

Federation of Medical Regulatory Authorities of Canada

MODEL STANDARDS FOR MEDICAL REGISTRATION IN CANADA

Part I – Preamble

The Federation of Medical Regulatory Authorities of Canada (FMRAC) is a voluntary, member-based organization comprising the 13 provincial and territorial medical regulatory authorities. FMRAC is not a regulatory authority. Further, it has no role in directing the conduct of its members.

FMRAC was established in 1968 with the purpose of providing a national structure for the provincial and territorial medical regulatory authorities to present and pursue issues of common concerns and interest. One of FMRAC's goals is to respond to matters which relate to licensure and/or regulation, and which are of national and international importance. Historically, FMRAC has worked with its members to foster common standards and approaches.

As these evolve over time, FMRAC and its members will continue to strive for uniformity of purpose and procedure, thereby facilitating labour mobility across Canada. When a medical regulatory authority is not able to implement the model standard, it will clearly state this and/or provide the relevant context. Implementation of a new standard may require the jurisdiction to make changes to legislation; this process can take several years and is usually beyond the control of the medical regulatory authority.

This is a consensus-based document that contains model standards to which all the medical regulatory authorities are aspiring or with which they are abiding. Some medical regulatory authorities may also apply these standards to classes of registration other than provisional or full.

Part II – Principles

FMRAC and its 13 members agree:

1. That the protection of the public is the primary statutory responsibility of the medical regulatory authorities.
2. To the model standards set out in this document.
3. On consistent and sufficiently rigorous registration and licensure processes for physicians across all Canadian jurisdictions.
4. To support the mobility of qualified physicians across Canadian jurisdictions.
5. To notify other each other of changes to registration standards in advance of implementation.

Part III – Definitions

The terminology relating to registration may differ among jurisdictions. All definitions below are for the purposes of interpretation of this document only.

Canadian Standard

The set of academic qualifications that automatically makes an applicant eligible for full licensure in every Canadian province and territory (see Appendix 1).

Defined scope of practice

An indication on an otherwise full license, in the public register or elsewhere, of the specific area of medical practice, based on education, qualifications and experience, in which the physician is licensed to perform. In most cases, a defined scope of practice will not be considered to be a term, limitation, condition or restriction.

Full license

A medical license granted to and maintained by a physician who has (a) met the requirements of the Canadian Standard or (b) satisfied the requirements for the passage from a provisional to a full license in a Canadian jurisdiction.

Discipline-appropriate or discipline-specific postgraduate training

Training that is acceptable in terms of content and duration to FMRAC and its members. This term is linked with the name of the particular discipline.

Practice-ready assessment for licensure

A comprehensive clinical assessment that a physician is practice-ready. Information on this assessment for general practice / family medicine, psychiatry and internal medicine has been developed through the National Assessment Collaboration Practice-ready Assessment (NAC-PRA) initiative.

Provisional license

A medical license for physicians who have not met the requirements for a full license. It is subject to terms, limitations, conditions or restrictions (including, but not limited to, the requirement to successfully complete further examinations, assessments and/or supervision), whether or not this information appears on the public register. A provisional license may or may not be eligible for transition to a full license, depending on the jurisdiction. An otherwise full license with a defined scope of practice is not a provisional license.

Geographic restriction on a license

The physician has a provisional license that includes a condition that the physician practise in a specific location within a province or territory.

Academic license

The type of license granted to a physician for the purposes of a full-time academic appointment at a Canadian faculty of medicine. Specific elements of an academic license may vary from jurisdiction to jurisdiction. An academic license may or may not be eligible for transition to a full license, depending on the jurisdiction.

Satisfactory practice

A period of practice during which no intervention has taken place, either directly by the medical regulatory authority or by another agency (outside of the satisfactory completion of prescribed peer review or quality assurance activities). Such interventions may include, but are not limited to, any action intended to address concerns about the physician's conduct or competence.

Supervision

Oversight, with reporting to the medical regulatory authority, conducted by another physician or physicians in accordance with the approved *Expectations of Medical Regulatory Authorities Using Supervision for Provisional Licensure Purposes*.

Part IV – Model Standards

1. Pre-screening Requirements

The pre-screening requirements for physicians who may qualify for a license include the following seven components:

1.1 Language proficiency

Issues such as language proficiency testing are permissive under the Canadian Free Trade Agreement (CFTA).

a) Physicians trained in Canada

For physicians trained in English or French, some provincial and territorial medical regulatory authorities may require language proficiency testing if the language of the candidate's undergraduate or postgraduate medical education in Canada is in the other official language than the language of patient care in the receiving province or territory.

b) Physicians trained outside of Canada

For physicians trained outside of Canada who did not, at the time of licensure in Canada, have to demonstrate English language proficiency according to the model standard in this document, some provincial and territorial medical regulatory authorities may require language proficiency testing.

The following model standard applies to physicians who did their undergraduate medical education outside Canada:

N.B.:

- a) Issues such as language proficiency testing are permissive under the Canada Free Trade Agreement; and
- b) English language proficiency testing is beneficial and preferable.

Physicians trained in Canada

For physicians trained in English or French, some provincial and territorial medical regulatory authorities may require language proficiency testing if the language of the candidate's undergraduate or postgraduate medical education in Canada is in the other official language than the language of patient care in the receiving province or territory.

Physicians trained outside of Canada

For physicians trained outside of Canada who did not, at the time of licensure in Canada, have to demonstrate English language proficiency according to the model standard in this document, some provincial and territorial medical regulatory authorities may require language proficiency testing:

1. French language testing (basic) in accordance with the laws in Québec.
2. English language testing (basic): IELTS academic version within the last 24 months at the time of application, and achieved a minimum score of 7.0 in each of the four components in the same sitting.

Exemptions: Applicants trained outside of Canada (undergraduate and/or postgraduate medical education) may be exempted from English language proficiency testing if:

- A. their undergraduate or postgraduate medical education was taken in English in one of the countries that have English as a first and native language, i.e.:

Australia, Bahamas, Bermuda, British Virgin Islands, Canada, Ireland, New Zealand, Singapore, South Africa, United Kingdom, United States of America, US Virgin Islands; and the Caribbean Islands of Anguilla, Antigua and Barbuda, Barbados, Dominica, Grenada, Grenadines, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent, Trinidad and Tobago

or

- B. they can provide satisfactory evidence that is acceptable to the medical regulatory authority of appropriate exposure to English language in training and practice. For example, evidence could be provided to support the following:
 - taken in their totality, the majority (>50%) of their undergraduate and/or postgraduate medical education was in English; or
 - taken in its totality, the majority (>50%) of patient care provided by the applicant was in English; or
 - others.

It is important to note the following about the above model standard:

- *Many Canadian medical regulatory authorities will also use this particular standard for educational licenses (not only provisional or full licenses):*
 - *once the candidate has successfully done the language proficiency test for an educational license, including an elective, the candidate will be*

exempt from future testing (even beyond the 24-months described in the “model standard”).

- *Where governing laws supersede the ability of a medical regulatory authority to apply this “model standard” (at least for the time being), those jurisdictions (excluding Québec) will communicate to the new certificants / licensees that, although they may not have been required to undergo testing in that jurisdiction, they should consider taking the test, especially if they would like to move to another jurisdiction in the future. The information will be:*
 - *posted on the medical regulatory authority’s website;*
 - *included in the letter of decision;*
 - *included in the new certificant / licensee package; and*
 - *shared with the relevant recruiters (e.g., HealthForce Ontario).*

1.2 Currency of practice

Upon submission of the completed application, the candidate must provide documented evidence of having been in discipline-specific formal training or discipline-specific independent practice within the last three years.

1.3 Length of time away from practice

1.3.1 For non-medical reasons

The candidate must provide an explanation for any and all periods of three months or more that were spent away from discipline-specific training or practice, for the entire professional life time.

1.3.2 For medical reasons

The candidate must report any absence from training or practice (clinical, teaching, research or administration) that resulted from a medical condition that could have (a) a risk of harm to patients, (b) a negative impact on practice, or (c) both. If in doubt about the obligation to report an absence of this nature, the candidate is requested to contact the relevant medical regulatory authority.

1.4 Good standing / character

The candidate must provide evidence of good character through several processes, for example: self-disclosure, certificates of professional conduct from each and every jurisdiction in which they held a license, letters of reference, and any other information as required by the medical regulatory authority. Processes to demonstrate evidence of good standing / character include self-disclosure (best achieved through the application process), criminal record checks and letters of reference.

1.5 Fitness to practise (physician health)

The candidate must provide evidence of fitness to practise (physician health) through several processes, for example: self-disclosure, certificates of professional

conduct from each and every jurisdiction in which they held a license, letters of reference, and any other information as required by the medical regulatory authority. Processes to demonstrate evidence of fitness to practise include self-disclosure (best achieved through the application process), criminal record checks and letters of reference.

N.B.: For Model Standards 1.1.4 and 1.1.5, criteria on who should provide letters of reference and a standard form for these letters have been developed and approved.

1.6 Credentials

In recognition of the varying amount of time required for source verification of credentials, the candidate's application will be considered once all the relevant documents have been received for verification by the Physician Credentials Repository. The medical regulatory authority has the right to reverse its decision if verification is not possible, if adverse information is uncovered, or if the candidate withdraws consent to view the document or documents.

1.7 Medical Council of Canada Examinations

At minimum, the Medical Council of Canada Evaluating Exam; preferably, the MCC Qualifying Examination Part I.

2. Full License

2.1. Canadian Standard

The Canadian Standard is the set of academic qualifications that makes an applicant eligible for full licensure in every Canadian province and territory (see Appendix 1).

Physicians applying for the first time to become licensed to practise medicine in a Canadian jurisdiction may achieve full licensure only if they:

- a) have a medical degree [from a medical school that, at the time the candidate completed the program, was listed in the World Directory of Medical Schools (WDMS) ¹], or a Doctor of Osteopathic Medicine degree from a school in the United States accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation, *and* the medical school listing must include the Canada sponsor note²; **and**
- b) are a Licentiate of the Medical Council of Canada; **and**
- c) have satisfactorily completed a discipline-appropriate postgraduate training program in allopathic medicine and an evaluation by a recognized authority; **and**

¹ The WDMS combines the FAIMER's International Medical Education Directory (IMED) and the WHO's World Directory of Medical Schools (WDMS / Avicenna).

² Certain medical schools might be acceptable to Canada within a defined time period.

- d) have achieved certification from the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada or the *Collège des médecins du Québec*.

All physicians who have achieved the Canadian Standard are and will continue to be eligible for full licensure in every Canadian province and territory.

2.2 Route from a Provisional License to a Full License

The route from a provisional license to a full license without achieving the Canadian standard may require the physician to fulfill the assessment requirements of each provincial and territorial medical regulatory authority:

- a) successful completed the MCC QE Part I;
- b) a provisional license in Canada; and
- c) at least five years of satisfactory practice under supervision in Canada; and
- d) RCPSC / CFPC / CMQ certification
or
successful completion of a summative, practice-based assessment in a Canadian jurisdiction.

Furthermore, depending on the jurisdiction:

- physicians who have certification from RCPSC / CFPC / CMQ may or may not have to pass the MCC QE Part II to move from provisional to full licensure; and
- physicians who do not achieve RCPSC / CFPC /CMQ certification and are not successful on the summative, practice-based assessment may or may not have their provisional license extended.

3. Provisional Licensure

3.1 Provisional License in General Practice / Family Medicine

There are two major routes:

3.1.1 Route 1 Medical degree [from a medical school that, at the time the candidate completed the program, was listed in the World Directory of Medical Schools (WDMS; see Standard 1.1), <i>or</i> a Doctor of Osteopathic Medicine degree from a school in the United States accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation and	3.1.2 Route 2 Medical degree [from a medical school that, at the time the candidate completed the program, was listed in the World Directory of Medical Schools (WDMS; see Standard 1.1), <i>or</i> a Doctor of Osteopathic Medicine degree from a school in the United States accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation and
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<p>At minimum, the MCC Evaluating Exam; preferably the MCC Qualifying Exam Part I (*)</p> <p>N.B.: this does not apply to physicians with academic appointments (see Exemptions);</p> <p>and</p> <p>a) Satisfactory completion of a two-year discipline-appropriate postgraduate training program in general practice or family medicine, with certification of satisfactory completion of training and of registration/recognition as a general practitioner/family physician within the jurisdiction;</p> <p>or</p> <p>b) Satisfactory completion of at least one year of discipline-specific post graduate training in general practice or family medicine and three years of discipline-specific time in independent practice in general practice or family medicine outside of Canada (a list of minimal practice experience requirements has been developed and approved);</p> <p>and</p> <p>A competency-based, pre-practice assessment in Canada (to be defined by the National Assessment Collaboration Practice-ready Assessment initiative) (**).</p>	<p>At minimum, the MCC Evaluating Exam; preferably the MCC Qualifying Exam Part I (*)</p> <p>N.B.: this does not apply to physicians with academic appointments (see Exemptions);</p> <p><u>and</u></p> <p>A ruling from the CFPC that the candidate is eligible to receive the CCFP designation based on recognized training and certification outside Canada (http://www.cfpc.ca/RecognizedTraining/)</p>
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3.2 Provisional License in another Medical or Surgical Specialty

There are two major routes:

<p>3.2.1 Route 1</p> <p>Medical degree [from a medical school that, at the time the candidate completed the program, was listed in the World Directory of Medical Schools (WDMS; see Standard 1.1), or a Doctor of Osteopathic Medicine degree from a school in the United States accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation</p> <p><u>and</u></p> <p>At minimum, the MCC Evaluating Exam; preferably the MCC Qualifying Exam Part I (*)</p> <p>N.B.: this does not apply to physicians with academic appointments (see Exemptions);</p> <p><u>and</u></p> <p>(a) Satisfactory completion of at least 4 years of discipline-specific postgraduate training in [insert name of discipline];</p> <p>and</p> <p>(b) A verifiable document of completion of specialist training in [insert name of discipline] referred to above;</p> <p>or</p> <p>If a verifiable document is not issued or available, then has been recognized as a specialist authorized to practice independently in [insert name of discipline] in the country where the postgraduate training in [insert name of discipline] was completed;</p> <p><u>and</u></p>	<p>3.2.2 Route 2</p> <p>Medical degree [from a medical school that, at the time the candidate completed the program, was listed in the World Directory of Medical Schools (WDMS; see Standard 1.1), or a Doctor of Osteopathic Medicine degree from a school in the United States accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation</p> <p><u>and</u></p> <p>At minimum, the MCC Evaluating Exam; preferably the MCC Qualifying Exam Part I (*)</p> <p>N.B.: this does not apply to physicians with academic appointments (see Exemptions);</p> <p><u>and</u></p> <p>A ruling from the RCPSC that the candidate is eligible to take the RCPSC certification exam based on jurisdiction approved training http://www.royalcollege.ca/portal/page/portal/rc/credentials/start/routes/international_medical_graduates#jurisdiction)</p>
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A competency-based, pre-practice assessment in Canada (to be defined by the National Assessment Collaboration Practice-ready Assessment initiative) (**).	
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(*) For the MCC Evaluating Exam and the MCC Qualifying Exam Part I, the model standard is to record success only.

(**) For the pre-assessment (filter) components and the competency-based, pre-practice assessment, the model standard is to record the result (pass / fail / incomplete / withdrawal / appeal outcome) from all Canadian jurisdictions.

3.3 Exemptions

In some but not all jurisdictions, these following four categories of applicants may not require a competency-based, pre-practice assessment in Canada before being issued a provisional license:

3.3.1 Category 1 – *Certification by the American Board of Medical Specialties*

- Medical degree [from a medical school that, at the time the candidate completed the program, was listed in the World Directory of Medical Schools (WDMS; see Standard 1.1), or a Doctor of Osteopathic Medicine degree from a school in the United States accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation

and

- MCCEE or MCCQE Part I, or acceptable alternative (e.g., USMLE)

and

- Satisfactory completion of discipline-specific postgraduate training in allopathic or osteopathic medicine accredited by the Accreditation Council for Graduate Medical Education or the American Association of Colleges of Osteopathic Medicine in the U.S. Candidates with less than four years of discipline-specific postgraduate training will likely have restrictions / conditions on their license.

and

- Current certification by the American Board of Medical Specialties.

3.3.2 Category 2 – *Academic License*

- Medical degree [from a medical school that, at the time the candidate completed the program, was listed in the World Directory of Medical Schools (WDMS; see Standard 1.1), or a Doctor of Osteopathic Medicine degree from a school in the United States accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation

and

- Registration linked with academic appointment. An academic license is the type of license granted to a physician for the purposes of a full-time academic appointment at a Canadian faculty of medicine:

- a) it may not require the candidate to undergo the Medical Council of Canada Evaluating Exam, the Medical Council of Canada Qualifying Exam Part I, or a pre-licensure assessment;
- b) it requires that the candidate hold a full-time academic appointment in a medical school in Canada that is accredited by the Committee on Accreditation of Canadian Medical Schools;
- c) it requires written confirmation of the full-time academic appointment by a letter from the dean of the faculty of medicine, or his / her designate, or the University Senate (or Senate Committee);
- d) it is permanently linked with the academic appointment; and
- e) there may be additional requirements set by the medical regulatory authority in each jurisdiction.

3.3.3 Category 3 – *Canadian Residency Route before Certification Exam*

- Medical degree [from a medical school that, at the time the candidate completed the program, was listed in the World Directory of Medical Schools (WDMS; see Standard 1.1), or a Doctor of Osteopathic Medicine degree from a school in the United States accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation

and

- MCCEE or MCCQE Part I, or acceptable alternative (e.g., USMLE)

and

- Completion of a CFPC or RCPSC program, with a successful final in-training evaluation report (FITER) or equivalent, but who has not yet passed and is still eligible to sit the CFPC or RCPSC certification exam.

3.3.4 Category 4 – *Canadian Recognition of Training or Certification*

- Medical degree [from a medical school that, at the time the candidate completed the program, was listed in the World Directory of Medical Schools (WDMS; see Standard 1.1), or a Doctor of Osteopathic Medicine degree from a school in the United States accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation *and*

- MCCEE or MCCQE Part I, or acceptable alternative (e.g., USMLE) *and*

- a graduate of a program outside Canada deemed equivalent by the CFPC or RCPSC, *and*

- recognition of training

- for general practice / family medicine: where the CFPC has ruled that the candidate is eligible to receive the CCFP designation based on recognized certification and training outside Canada (<http://www.cfpc.ca/RecognizedTraining/>)

or

- for other medical and surgical specialties: where the RCPSC has ruled that the candidate is eligible to take the certification examination based on jurisdiction approved training (http://www.royalcollege.ca/portal/page/portal/rc/credentials/start/routes/international_medical_graduates#jurisdiction)

Appendix 1

The Canadian Standard

For those educated anywhere in Canada, there are three main educational/training stages to obtain a medical license. These are:

- Successful completion of medical school, including successful completion of the Medical Council of Canada Qualifying Examination Part 1 during the final year;
- Successful completion of an accredited postgraduate medical education program (including successful completion of the Medical Council of Canada Qualifying Examination Part 2 after at least 12 months of clinical postgraduate training); and
- Certification as a specialist (including the specialty of family medicine).

Every doctor who has completed all three stages, and is in good standing, has always enjoyed full mobility among the provinces and territories, and will continue to do so.

Medical School

The Canadian undergraduate medical curriculum is a three or four-year program based on completion of an accredited curriculum based on common standards. This curriculum imparts a set of knowledge, skills and behaviours encompassing a broad education in the practice of medicine that is relevant to becoming a competent, caring physician in Canada, regardless of subsequent specialty choice.

The first part of the curriculum provides the student with a solid grounding in the basic and clinical sciences. The later part consists of a clinical clerkship, during which the student engages in supervised clinical education in community and hospital settings. The student becomes an active member of clinical care teams in family medicine, internal medicine, obstetrics and gynaecology, paediatrics, psychiatry, surgery and other medical disciplines

It is important to note that the medical degree itself is not sufficient to obtain a medical license for independent practice. In every jurisdiction, successful completion of a postgraduate medical education program is required as a condition of licensure.

Postgraduate Medical Education

Successful completion of postgraduate, or residency, training is a requirement for all Canadian medical graduates to practise medicine.³ Whereas medical school teaches physicians a broad range of medical knowledge and basic clinical skills,

³ Post graduate training is not required in all countries and the length of residency programs and intensity can vary greatly. For example, in some jurisdictions, the medical degree is followed by a period of supervised practice something like an apprenticeship. Accordingly, even though these jurisdictions do not require post graduate training, the medical degree itself would not be considered sufficient for independent practice.

and offers limited experience practising medicine, postgraduate medical education gives in-depth training within a specific discipline of medicine.

In Canada, the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) are the national organizations responsible for setting the educational objectives for postgraduate medical education in the various specialties.

Upon completion of the postgraduate medical education program, a physician is expected to have acquired the medical knowledge, skills and behaviours to be a competent specialist.

Medical Council of Canada Qualifying Examinations (MCCQE)

The Licentiate of the Medical Council of Canada (LMCC), which has been in place for nearly 100 years, is the postgraduate qualification most commonly accepted as a prerequisite for licensure of all Canadian medical graduates. It is a core requirement comprising a two-part qualifying examination developed to evaluate the medical knowledge, clinical skills, attitudes and behaviours which should be common to all physicians in Canada.

Part 1 of the MCCQE, which is most commonly taken at the end of the final year of medical school, is designed to evaluate medical knowledge and decision-making skills related to the core disciplines considered essential for competence in general medical and health care. Successful completion of Part 1 is a prerequisite for candidates to advance to postgraduate training. Part 2 (which is taken after a minimum of 12 months of postgraduate medical education) complements the objectives of Part 1 by assessing clinical and communication skills, including history-taking and physical examination skills, data interpretation, clinical problem solving, management skills and interviewing skills. Part 2 also assesses the communication, legal, ethical and organizational skills of the candidate.

When a candidate has successfully completed both examinations, he or she becomes a Licentiate of the Medical Council of Canada (LMCC).

Specialty Certification

The RCPSC, CFPC and *Collège des médecins du Québec* (CMQ) ensure that the training and evaluation of medical and surgical specialists meet appropriate standards. Upon completion of postgraduate medical education, candidates must successfully complete the RCPSC or CFPC certifying examinations to become specialists and to obtain their RCPSC, CFPC or CMQ certification. In addition, the RCPSC, CFPC and CMQ through review and continuing education programs, require physicians to maintain their competence throughout their careers.

The certification process of the RCPSC, CFPC and CMQ provides a reliable, independent and objective assessment over a broad range of medical knowledge and clinical skills, as well as the specialized knowledge, skills and judgment required in the applicant's chosen field of practice.