PRE-ENTRY ASSESSMENT PROGRAM (PEAP) for RESIDENTS

FINAL ASSESSMENT FORM

The Pre-entry Assessment Program (PEAP) for residents is an assessment process that evaluates international medical graduates to determine whether they can function at the level of Ontario medical school graduates and are qualified to enter an Ontario residency program. The majority of PEAP candidates are on a Visa and are expected to return to their country of origin following completion of postgraduate training.

The PEAP process allows for appropriate, supervised clinical activity. A PEAP candidate is assessed in a multidisciplinary environment where there is patient input on an ongoing basis. The PEAP must meet the following criteria:

a) be of four to twelve weeks in duration
b) be taken at a medical school in Ontario
c) provide assessment of the candidate’s clinical skills, knowledge and judgment in the discipline in which the candidate is seeking postgraduate education, as well as the candidate’s basic skills in internal medicine, obstetrics and gynecology, pediatrics, psychiatry and general surgery, appropriate for practice in the chosen discipline
d) provide assessment in respect of whether the candidate,
   • is mentally competent to practise medicine
   • has the ability to practise with decency, integrity and honesty and in accordance with the law
   • has sufficient knowledge, skill and judgment to engage in the kind of medical practice authorized by the certificate
   • can communicate effectively and displays an appropriately professional attitude

Name of Candidate: ________________________________________________________________

CPSO Registration # ___________ IMPORTANT! Do not begin PEAP without a valid CPSO Registration #

Obtained MD From: _________________________ Year: _______ Country: _____________________

Ontario Medical School: _______________________________________________________________

Supervisor: ______________________________________ Telephone: ___________________________
Location and Dates of the Pre-entry Assessment Program:

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<tr>
<th>Department</th>
<th>Hospital</th>
<th>Dates</th>
<th>Duration in Weeks</th>
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Cumulative Summary Observed Assessments:

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<th>U</th>
<th>BE</th>
<th>ME</th>
<th>AE</th>
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<td>Clinical Skills</td>
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<td>Technical Skills</td>
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<td>Knowledge and Judgment</td>
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<td>Communication Skills</td>
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<td>Professional Attitudes</td>
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Legend:
- U-Unsatisfactory
- BE-Below Expectations
- ME-Meets Expectations
- A-Above Expectations
- O-Outstanding

Has the assessment of the candidate included assessment of the candidate’s basic skills in internal medicine, obstetrics and gynaecology, pediatrics, psychiatry and general surgery, appropriate for practice in the discipline in which the candidate is seeking postgraduate education?

Yes__________ No__________

Has the assessment of the candidate included assessment of the candidate’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 candidate successfully completed the Pre-entry Assessment Program?

Yes__________ No__________

Supervisor’s comments:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

7/18/08
To be completed by the Candidate

By providing my signature below, I attest that I have read this assessment.

My comments:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Candidate’s Signature    Date

The Postgraduate Office should forward copies of this evaluation to the designated supervisor, the candidate and the CPSO.

Important note to the assessors and the candidate:

Before the candidate begins his or her PEAP, he or she must have received from the College an educational certificate for PEAP or been advised by the College’s Registration Department that a certificate has been issued. Upon successful completion of the PEAP, the CPSO will automatically convert the educational certificate for PEAP into a full certificate of registration for Postgraduate Education to coincide with commencement of the residency program.

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 College of Physicians and Surgeons of Ontario.

Completed Assessment Report must be forwarded to: Registration Department
College of Physicians and Surgeons of Ontario
80 College Street, Toronto, Ontario, M5G 2E2
Tel:(416) 967-2617 Fax:(416) 967-2623