li> </ul>  |   |  |

- Revise internal processes and procedures to reflect this approach
- Initiate Communications strategy

**List of Attachments:**

1. [Briefing Note for International Medical Graduate Proposal](#)
2. [Draft Policy – Provisional Register – Conditional Practice – General Practice/Family Medicine](#)
3. [Draft Policy – Provisional Register – Conditional Practice – Specialty Discipline Practice](#)

**To:** CPSA Council

**Date:** September 26, 2022

**RE:** International Medical Graduates Registration Proposal

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**Issue:**

There is a perception that CPSA's current process for safely registering international medical graduates is too burdensome, thus decreasing interest in coming to Alberta. In addition, there are significant concerns that Alberta does not have a sufficient number of physicians to meet the provincial demand.

- CPSA is proposing a five-year pilot project to implement an additional route to the registration process for international medical graduates (IMG) trained in certain jurisdictions to enable them to begin practicing in their identified community faster.

**Purpose:**

To provide Council with information and a recommendation on the additional route to registering IMGs trained in certain jurisdictions.

**Background:**

- Physicians who have not met the requirements for the General Register (GR) may join the Provisional Register, which includes the Practice Readiness Assessment (PRA) process.
- The current PRA process for IMGs includes:
  - The completion of a Preliminary Clinical Assessment (PCA) for three (3) months prior to starting to practice in their identified community.
    - While in their PCA, IMGs are under direct observation of a CPSA-approved assessor, to ensure they are competent to safely practise in Alberta.
  - IMGs then move to their identified community to begin a Supervised Practice Assessment (SPA) for three (3) months.
  - Following successful completion of the SPA, the IMG is registered on the Provisional Register for up to five years of independent practice to allow time to obtain full Canadian credentials. If the candidate obtains full Canadian credentials within this time, they are transferred right away to GR.
  - If after five years, the IMG has not obtained further certifications they undergo a summative assessment. Following a successful summative assessment, the IMG may move to the GR.
- The Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada have determined the training as comparable to training in Canada in identified jurisdictions (see appendices A and B, respectively).

There has been interest from stakeholders in streamlining current processes to shorten the process for registration and increase the number of physicians in Alberta.

**Analysis:**

- Training that is comparable to that obtained in Canadian Universities will produce physicians who are safe to provide care.

### *Additional Route*

The proposed five-year pilot process for IMGs who are from identified jurisdictions (appendices A and B) includes:

- IMGs from the identified jurisdictions go directly to their identified community and enter into a SPA for three (3) months.
  - The PCA is not required for or undertaken by these physicians.
  - Some requirements, which are part of the process for the identified jurisdictions, are also waived for these IMGs (see appendix C).
- Following successful completion of the SPA, these IMGs are registered on the Provisional Register (PR) for three (3) years of supervised practice.
- CPSA will implement the following process:
  - Between four and six months of the IMG being on the PR, CPSA Continuing Competence will complete a chart review.
  - Between 12 to 18 months of the IMG being on the PR, the IMG will be subject to a CPSA Competence Assessment, including another chart review.
    - To ensure public safety, the CPSA Competence Assessment must be completed, with a recommendation to Registration, within 36 months of the IMG being on the PR.
  - If no gaps in competence are identified, CPSA Continuing Competence will provide a report to Registration recommending transferring the IMG to the GR.
  - If gaps in competence are identified, the IMG must follow, and successfully complete, a directed remediation plan within 12 months.
    - A follow up CPSA Competence Assessment will confirm successful remediation; Continuing Competence will provide a report to Registration recommending transferring the IMG to the GR.
    - If the follow up CPSA Competence Assessment results in unsuccessful remediation for any reason, Continuing Competence will provide a report to Registration that indicates concerns and makes no recommendation; the decision to transfer the IMG to the GR is determined by Registration.
    - If there are significant concerns identified at follow up Competence Assessment, Registration may require a Summative Assessment (SUMA).
      - There is a cost to the IMG for this additional assessment.
    - If the IMG is unsuccessful in their SUMA, they are no longer eligible for registration in Alberta and their registration and practice permit will be cancelled (a review process is available).

### *Evaluation Framework*

- Research & Evaluation Unit, Registration and Continuing Competence will design and administer appropriate Competence Assessments including, but not limited to:
  - Chart reviews between 6 and 12 months of practice;
  - Review & analysis of the IMGs MD Snapshot reports as appropriate/applicable between 6 and 12 months of practice, and each year thereafter, up to 3 years;
  - Competence Assessments between 12 and 18 months of practice, including the development of action plan(s) tailored to each IMG;
  - Analysis of impacts on the number of physicians registered in Alberta; and
  - Analysis of the outcomes of IMGs who access this route (e.g., the success rate of this group of provisional registrants after 24 months and 36 months).

*Considerations:*

- IMG can enter independent practice more quickly, facilitating physician resources in communities more quickly.
- Reduces cost to IMG associated with exams, orientation workshop and SUMA, provided they are successful in their three (3) year supervised practice.
- Potential to reduce costs to Alberta Health Services that are associated with PCA, which includes a stipend to IMGs.
- Increases timeliness by removing timeline barriers associated with PCA being set up (e.g., coordinating assessors, locations, privileging, etc.)
- Increases and spreads out supervision of the IMG over the three years on the PR.
  - This supports patient safety and facilitates learning opportunities for the IMG.
- IMGs do not have to relocate themselves or their family for the PCA, or do not have to spend three months apart from their family.
  - This may make Alberta a more attractive jurisdiction for physicians to relocate to.
  - IMGs are able to connect with their identified community immediately.
- There may be a conflict of interest in the SPA, as the community has a vested interest in the IMG being able to practice.
- Relies on other jurisdictions to verify competence to practice.
- Continuing Competence may experience operational costs with the added responsibility for the three years of supervised practice and Competence Assessments.
- Waiving Medical Council of Canada & Therapeutic Decision Making (MCC/TDM) exams and PCA will not be in alignment with the established pan-Canadian PRA standards.
- IMGs would still apply through PhysiciansApply.ca and complete the application, verifications of documents and completion of on-line learning modules before final registration.

**Conclusion**

- This pilot project is not completely without risk, however CPSA believes the competence assessment and the evaluation framework are more than sufficient to mitigate any risk to the public. This pilot would then make Alberta an even more attractive for international graduates.

**Recommendation:**

- It is recommended Council approves the proposed pilot as an additional approach to registering IMGs from identified jurisdictions.
- Draft policies have been developed and it is also recommended that Council approves, in principle, those draft policies.

**Next Steps:**

- Engage with stakeholders on the roll-out of the additional route (e.g., Alberta Health Services, Alberta Health, etc.).
- Finalize the implementation plan and parameters of the pilot.



## Appendix A: Approved-jurisdiction routes – Specialists

| Country                   | Jurisdiction   | Specialties and Subspecialties   | Dates of acceptable training |
|---------------------------|--|--|------------------------------|
| Australia and New Zealand | The Australian and New Zealand College of Anaesthetists  | Anesthesia<br><i>Anesthesia training done from 1985 to 1992 completed under the auspices of the Faculty of Anaesthetists of the Royal Australasian College of Surgeons is acceptable.</i>  | 1992 to present              |
|                           | The Australasian College for Emergency Medicine (ACEM)   | Emergency Medicine   | 1993 to present              |
|                           | Australasian College of Dermatologists   | Dermatology  | 2000 to present              |
|                           | Australasian Faculty of Rehabilitation Medicine  | Physical Medicine and Rehabilitation   | 2000 to present              |
|                           | Australasian Faculty of Occupational Medicine  | Occupational Medicine  | 2000 to present              |
|                           | Australian Faculty of Public Health Medicine   | Community Medicine (Public Health and Preventive Medicine)   | 2000 to present              |
|                           | Royal College of Pathologists of Australia   | Anatomical Pathology, General Pathology  | 2000 to present              |
|                           | Royal Australian and New Zealand College of Psychiatrists  | Psychiatry   | 2000 to present              |
|                           | The Royal Australian and New Zealand College of Obstetricians and Gynecologists (RANZCOG)<br><i>The Australian Medical Council</i> | Obstetrics and Gynecology<br>Subspecialties of Obstetrics & Gynecology   | 1996 to present              |
|                           | The Royal Australian and New Zealand College of Ophthalmologists   | Ophthalmology  | 1995 to present              |
|                           | The Royal Australasian College of Surgeons<br><i>The Australian Medical Council</i>  | <u>Specialties:</u> Cardiac Surgery (Cardiothoracic Surgery), General Surgery, Neurosurgery, Orthopedic Surgery, Otolaryngology, Plastic Surgery, Urology<br><u>Subspecialties:</u> Pediatric General Surgery, Vascular Surgery, Thoracic Surgery (Cardiothoracic Surgery) | 1985 to present              |





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|-----------|--|--|-----------------|
|           | The Royal Australian and New Zealand College of Radiologists   | Diagnostic Radiology, Radiation Oncology   | 1975 to present |
|           | The Royal Australian College of Physicians<br><i>The Australian Medical Council</i>  | <u>Specialties</u><br><u>Adult Internal Medicine:</u> Internal Medicine (General Medicine), Medical Genetics (Clinical Genetics), Neurology, Nuclear Medicine<br><u>Pediatrics:</u> Hematological Pathology (Clinical Hematology & Oncology), Pediatrics, Medical Genetics (Clinical Genetics), Neurology, Nuclear Medicine, Physical Medicine & Rehabilitation (Rehabilitation Medicine)<br><u>Subspecialties:</u><br><u>Adult Internal Medicine:</u> Cardiology, Clinical Immunology & Allergy (Immunology & Allergy), Clinical Pharmacology, Critical Care Medicine (Intensive Care Medicine), Endocrinology & Metabolism (Endocrinology), Gastroenterology (Gastroenterology & Hepatology), Geriatric Medicine, Hematology, Infectious Diseases, Medical Oncology, Nephrology, Palliative Medicine, Respiriology (Thoracic Medicine), Rheumatology<br><u>Pediatrics:</u> Cardiology, Pediatric Emergency Medicine, Clinical Immunology & Allergy (Immunology & Allergy), Critical Care Medicine (Intensive Care Medicine), Endocrinology & Metabolism (Endocrinology), Gastroenterology (Gastroenterology & Hepatology), Hematology, Infectious Diseases, Neonatal-Perinatal Medicine, Nephrology, Palliative Medicine, Respiriology (Thoracic Medicine), Rheumatology | 1990 to present |
| Hong Kong | The Hong Kong Academy of Medicine<br>The Hong Kong College of Anesthesiologists<br>The Hong Kong College of Radiologists<br>Hong Kong College of Community | Anesthesia, Diagnostic Radiology (Radiology), Nuclear Medicine, Radiation Oncology (Clinical Oncology), Community Medicine (Public Health and Preventive Medicine), Emergency Medicine, Obstetrics & Gynecology,   | 1994 to present |



|              |   |   |                 |
|--------------|---|---|-----------------|
|              | <p>Medicine<br/>Hong Kong College of Emergency Medicine<br/>Hong Kong College of Obstetrics and Gynaecologists<br/>College of Ophthalmologists of Hong Kong<br/>Hong Kong College of Orthopaedic Surgeons<br/>Hong Kong College of Otorhinolaryngologists<br/>Hong Kong College of Paediatricians<br/>Hong Kong College of Pathologists<br/>Hong Kong College of Physicians<br/>Hong Kong College of Psychiatrists<br/>College of Surgeons of Hong Kong</p> | <p>Ophthalmology, Orthopaedic Surgery, Otolaryngology, Pediatrics, Pathology, Psychiatry</p>  |                 |
| Singapore    | <p>The Academy of Medicine, Singapore<br/>The Division of Graduate Medical Studies<br/>The National University of Singapore</p>   | <p><u>Specialties:</u> Anaesthesia (Anesthesiology), Cardiac Surgery (Cardiothoracic Surgery), Community Medicine (Public Health &amp; Preventive Medicine), Dermatology, Diagnostic Radiology, Emergency Medicine, General Surgery, Hematological Pathology (Pathology), Internal Medicine, Neurology, Neurosurgery, Nuclear Medicine, Obstetrics &amp; Gynecology, Otolaryngology, Ophthalmology, Orthopaedic Surgery, Pediatrics, Physical Medicine and Rehabilitation (Rehabilitation Medicine), Plastic Surgery, Psychiatry, Urology<br/><u>Subspecialties:</u> Medical Oncology, Occupational Medicine, Thoracic Surgery, Cardiology, Endocrinology and Metabolism (Endocrinology), Gastroenterology, Geriatric Medicine, Hematology, Infectious Diseases, Nephrology (Renal Medicine), Pediatric General Surgery (Pediatric Surgery), Respiratory (Respiratory Medicine), Rheumatology</p> | 2000 to present |
| South Africa | <p>The Health Professions Council of South Africa</p>   | <p><u>Specialties:</u> Anatomical Pathology, Anaesthesia (Anesthesiology),</p>  | 1974 to present |



|             |  |  |                 |
|-------------|--|--|-----------------|
|             | The Colleges of Medicine of South Africa | <p>Cardiac Surgery (Cardiothoracic Surgery), Community Medicine (Public Health &amp; Preventive Medicine) (Community Health), Dermatology, Diagnostic Radiology (Radiology), General Pathology (Clinical Pathology), General Surgery, Hematological Pathology, Internal Medicine (Physicians), Medical Genetics, Medical Microbiology (Microbiological Pathology), Neurology, Neurosurgery, Nuclear Medicine, Obstetrics &amp; Gynecology, Ophthalmology, Orthopaedic Surgery, Otolaryngology, Pediatrics, Plastic Surgery, Psychiatry, Radiation Oncology, Urology, Vascular Surgery</p> <p><u>Subspecialties:</u> Thoracic Surgery, Cardiology, Critical Care Medicine, Hematology (Clinical Hematology), Developmental Pediatrics, Endocrinology and Metabolism (Endocrinology), Forensic Pathology, Gastroenterology, Geriatric Medicine, Medical Biochemistry (Chemical Pathology), Medical Oncology, Neonatology, Nephrology, Occupational Medicine, Pediatric General Surgery (Pediatric Surgery), Pediatric Neurology, Respiriology (Respiratory Medicine), Rheumatology</p> |                 |
| Switzerland | Swiss Medical Association                | <p><u>Specialties:</u> Anaesthesia (Anesthesiology), Cardiac Surgery (Cardiothoracic Surgery), Dermatology, General Surgery, Hematological Pathology (Immunohematology), Internal Medicine, Nuclear Medicine (Radiology and Nuclear Medicine), Neurology, Neurosurgery, Obstetrics &amp; Gynecology, Occupational medicine, Ophthalmology, Orthopaedic Surgery, Otolaryngology, Pathology, Pediatrics, Physical Medicine and Rehabilitation, Plastic Surgery, Psychiatry, Urology</p>  | 2000 to present |



|  |   |   |                 |
|--|---|---|-----------------|
|  |   | <u>Subspecialties:</u> Thoracic Surgery, Cardiology, Clinical Immunology and Allergy, Clinical Pharmacology, Critical Care Medicine (Intensive Care Medicine), Endocrinology and Metabolism (Endocrinology), Forensic Pathology (Forensic Medicine), Gastroenterology, Hematology, Nephrology, Pediatric General Surgery (Pediatric Surgery), Pediatric Neurology, Respiriology, Rheumatology |                 |
| United Kingdom<br>Ireland<br>Edinburgh<br>London<br>Glasgow<br>England | The Royal College of Anaesthetists (UK)   | Anesthesia  | 1990 to present |
|  | The College of Anaesthetists<br>Royal College of Surgeons of Ireland (R.C.S.I)  | Anesthesia  | 1996 to present |
|  | Joint Committee on Higher Training in Accident & Emergency Medicine<br>Faculty of Accident & Emergency Medicine (UK) / The Royal College of Emergency Medicine (RCEM) | Emergency Medicine  | 1993 to present |
|  | The Royal College of Obstetricians and Gynaecologists (UK)  | <u>Specialties:</u> Obstetrics & Gynecology<br><u>Subspecialties:</u> Gynecologic Oncology, Gynecologic Reproductive Endocrinology & Infertility (Reproductive Medicine), Maternal-Fetal Medicine   | 1984 to present |
|  | The Royal College of Ophthalmologists (UK)  | Ophthalmology<br>Prior to 1988 Ophthalmology was a specialty recognized by: <ul style="list-style-type: none"> <li>The Royal College of Surgeons in Edinburgh</li> <li>The Royal College of Surgeons of England</li> <li>The Royal College of Physicians and Surgeons of Glasgow</li> <li>The Royal College of Surgeons of Ireland</li> </ul>   | 1988 to present |
|  | The Royal College of Paediatrics and Child Health (UK)  | <u>Specialties:</u> Pediatrics<br><u>Subspecialties:</u> Neonatal Medicine, Pediatric Endocrinology, Pediatric  | 1972 to present |



|  |   |  |                 |
|--|---|--|-----------------|
|  |   | Gastroenterology, Pediatric Hematology/Oncology (Pediatric Oncology), Pediatric Infectious Diseases (Pediatric Infectious Disease and Immunology), Pediatric Nephrology, Pediatric Neurology, Pediatric Respiriology (Pediatric Respiratory Medicine), Pediatric Rheumatology  |                 |
|  | The Royal College of Pathologists (UK)<br>Joint Committee on Higher Pathology Training (JCHPT)  | Anatomical Pathology (Histopathology), Medical Biochemistry (Chemical Pathology)   | 1996 to present |
|  | The Royal College of Physicians of Edinburgh<br>The Royal College of Physicians of London<br>The Royal College of Physicians and Surgeons of Glasgow<br><i>The Joint Committee on Higher Medical Training</i> | <u>Specialties:</u> Community Medicine (Public Health & Preventive Medicine), Dermatology, Hematological Pathology, Internal Medicine, Medical Genetics (Clinical Genetics), Medical Microbiology (Medical Microbiology and Virology and Infectious Diseases), Medical Oncology, Neurology, Nuclear Medicine, Physical Medicine and Rehabilitation (Rehabilitation Medicine)<br><u>Subspecialties:</u> Cardiology, Clinical Immunology and Allergy (Immunology or Allergy), Clinical Pharmacology (Clinical Pharmacology & Therapeutics), Endocrinology and Metabolism (Endocrinology & Diabetes Mellitus), Gastroenterology, Geriatric Medicine, Hematology, Infectious Diseases (Medical Microbiology and Virology and Infectious Diseases), Nephrology (Renal Medicine), Palliative Medicine, Pediatric Cardiology, Respiriology (Respiratory Medicine), Rheumatology | 1972 to present |
|  | The Royal College of Physicians of Ireland<br><i>Irish Committee on Higher Medical Training</i>   | <u>Specialties:</u> Dermatology, Internal Medicine, Neurology, Occupational Medicine, Pediatrics, Physical Medicine and Rehabilitation (Rehabilitation Medicine)<br><u>Subspecialties:</u> Cardiology, Clinical Pharmacology (Clinical Pharmacology  | 1994 to present |



|  |  |   |                 |
|--|--|---|-----------------|
|  |  | & Therapeutic), Endocrinology & Metabolism (Endocrinology), Gastroenterology, Geriatric Medicine, Hematology, Nephrology, Palliative Medicine, Respirology (Respiratory Medicine), Rheumatology   |                 |
|  | The Royal College of Psychiatrists (UK)  | Psychiatry  | 1975 to present |
|  | The Royal College of Surgeons of Edinburgh<br>The Royal College of Surgeons of England<br>The Royal College of Physicians and Surgeons of Glasgow<br>The Royal College of Surgeons of Ireland<br><i>The Scottish Royal Colleges' Board for the Recognition of Surgical Posts – Basic Surgical Training: The Hospital Recognition Cte (HRC)</i><br><i>The Joint Committee on Higher Surgical Training</i> | Basic Surgical Training<br><u>Specialties:</u> Cardiac Surgery (Cardiothoracic Surgery), Diagnostic Radiology, General Surgery, Neurosurgery, Orthopedic Surgery (Trauma and Orthopedic Surgery), Otolaryngology, Plastic Surgery, Radiation Oncology, Urology<br><u>Subspecialties:</u> Thoracic Surgery (Cardiothoracic Surgery), Pediatric General Surgery | 1976 to present |
|  | The Royal College of Radiologists (UK)   | Radiation Oncology (Clinical Oncology), Diagnostic Radiology (Clinical Radiology)   | 1975 to present |



## **Appendix B:** Approved jurisdictions for Family Medicine – Australia, Ireland, United Kingdom, United States of America

### *Australia*

Graduates of Australian General Practice Vocational Training programs that have been accredited by the Australian Medical Council (AMC) and meet the standards of the Royal Australian College of General Practitioners (RACGP) who also hold Fellowship of the Royal Australian College of General Practitioners (FRACGP)

### **OR**

Graduates of the vocational training routes accredited by the AMC and administered through the Australian College of Rural and Remote Medicine (ACRRM) who also hold the certification in family medicine leading to Fellowship of the Australian College of Rural and Remote Medicine (FACRRM)

### *Ireland*

Graduates of general practice vocational training schemes that have been accredited by the Irish College of General Practitioners (ICGP) who also hold Membership of the Irish College of General Practitioners (MICGP)

### *United Kingdom*

Graduates of general practice vocational training programs that have been accredited by the General Medical Council (GMC) who meet the standards of the Royal College of General Practitioners (RCGP) who also hold Membership of the Royal College of General Practitioners (MRCGP)

### *United States of America*

Graduates of family medicine residency training programs that have been accredited by the Accreditation Council for Graduate Medical Education (ACGME) who hold the Diplomate of the American Board of Family Medicine (DABFM) designation

## Appendix C: Requirements

The following are the list of the requirements for the current process, and how/if they apply to IMGs in the additional, alternative approach.

| <b>Requirements</b>                      | <b>Specialists</b>  | <b>Family Medicine</b>  |
|--|---|---|
| Postgraduate training (PGT)              | Required  | Required  |
| Certification from approved jurisdiction | Verified  | Verified  |
| Sponsorship from Alberta Health Services | Required  | Required  |
| Certificates of Professional Conduct     | Required from all jurisdictions IMG has registered  | Required from all jurisdictions IMG has registered  |
| Criminal Record Check                    | Reduce timeframe to past 5yrs (instead of 10) and in all locations where the individual has practiced for more than 90 days | Reduce timeframe to past 5yrs (instead of 10) and in all locations where the individual has practiced for more than 90 days |
| English Language Proficiency (ELP)       | Required (unless otherwise exempt)  | Required (unless otherwise exempt)  |
| Medical Council of Canada (MCC) Exams    | Waived  | Waived  |
| Therapeutic Decision Making (TDM) Exam   | Not Required  | Waived  |
| PRA IMG Orientation Workshop             | Waived  | Waived  |
| Preliminary Clinical Assessment          | Waived  | Waived  |
| Summative Assessment                     | Waived  | Waived  |

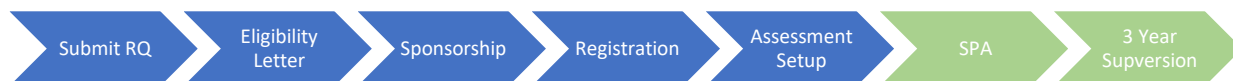


## Appendix D: Graphics of IMG Processes

Current Process for all IMGs and Ongoing Process for IMGs from jurisdictions not in Appendix A and B



Proposed Process for IMGs from jurisdictions listed in Appendix A and B



## Provisional Register Policy

| POLICY TITLE | Conditional Practice – General Practice/Family Medicine  |
|--------------|--|
| PURPOSE      | Ensure all physicians, surgeons and osteopaths who have not met the requirements for CPSA's General Register have the required training and competencies to practise medicine safely.  |
| SCOPE        | <p>This policy applies to physicians, surgeons and osteopaths who:</p> <ul style="list-style-type: none"> <li>are registered on CPSA's Provisional Register to practise medicine independently and</li> <li>are the most responsible physician in the care of their patients.</li> </ul> <p>CPSA's Provisional Register permit is for regulated members who have not met the requirements for a General Register, which includes the requirements to have their Canadian credentials.</p>  |
| NOTES        | <p>The Provisional Register Conditional Practice may be subject to terms, limitations, conditions and/or restrictions. This includes, but is not limited to, a requirement to successfully complete a Practice Readiness Assessment.</p> <p>Registration on CPSA's Provisional Register is valid for a maximum of six years unless an extension is granted by the Registrar in extenuating circumstances in accordance with the Physicians, Surgeons and Osteopath Regulations.</p> <p>Physicians must meet certain criteria in order to be transferred to the General Register. Ongoing Alberta Health Services (AHS) sponsorship is a condition of registration on the Provisional Register.</p> |

LAST REVISED: **[INSERT DATE]**

### POLICY STATEMENT

Physicians who have **not** met the requirements for the General Register may take one of three routes to obtain a provisional permit. They must meet specific criteria—outlined below—for their route.

**Route 1** – Candidates who do **not have eligibility** to receive College of Family Physicians of Canada (CFPC) designation must:

- 1) Have a **medical degree** from a medical school listed in the World Directory of Medical Schools at the time the candidate completed the program. Otherwise, they must have a Doctor of Osteopathic Medicine degree from a school in the United

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States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.

- 2) **Have passed the Medical Council of Canada Qualifying Exam Part 1 (MCCQE1)** or the equivalent United States Medical Licensure Examinations (USMLE).
- 3) Have passed the **MCC Therapeutics Decision Making Exam (TDM)**.
- 4) Demonstrate **English language proficiency**, if applicable.
- 5) Submit a satisfactory **criminal record check**.
- 6) Successfully complete a continuous Family Medicine **postgraduate training program** outside Canada and have a verifiable document of completion. The program has to be at least 24 months long and include four months of community-based primary care and a minimum of eight weeks each of three of the following: Paediatrics, Obstetrics and Gynaecology, Surgery and Internal Medicine.
- 7) Demonstrate **currency of practice**. This includes evidence of being in discipline-specific postgraduate training or discipline-specific independent practice within the last three years.
- 8) Have an **AHS sponsorship letter**.
- 9) Have passed a **Practice Readiness Assessment (PRA)**. The PRA is comprised of a **Preliminary Clinical Assessment** and a **Supervised Practice Assessment**.

**Route 2 – Candidates must:**

- 1) Have a **medical degree** from a medical school listed in the World Directory of Medical Schools at the time the candidate completed the program. Otherwise, they must have a Doctor of Osteopathic Medicine degree from a school in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.
- 2) **Have passed the Medical Council of Canada Qualifying Exam Part 1 (MCCQE1)** or the equivalent United States Medical Licensure Examinations (USMLE).
- 3) Achieved certification with the **College of Family Physicians of Canada (CFPC)** or have a ruling that the candidate is eligible to receive the CFPC designation based on recognized training and certification outside Canada.
- 4) Demonstrate **English language proficiency**, if applicable.
- 5) Submit a satisfactory **criminal record check**.
- 6) Successfully complete a continuous Family Medicine **postgraduate training program** outside Canada and have a verifiable document of completion. The program has to be at least 24 months long and include four months of community-based primary care and a minimum of eight weeks each of three of the following: Paediatrics, Obstetrics and Gynaecology, Surgery and Internal Medicine.
- 7) Demonstrate **currency of practice**. This includes evidence of being in discipline-specific postgraduate training or discipline-specific independent practice within the last three years.
- 8) Have an **AHS sponsorship letter**.
- 9) Pass a **Supervised Practice Assessment**.

**Route 3** – Candidates who may be eligible by **approved jurisdictions** must:

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- 1) Have a **medical degree** from a medical school listed in the World Directory of Medical Schools at the time the candidate completed the program. Otherwise, they must have a Doctor of Osteopathic Medicine degree from a school in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.
- 2) Demonstrate **English language proficiency**, if applicable.
- 3) Submit a satisfactory **criminal record check**. For the purposes of this Route only, candidates are required to provide a valid criminal record check from any jurisdiction where they have practiced for more than 90 days within the last five (5) years.
- 4) Successfully complete a continuous Family Medicine **postgraduate training program** outside Canada and have a verifiable document of completion and certification from one of the approved jurisdictions. The program has to be at least 24 months long and include four months of community-based primary care and a minimum of eight weeks each of three of the following: Paediatrics, Obstetrics and Gynaecology, Surgery and Internal Medicine.
- 5) Demonstrate **currency of practice**. This includes evidence of being in discipline-specific postgraduate training or discipline-specific independent practice within the last three years.
- 6) Have an **AHS sponsorship letter**.
- 7) Pass a **Supervised Practice Assessment**.

#### **SUPPORTING DOCUMENTS**

- English language proficiency
- Criminal record check policy
- Therapeutics Decision Making Exam (TDM)
- Approved jurisdictions for Route 3

#### **AUTHORITY DOCUMENTS**

- *Health Professions Act*
- *Health Professions Act: Physicians, Surgeons and Osteopaths Profession Regulation*
- CPSA Bylaws

## Provisional Register Policy

| POLICY TITLE | Conditional Practice – Specialty Discipline Practice  |
|--------------|---|
| PURPOSE      | Ensure all physicians, surgeons and osteopaths who have not met the requirements for the General Register as a medical or surgical specialist have the required training and competencies to practise medicine safely.  |
| SCOPE        | This policy applies to physicians, surgeons and osteopaths who are registered on the Provisional Register Conditional Practice as a medical or surgical specialist. These members practise independently and are the most responsible physician in the care of their patients.  |
| NOTES        | <p>The Provisional Register is for regulated members who have not met the requirements for the General Register.</p> <p>The Provisional Register may be subject to terms, limitations, conditions and/or restrictions. These include but are not limited to the requirement to successfully complete a Practice Readiness Assessment.</p> <p>Registration on the Provisional Register is valid for a maximum of six years unless an extension is granted by the Registrar in extenuating circumstances in accordance with the Physicians, Surgeons and Osteopaths Profession Regulations</p> <p>Physicians must meet certain criteria in order to transfer to the General Register. Ongoing Alberta Health Services (AHS) sponsorship is a condition of registration on the Provisional Register.</p> |

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### POLICY STATEMENT

Physicians, surgeons and osteopaths in the practice of a specialty discipline who have **not** met the requirements for the General Register for a medical or surgical specialist may take one of two routes to obtain a provisional permit. They must meet specific criteria—outlined below—for their route:

#### Route 1 – Candidates must:

- 1) Have a **medical degree** from a medical school listed in the World Directory of Medical Schools at the time the candidate completed the program. Otherwise, they must have a Doctor of Osteopathic Medicine degree from a school in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.
- 2) Have passed the **Medical Council of Canada** Qualifying Exam Part 1 (MCCQE1) or hold the equivalent United States Medical Licensure Examinations (USMLE).

- 3) Demonstrate [English language proficiency](#), if applicable.
- 4) Submit a satisfactory [criminal record check](#).
- 5) Demonstrate **currency of practice**. This includes evidence of having been in discipline-specific postgraduate training or discipline-specific independent practice within the last three years.
- 6) Obtain an [AHS sponsorship letter](#).
- 7) Pass a **Practice Readiness Assessment (PRA)**, comprised of the **Preliminary Clinical Assessment** and a **Supervised Practice Assessment**.
- 8) Meet discipline-appropriate post-graduate training and certification requirements. The requirements for specialties and subspecialties are outlined below.
  - a. **Specialty** – The physicians must have at least 48 months of discipline-specific postgraduate specialty training. Both the training and certification process must be substantively equivalent to that required by the Royal College of Physicians and Surgeons of Canada (RCPSC). They must be able to produce a verifiable document of completion of discipline-specific specialist training and certification.
  - b. **Subspecialty** – The physician must provide evidence that they have successfully completed discipline-specific postgraduate training and have achieved specialty certification in the primary specialty. Both the training and the certification process must be substantively equivalent to that required by the RCPSC. The physician must also provide evidence they have successfully completed subspecialty postgraduate training and certification.

**Route 2** – Candidates who may be eligible by **approved jurisdictions** must

- 1) Have a **medical degree** from a medical school listed in the World Directory of Medical Schools at the time the candidate completed the program. Otherwise, they must have a Doctor of Osteopathic Medicine degree from a school in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.
- 2) Demonstrate [English language proficiency](#), if applicable.
- 3) Submit a satisfactory **criminal record check**. For the purposes of this Route only, candidates are required to provide a valid criminal record check from any jurisdiction where they have practiced for more than 90 days within the last five (5) years.
- 4) Demonstrate **currency of practice**. This includes evidence of having been in discipline-specific postgraduate training or discipline-specific independent practice within the last three years.
- 5) Obtain an [AHS sponsorship letter](#).
- 6) Meet discipline-appropriate post-graduate training and certification requirements. The requirements for specialties and subspecialties are outlined below.
  - a. **Specialty** – The physicians must have of discipline- specific postgraduate specialty training and certification from one of the approved jurisdictions.

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Both the training and certification process must be substantively equivalent to that required by the Royal College of Physicians and Surgeons of Canada (RCPSC). They must be able to produce a verifiable document of completion of discipline-specific specialist training and certification.

- b. **Subspecialty** – The physician must provide evidence that they have successfully completed discipline-specific postgraduate training and have achieved specialty certification in the primary specialty. Both the training and the certification process must be substantively equivalent to that required by the RCPSC. The physician must also provide evidence they have successfully completed subspecialty postgraduate training and certification.

- 7) Pass a **Supervised Practice Assessment**.

**Physicians who don't meet the requirements for the Provisional Register as a specialist may** be eligible for registration on the Provisional Register as a non-specialist. Applicants must have:

- 1) Successfully completed discipline-specific postgraduate training of a duration that is within 12 months of that required by the Royal College of Physicians and Surgeons of Canada for the equivalent/specific specialty; and
- 2) Achieved specialty certification recognized by another medical regulatory authority; and
- 3) Fulfil all the other criteria of the Provisional Register Conditional Practice

#### **SUPPORTING DOCUMENTS**

- English language proficiency
- Criminal record check policy
- Therapeutics Decision Making Exam (TDM)
- Approved jurisdictions for Route 2

#### **AUTHORITY DOCUMENTS**

- *Health Professions Act*
- *Health Professions Act: Physicians, Surgeons and Osteopaths Profession Regulation*
- CPSA Bylaws