

## **Guidelines and Expectations for Assessors**

A Preliminary Clinical Assessment (PCA) assessor is expected to assess an applicant by directly observing their clinical competence, reviewing their charts, hosting case-based discussions and collecting multi-source feedback for the duration of the three-month assessment. The PCA is conducted in the assessor's medical practice, where they are the physician in charge and will oversee what the applicant does.

### **QUALIFICATIONS**

- Have an Alberta medical practice permit.
- Be on CPSA's General Register.
- Be in good standing with CPSA.
- Have 3 or more years of active practice in Alberta.
- Preferably hold the national certification (CFPC or RCPSC) in their specialty or sub-specialty or an active faculty appointment.
- Have AHS or Covenant Health privileges, if applicable to the scope of the physician being assessed.
- Come highly recommended by their Department Head/Zone Medical Director or have passed a CPSA peer review.
- Have recent experience in teaching and assessing medical students and residents.
- Demonstrate common sense, objectivity and the ability to make firm decisions.
- Be leaders among their peers.

### **ROLE & EXPECTATIONS**

- Participate in phone calls with a CPSA Senior Medical Advisor throughout the assessment. Phone calls include:
  - An initial call at the start of the assessment.
  - An interim call at the 6-week point.
  - A final call at the 12-week point.
- Be responsive to CPSA correspondence and ensure contact information is up to date.
- Evaluate the performance of the applicant by providing CPSA with the following documentation through our online system, GroveWare:
  - Assessment notes
  - Direct Observation of Procedural Skills (DOPS) in Family Medicine or Direct Observation of Procedural Skills (DOPS) in Specialty Medicine
  - An Interim Report and Final Report
- Complete any relevant assessor training as requested by CPSA.
- Provide appropriate orientation to the applicant:

- Our assessors must provide applicants with a brief orientation, as per [our Candidate's Orientation Guide for PCA Assessors](#), within the first 2 weeks of the assessment. This orientation should include:
  - i. Introductions to staff and physicians.
  - ii. An overview of the office and/or hospital set-up and related processes.
  - iii. Access to clinical support tools and resources.
  - iv. Access to NetCare, EMR and remote EMR and ensure training for Electronic Medical Record (EMR) systems, such as Meditech or Connect Care (if appropriate).
  - v. Opportunities for the applicant to observe interactions between the assessor and patients (with patient consent).

## GUIDELINES

Assessors should:

- i. Have **no personal or professional conflict of interest**. This may include (but is not limited to) a pre-existing personal or professional relationship, the receipt of payment, financial or "in-kind" support to an applicant from an assessor whether for support of CPSA registration/Practice Readiness Assessment process or a pre-existing contractual arrangement (whether written or verbal) for a return of service to the assessor.
- ii. Provide an **unbiased assessment**. They should not have a direct interest in the candidate passing or failing (i.e. the assessor cannot be on the hiring committee).
- iii. **Work in all scopes of practice** that the applicant needs to be assessed in.
- iv. **Not be an approved CPSA sponsor** or associated with an approved sponsor. Assessors are not eligible to be sponsors or be connected to sponsorship applications in any way (including as the clinical oversight regulated member). While any regulated physician may apply to be a sponsor/be responsible for clinical oversight of a sponsored physician, doing so requires a complete withdrawal from all assessor activities.
- v. Receive **compensation from CPSA** at a rate of \$2,000 per week for a maximum of 12 weeks for all assessors involved.