

Fair Registration Practices Report

Physicians and Surgeons (2008)

The answers that you submitted to OFC can be seen below.

This Fair Registration Practices Report was produced as required by:

- the Fair Access to Regulated Professions Act (FARPA) s. 20 and 23(1), for regulated professions named in Schedule 1 of FARPA
- the Health Professions Procedural Code set out in Schedule 2 of the Regulated Health Professions Act (RHPA) s. 22.7 (1) and 22.9(1), for health colleges.

Provision of Information About Registration Practices (1 / 13)

Describe how you make information about registration practices available to individuals applying or intending to apply for registration. Specify the tools used to provide information, and the manner in which you make that information available, current, accurate and user friendly in each of these subcategories:

a) steps to initiate the registration process

Information about the steps to initiate registration with the College of Physicians and Surgeons of Ontario (CPSO) is readily available to individuals from the CPSO's website and by corresponding directly with CPSO, either by telephone or email. The CPSO's Registration Department has an Inquiries Unit made up of a team of staff dedicated to providing information and guidance to prospective applicants on registration requirements, policies and procedures. The CPSO's website contains a registration section that offers extensive information, instructions and forms. Individuals can learn about registration and obtain application material directly from the website. Our website underwent a complete redesign in 2008 with special emphasis given to the display, readability, and ease of access to registration information. Plans are underway to add still further enhancements to the website that will aid and guide individuals through the registration process. Links to the CPSO's website and reference to its registration information are widely posted in the websites of municipal, provincial and federal governments, immigration, recruitment and career guidance centres, hospitals, medical schools, and national organizations, including other provincial medical licensing and national examination and certification bodies.

b) requirements for registration

As with information on the initial registration steps, information on registration requirements is readily available to individuals from the CPSO's website and by corresponding directly with CPSO, either by telephone or email. Most of the CPSO's registration requirements, particularly the academic qualifications and examinations required for registration, are set out in Regulation 865/93 under the Medicine Act. Other requirements are contained in various registration policies, many of which offer acceptable alternatives to the regulatory requirements. Our credentialing requirements, including the specific forms and documents we require to verify qualifications, are derived from the general requirement in Regulation 865/93 that every applicant must establish his or her identity and provide documentary evidence of credentials. The list of requirements that is provided by the CPSO with each registration application is the best source for complete and detailed information. For each class of registration there is a separate list containing the requirements specific to the class, along with the common credentialing requirements. These lists are continually updated to reflect changes in requirements and edited for clarity and readability.

c) explanation of how the requirements for registration are to be met, such as the number of years of

schooling required for a degree to be deemed equivalent to an Ontario undergraduate degree, length and type of work experience, credit hours or program content

The qualifications required for registration consist of a degree in medicine (this is a universal requirement for all applicants) along with the class-specific postgraduate training, examination and certification requirements. Detailed information on these requirements is readily available to applicants. With respect to the requirement for a degree in medicine, the CPSO registration regulation defines the criteria of an acceptable degree, including the duration and general content of the undergraduate medical curriculum. It is broad definition, as evidenced by the fact that over 1500 medical schools worldwide provide a curriculum and degree in medicine that meet the definition. As for the postgraduate qualifications specific to each class of registration, these consist mostly of Canadian qualifications provided by examining and certifying bodies separate from the CPSO. The CPSO provides applicants with the contact information for these organizations.

d) any education or practical experience required for registration that must be completed in Ontario or practice that must be supervised by a member of the profession who is registered in Ontario

None of the classes of certificates of registration issued by the CPSO include a requirement for educational or practical experience that must be completed in Ontario. The Independent Practice certificate requires one year of clinical clerkship, postgraduate training, or practice experience, but this can be completed anywhere in Canada. This information, along with information on the rest of the registration requirements, is readily available to individuals from the CPSO's website and by corresponding directly with CPSO, either by telephone or email.

e) requirements that may be satisfied through acceptable alternatives

Over the past ten years, the CPSO has introduced numerous registration policies that offer acceptable alternatives to the regular requirements set out in the regulation. Information on these acceptable alternatives is prominently featured in the registration policies section of the CPSO's website. Individuals who wish to apply for registration under one of these policies are able to download the policy and policy guidesheet, as well as the application form and instructions. Individuals may also telephone or email the Inquiries staff in the Registration Department for further information and personalized guidance on the registration policies.

f) the steps in the assessment process

Information on the general steps involved in the CPSO's registration assessment process is provided to applicants in the instructions that accompany the application material. The CPSO's assessment process consists of the following basic internal steps performed by staff: (a) the qualifications assessment phase which involves checking that the applicant possesses the qualifications and meets the requirements for the class of certificate of registration in question; (b) the credentialing phase which consists of source-verifying the applicant's qualifications, practice history and good standing (steps (a) and (b) happens concurrently); and (c) the approval phase which consists of final checks for completeness of the application, accuracy of applicant's data entered in the registration database, and issuance and mailing of the certificate of registration. For applications in process, information on the present status, remaining requirements, and approximate timelines is all readily available to applicants by contacting the Registration Inquiries staff.

g) the documentation of qualifications that must accompany each application; indicate which documents, if any, are required only from internationally trained applicants

The documentation of qualifications that must accompany each application is clearly laid out in the list of requirements that is provided with the application form. This documentation, once provided, would ordinarily complete the application and no further supporting documentation would be required. If it were determined that additional documentation is needed, the applicant would be given precise instructions on the nature of the required documents. With some exceptions, the documents required from international medical graduates (IMGs) are the same as the documents required from Canadian medical graduates (CMGs). This reflects the fact that the requirements for registration for IMGs are nearly identical to those for CMGs. One example of a document that would be required for IMGs and not for CMGs is the statement of results on the Medical Council of Canada Evaluating Examination (this is a screening exam that is required only for IMGs applying for a Postgraduate Education certificate). English or French translations of foreign language documents is another

example of a documentary requirement that usually applies only to IMGs.

h) acceptable alternatives to the documentation if applicants cannot obtain the required documentation for reasons beyond their control

If, for reasons beyond their control, applicants are unable to obtain the required documentation, information on acceptable alternatives is available through one of three ways. For certain of the required documents, the list of requirements with the application form provides instructions on acceptable alternative documents. Applicants can also obtain information on acceptable alternatives by contacting staff in the Registration Inquiries unit. Thirdly, for an individual whose application is in the credentialing phase, he or she can contact the Credentials Assessor concerned to discuss his or her situation and obtain guidance on acceptable alternatives. It should be noted that the CPSO has an explicit registration policy that allows graduates of medical schools in Iraq and in other countries experiencing war or civil disruption to submit alternative documents instead of the usual verification documents from the source organizations.

i) how applicants can contact your organization

Contact information is available through the CPSO's website and in the registration application material. Contacts are provided for telephone and email. As well, links to the CPSO's website and its contact information is widely available in the websites of many organizations throughout the province and the country.

j) how, why and how often your organization initiates communication with applicants about their applications

Applicants are advised in the application instructions that immediately following arrival of their application at the CPSO, the CPSO will mail them confirmation of receipt of their application. Applicants are advised that further communications by the CPSO will normally be via email. The next communication by the CPSO usually occurs following initial assessment of the application. If it is determined that certain documents remain outstanding, the applicant will be advised to telephone the Registration Inquiries staff to obtain details and guidance on these remaining documents. After that, if all the remaining documents arrive within a reasonable period, the application is processed, and the next communication initiated by the CPSO would be the mailing of the applicant's certificate of registration.

k) the process for dealing with documents provided in languages other than English or French

Applicants are informed that documents in languages other than English or French must be supported by certified English or French translations. This information is clearly set out in the instructions provided with the application form. The certification must be done by a Canadian embassy overseas, an applicant's own embassy or consular office in Canada, or a certified member of the Association of Translators and Interpreters of Ontario. Translations prepared by the source organization in support of the foreign-language original document, e.g. an English language translation prepared and issued by the applicant's medical school overseas, are also acceptable. Applicants requiring clarification about the CPSO's translation requirements or experiencing difficulty obtaining a required translation, may call the Registration Inquiries staff to discuss their situation.

l) the role of third-party organizations, such as qualification assessment agencies, organizations that conduct examinations or institutions that provide bridging programs, that applicants may come into contact with during the registration process

Information on third-party organizations is available to applicants from the CPSO's website and by corresponding directly with CPSO, either by telephone or email. The following are the CPSO's key third-party organizations: (1) Medical Council of Canada (MCC) (2) College of Family Physicians of Canada (CFPC) (3) Royal College of Physicians and Surgeons of Canada (RCPSC) (4) Centre for Evaluation of Health Professionals Educated Abroad (CEHPEA) The MCC, CFPC and RCPSC are the national examining and certifying bodies in Canada. These organizations issue the Canadian postgraduate medical qualifications which the CPSO and all other provincial medical licensing authorities recognize and require for entry to independent medical practice. Although the CPSO provides applicants with information about the roles of

these national bodies, most of our applicants, including the majority of our IMG applicants, will already applied to one or more of them and obtained the qualifications they issue. In any case, the specific roles of these organizations are explained in the CPSO's website, and links to their websites are provided. Also, individuals can call the CPSO's Registration Inquiries staff and be given information about them, including basic guidance on the individual's own situation in relation to eligibility for the various examinations offered by these organizations.

m) any timelines, deadlines or time limits that applicants will be subject to during the registration process

All important timelines, deadlines and time limits are clearly communicated to CPSO applicants. The written instructions that accompany the application form sets out the key information in this area, and this is later reinforced through the telephone, email and letter contacts that occur between applicants and CPSO inquiries and credentialing staff throughout the process.

n) the amount of time that the registration process usually takes

General processing times are provided in the instructions that accompany the application form, along with recommendations on how far in advance applicants should start the process to enable timely registration. This information is also communicated to prospective applicants through the general overview of the process provided in the website and in any telephone or written contacts they may have with Inquiries staff. It is repeated and clarified as necessary throughout the application process via the updates that applicants obtain on the status and progress of their applications.

o) information about all fees associated with registration, such as fees for initial application, exams and exam rewrites, course enrolment or issuance of licence

Information on fees required for CPSO registration is readily available to individuals from the CPSO's website and by corresponding directly with CPSO, either by telephone or email. Fee amounts and methods of payment are detailed in the list of requirements that accompany the application form. Fees required by the CPSO's third-party organizations are available from the websites of these organizations.

p) accommodation of applicants with special needs, such as visual impairment

Special needs applicants identify their needs through their responses to the relevant question in the CPSO's application form, or they can contact the Registration Inquiries staff for information and guidance before they apply. Such applicants are accommodated on an individual basis by the CPSO, with consideration given to their situation by the CPSO's Registration Committee if necessary. The websites of most of the CPSO's third-party organizations contain information acknowledging applicants with special needs and availability of accommodations.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

[BACK TO INDEX](#)

Amount of Fees (2 / 13)

Are any of the fees different for internationally trained applicants? If yes, please explain.

The fees required to apply for registration with the CPSO are the same for all applicants, regardless of whether they are Ontario, Canadian, American or international medical graduates. These fees consist of the application fee and the membership fee. The fees required by the CPSO's third-party organizations are the same for all applicants, with respect to their common certification examinations. There are certain services and examinations offered by these organizations that are available only for international medical graduates.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

[BACK TO INDEX](#)

Provision of Timely Decisions, Responses and Reasons (3 / 13)

a) What are your timelines for making registration decisions?

In the matter of timelines for registration decisions, there is a large distinction between those applicants who fully meet the regulatory registration requirements and those who do not. For the former group, the registration decision i.e. the decision to issue a certificate of registration, is made by Credentials staff within one to three days. Note, however, that this timeline does not include the lead-up time spent by the applicant in completing all the credentialing requirements, or the time spent by the Credentials staff in making the preliminary assessment of the application upon its arrival at the CPSO. For the latter group, the group who do not have the required qualifications, the timeline for the registration decision is considerably longer. This is primarily because it includes the time needed to refer the application to the Registration Committee and schedule it for review by the Committee. The CPSO's governing statute, the Regulated Health Professions Act, requires that all applications that do not meet the registration requirements must be referred to the Registration Committee for review. The Registration Committee meets at four to six week intervals. Thus, for the applicants in this latter group, the need to wait for the next available meeting, coupled with the time needed by Registration Committee support staff to prepare the application for review, gives a registration decision timeline of six to eight weeks on average. An important factor influencing registration timelines is the applicant's planned starting date for practice in Ontario. The CPSO tries very hard to ensure that all eligible applicants are registered on time for their appointment, and, where possible, the CPSO will expedite its decision making to achieve this objective.

b) What are your timelines for responding to applicants in writing?

Applicants submitting routine inquiries in writing are usually provided with a written response by Registration Inquiries staff in three to five business days or less. The five-day timeline covers the vast majority of all the written inquiries dealt with the Registration Department. Responses to complex or sensitive inquiries requiring input by senior staff ordinarily take longer, usually five to fifteen business days.

c) What are your timelines for providing written reasons to applicants about all registration decisions, internal reviews and appeal decisions?

Written reasons for registration decisions are provided only in the case of decisions by the Registration Committee to refuse an application. In such cases, the applicant is advised in writing of the refusal decision within five business days after the Registration Committee meeting. The written reasons are sent afterwards, usually within six weeks from the date of the decision.

d) Explain how your organization ensures that it adheres to these timelines.

The timeline associated with each major segment of the CPSO's registration process is treated as an internal performance benchmark. Achievement of these benchmarks are tracked and reported by staff in an internal quarterly report to management. This tracking and oversight of the process promotes adherence to the timelines. Also, as noted above, an important goal of the registration process is to register applicants in time for their appointment starting dates. The staff's focus on this goal assists adherence to the processing timelines. Lastly, to ensure that timelines are met during the CPSO's peak registration period from March to July, additional temporary staff (primarily summer students) are hired each year during this time. Furthermore, registration staff are not permitted vacation time during this critical registration period.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

[BACK TO INDEX](#)

Access to Records (4 / 13)

a) Describe how you give applicants access to their own records related to their applications for registration.

Applicants are entitled to a copy of their registration file at their request. Applicants are asked to put their request in writing, specifying which part of their file they wish to be copied, if not the whole file. Upon receipt of their request, the CPSO Registration Department will mail copies to the applicant. In practice, however, relatively few applicants request a copy of either all or part of their registration file. Applicants who do not meet one or more of the registration requirements and whose applications require review by the Registration Committee are always provided with a copy of all the documents and information from their registration file that will be going before the Registration Committee. It should be noted that CPSO's Council is reviewing a disclosure of CPSO information policy to individual physicians. This policy embraces and advances disclosure of information as an important principle of CPSO practice. This policy will in turn inform and enhance disclosure of information practices within the CPSO's registration process.

b) Explain why access to applicants' own records would be limited or refused.

Applicants' request for access to information or documents from their registration file could be limited or refused if staff were to determine that release of it could jeopardize the safety of any person. A number of older registration files have been culled of all but the essential credentialing documents and submissions that formed the basis of the application and the CPSO's decision on the application. Therefore, if the individual were to reapply to the CPSO, the individual would have access only to the parts of his or her old registration file that had been retained.

c) State how and when you give applicants estimates of the fees for making records available.

The CPSO does not charge applicants a fee for a copy of their registration documents. However, in the rare case of a repeat request by an applicant, or of a request by an applicant's lawyer for the applicant's entire file, the CPSO may charge 25 cents per copy.

d) List the fees for making records available.

The fees for copies are as noted in part (c) above.

e) Describe the circumstances under which payment of the fees for making records available would be waived or would have been waived.

As explained in part (c) above, for the vast majority of requests by applicants for copies of the registration documents, the CPSO does not charge a fee. On those occasions where a fee would be charged, the CPSO would consider requests for waiving of the fee on a case-by-case basis.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

[BACK TO INDEX](#)

Resources for Applicants (5 / 13)

a) List and describe any resources that are available to applicants, such as application guides, exam blueprints or programs for orientation to the profession.

The following resources are available for all physicians interested in practising in Ontario: 1. The schedule of requirements included with each application package includes detailed information on each credentialing requirement, as well as general application guidelines and timeframes. 2. The MCC's website provides examination reference materials, including examination demonstrations, instructional videos, scoring guides and recommended readings. 3. The CFPC's home study program includes internet based CFPC education programs that allow physicians to evaluate themselves, along with recommended books and journals. They also recommend practice sessions with individual residency programs or, for those candidates who are not enrolled in a training program, with provincial chapters that may run exam orientation workshops prior to examinations. 4. The RCPSC provides an outline of the examination format for each specialty on their website. 5. HealthForceOntario's Recruitment and Relocation service works with physicians interested in relocating to Ontario. Representatives help determine eligibility for licensure as well as assist with job placement. They also provide an overview of the Ontario practice environment. The following resources are available specifically for IMGs: 1. The CPSO maintains a general information package for IMGs which contains detailed descriptions of the core requirements for an Independent Practice certificate, including how access to the requirements can be obtained and links to relevant third-party organizations. 2. The Registration Inquiries staff attends information sessions organized by various third-party and community organizations. The information presented is tailored to the specific group and topics range from providing information on the various routes to registration to assisting IMGs matched to a residency program with the application process. 3. CEHPEA offers the Orientation to Training and Practice in Canada (OTPC) program. The five week program is mandatory for all IMGs selected to a specialty residency program, and the focus is on communication skills and an introduction to Canadian medical culture. 4. CEHPEA also offers the Pre-Residency Program (PRP), a 4 month intensive preparatory program which addresses key competency areas to prepare IMGs for residency. It is mandatory for all IMGs matched to a family medicine program. 5. The Access Centre of HealthForceOntario (HFO) provides IMGs with information on routes to practice, ongoing counselling and support, self-assessment tools, and referrals to third party organizations. The role of HFO is of particular importance as a resource for IMGs in Ontario. The CPSO has a close collaborative relationship with HFO, and CPSO staff frequently refer IMGs to the services offered by HFO. 6. The Communication and Cultural Competence is a web-based self-study program, created through partnership with the MCC and CPSO, in which participants have the opportunity to explore specific aspects of the Canadian Health Care system that have been traditionally difficult to access prior to entry into the system. The focus is on the communication, ethical and professional behavior objectives now included in the revised Medical Council objectives, called the CLEO -2s or C2-LEOs. 7. The Canadian Information Centre for International Medical Graduates provides information which helps IMGs understand the Canadian medical environment, including information on practice options, ethical and legal aspects, and liability coverage. They also provide an overview of each provinces

registration requirements. 8. The RCPSC website has a section specifically designed for IMGs and focuses on all available routes to certification, including the routes specifically for IMGs: Practice Ready Assessment, Academic Certification, Jurisdiction Approved Training, and Individual Competency Assessment.

b) Describe how your organization provides information to applicants about these resources.

The majority of the information discussed above is available on the CPSO or relevant organization's website. Information can also be obtained by contacting the Registration Inquiries staff by telephone or email. While staff can discuss the examinations and services above in general terms, IMGs are always referred to the correct organization for more detailed information. There are several private companies which offer exam preparatory courses; however, the College refers all inquiries about such courses to the relevant examination body for further discussion.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

[BACK TO INDEX](#)

Internal Review or Appeal Processes (6 / 13)

In this section, describe your internal review or appeal process. Some regulatory bodies use these two terms (*internal review* and *appeal*) for two different processes, some use only one of these terms, and some use them interchangeably. Please use the term that applies to your profession. If you use both terms (for two different processes), please address both.

a) List your timelines for completing internal reviews or appeals of registration decisions.

Internal review is conducted by the Registration Committee. The Registration Committee meets ten times per year, resulting in a meeting every 4 to 6 weeks. As soon as an application is complete, it is presented to the Registration Committee at its next available regularly scheduled meeting. This would usually be the second meeting after the application is received in the Registration Committee Department. Thus, the Registration Committee decision is normally made within 8 weeks after the application received in the Registration Committee department.

i. State the number of internal reviews or appeals of registration decisions that exceeded your timelines.

During the year 2008, the Registration Committee considered a total of 632 applications. Of those, close to 90% of the applications were decided within 8 weeks.

ii. Among internal reviews or appeals that exceeded your timelines, state the number that were from internationally trained applicants.

Close to two-thirds of the applications that took longer than 8 weeks for decision making were from IMG applicants. As noted earlier, as soon as an application is complete, it is scheduled for the next available Registration Committee meeting. Of those applications that take longer than our usual timeline of eight weeks, the delay is often the result of applicant asking for additional time to make their final submission to the Registration Committee. There is no backlog of applications requiring review by the Registration committee.

b) Specify the opportunities you provide for applicants to make submissions regarding internal reviews

or appeals.

When the Registrar decides to refer an application to the Registration Committee, a written notice is given to the applicant. The applicant is invited to make any additional documentary information that the applicant believes may help the Committee in deciding their application. There is no restriction on the number of or the type of written submissions that an applicant can make to the Registration Committee. Under the RHPA, an applicant is given 30 days to make written submissions to the Registration Committee. However, if an applicant requests additional time to make their submission, the extension is almost always granted.

c) Explain how you inform applicants about the form in which they must make their submissions (i.e., orally, in writing or by electronic means) for internal reviews or appeals.

As noted above, the College gives written notice to applicants of the referral of their application to the Registration Committee. An applicant is invited to make additional submissions to the Registration Committee.

d) State how you ensure that no one who acted as a decision-maker in a registration decision acts as a decision-maker in an internal review or appeal of the same registration decision.

The Registration Committee is a statutory committee of the College, composed solely of members of the Council of the College. No College staff sit on the Registration Committee. Therefore, at this stage of the process, it is the Registration Committee members that make the decision. The Registrar and/or staff is not involved in this decision making.

e) Describe your internal review or appeal process.

Under Section 15(1) of the RHPA (Code), if a person applies to the Registrar for registration, the Registrar shall, (a) register the applicant; or (b) refer the application to the Registration Committee. If the Registrar refers an application to the Registration Committee, he must give the applicant written notice of the statutory grounds for the referral and of the applicant's right to make written submissions to the Registration Committee. The applicant may make written submissions to the Registration Committee within thirty days after receiving this notice. If an applicant requests additional time, the extension is usually given. Under Section 16(1) of the RHPA (Code), the Registrar is required to give the applicant, at his or her request, all the information and a copy of each document the College has that is relevant to the application. In practice, however, even if the applicant has not requested it, a copy of each relevant document is always provided to the applicant. The applicant does not have to make a specific request. When an application is complete, it is scheduled for review by the Registration Committee at its next regularly scheduled meeting. The Registration Committee, after considering an application, may make an Order doing any one or more of the following: 1. Direct the Registrar to issue a certificate of registration. 2. Direct the Registrar to issue a certificate if the applicant successfully completes examinations set or approved by the panel. 3. Direct the Registrar to issue a certificate of registration if the applicant successfully completes additional training specified by the panel. 4. Direct the Registrar to impose specified terms, conditions and limitations on a certificate of registration of the applicant. 5. Direct the Registrar to refuse to issue a certificate of registration. Additionally, the Registration Committee may, with the consent of the applicant, direct the Registrar to issue a certificate of registration with terms, conditions and limitations. Following the Registration Committee meeting, the College writes to every applicant informing them of the Registration Committee's decision. The Registrar will proceed with issuing a certificate of registration to an applicant, if the application consents to the Order made by the Committee. The applicant is informed that if they are dissatisfied with the Registration Committee's Order, they may appeal the Registration Committee's Order to the Health Professions Appeal and Review Board.

f) State the composition of the committee that makes decisions about registration, which may be called a Registration Committee or Appeals Committee: how many members does the committee have; how many committee members are members of the profession in Ontario; and how many committee members are internationally trained members of the profession in Ontario.

The Council of the College is responsible for appointing members to the Registration Committee. The members are appointed for a term of 12 months, initially, and may be renewed by Council. In 2008, the Registration Committee was composed of seven individual Council members that included five physician members and two public members. Of the five physicians, three were internationally trained physicians.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

[BACK TO INDEX](#)

Information on Appeal Rights (7 / 13)

This section refers to reviews or appeals that are available after an internal review or appeal. Describe how you inform applicants of any rights they have to request a further review of or appeal from a decision.

General information about the Registration Committee process and the appeal process is available on the College website. After the Registration Committee makes the decision, the College gives written notice to the applicant of the Committee's decision. The applicant is advised that if he or she is dissatisfied with the Registration Committee's decision, an appeal may be made to the Health Professions Appeal and Review Board. The applicant is advised that after receiving the Registration Committee's Order with reasons, he or she has thirty days to appeal the Registration Committee's decision to the Board. Together with the written Order and reasons, the College provides to the applicant a two page document prepared by the HPARB that gives information about the appeal process. This same information is also available from HPARB's website.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

[BACK TO INDEX](#)

Assessment of Qualifications (8 / 13)

This category covers your processes for assessing all qualifications, such as academic credentials, competencies, language ability or practical experience.

a) List the criteria that must be met in order for an applicant's qualifications to satisfy the entry-to-practice requirements for your profession.

Listed below are the requirements that an applicant must have under the CPSO's registration regulation (O.Reg. 865/93 under the Medicine Act, Ontario) to qualify for an Independent Practice certificate of registration. The focus is on the Independent Practice certificate because the vast majority of CPSO's membership, including its IMG members, hold this class of certificate (i.e. 96% of all members, not including postgraduate trainees, hold an Independent Practice certificate). It is the only certificate class that allows the holder to practise medicine anywhere in Ontario in any area of medicine in which he or she is educated and experienced, and without any time limit on the certificate. All other classes of certificate carry additional standard terms, conditions and limitations relating either to the duration of the certificate or to the practice appointment and location for which the certificate is valid. For fully-qualified physicians who have completed postgraduate training and wish to practise medicine in Ontario, the Independent Practice certificate is the

usual and appropriate class of certificate for which they would apply. The requirements for an Independent Practice certificate consist of the common credentialing requirements (e.g. source-verification of qualifications, evidence of good standing in other jurisdictions, criminal record screening, etc.) and the specific academic, examination and practice qualifications required for this class of certificate. These required qualifications are as follows: -- degree in medicine from an accredited Canadian or US medical school or from an acceptable medical school listed in the World Directory of Medical Schools, -- pass standing on Parts 1 and 2 of the Medical Council of Canada Qualifying Examination (or one of the acceptable alternative qualifying examinations), -- certification by examination by either the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada, -- completion, in Canada, of one year of postgraduate training or active medical practice, or completion of a full clinical clerkship at an accredited Canadian medical school, -- Canadian Citizenship or permanent resident status. The foregoing are the qualifications for an Independent Practice certificate as set out in the CPSO's registration regulation. Nearly all applicants who are issued an Independent Practice certificate possess these qualifications. Applicants without certain of these qualifications may be able to obtain an Independent Practice certificate based on their eligibility under one or more of the CPSO's registration policies and with approval by the Registration Committee.

b) Describe the methodology used to determine whether a program completed outside of Canada satisfies the requirements for registration.

Generally, the only program completed outside Canada that forms part of the usual requirements for CPSO registration is the undergraduate medical degree program. Other programs completed outside Canada, particularly postgraduate programs, do not form part of the usual requirements for CPSO registration and therefore do not require assessment by the CPSO. The criteria used to determine the acceptability of the medical degree program are set out in the CPSO's registration regulation, as follows: -- an M.D. or equivalent basic degree in medicine, based upon successful completion of a conventional undergraduate program of education in allopathic medicine that, (i) teaches medical principles, knowledge and skills similar to those taught in undergraduate programs of medical education at accredited medical schools, (ii) includes at least 130 weeks of instruction over a minimum of thirty-six months, and (iii) was, at the time of graduation, listed in the World Directory of Medical Schools published by the World Health Organization. To determine whether the program meets these requirements, CPSO credentialing staff refer to the WHO Directory of Medical Schools and carefully check the contents of the applicant's medical school transcript for curriculum content and duration, curriculum completion, and conferral of the degree.

c) Explain how work experience in the profession is assessed.

For purpose of application for an Independent Practice certificate, the CPSO requires that the applicant have completed, in Canada, one year of postgraduate training or active medical practice, or a clinical clerkship at an accredited Canadian medical school. The one year of active medical practice must include significant clinical experience pertinent to the applicant's area of medical practice. Compliance with this experience requirement is determined by way of a report from the applicant's employer verifying the year of relevant practice experience. Apart from the one year required for independent practice, CPSO registration requirements do not include work experience as a specific requirement. Instead, work experience, particularly in the form of practical experience gained through residency training, is a prerequisite to a number of the third-party certifications and examinations required for CPSO registration.

d) Describe how your organization ensures that information used in the assessment about educational systems and credentials of applicants from outside Canada is current and accurate.

To ensure that the information used in assessment of programs and credentials of applicants from outside Canada is accurate and complete, the CPSO requires source-verification. That is, the CPSO requires that the organizations that actually granted the credentials send verification directly to the CPSO on behalf of the applicant.

e) Describe how previous assessment decisions are used to assist in maintaining consistency when assessing credentials of applicants from the same jurisdictions or institutions.

To aid in consistency of credentials assessment decisions, the CPSO retains representative past decisions

and maintains a bank of sample documents from past cases, organized by jurisdiction and institution. Credentialing staff often refer to this sample bank when assessing credentials.

f) Explain how the status of an institution in its home country affects recognition of the credentials of applicants by your organization.

As explained in 8(b) above, from the standpoint of the CPSO's registration requirements for international medical graduates, the key institution in the applicant's home country is his or her medical school. As part of the requirements for an acceptable degree in medicine, the medical school must be listed in the World Directory of Medical Schools published by the World Health Organization. Ordinarily, if the status of the medical school is such that it is not recognized by the government in that country, then it would not qualify for listing in the WHO Directory.

g) Describe how your organization accommodates applicants with special needs, such as visual impairment.

Special needs applicants identify their needs through their responses to the relevant question in the CPSO's application form, or they can contact the Registration Inquiries staff for information and guidance before they apply. Such applicants are accommodated on an individual basis by the CPSO, with consideration given to their situation by the CPSO's Registration Committee if necessary. The CPSO has registered numerous applicants presenting special needs of a physical or mental nature. Just as the CPSO provides accommodations, so do the CPSO's third-party organizations. Most of the CPSO's special needs applicants are fully qualified when they apply here; they will therefore have completed the pre-requisite assessment and examination processes administered by the CPSO's third-party organizations. Accommodations will have been made for them during these processes, and thus applicants with special needs are supported throughout each step of the path to CPSO registration.

h) State the average length of time required to complete the entire registration process, from when the process is initiated to when a registration decision is issued.

Taking all applications and all registration classes into account, the average time to complete the registration process is about six weeks. Note, however, that duration can vary greatly from applicant to applicant. For a fully qualified applicant who requires less credentialing, is very proactive in completing the application requirements, and has an urgent starting date, the process can be accomplished in as little as a week or less. On the other hand, for an applicant who is missing qualifications, has many credentialing requirements to complete, and attends to his or her application only sporadically, the process can take a year or more. Also, duration of the process varies by class of certificate and type of applicant. The process for short duration certificates issued to meet an urgent need is designed to be completed in a compressed time period and can be expedited if necessary. On the other hand, the process for the independent practice class of certificate takes significantly longer. With respect to applicant type, the process will usually take less time for an applicant just out of training and requiring less credentialing, as compared to an applicant who has been in practice for many years and in many jurisdictions outside Ontario. IMG applicants also tend to take longer, as explained below.

i. State whether the average time differs for internationally trained individuals.

For international medical graduates (IMGs), the average processing time is different, as explained below.

ii. If the average time differs for internationally trained individuals, state whether it is greater or less than the average for all applicants, and the reasons for the difference.

For IMGs, the registration process is typically longer, averaging four to six months. This difference occurs largely because credentialing of IMGs, unlike that of Ontario or Canadian graduates, involves numerous primary-source verification documents from overseas, which typically take much longer to arrange for and to arrive than primary-source verifications from within Canada. Also, if the IMG has practised in numerous jurisdictions outside Canada, this adds to the number of required credentialing documents and increases the likelihood that the processing time will take longer. However, as noted in 8(h) above, the duration can vary

greatly from case to case, and this is particularly true for IMG applicants. For a fully qualified IMG applicant who requires less credentialing and is very proactive in completing the application requirements, the process can be accomplished in much less than the average time.

i) If your organization conducts credential assessments:

i. Explain how you determine the level (e.g., baccalaureate, master's, Ph.D.) of the credential presented for assessment.

The CPSO conducts credential assessments in-house, employing a team of credentials assessors. With respect to the medical degree credential, this is a basic qualification which every CPSO applicant must possess. The medical degree document and transcript must clearly indicate that a degree in medicine has been conferred.

ii. Describe the criteria that are applied to determine equivalency.

With respect to the medical degree, provided it meets the CPSO's regulatory criteria for an acceptable degree in medicine (whether for medical schools inside or outside Canada), it is deemed an acceptable degree in medicine for CPSO registration. There is no process, policy or criteria for determining equivalency of other degrees to the degree in medicine. The same situation applies to other credentials presented for assessment. The postgraduate qualifications required for CPSO registration are specific and apply to all applicants. Thus, there is no regular process and no set criteria for determining equivalency of other qualifications.

iii. Explain how work experience is taken into account.

As explained in 8(c) above, for purpose of application for an Independent Practice certificate, the CPSO requires that the applicant have completed, in Canada, one year of postgraduate training or active medical practice, or a clinical clerkship at an accredited Canadian medical school. The one year of active medical practice must include significant clinical experience pertinent to the applicant's area of medical practice. Apart from this one year of practice experience required for independent practice, CPSO registration requirements do not include work experience as a specific requirement, and any work experience beyond the one-year requirement does not factor into the regular assessment process.

j) If your organization conducts competency assessment:

i. Describe the methodology used to evaluate competency.

Generally speaking, the CPSO itself does not conduct competency assessments as part of its process to determine an applicant's compliance with the regulatory requirements for registration. Instead, competence is assessed and demonstrated by way of applicants' passing the required examinations and obtaining the certifications granted by the CPSO's third-party organizations (see 8(a) above). However, the CPSO has introduced certain registration policies, notably the Registration Through Practice Assessment Program (RPA), that rely on practice assessments as a key indicator of competency. These policies apply to those who do not possess the regular exam-based credentials issued by the CPSO's third-party organizations. In the case of the RPA Program, the assessments are conducted by Ontario physicians and consist of on-site observation and chart reviews of an applicant's current practice outside Ontario. They employ a multi-dimensional approach that includes multiple sources of information, e.g. surveys of colleagues, co-workers and patients, as well as personal interviews with selected co-workers.

ii. Explain how the methodology used to evaluate competency is validated, and how often it is validated.

With respect to validation of the exams used to evaluate competency, see the Third-Party Organization information below. With respect to the practice assessments conducted by the CPSO to evaluate competency, the tools and methods used for these assessments are periodically reviewed and enhanced to ensure their reliability, consistency of use and effectiveness. Many of these quality improvements are based on direct feedback from the assessors themselves. The CPSO has a research and evaluation department that validates tools (such as medical record review tools) and keeps abreast of the literature and of advances in the field

across Canada to ensure that the CPSO uses current, validated tools.

iii. Explain how work experience is used in the assessment of competency.

Apart from the one year of practice experience that is required for independent practice, the CPSO regulatory requirements do not include work experience as a specific requirement, and any work experience beyond the one-year requirement does not factor into the assessment of competency. It should be noted, however, that in the context of the CPSO's recently-introduced registration policies, practice experience is an important consideration. These policies rely on practice experience (especially Canadian practice experience) as an indicator of competence, because the applicants in question possess unfamiliar academic qualifications, or otherwise lack the usual postgraduate qualifications required under the regulations.

k) If your organization conducts prior learning assessment:

i. Describe the methodology used to evaluate prior learning.

The CPSO does not conduct prior learning assessments. See Third Party Organizations below for information on prior learning assessments as a method of assessment.

ii. Explain how the methodology used to evaluate prior learning is validated, and how often it is validated.

The CPSO does not conduct prior learning assessments. See Third Party Organizations below for information on prior learning assessments as a method of assessment.

iii. Explain how work experience is used in the assessment of prior learning.

The CPSO does not conduct prior learning assessments. See Third Party Organizations below for information on prior learning assessments as a method of assessment.

l) If your organization administers examinations:

i. Describe the exam format, scoring method and number of rewrites permitted.

The CPSO does not conduct examinations. For information on examinations, see Third-Party Organizations below.

ii. Describe how the exam is tested for validity and reliability. If results are below desired levels, describe how you correct the deficiencies.

The CPSO does not conduct examinations. For information on examinations, see Third-Party Organizations below.

iii. State how often exam questions are updated and the process for doing so.

The CPSO does not conduct examinations. For information on examinations, see Third-Party Organizations below.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

Third-Party Organizations (9 / 13)

a) List any third-party organizations (such as language testers, credential assessors or examiners) relied upon by your organization to make assessment decisions.

The CPSO's primary third-party organizations, from the standpoint of assessment and examination of applicants, are as follows: -- Medical Council of Canada (MCC). The MCC is a national body offering broad-based medical evaluating and qualifying examinations that are recognized and required for licensure in Ontario and throughout Canada. -- College of Family Physicians of Canada (CFPC). The CFPC is the national examining, certifying and training program accrediting body for family physicians in Canada. -- Royal College of Physicians and Surgeons of Canada (RCPSC). The RCPSC is the national examining, certifying and training program accrediting body for medical specialists in Canada. -- Centre for the Evaluation of Health Professionals Educated Abroad (CEHPEA). CEHPEA is an organization funded by the Ontario Ministry of Health and Long-Term Care and provides assessments and examinations for international medical graduates seeking entry to a family medicine or specialty residency program in Ontario. The CPSO's third-parties are separate and independent from the CPSO, each having a distinct role to play in the medical licensure system, but they are also our partners and stakeholders with whom we consult, collaborate and engage in continuing dialogue.

b) Explain what measures your organization takes to ensure that any third-party organization that it relies upon to make an assessment:

i. provides information about assessment practices to applicants

The CPSO is required under the Regulated Health Professions Act to take reasonable measures to ensure that its third-party organizations involved in assessing qualifications do so in a way that is transparent, objective, impartial and fair. With respect to information about their assessment practices, the CPSO is assured that all of its third-party organizations provide ample information of this nature to applicants. We gain this assurance through our many contacts and discussions with staff at each third-party organization, by our review of our third-party website content, and by the comments we receive from individuals who have previously applied to our third parties. Also, the CPSO and other provincial medical regulatory colleges share in corporate governance of the MCC. With respect to representation at the RCPSC and CFPC, our national federation, the Federation of Medical Regulatory Authorities of Canada (FMRAC) sits on committees within the RCPSC and CFPC.

ii. utilizes current and accurate information about qualifications from outside Canada

The CPSO is assured that our third-party organizations utilize current and accurate information about qualifications from outside Canada. We gain this assurance through our many contacts and discussions with staff at each third-party organization, by our review of our third-party website content, and by the initiatives our third parties have undertaken to study overseas medical training systems and explore ways they might be recognized.

iii. provides timely decisions, responses and reasons to applicants

The CPSO is assured that our third-party organizations provide timely decisions, responses and reasons to applicants. We gain this assurance through our many contacts and discussions with staff at each third-party organization, by the comments we receive from individuals who have previously applied to our third parties, by the regularity and reliability of examination results that we receive from our third parties, and by the published formal policies our third parties have for communicating decisions to applicants.

iv. provides training to individuals assessing qualifications

The CPSO is assured that our third-party organizations provide training to individuals assessing qualifications. We gain this assurance through our many contacts with staff at each third-party organization and our

knowledge of their staff expertise.

v. provides access to records related to the assessment to applicants

The CPSO is assured that all of its third-party organizations provide reasonable access to applicants to records related to their assessment. Each third party provides feedback to applicants on the assessment results and offers an appeal process.

vi. accommodates applicants with special needs, such as visual impairment

The CPSO is assured that all of its third-party organizations provide accommodations to applicants with special needs. The websites of the MCC, CFPC and RCPSC contain information acknowledging applicants with special needs and the availability of accommodations for them.

c) If your organization relies on a third party to conduct credential assessments:

i. Explain how the third party determines the level (e.g., baccalaureate, master's, Ph.D.) of the credential presented for assessment.

In the assessment processes of the CPSO's third parties, there is no determination of "level" of credential, such as exists in the assessment process of other professions. As with CPSO, a key credential for the third-parties is the degree in medicine, and the criteria and process to determine its acceptability are similar to the CPSO's. The medical degree document and transcript must clearly indicate a degree in medicine.

ii. Describe the criteria that are applied to determine equivalency.

CPSO's third-party organizations do not routinely undertake degree equivalency assessments. Nor do the third parties engage in routine equivalency assessments for the other credentials they require for eligibility to take their examinations. These credentials are specific and apply to all applicants. There is no regular process and no set criteria for determining equivalency of other qualifications.

iii. Explain how work experience is taken into account.

Generally speaking, work experience by itself does not factor into assessment of credentials by the CPSO's third parties. As noted above, the required credentials consist mainly of specific academic qualifications (such as a degree in medicine) and completion of recognized postgraduate medical training programs. However, one notable example where work experience figures as a distinct credential is in the CFPC's "practice eligibility" option for entry to its certification examination. Briefly, this option recognizes family medicine practice experience (minimum five years including at least two years in Canada), in combination with acceptable residency training in family medicine (minimum one year), as key criteria for exam eligibility.

d) If your organization relies on a third party to conduct competency assessments:

i. Describe the methodology used to evaluate competency.

The CPSO's third-party organizations do not engage in competency assessments as defined by the Office of the Fairness Commissioner, i.e. relying on direct observation of skills, knowledge and/or abilities to determine if an individual has achieved a competency standard. Our third parties evaluate competency primarily through examinations and, to a lesser extent, through prior learning assessment. The RCPSC and CFPC are responsible for accrediting all Canadian residency training programs. In this respect they play a key role in shaping methodology used to evaluate competency in the postgraduate medical education system in this country.

ii. Explain how the methodology used to evaluate competency is validated, and how often it is validated.

See 9d(i) above.

iii. Explain how work experience is used in the assessment of competency.

See 9d(i) above.

e) If your organization relies on a third party to conduct prior learning assessments:

i. Describe the methodology used to evaluate prior learning.

"Prior learning assessment," as defined by Office of the Fairness Commissioner, refers to the assessment of skills and knowledge obtained through past formal or informal learning. It is distinct from competency assessment or assessment by examination, the latter of the two being the primary approach used by our third parties. None of the CPSO's third-party organizations utilize prior learning assessments as their major method of assessment, but the RCPSC incorporates some prior learning assessment in connection with certain of IMG assessments. For example, the RCPSC considers its programs for "Individual Competency Assessments" and "Practice Ready Assessment" to involve an element of prior learning assessment. Essentially, these programs give advanced standing into an RCPSC residency and access to the RCPSC examination on the strength of applicants' past training and specialty qualifications overseas, coupled with their performance in a screening and evaluation process. In Ontario, CEHPEA plays a key role in this screening and evaluation process..

ii. Explain how the methodology used to evaluate prior learning is validated, and how often it is validated.

As explained in 9(e)(i), prior learning assessment is not the usual means by which the CPSO's third-party organizations conduct their assessments. To the extent prior learning assessment methods are used, validation of methods would occur in the context of validating the objectives and results of the program, such as RCPSC's "Practice Ready Assessment." Applicant feedback, the nature of applicant appeals, evaluation of actual performance in the program, stakeholder input on program objectives and program effectiveness, and ongoing quality enhancements would all form the basis for validation of the program.

iii. Explain how work experience is used in the assessment of prior learning.

This question generally does not apply to the CPSO's third-party organizations. To the extent that prior learning assessment is employed, it focuses on past completion of formal postgraduate residency training programs and content of these programs.

f) If your organization relies on a third party to administer examinations:

i. Describe the exam format, scoring method and number of rewrites permitted.

Numerous exams are administered by the CPSO's third-party organizations. The use of examinations is the primary means by which the third parties assess knowledge, skills and competence of CPSO applicants. The following are the examinations regularly administered by the CPSO's third parties: MCC -- Evaluating Examination, Qualifying Examination Part 1, Qualifying Examination Part 2; CFPC -- Certification Examination in Family Medicine, Examination of Special Competence in Emergency Medicine; RCPSC -- Certification Examination (consisting of separate written and oral parts) in each of the RCPSC's sixty-one recognized specialties; CEHPEA -- Comprehensive Clinical Examination, Specialty Specific Written Examination, Specialty Specific Clinical Examination Exam format includes including multiple-choice questions, short answer written questions, objective structured clinical examinations(OSCEs), and structured oral examinations (SOEs). Scoring methods use primarily a pass/fail approach supplemented by a detailed component score profile. The nature of these score profiles vary across the different examinations, but in general they show particular components passed/failed, numerical scores, cohort mean scores, and applicant's score relative to mean score. The number of re-writes permitted depends on the examination. Some allow an unlimited number of re-writes (MCC and CEHPEA exams) while others allow a limited number of re-writes. The RCPSC, for example, allows up to three attempts at its oral examination.

ii. Describe how the exam is tested for validity and reliability. If results are below desired levels,

describe how you correct the deficiencies.

The tests used by CPSO third-parties to ensure reliability and validity of their examinations include extensive psychometric testing; review, analysis and updating of existing content by recognized experts in each medical field; pre-testing of exam questions; conformity with existing "blueprints" for exam content; evaluation of content by internal exam committees; oversight and auditing by exam boards independent of the internal exam development group. Examples of methods used to prevent or correct anomalous results include pre-testing of individual questions and modifying them as necessary. In the case of actual results on an entire section of an exam being universally lower than expected, results are adjusted upwards.

iii. State how often exam questions are updated and the process for doing so.

All third parties update their questions frequently. Brand new questions are introduced each year, and in the case of the oral examinations, the entire question set might be replaced each year. If questions are to be re-used they are not used in successive years or are revised before being re-used. Questions are also updated to reflect developments in the discipline and the overall objectives of the examination.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

[BACK TO INDEX](#)

Training (10 / 13)

a) Describe the training that your organization provides to:

i. individuals who assess qualifications

The Credentials Section is the area within the CPSO's Registration Department that conducts the primary assessment of qualifications. The unit is staffed by eight assessors, all of whom go through in-depth and lengthy training. The training process is multi-faceted and involves all members of the Credentials Section, including the supervisor. The Manager of the Registration Department also provides instruction, guidance and insight throughout the process. For new employees, training advances in stages, beginning with study of all material related to CPSO credentialing and registration. This includes the registration regulations and policies, application requirements and other reference and resource material. This knowledge acquisition phase is followed by one-on-one practical training provided by other assessors and the section supervisor. It includes instruction and review of how applications are credentialed and processed from point of arrival to issuance of the certificate of registration. Once the new assessor has acquired a fundamental knowledge base and received practical instruction, he or she assumes a small caseload of applications and then gradually progresses to a full share of work. This hands-on phase involves extensive feedback from the supervisor. The overall duration of training is approximately one year.

ii. individuals who make registration decisions

In reviewing applications, assessors make judgements along the way in determining compliance with the regulations and ensuring appropriate documentation is collected to satisfy the regulatory requirements. All staff involved in making registration decisions undertake appropriate training to enhance judgement and analytical skills, to increase awareness of fair and unbiased assessments, to make use of best registration practices, and, above all, to ensure that registration decisions accord with the CPSO's regulatory and credentialing requirements. Decisions on registration applications are subject to an internal triple-check process with the Credentials Section that reinforces training and learning.

iii. individuals who make internal review or appeal decisions

The College continually provides training to Council members. Every year, the Council hosts a one-day orientation session for Council members, where members are given general information about the role of the College, mandate of the various committees, and other relevant issues such as the importance of recognizing and declaring any conflict of interest. New members appointed to the Registration Committee are given a package of written material that provides an overview of the registration process, all relevant legislation, and all registration policies and information about the key third party organizations. Additionally, staff holds a training session for all new members to review the material and analyze some case examples.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

[BACK TO INDEX](#)

Agreements on the Recognition of Qualifications (11 / 13)

Examples of agreements on the recognition of professional qualifications include mutual recognition, reciprocity and labour mobility agreements. Such agreements may be national or international, between regulatory bodies, associations or jurisdictions.

a) List any agreements on the recognition of qualifications that were in place during the reporting period.

The only such agreement in place during the reporting period was the 2001 Mutual Recognition Agreement (MRA) of the medical licensing authorities of Canada. This is an agreement that was made by the CPSO with other provincial and territorial medical licensing authorities in 2001 to accord with the requirements set out in the labour mobility chapter (chapter 7) of the Agreement on Internal Trade (AIT). The AIT is a 1995 Canadian federal and provincial agreement to reduce barriers to the movement of persons, goods, services and investments within Canada.

b) Explain the impact of these agreements on the registration process or on applicants for registration.

The 2001 MRA recognizes and affirms specific Canadian postgraduate medical qualifications (namely, certification by the RCPSC, CFPC and MCC) as the means by which inter-provincial mobility of Canadian physicians is assured. These qualifications are held by the majority of practising Canadian physicians, and the 2001 MRA assures their portability for licensure purposes across Canada. Such physicians applying to the CPSO must complete the usual credentialing requirements and follow the usual processing timelines, but they can submit their applications with full assurance that their qualifications will be recognized.

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

[BACK TO INDEX](#)

Languages in which application information materials are available

a) Indicate the languages in which application information materials were available in the reporting year.

Language	Yes/No
English	Yes
French	No
Other (please specify)	

Paid staff employed by your organization

b) In the table below, enter the number of paid staff employed by your organization in the categories shown, on December 31 of the reporting year.

When providing information for each of the categories in this section, you may want to use decimals if you count your staff using half units. For example, 1 full-time employee and 1 part-time employee might be equivalent to 1.5 employees.

You can enter decimals to the tenths position only. For example, you can enter 1.5 or 7.5 but not 1.55 or 7.52.

Category	Staff
Total staff employed by the regulatory body	250
Staff involved in appeals process	6
Staff involved in registration process	20

Countries where internationally educated applicants were initially trained

c) In the following table, enter the top source countries where your applicants¹ were originally trained in the profession (**excluding** Canada), along with the number of applicants from each of these source countries.

Enter the country names in descending order. (That is, enter the source country for the greatest number of your applicants in the top row, the source country for the second greatest number in the second row, etc.)

Use the dropdown menu provided in each row to select the country.

Note that only one country can be reported in each row. If two or more countries are tied, enter the information for these tied countries in separate rows.

Country of training (Canada excluded)	Number of applicants in the reporting year
India	200
S Arabia	114
U.K.	113
Egypt	79
Pakistan	69

¹Persons who have applied to start the process for entry to the profession.
 Select "n/a" from the drop-down list if you do not track this information. Enter "0" in a "Number of applicants" field if you track the information, but the correct value is zero.

Jurisdiction where members were initially trained

d) Indicate where your members² were initially trained in the profession (use only whole numbers; do not enter commas or decimals).

The numbers to be reported in the **Members** row are the numbers on December 31st of the reporting year. For example, if you are reporting registration practices for the calendar year 2009, you should report the numbers of members in the different categories on December 31st of 2009.

	Jurisdiction where members were initially trained in the profession (before they were granted use of the protected title or professional designation in Ontario)					
	Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
Members on December 31st of the reporting year	18362	6218	354	8966	0	33900

² Persons who are currently able to use the protected title or professional designation of the profession.

Enter "n/a" if you do not track this information. Enter "0" if you track the information, but the correct value is zero.

Additional comments:

Table (c): The counts provided are for actual issuances of certificates of registration in 2008. Exact numbers of applicants whose applications were still in process at year end are not available, but these are extremely few in number. Table (d): The "Total Members" count includes all members under all classes of registration. The "Non-practising Members" count should be considered as an approximate only. It is a point-in-time count for total membership based on members' self-reporting of practice address and status. It includes, but is not limited to, retired members and members on leave who continue to hold a certificate of registration.

Applications your organization processed in the past year

e) State the number of applications your organization processed in the reporting year (use only whole numbers; do not enter commas or decimals).

from January 1 st to December 31 st of the reporting year	Jurisdiction where applicants were initially trained in the profession (before they were granted use of the protected title or professional designation in Ontario)					
	Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
New applications received	1262	678	74	1553	0	3567
Applicants actively pursuing licensing (applicants who had some contact with your organization in the reporting year)	1287	698	76	1603	0	3664
Inactive applicants (applicants who had no contact with your organization in the reporting year)	15	5	3	35	0	58
Applicants who met all requirements and were authorized to become members but did not become members	n/a	n/a	n/a	n/a	n/a	0
Applicants who became FULLY registered	1222	668	74	1503	0	3467

members						
Applicants who were authorized to receive an alternative class of licence³ but were not issued a licence	1	0	0	0	0	1
Applicants who were issued an alternative class of licence³	707	386	62	1218	0	2373

³ An alternative class of licence enables its holder to practise with limitations, but additional registration requirements must be met in order for the member to be fully licenced. Please list and describe below the alternative classes of licence that your organization grants, such as student, intern, associate, provisional or temporary.

Enter "n/a" if you do not track this information. Enter "0" if you track the information, but the correct value is zero.

Additional comments:

Table (e): The count provided for "New Applications Received" captures all applications submitted in 2008 that resulted in issuance of a certificate of registration and also includes the small number of applications submitted in 2008 that remained in process at 2008 year end. The count provided for "Applicants Actively Pursuing Licensing" captures all "New Applications Received" and also includes the very small number of applicants whose applications were submitted in 2007 and still remained in process at 2008 year end. The count for "Applicants who became Members" is based strictly on total issuances of certificates of registration in 2008.

	Class of licence	Description
a)	Postgraduate Education	This class of certificate is issued only to physicians enrolled as a postgraduate medical trainee (e.g. medical resident) at an Ontario medical school
b)	Restricted	This class of certificate carries specified terms, conditions and limitations as ordered by a CPSO committee. For example, applicants approved by the Registration Committee under many of the registration policies will be issued a Restricted certificate.
c)	Academic Practice	This class of certificate is issued only to academic physicians holding a professorial

appointment at a medical school in Ontario.

d)		
e)		
f)		
g)		
h)		
i)		
j)		

Reviews and appeals your organization processed in the past year

f) State the number of reviews and appeals your organization processed in the reporting year (use only whole numbers; do not enter commas or decimals).

from January 1 st to December 31 st of the reporting year	Jurisdiction where applicants were initially trained in the profession (before they were granted use of the protected title or professional designation in Ontario)					
	Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
Applications that were subject to an internal review or that were						

referred to a statutory committee of your governing council, such as a Registration Committee	67	35	39	491	0	632
Applicants who initiated an appeal of a registration decision	0	0	1	7	0	8
Appeals heard	0	0	0	0	0	0
Registration decisions changed following an appeal	0	0	0	0	0	0

Enter "n/a" if you do not track this information. Enter "0" if you track the information, but the correct value is zero.

Additional comments:

Please identify and explain the changes in your registration practices relevant to this section that occurred during the reporting year.

[BACK TO INDEX](#)

Certification (13 / 13)

I hereby certify that:

- i. I have reviewed the information submitted in this Fair Registration Practices Report (the "Report").
- ii. To the best of my knowledge:
 - all information required to be provided in the Report is included; and
 - the information contained in the Report is accurate.

Name of individual with authority to sign on behalf of the organization: Dr. Rocco Gerace

Title: Registrar

Date: Friday, February 27, 2009

[BACK TO INDEX](#)