

ASSESSMENT VERIFICATION PERIOD for INTERNATIONAL MEDICAL GRADUATES

FINAL ASSESSMENT FORM

The Assessment Verification Period (AVP), is an assessment period mandated by the College of Physicians and Surgeons of Ontario as part of the Medicine Act, 1991, regulation 865/93. This legislative requirement stipulates that a graduate from a non-CACMS medical school is registered as an International Medical Graduate (IMG) and must be assessed as successfully completing the AVP prior to continuing in the residency program. The assessment process is delegated to the training school where the resident has an appointment and the assessment process is managed by the program.

The AVP provides an opportunity for Program Directors to:

- Assess the resident's basic skills appropriate for supervised practice in the chosen discipline.
- Ensure that residents demonstrate the ability to practice professionally, including but not limited to, practicing with decency, integrity and honesty, and in accordance with the law; with sufficient knowledge, skills and judgment to engage in the kind of medical practice authorized by the certificate, and an ability to communicate and collaborate effectively.

IMGs must successfully complete the AVP in order to continue in their postgraduate education program.

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	N/A or Unable to Assess	Legend
Communication Skills							<i>U – Unsatisfactory *</i>
Clinical Skills							<i>BE – Below Expectations *</i>
Technical Skills							<i>ME – Meets Expectations</i>
Knowledge and Clinical Reasoning							<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 (English and/or French, as applicable to the program) 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):

<i>Name of Supervisor</i>	<i>Signature of Supervisor</i>	<i>Date</i>
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<i>Name of Program Director</i>	<i>Signature of Program Director</i>	<i>Date</i>
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Signature of Dean of Postgraduate Education	Date
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-----**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):

<i>Resident's Signature</i>	<i>Date</i>
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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 request an extension of the AVP to a maximum of 12-weeks. The same AVP assessment form will be used for the additional time. 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.