

SECTION	PHYSICIAN PERFORMANCE DEPARTMENT		
POLICY NAME	Framework for the Conduct of Practice-Ready Assessments – Specialists*		
APPLICABLE LEGISLATION	Medical Practitioners Regulations Sections 14-15, 36-38, 39-45, and 59-63		
Approved by : Assessment Committee	Approval Date April 22, 2022	Reviewer Director, Physician Performance Department	Review Date April 2024

Preamble:

This Practice Ready Assessment (PRA) for Specialists* and some medical subspecialists, is a pathway to licensure for independent practice in Nova Scotia. The framework applies to internationally trained physicians whose training and certification is not recognized by the Royal College of Physicians and Surgeons of Canada (RCPSC)² or the Collège des Médecins du Québec (CMQ)³.

Governing Policy:

Pathway to Licensure for International Medical Graduates via a Practice Ready Assessment: Specialists and Subspecialists with SEAP Status Affiliates (with a primary specialty of Internal Medicine)¹

More specifically, the policy applies to physicians who are:

- Medical or Surgical Specialists whose specialty training is equivalent in years of training to Canadian training programs of respective specialty
- Medical subspecialists who have successfully completed a Subspecialist Examination Affiliate Program (SEAP) and have attained SEAP Affiliate Status with the RCPSC⁴. And, the subspecialist’s primary specialty must be in Internal Medicine.

The following framework outlines the scope and standards that guide the development and implementation of a Practice Ready Assessment for Specialists* within Nova Scotia.

Practice Ready Assessment Framework

Scope and Standards

The standards against which the candidate physician is being assessed will be determined in advance in collaboration between the College, Nova Scotia Health and the relevant Dalhousie University Department of Medicine.

*The term “specialist” in this framework is defined as a physician specialist “type”, captured under the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

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The scope of the PRA will include, at a minimum, those skills and competencies necessary for safe practise in the proposed position. In usual circumstances, this will include the full breadth of the specialty. Exceptions, such as medical subspecialists who have successfully completed a medical subspecialty examination through the RCPSC’s SEAP, will be assessed on their primary specialty of Internal Medicine, and not their subspecialty.

The scope of the assessment must be agreed upon in advance of the assessment. The PRA will be conducted in a place and manner that satisfies the College of a valid and unbiased practice-ready decision.

The general standard applied will be that of a specialist physician, acceptably competent for entry into independent practice in Canada. By way of reference, this would be considered equivalent to a competent final-year postgraduate trainee in a Canadian specialty postgraduate training program, ready to enter practice.

The specialty specific RCPSC Objectives of Training document will be the source document from which critical competencies are identified. When available, competency-based standards including milestones and entrustable professional activities (EPAs) will be used. In addition, the respective core in-training evaluation reports (CITER) and final in-training evaluation reports (FITER) will be utilized for the respective specialty⁵.

The Over-time Assessment

The core of PRA will be an over-time clinical assessment of practice-readiness. It is acknowledged that the candidate may require some orientation regarding relevant cultural competencies and/or the structure and functioning of the Canadian health care system. Otherwise, the focus and expectation are demonstrated readiness for practice in Canada. The assessment will include multiple observations, made by multiple individuals in a variety of relevant practice settings.

The assessment will be of a minimum 12 weeks duration. A longer assessment may be scheduled if necessary, to properly cover the candidate’s proposed scope of practice.

There will be a mechanism to terminate the assessment early, should the candidate clearly not be ready for independent practice.

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Assessment Methods / Instruments

Assessment methods and documentation will be varied and appropriate to the task, and may include:

- Direct observation of clinical care (Field notes, mini-CEX)
- Direct observation of procedural skills (Field notes, DOPS)
- Structured record review (patient record worksheets)
- Record-based discussions of clinical care (chart stimulated recall or discussion)
- Structured interviews with colleagues (physician and allied health)
- Simulation, where available.
- Structured case review (of cases provided by the assessors)

Assessors

There will be a lead assessor, who must hold a Full licence in Nova Scotia and Canadian certification in the discipline being assessed. There will be at least one additional physician member of the assessment team, who must hold a Full licence in Nova Scotia and be Canadian certified in the same or a relevant discipline.

All assessors will contribute to the over-time assessment and to the practice-ready decision. In their capacity as assessors, they will be considered agents of the College and subject to specific limitations and protections.

The lead assessor will be responsible for:

- Identifying appropriate assessment opportunities and methods
- Collecting and collating assessment documents / instruments
- Leading the team in making the practice-ready decision
- Making a practice-ready recommendation to the College

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Practice-Ready Recommendation

The Registrar of the College will review the assessment report and recommendations from the relevant department in the Faculty of Medicine at Dalhousie University to determine one of the following:

1. The physician has demonstrated the competencies necessary for Defined licensure with or without conditions and restrictions on the licence.
2. The physician has demonstrated the competencies necessary for a different form of licensure.
3. The physician has not demonstrated competencies for any form of licensure.
4. The Registrar is not prepared to make a licensing decision and will refer the physician to the Registration Committee for adjudication.

Licensure Determination

The decision regarding ongoing licensure status will rest with the Registrar as per policy¹. This may include referral to the Registration Committee.

Withdrawal from the Assessment

The PRA candidate has up to 4 weeks to formally withdraw from the assessment.

Appeals

The candidate has the option to appeal the decision of the Registration Committee through the College’s Registration Appeal Committee¹.

Resources

1. [Pathway to licensure for IMGs via PRA Specialists and SEAP Status Affiliates](#)
2. [Royal College of Physicians and Surgeons of Canada](#)
3. [Collège des Médecins du Québec \(CMQ\)](#)
4. [Royal College of Physicians and Surgeons of Canada Subspecialist Affiliate Royal College of Physicians and Surgeons Objectives of Training by Discipline](#)

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