



## *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 (CPSO) 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 learner has an appointment, and the assessment process is managed by the program.

The final AVP assessment form must be used by programs to complete the assessment of the IMG learner at the end of the AVP. The final AVP assessment should be informed by the detailed AVP assessments as well as other assessment metrics used during the AVP (e.g., EPA assessments, ITARs, field notes). The final AVP assessment form is to be completed at the end of the 12 week AVP period.

The AVP allows for appropriate, supervised clinical activity. An AVP learner is assessed in a multidisciplinary environment. The AVP will:

1. Be twelve 12 weeks in duration.
2. Be completed at an Ontario medical school.
3. Provide assessment of the learners clinical skills, knowledge, and judgment in the discipline in which the learner is seeking postgraduate education, as appropriate for practice in the chosen discipline and in respect of whether the learner is:
  - Mentally competent to practice medicine;
  - Able to practice with decency, integrity, and honesty and in accordance with the law;
  - Possess sufficient knowledge, skill, and judgment to engage in the kind of postgraduate medical training as authorized by the educational license; and
  - Able to communicate effectively and display an appropriate professional attitude.



**SECTION 1** [TO BE COMPLETED BY THE PROGRAM]

**IMPORTANT:** Enrollment in an AVP can begin only after the CPSO has issued a Postgraduate Education Certificate and the learner has registered with the PGME Office for the AVP. It is an offence under the Regulated Health Professions Act for a person to practice medicine in Ontario until they are registered and authorized by the CPSO.

Name of Learner:			
CPSO Registration #			
School of MD Program:		Graduation Year:	
Country of MD Program:			
Residency Program:			
Assessor/Supervisor's Name:			
Assessor/Supervisor's E-mail:			
Assessor/Supervisor's Phone #			



**SECTION 2 [TO BE COMPLETED BY THE ASSESSOR/SUPERVISOR]**

**Location and Dates of the Assessment Verification Period:**

Residency Program:	Hospital Training Site:	AVP Dates:	Duration (in weeks):	Name of Assessor/Supervisor:
<i>e.g. Family Medicine</i>	<i>e.g. Mount Sinai Hospital</i>	<i>e.g. [Start Date-End Date]</i>	<i>e.g. 12 weeks</i>	<i>e.g. Dr. [First Name, Last Name]</i>

**Cumulative Summary Observed Assessments:**

**Grading Legend:**

**U** – Unsatisfactory, **BE** – Below Expectations, **ME** – Meets Expectations, **AE** – Above Expectations, **O** – Outstanding

**IMPORTANT:** Report performance rated unsatisfactory or below expectations to PGME at [pgme.registration@utoronto.ca](mailto:pgme.registration@utoronto.ca)

	U	BE	ME	AE	O
Clinical Skills:					
Technical Skills:					
Knowledge and Judgement:					
Communication Skills:					
Professional Attitudes:					



	YES	NO
1) Has the assessment of the learner included assessment of the learner's basic skills appropriate for practice in the discipline in which the learner is seeking postgraduate education?		
2) Has the assessment of the learner included assessment of the learner'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?		
3) Has the learner successfully completed the Assessment Verification Period?		
Assessor/Supervisor's Comments:		

		DD/MMM/YYYY
<i>Name of Assessor/Supervisor</i>	<i>Signature of Assessor/Supervisor</i>	<i>Date</i>
		DD/MMM/YYYY
<i>Name of Residency Program Director</i>	<i>Signature of Residency Program Director</i>	<i>Date</i>
		DD/MMM/YYYY
<i>Name of Associate Dean, PGME</i>	<i>Signature of Associate Dean, PGME</i>	<i>Date</i>

**Note:** PGME will obtain the Associate Dean's signature upon submission to [pgme.registration@utoronto.ca](mailto:pgme.registration@utoronto.ca) and save the completed assessment in the learners file.

**SECTION 3 [TO BE COMPLETED BY THE LEARNER]**

By providing my signature below, I attest that I have read this assessment. I acknowledge that PGME will forward the results of the Final AVP Assessment Form to the CPSO only if the result is unsuccessful.

Learner's Comments:

	DD/MM/YYYY
Signature of Learner	Date

**Note:** If a learner is unsuccessful in the AVP, the CPSO license and university appointment will be terminated effective as of the date of the final assessment. An unsuccessful AVP will be communicated to all Ontario medical schools.

Programs must submit the completed final AVP assessment form 5 business days prior to the end of the AVP period to: [pgme.registration@utoronto.ca](mailto:pgme.registration@utoronto.ca)