

***THE PRE-ENTRY ASSESSMENT PROGRAM (PEAP) for
CLINICAL FELLOWS
FINAL PEAP ASSESSMENT FORM***

The PEAP for **Clinical Fellows** is an assessment process that evaluates certified international medical graduates to determine whether they can function at the level of Ontario residents who have completed their specialty training and are qualified to enter an Ontario clinical fellowship program. The final PEAP assessment form must be used by programs to complete the assessment of the learner. The final PEAP assessment form is to be completed at the end of the scheduled PEAP period (4 – 12 weeks).

The PEAP process allows for appropriate, supervised clinical activity. A PEAP learner is assessed in a multidisciplinary environment where there is patient input on an ongoing basis. The PEAP must meet the following criteria:

- a) Be a minimum of four (4) weeks to a maximum of twelve (12) weeks in duration.
- b) Be completed at an Ontario medical school.
- c) Provide assessment of the learner's general knowledge and competency in the specialty in which they are certified, appropriate for the practice in the discipline in which the learner is entering clinical fellowship training.
- d) Provide assessment 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;
 - Possessing sufficient knowledge, skill, and judgment to engage in 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]

AS A REMINDER: Enrolment in the PEAP can begin only after the College of Physicians and Surgeons of Ontario (CPSO) has issued a PEAP certificate of licensure and the learner has registered with the Postgraduate Medical Education (PGME) office. 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 #			
Specialty or Equivalent Certification In:		Graduation Year:	
Country of Specialty or Equivalent:			
Clinical Fellowship 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 Pre-Entry Assessment Program:

Clinical Fellowship Program: <i>E.g. Neuropathology</i>	Hospital Training Site: <i>Toronto General</i>	PEAP Dates: [Start – End Date]	Duration (in weeks): <i>12 weeks</i>	Name of Assessor/Supervisor: <i>Dr. X</i>



Cumulative Summary Observed Assessments:

Grading Legend:

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

	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 general knowledge and competence appropriate for practice in the discipline in which the learner is seeking clinical fellowship 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 clinical fellowship program?		
3) Has the learner successfully completed the Pre-Entry Assessment Program?		

Assessor/Supervisor's Comments:



		DD/MM/YYYY
<i>Name of Assessor/Supervisor</i>	<i>Signature of Assessor/Supervisor</i>	<i>Date</i>
		DD/MM/YYYY
<i>Name of Divisional Program Director (If applicable)</i>	<i>Signature of Divisional Program Director (If applicable)</i>	<i>Date</i>
		DD/MM/YYYY
<i>Name of Fellowship Program Director</i>	<i>Signature of Fellowship Program Director</i>	<i>Date</i>
		DD/MM/YYYY
<i>Name of Associate Dean of PGME</i>	<i>Signature of Associate Dean of PGME</i>	<i>Date</i>

Note: PGME will obtain the Associate Dean's signature upon submission to pgme.registration@utoronto.ca

SECTION 3 [TO BE COMPLETED BY THE LEARNER]

By providing my signature below, I attest that I have read this assessment. I acknowledge that the PGME will forward the results of the Final PEAP Assessment to the CPSO.

Note: If a learner is unsuccessful in the PEAP, they are not permitted to enter another PEAP in the same discipline in Ontario. An unsuccessful PEAP will be communicated to all Ontario medical schools.

Learner's Comments:

	DD/MM/YYYY
<i>Signature of Learner</i>	<i>Date</i>

Programs must submit completed Final PEAP Assessment forms 5 business days before the end of the PEAP period to pgme.registration@utoronto.ca

Note: For DOM subspecialty programs, PEAP Assessment forms must be sent to the DOM central fellowship office for the fellowship director's signature. The central fellowship office will submit the completed PEAP forms to PGME.