



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Best Practices for Assessment Verification Period to Support Learners and Programs

February 20, 2026

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Learning Objectives

By the end of this session, participants will be able to:

1. Select the most appropriate rotations for residents in the Assessment Verification Period (AVP), balancing integration into the discipline and the need for robust assessments
2. Plan a program of assessment to allow for timely and reliable decisions around resident progress during AVP
3. Identify and support residents in difficulty during the AVP process

Assessment Verification Period: Background

- Legislative requirement mandated by the CPSO as part of the Medicine Act, 1991, regulation 865/93
- Stipulates that a graduate from a non-CACMS medical school is (a) registered as an IMG and (b) must be assessed as successfully completing the AVP to continue in the residency program
- The AVP assessment must take place within **supervised clinical activity appropriate to the specialty**
- Assess the resident's **basic skills** appropriate for supervised practice in the chosen discipline

COFM AVP Policy

- Program Directors must ensure that residents are **assessed and given written feedback on a regular basis** during the AVP.
- Assessments and meetings must be **well-documented** and take place at regular intervals.
- At a minimum, there must be an assessment at **4, 8 and 12 weeks**.
- Where a resident has been identified as below expectations at any point, programs may complete additional assessment forms.

IMG R-1 Positions at U of T

Largest number of positions in Canada

- 2025-2026: 88 R-1 IMG positions spanning 20 programs (out of 28, excluding research tracks)

PGME AVP Website

- Quick reference
- Latest version of assessment forms

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Assessment Verification Period (AVP)

Quick Access to AVP Related Forms, Policies and Guidelines

Please click on name of the form to the right (or below on mobile).

AVP Detailed Assessment Form (4 and 8 weeks)

AVP Final Assessment Form (12 weeks)

AVP Policy (COFM, March 2025)

Overview

The Assessment Verification Period (AVP) is a 12-week supervised assessment for International Medical Graduates (IMGs), mandated by the College of Physicians and Surgeons of Ontario (CPSO). Successful completion is required to continue in residency. The training program manages the assessment to determine whether IMGs can perform at the designated training level in their chosen specialty.

Selecting Training Experiences for the AVP

- A key step to set up the IMG resident for success during a critical period of transition in their professional career
- Allows programs to get accurate data on performance
- Same principles should be applied to all IMGs to ensure fairness

Selecting Training Experiences for the AVP

Provide a supportive training environment

- Assign resident to the **same hospital site** for all 12 weeks
- Assign resident to **home program rotations** for all 12 weeks (unless training experiences and EPAs indicate otherwise)
- Provide graduated call responsibilities (applicable to all PGY1 residents)
- Ensure resident is well supported by key education leads (e.g., PD/APD, Site Director/Lead, co-residents, mentors)
- Assign supervisors who are familiar with teaching and assessing this group of learners

Selecting Training Experiences for the AVP

Informed by training requirements

- Align with specialty's national standards
- EPA guide and specialty's clinical training experiences for Transition to Discipline (TTD) +/- Foundatons of Discipline (FOD)
- Assess fundamental skills most relevant to your specialty in a PGY1 resident in TTD
- Identify rotations that will best allow: (a) the resident to demonstrate these skills based on rotation objectives (rotation plan), and (b) the program to assess the resident on these skills

Example: Adult Neurology

TTD EPAs

1. Performing a history and physical examination for patients with common neurological, medical and/or psychiatric presentations
2. Recognizing the acuity of illness, initiating stabilization of patients, and obtaining help
3. Presenting findings of patient assessments
4. Documenting patient encounters
5. Transferring clinical information between health care providers at handover

TTD Clinical Training Experiences

1. Neurology inpatient and/or consultation service
2. After-hours coverage of any inpatient unit and/or consultation to the emergency department

AVP Rotation Selection Worksheet

Assessments during AVP

- Clearly outline expectations and assessment time points for the learner, faculty supervisors, and Site Director/Lead
- Use EPA assessments for regular, relatively low-stakes feedback, with concrete and actionable “things to work on”
- Be honest in assigning ratings (*“support”*, *“direction”* or *“intervention”* on EPA assessments, *“below expectations”* on AVP assessments forms/ITARs)
- Accurate assessments with proper documentation help support the learner to improve and the program’s need for extension
- Consider additional assessment modalities if more data points are needed (e.g., observed history and physical)
- Learner can appeal based on procedural grounds only (process errors, insufficient assessment and feedback)

Assessments during AVP

- Assessment data and feedback should be **concordant across AVP assessment forms, ITARs and EPA assessments**, including the overall ratings
- Regular communication between supervisors and Site Director/Lead and PD
- Competence Committee should meet to review AVP progress around the 8-week mark
- **Notify PGME early for support** if a learner is struggling and *at risk* of requiring an extension

Learner Support and Feedback

- Early struggles are common in IMGs
- Clear expectations conveyed to learner before starting residency and provide a list of supports (e.g., education leads, Office of Learner Affairs)
- First summative assessment at 4 weeks: Best time to be open and clear about what the resident has done well and what they are expected to improve on
- Consider learner handover between supervisors
- Consider non-evaluative mentor (senior resident or faculty not in an assessment role)

Approach to AVP Assessment

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The Family Medicine Context

2025-2026 academic year

- 59 IMG residents
- 18 hospital sites

Early Identification

- Consider opportunities to flag early if there will be concerns (consider rotations, supervision, formative assessments)
- Frequent, documented, low-stakes assessments (field notes)
- Preplanned “check-ins” around progress
- Consider timing of Competence Committee meeting

Early Intervention

Feedback

- Frequent, regular, documented feedback

Extension

- If in doubt: apply for the extension and apply for it early
- **** ASK FOR THE FULL 12-WEEK EXTENSION ****

Education

- Implement a learning plan as part of the extension

Why a Learning Plan?

- Supports the learner
- Assists with assessment
- Supports the request for the extension
- Protects the program

Examples of Learning Support

The learning plan could include:

- Reading tutor
- Physical exam tutoring
- Communications coaching
- 1:1 supervision/consistent supervision
- Rotation adjustments (e.g., more time on core family medicine)

Consistency, Consistency, Consistency

- All assessments should be consistent throughout the AVP
- Low-stakes documentation of feedback
- AVP assessments
- ITARs

Summary of Key Tips to Keep on Top of the AVP Process

- Preplanned reminders about upcoming AVP assessments (program admins):
3-week mark before 6-week assessment
- Prescheduled touch points with PD/rotation lead and IMG
- Appropriately timed Competence Committee meetings

AVP Extension and Appeal



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AVP Extension

- If a resident is performing below expectations at any point during their AVP, PGME should be notified promptly (immediately if at 8 weeks or beyond)
- Assessments must have well-documented areas for improvement and feedback provided to resident to clearly justify the need for extension
- Ensure concordance across AVP assessment forms and ITARs
- Competence Committee should approve decision for requesting extension
- 12-week extension recommended; can end early if resident demonstrated the required competence
- Requires letter from PD with a learning plan and approval by CPSO
- Must meet with learner to discuss the plan

Support for IMG Remediation Expenses

- Council of Ontario Universities (COU) maintains a central fund to support IMG residents funded by the Ontario MOH (i.e., not applicable to sponsored residents) who are on a formal remediation or program-level support plan
- Program-level expenses during AVP extension (e.g., coaching, tutoring, additional assessments) is eligible for reimbursement at the end of each academic year

AVP Appeal

- [Guideline for Appealing an Unsuccessful Assessment Verification Period or Pre-Entry Assessment Program](#)

AVP Timelines

Orientation

- Hospital registration
- EMR training
- Rotation orientation
- AVP expectations

Assessments

- AVP Detailed Assessment Form
- Block 1 ITAR
- Meet with resident for feedback

Collect Performance Data for Competence Committee

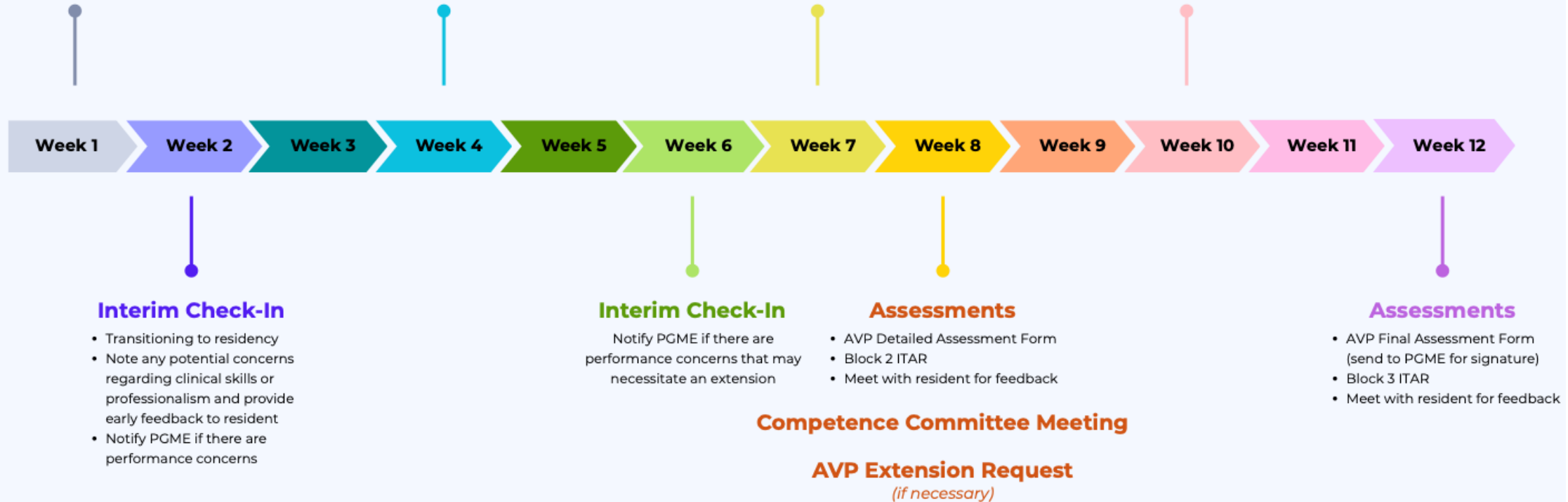
EPA assessment, ITARs, additional feedback or assessments

Interim Check-In

Ensure learner remains on track

CPSO Review of Extension Request

- First 6 weeks approved by records assessor
- Last 6 weeks require Resgitation Committee approval



Questions?

For support, please contact:

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