

Assessment Verification Period for International Medical Graduates

Final Assessment Form

Council of Ontario Faculties of Medicine (COFM)

**ASSESSMENT VERIFICATION PERIOD for INTERNATIONAL MEDICAL
GRADUATES:
FINAL ASSESSMENT FORM**

The Assessment Verification Period (AVP) is an assessment process for international medical graduates (IMGs) admitted into the Ministry of Health funded postgraduate residency training programs. The purpose of the AVP is to ensure the IMG meets the competencies necessary to function at their designated training level. The AVP occurs concurrently with training and residents will be exposed to the goals and objectives of the given speciality during the assessment period. IMGs must successfully complete the AVP in order to continue in their postgraduate education program.

The AVP allows for appropriate, supervised clinical activity. Residents are assessed in a clinical environment on an ongoing basis. The AVP will:

- a) be twelve (12) weeks in duration
- b) be taken at a medical school in Ontario
- c) provide assessment of the resident's clinical skills, knowledge and judgment in the discipline in which the resident is seeking postgraduate education, as appropriate for practice in the chosen discipline
- d) provide assessment in respect of whether the resident,
 - is mentally competent to practice medicine
 - has the ability to practice with decency, integrity and honesty and in accordance with the law,
 - has sufficient knowledge, skills and judgment to engage in the kind of medical practice authorized by the certificate, and
 - can communicate effectively and displays an appropriately professional attitude.

**IMPORTANT! Do not begin AVP without a valid CPSO
Registration #**

Name of Resident: _____

CPSO Registration #: _____ Obtained MD From: _____

Year: _____

Country: _____

Ontario Medical School: _____

Supervisor: _____

Telephone: _____

-----**To be completed by the Assessors**-----

Location and Dates of the Assessment Verification Period:

Level of the AVP (PGY1):

Department:	Training Site:	Dates:	Duration in weeks:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cumulative Summary Observed Assessments:

	U	BE	ME	AE	O	Legend
Clinical Skills						<i>U – Unsatisfactory *</i>
Technical Skills						<i>BE – Below Expectations *</i>
Knowledge and Judgement						<i>ME – Meets Expectations</i>
Communication Skills						<i>AE – Above Expectations</i>
Professional Attitudes						<i>O – Outstanding</i>

Has the assessment of the resident included assessment of the resident’s basic skills appropriate for practice in the discipline in which the resident is seeking postgraduate education?

YES: _____ NO: _____

Has the assessment of the resident included assessment of the resident’s ability to demonstrate receptive and productive fluency in one of the official languages of Ontario sufficient for safe and effective medical practice in the residency program?

YES: _____ NO: _____

Has the resident successfully completed the Assessment Verification Period?

YES: _____ NO: _____

* Supervisor’s comments (please print clearly):

Name of Supervisor

Signature of Supervisor

Date

Name of Program Director

Signature of Program Director

Date

Signature of Dean of Postgraduate Education

Date

-----**To be completed by the Resident**-----

By providing my signature below, I attest that I have read this assessment. I acknowledge that the Postgraduate Medical Education Office will forward copies of my AVP assessment form to the College of Physician and Surgeons of Ontario (CPSO) only if the result is unsuccessful and, in that case, my CPSO license will be terminated effective the date of this assessment.

My comments (please print clearly):

Resident's Signature

Date

Important notes to the assessors and the resident:

1. Once completed by the assessors, the program must send the assessment form immediately to the Postgraduate Medical Education Office (PGME) for the PGME Dean's signature. Ideally the form will be submitted 5 business days prior to the end

of the AVP. The PGME office will add the PGME Dean's signature and save the completed AVP assessment in the resident's electronic trainee file.

2. **If the resident is successful in the AVP**, the resident may continue training as scheduled by their residency program. The CPSO does not need to be notified of the resident's successful AVP assessment.
3. **If an AVP extension is required**, the program may choose to extend the AVP to a maximum of 12-weeks. If the resident is unsuccessful after the AVP extension period (12-weeks), or if their request to extend the AVP is denied by the CPSO, they must cease practice immediately. The resident's CPSO license will be terminated as of the date of the unsuccessful assessment.
4. Ensure all writing on form is legible. Illegible writing may result in delays in processing this form at all levels and therefore a delay in commencing and/or continuing training.
5. Before the resident begins their AVP, they must have received approval of their Postgraduate Education Certificate license from the CPSO. **It is an offence under the Regulated Health Professions Act for a person to practice medicine in Ontario until such time as the person is registered and authorized to practice medicine by the CPSO.**

Completed AVP Assessment forms must be emailed to the postgraduate medical education Office.