## Document Version Control

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<th>Version</th>
<th>Date</th>
<th>Description</th>
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<tr>
<td>0.1</td>
<td>May 10, 2013</td>
<td>Using pan-Canadian Family Medicine standards, highlight information that may be different for Psychiatry under consideration and reflect the Standard for the Issuance of a Provisional Licensure in Appendix B.</td>
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<tr>
<td>0.2</td>
<td>May 20, 2013</td>
<td>Inserted edits including Psychiatry standards</td>
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<tr>
<td>0.3</td>
<td>June 18, 2013</td>
<td>Review with NAC PRA SC, clarifying standards</td>
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<tr>
<td>0.4</td>
<td>November 16, 2013</td>
<td>Internal review based on PER Route B document and highlighting of discussion areas</td>
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<tr>
<td>0.5</td>
<td>January 20, 2014</td>
<td>Modifications made based on NAC PRA Psychiatry Working Group meeting on January 9-10, 2014</td>
</tr>
<tr>
<td>0.6</td>
<td>March 3, 2013</td>
<td>Review of Section 2.0 Context &amp; Competencies by Psychiatry subject matter experts</td>
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<tr>
<td>0.7</td>
<td>September 23, 2014</td>
<td>Review of standards by NAC PRA SC, PRA programs, Psychiatry subject matter experts</td>
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<td>0.8</td>
<td>January 27, 2015</td>
<td>Review of standards by PRA programs, Psychiatry subject matter experts</td>
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<tr>
<td>0.9</td>
<td>March 23, 2015</td>
<td>Review with NAC PRA Steering Committee and recommendation for approval</td>
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<tr>
<td>1.0</td>
<td>May 15, 2015</td>
<td>Review and approval by the NAC</td>
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<tr>
<td>1.1</td>
<td>June 30, 2016</td>
<td>Incorporation of the revised FMRAC Model Standards for Provisional Licensure in Canada</td>
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Acknowledgement

The National Assessment Collaboration (NAC) comprises a number of Canadian organizations including:

- Health Canada
- The Medical Council of Canada (MCC)
- Provincial and territorial governments
- Regional IMG assessment programs
- Provincial and territorial medical regulatory authorities
- The Federation of Medical Regulatory Authorities of Canada (FMRAC)
- The Association of Faculties of Medicine of Canada (AFMC)
- The Royal College of Physicians and Surgeons of Canada (RCPSC)
- The College of Family Physicians of Canada (CFPC)
- Le Collège des médecins du Québec (CMQ)

Representatives from these organizations form the governance body, the National Assessment Central Coordinating Committee (NAC3), with the goal of developing pan-Canadian assessment processes for international medical graduates (IMGs) that include a common practice ready assessment (PRA) process.

Several provinces already offer a PRA locally. To enhance transferability across provincial and territorial boundaries and reduce duplication, the NAC is working to create a pan-Canadian PRA process that will be consistent and comparable across Canadian jurisdictions. This route would be available to IMGs seeking a provisional licence to enter independent practice. ¹

The NAC PRA project has been funded by Health Canada to develop a sustainable, pan-Canadian process to evaluate IMGs’ readiness for practice. The development and agreement on standards for such a process has been possible through engaging and working with representatives from the medical regulatory authorities (MRAs), existing and planned IMG PRA programs and/or processes, certification colleges, provincial and territorial Ministries of Health and other subject experts.

Of particular note, these standards would not have been achievable without the efforts and dedication of critical stakeholder support from:

- MRAs and FMRAC for their work on defining the Standards for the Issuance of a Provisional Licence, developed through the FMRAC Registration Working Group and the work completed under the FMRAC Working Group on Assessment and Supervision (in addition to its role as an active steering committee for the pan-Canadian PRA work)
- RCPSC and the Psychiatry Specialty Committee subject experts for leading the definition of Psychiatry competencies through the leadership of Dr. Paul Dagg, Dr. Paul Carey and Dr. Simon Hatcher
- Broader specialty groups including the RCPSC Psychiatry Specialty Committee and the Canadian Psychiatric Association – Education Committee

¹ In Quebec, the restrictive permit allows independent practice but only in specific establishments.
• IMG PRA programs who actively contributed and reflected with a view to adjust respective programs
to meet the defined standards

This collaboration and these relationships have been instrumental in defining pan-Canadian standards
for practice ready assessment and developing approaches for implementation.
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Document Overview

Document Purpose
This document presents acceptable standards for a pan-Canadian practice ready assessment (PRA) process for international medical graduates (IMGs) wishing to practice Psychiatry in Canada. This document is one part of the continuum towards specialty certification. Successful PRA enables an individual to demonstrate the ability to practice under a provisional licence from a provincial/territorial medical regulatory authority. It is aligned with, but separate from, the activities leading to specialty certification by the RCPSC (e.g., practice eligibility route). It has been developed under the aegis of the National Assessment Collaboration (NAC) and focuses on the “what” of a pan-Canadian process.

Document Structure
The document is organized according to the PRA focus areas outlined below and provides an overview of the following:

Main Body:
- **Process component description**: the intention of the process component is given in context of pan-Canadian PRA
- **Future pan-Canadian state**: proposal for the future state of PRA
  - **Standards**
  - **Recommendations or guidelines**

Appendices:
- **Appendix A**: Acronyms used within the document
- **Appendix B**: Federation of Medical Regulatory Authorities of Canada (FMRAC) Standards for Provisional Licensure
- **Appendix C**: Objectives of Training in Psychiatry
Pan-Canadian PRA Standard Overview

The National Assessment Collaboration (NAC) Practice Ready Assessment (PRA) objectives are:

1. Design and propose a pan-Canadian process for the evaluation of a physician’s readiness for practice (i.e., to be issued a provisional licence as a most responsible physician [MRP]).
2. Develop or adopt common standards across jurisdictions.

Through the NAC PRA Environmental Scan finalized in April 2012, an overall process was explored and is depicted in the diagram below. The proposed PRA process includes common screening elements and comparable processes across jurisdictions.

As part of the design, activities will focus on establishing acceptable standards across various process areas including:

- Initial screening and PRA selection (Section 1)
- Context and competencies (Section 2)
- Assessment process, assessor criteria and tools used (Section 3)
- Decision-making about an IMG physician’s readiness to practise (Section 4)
- IMG orientation (Section 5)

In addition to the various meetings and workshops, information sources for this document include:
• NAC PRA Environmental Scan final report
• FMRAC Working Group on Assessment and Supervision (WGAS)
• Royal College of Physicians and Surgeons (RCPSC) Objectives of Training in Psychiatry
1. **Initial Screening & PRA Selection**

A relatively standardized initial screening and selection process is envisioned for selecting those IMGs who have the highest likelihood of success into the PRA process of any given jurisdiction. The specific resources used for screening and selection may vary by region and may include:

- Nationally required screening assessments, credentials and experience (i.e., Medical Council of Canada [MCC] Evaluating Examination [MCCEE], MCC Qualifying Examination [MCCQE] Part I and language proficiency results)
- Minimum eligibility criteria that may be required by the individual Medical Regulatory Authorities (MRAs) for provisional licensure
- Ranking practices
- Application/registration-related policies (i.e., number of attempts, evidence of remediation/learning activities following prior PRA attempts, etc.)

A. **Initial Screening**

To qualify for a PRA process, a physician applicant must meet the minimum eligibility requirements for registration as per FMRAC’s agreement on standards for medical registration in Canada. For ease of reference, the elements required for provisional licensure that inform this initial screening is contained in Appendix B – *FMRAC Standards for Provisional Licensure - Expectations and/or Requirements for Entry into PRA*.

To note, additional tools are being considered and may be recommended (e.g., MCCQE Part I when available internationally or more frequently, the assessment of language skills required for the practice of medicine) if evidence supports the predictive validity of the tools for language testing.

Where possible, initial screening point-in-time assessments should be accessible outside of Canada.

B. **Application/Registration**

General application and registration standards are required within the pan-Canadian PRA process to facilitate consistent and clear communications for IMGs and to enable information sharing across jurisdictions.

1. **Program**

   1.1. Capacity for an assessment (“an assessment spot”) must be available prior to a candidate being accepted into the PRA program

   2 The FMRAC standards are as defined at the point of finalization of this standards document. The primary source is accessible through FMRAC.
1.2. IMG physicians must be sponsored for a future potential job prior to an over-time assessment occurring; however, it is highly recommended that sponsorship be determined at point of application to a PRA program.

1.3. Information about screening and basic eligibility requirements must be publically available.

2. Candidate-Related Items

2.1. The candidate will have a maximum of two over-time assessment attempts in total in Canada (regardless of the provincial or territorial jurisdictions where the attempts take place)\(^3\)
   2.1.1. Attempts must take place within a five-year period
   2.1.2. An over-time assessment attempt is defined as the start of the over-time assessment period
   2.1.2.1. In the event of a withdrawal, the PRA program may elect to not count the over-time assessment as an attempt with the acceptance of a candidate’s valid petition of extenuating circumstances.

2.2. PRA programs must acquire candidates’ consent for the disclosure and use of information including:
   2.2.1. PRA attempts
   2.2.2. Appeal outcomes
   2.2.3. PRA results (pass/fail/incomplete/withdrawal)\(^4\)
   2.2.4. De-identified information for research purposes

2.3. Candidate consent must include informed consent regarding the stakeholders who will have access to their information.

C. PRA Selection/Ranking

In some jurisdictions, there are further requirements for entry into a PRA process. Typically, these include ranking activities and/or assessment tools to further filter IMG physicians who are applying for a PRA where capacity is constrained by cost, resources, timelines, etc. (i.e., where there are more candidates than assessment spots). These ranking and selection activities occur prior to the assessment described in Section 3.

No standards are described for this activity; however, the evolution of common or comparable selection and ranking activities is desirable.

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\(^3\) A jurisdictional PRA program determines how many point-in-time selection attempts a candidate may have.

\(^4\) At the request of the MRA’s, two versions of standardized language to obtain the appropriate consent from candidates undergoing PRA were approved and will be referenced in future policy-related documentation.
2. CONTEXT & COMPETENCIES

As part of the assessment process, standard requirements for Psychiatry context and competencies have been defined and inform the regional variations in assessment that will exist within a pan-Canadian process. This section outlines the competencies expected from a specialist in Psychiatry (i.e., primary specialty).

Background
The CanMEDS 2015 Physician Competency Framework describes the abilities that physicians are required to meet the needs of the population they serve. The concepts have resonated with the wider medical education community and it has become the most widely adopted physician competency framework worldwide. From the outset, the primary purpose has been to articulate a definition of the competencies needed for all domains of medical practice, providing a comprehensive foundation for education and assessment.

The framework consists of seven roles that all physicians need to develop to optimize patient care: Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar and Professional.

*Competence is not solely doing the “right thing”; it is doing the right thing, at the right time, in the right way, for the right reasons and to do this habitually in daily practice for the benefit of those being served.*

In addition to the overarching CanMEDs framework, the following competencies have been defined by subject matter experts to identify the practice-ready competencies all psychiatrists must demonstrate. These competencies were defined through an iterative process of consultation and align with the CanMEDS competencies. The recommended reference document for defining competence in these terms for the practice of Psychiatry is from the Royal College of Physicians and Surgeons of Canada (RCPSC). Competency in Psychiatry is defined by the Objectives for Training (Appendix C) developed by the RCPSC Specialty Committee in Psychiatry. The objectives are currently the basis for designing in-training assessment during residency and for setting certifying examinations.

A. Competencies

**Main statement:** This candidate is competent to be licenced as a psychiatrist on a provisional register as a most responsible physician (MRP) with supervision, because:

*He has demonstrated in a habitual and judicious manner, the sentinel habits (core knowledge, skills and attitudes) that are found in good physicians and he has demonstrated specific*

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5 Good Medical Practice (http://www.gmc-uk.org/static/documents/content/Good_medical_practice_-_English_0914.pdf)
psychiatric competencies, attitudes and knowledge necessary to deal successfully with the breadth of problems commonly encountered across psychiatric practice environments.

For an assessment of competence to be valid, it must take place across the breadth of a Psychiatry practice. The assessment opportunities must:

- Encompass the patient life span, including patients under 18 years of age and over 65 years of age
- Offer exposure to new and returning patients, with acute and chronic conditions or undifferentiated psychiatric presentations
- Cover a range of psychiatric disorders or mental health problems

In describing competency and context for Psychiatry two views are considered:

- General sentinel habits that describe behaviours that focus on higher-level competencies from which general competence as a physician can be inferred
- Specific Psychiatry competencies, attitudes and knowledge that any practice-ready psychiatrist must demonstrate

The following three tables describe these competencies.

**Table 1: List of Sentinel Habits**

<table>
<thead>
<tr>
<th>Sentinel Habits</th>
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<tbody>
<tr>
<td>Incorporates the patient’s experience and context into problem identification and management</td>
</tr>
<tr>
<td>Generates relevant hypotheses resulting in a safe and prioritized differential diagnosis</td>
</tr>
<tr>
<td>Selects and attends to the appropriate focus and priority in a situation</td>
</tr>
<tr>
<td>Manages patients using available best practices</td>
</tr>
<tr>
<td>Demonstrates respect and responsibility including understanding the balance between attention to legal obligations and awareness of patient’s rights</td>
</tr>
<tr>
<td>Verbal or written communication is clear and timely</td>
</tr>
<tr>
<td>Seeks out and responds appropriately to feedback</td>
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</tbody>
</table>

The following competencies have been identified as critical Psychiatrist competencies to be demonstrated for practice-readiness. The term “psychiatric conditions” includes all conditions specified by the Diagnostic and Statistical manual of Mental Disorders (DSM) classification including substance abuse and addictions when used within this document.
Table 2: List of Critical Competencies

<table>
<thead>
<tr>
<th>Critical Competencies</th>
<th>Linkage to CanMEDS Role(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assess and treat psychiatric emergencies across the life span and clinical domains</td>
<td>Medical Expert, Communicator, Collaborator, Health Advocate, Professional, Scholar, Leader</td>
</tr>
<tr>
<td>2. Identify and respond to risk factors for violent and suicidal behaviour</td>
<td>Medical Expert, Communicator, Collaborator, Health Advocate, Professional, Scholar, Leader</td>
</tr>
<tr>
<td>3. Determine needs to be hospitalized (voluntary and involuntary)</td>
<td>Medical Expert, Scholar</td>
</tr>
<tr>
<td>4. Conduct a comprehensive history</td>
<td>Medical Expert</td>
</tr>
<tr>
<td>5. Conduct a mental state examination</td>
<td>Medical Expert</td>
</tr>
<tr>
<td>6. Generate accurate and comprehensive diagnostic biopsychosocial formulations</td>
<td>Medical Expert</td>
</tr>
<tr>
<td>7. Develop and implement comprehensive biopsychosocial treatment plans across the life span including pharmacotherapy and psychotherapy where appropriate</td>
<td>Medical Expert, Collaborator, Professional</td>
</tr>
<tr>
<td>8. Identify and address potential physical causes and appropriate investigations of psychiatric symptoms</td>
<td>Medical Expert, Communicator, Collaborator, Advocate</td>
</tr>
<tr>
<td>9. Demonstrate safe and appropriate prescribing and use of psychotropic medications across psychiatric conditions and across the life span</td>
<td>Patient Safety, Medical Expert, Communicator, Scholar</td>
</tr>
<tr>
<td>10. Communicate treatment plan to patient, patient family, referring physicians and other professionals</td>
<td>Medical Expert, Communicator</td>
</tr>
<tr>
<td>11. Develop appropriate management plans for patients with symptoms of treatment-resistant psychiatric disorders</td>
<td>Medical Expert, Communicator, Collaborator</td>
</tr>
<tr>
<td>12. Maintain accurate and timely medical records for all aspects of psychiatric procedures</td>
<td>Communicator, Professional, Leader</td>
</tr>
</tbody>
</table>
Table 3: Attitudes and Knowledge
The following attitudes and knowledge have been identified as Psychiatrist competencies to be demonstrated for practice-readiness.

<table>
<thead>
<tr>
<th>Attitudes and Knowledge</th>
<th>Linkage to CanMEDS Role(s)</th>
</tr>
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<tbody>
<tr>
<td>1. Demonstrate awareness and respect of appropriate patient-doctor relationships with</td>
<td>Professional; Communicator</td>
</tr>
<tr>
<td>attention to appropriate communication and boundaries</td>
<td></td>
</tr>
<tr>
<td>2. Demonstrate awareness and respect of professional boundaries</td>
<td>Professional</td>
</tr>
<tr>
<td>3. Demonstrate awareness and respect of issues related to safety (patient, self, provider,</td>
<td>Patient Safety; Health Advocate</td>
</tr>
<tr>
<td>community)</td>
<td></td>
</tr>
<tr>
<td>4. Demonstrate awareness and respect of cultural issues relevant to vulnerable</td>
<td>Professional</td>
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<tr>
<td>populations</td>
<td></td>
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<tr>
<td>5. Demonstrate collaboration and communication with members of the interdisciplinary</td>
<td>Professional; Communicator; Collaborator</td>
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<tr>
<td>team</td>
<td></td>
</tr>
<tr>
<td>6. Demonstrate awareness and respect of evidence-based practice and ability to</td>
<td>Medical Expert; Scholar</td>
</tr>
<tr>
<td>incorporate it into practice</td>
<td></td>
</tr>
<tr>
<td>7. Possess sufficient understanding of critical appraisal to be able to incorporate</td>
<td>Medical Expert; Scholar</td>
</tr>
<tr>
<td>new research findings and knowledge into practice</td>
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3. **OVER-TIME ASSESSMENTS**

Assessment is the critical component of a pan-Canadian PRA process and encompasses acceptable standards for the required over-time assessment of clinical competence in the workplace. The scope of assessment is broad and includes the assessment environment, competence expectations as defined in Section 2 (*Context & Competencies*), the protocols and tools for conducting the assessments, assessor specifications and the reporting tools necessary to facilitate comparability of practice-ready decision-making across jurisdictions. The main objective is to assess the attitudes, skills and behaviours of PRA candidates over a reasonable sample of the relevant clinical domains to ensure quality and comparability of assessments across jurisdictions.

A balance should be found between:
- General competency and the specific skills required for a specific jurisdictional practice context
- Minimum and maximum assessment documentation recommendations for legal defensibility
- The number of documented observations, assessors, locations, domain recommendations and regional parameters related to cost and logistics
- Providing for regional variation and ensuring quality and comparability of assessment decisions across jurisdictions

**A. Over-Time-Assessment in a Supervised Environment**

**A.1 Environment**

Supervision and assessment must occur in practice environments that reflect the anticipated practice environment for the PRA candidate:

1. **Over-time assessment should be independent of the sponsoring person or organization**
   1.1. Where an independent over-time assessment is not feasible for resource reasons; such as no alternate practice is available and/or assessor capacity limits, then the assessment process must ensure that there are safeguards in place to avoid real or perceived assessor bias and/or conflict of interest

2. **The assessment must occur in a supervised practice setting with:**
   2.1. **Ongoing, closely supervised** clinical practice with regular assessment and daily feedback
   2.2. **Sufficient time and structure** for the PRA candidate to become integrated into the practice environment and to demonstrate performance that allows for a valid assessment of their clinical competence

3. If at any time during the assessment period a PRA candidate represents a significant safety risk to the public, the assessor will report to the PRA program which will in turn report this to the MRA; the MRA will consider its options, including termination of the candidate’s licence (see A.2, item 5.1.1.1)
4. The assessment must occur in an environment conducive to performing the assessment (e.g., appropriate space, commitment of assessors and practice partners who are not assessors to host the assessment, in either a university or community setting etc.). Psychiatry practices that respond to most phases of care include hospitals, emergency settings, on-call coverage, in-patient and community-based practices and must provide:
   4.1. Sufficient numbers of patients with undifferentiated psychiatric presentations that require resolution
   4.2. Sufficient range and variety of psychiatric disorders and diagnoses as commonly found in a Psychiatry practice setting
   4.3. Sufficient number of patients under 18 years-of-age and over 65 years-of-age
   4.4. Sufficient number of patients at various phases of treatment
   4.5. Exposure to 15-20 Emergency Room assessments across the lifespan

A.2 Assessment Period Standards
A program plan must be established that allows sufficient time for the candidate to experience the broad range of patient presentations that are common to Psychiatry, including emergencies and to demonstrate the required competencies outlined in Section 2. More specifically, this means:
1. Clear objectives are set for the assessment period
2. Multiple independent observations are made across multiple situations by multiple observers
3. Patient presentations chosen for assessment, documentation and feedback are understood to be primarily opportunistic in nature, determined by the patient availability within a given setting; it is also understood that patient presentations must have the potential to significantly inform the assessment and to support a valid decision regarding the PRA candidate’s clinical competence
   3.1. As necessary, observations during work may be complemented by structured or semi-structured assessments for specific purposes (e.g., charting, a few procedures, case-based discussion [CBD])
   3.2. Assessments may occur in time blocks organized by case or diagnostic competency in the same or different locations; ideally, each block would be supervised by a different assessor
4. Any assessment period must provide:
   4.1. Time for situational acclimatization/adaptation for the candidate to the assessment environment
   4.2. Adequate time to provide feedback and assess if the feedback has been incorporated
5. Any assessment period must provide sufficient time to document the observations required for valid decision-making against the competencies as defined in Section 2
   5.1. Specifying the exact time period for the assessment is less important than completing and documenting sufficient observations of the required competencies; however, the rationale for

Recommendations:
While the standard requires multiple observations over multiple situations, an overtime assessment should:
- Follow the guidelines related to Assessment Tools (Table 2)
- Take no longer than 12 weeks
exceptions to the jurisdictionally-established time periods should be documented and legally defensible

5.1.1. Practice-ready decisions are based on the observation of cumulative interactions with patients and therefore require time

5.1.1.1. The decision to end an over-time assessment period early because a candidate’s performance is at either extreme of the decision spectrum has been deemed acceptable across programs with the caveat that the emphasis is on “extreme ends of the decision spectrum” (i.e., dangerous or clearly outstanding); this understanding was reached with the agreement that such decisions should be rare and should not subvert the inherent principles of over-time assessment

B. Assessors
Assessors across jurisdictions should reach similar conclusions regarding the practice-readiness of PRA candidates. To this end, the following standards and guidelines are articulated:

1. Assessor Recruitment Criteria
   1.1. Assessors should be experienced, competent Psychiatrists who practise in areas that are compatible with PRA placements
   1.2. Common assessor recruitment criteria across PRA programs are:
       1.2.1. Assessors must hold a license to practice medicine and be in good standing with their MRA
       1.2.2. Assessor should ensure the scope of practice is covered – similar scope of practice in Psychiatry to the proposed PRA placement
       1.2.3. The lead Assessor must hold RCPSC certification or equivalent, in Psychiatry or relevant sub-specialty, or hold a faculty appointment
   1.3. Assessors are not required to have prior formal experience in assessment so long as assessor training and supports are in place, however
       1.3.1. Assessment experience (of residents/specialist IMGs) is preferred

2. Assessor Supports
   2.1. Assessors must be provided with specific assessor training, the length of which will depend on their experience
   2.2. Support and feedback for the assessor must be in place throughout the assessment period
   2.3. Assessor orientation and training must include:
       2.3.1. Assessment goals and the assessment requirements
       2.3.2. Information on the IMG physician context; e.g., cultural diversity and acculturation challenges
       2.3.3. Updates on specific clinical situations as needed and required by the proposed practice placement for the PRA candidate
       2.3.4. Assessment methodology:
2.3.4.1. Clinical competencies and domains being assessed
2.3.4.2. Contra-indicators of practice-readiness
2.3.4.3. Providing valid feedback
2.3.4.4. Assessment tools (i.e., how to document observations)
2.3.4.5. Fairness principles
2.3.4.6. Reporting requirements

2.3.5. Guidelines and support for addressing challenging situations and candidates in a timely manner

C. Candidates
Any assessment program must provide the candidate with:

- A safe and impartial assessment
- Support and/or mechanisms to raise and discuss issues and/or concerns with the assessment process

D. Assessment Tools
Over-time assessment data to support decision-making for practice-readiness must come from three sources: multi-source data, chart-based assessment and observed assessment. General principles have been articulated:

1. Tools used within individual PRA programs must be comparable to those tools used by other PRA programs
2. Assessment tools must support documentation of patient/PRA candidate interactions and assessor/PRA candidate interactions
   2.1. Documentation must include, but is not limited to, narrative comment on competencies
3. Assessment tools must facilitate documentation of observed competence in a natural setting (e.g., field notes, STACER or mini-clinical evaluation exercise [mini-CEX])
4. Assessment tool(s) each have a specified purpose and their use must be appropriate to the competencies being assessed
5. The combination of assessment tools must support formative feedback in the workplace and summative decisions
6. Examinations used to complement the over-time assessment must not duplicate any of the screening assessments; such examinations should assess competencies that have been identified for the PRA that are not readily assessed in the workplace, commonly for logistical or cost reasons

More specifically, Table 4 provides the standards and guidelines that have been established for each data source.
### Table 4: Standards and Guidelines for Over-Time Assessment Tools

<table>
<thead>
<tr>
<th>CHARACTERISTICS/DATA SOURCES</th>
<th>Multi-Source Data</th>
<th>Chart-Based Components</th>
<th>Observed Assessment (Observation Over-Time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESCRIPTION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data focuses on communicator, collaborator &amp; professional roles</td>
<td></td>
<td>• Chart-stimulated recall</td>
<td>• Field notes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Chart audits</td>
<td>• Mini-CEX</td>
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<tr>
<td></td>
<td></td>
<td>• Case-based discussions</td>
<td>• STACER</td>
</tr>
<tr>
<td>STANDARD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data comes from:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Patients, family member or caregivers</td>
<td></td>
<td>• Observations cover all competencies (sentinel habits, clinical competencies, attitudes and core knowledge)</td>
<td></td>
</tr>
<tr>
<td>• Medical colleagues</td>
<td></td>
<td>• Meet jurisdictional regulatory standards for charting activities</td>
<td></td>
</tr>
<tr>
<td>• Allied health professional/non-medical colleagues</td>
<td></td>
<td>• Document admission consultations, emergency assessments, consultation reports and referral letters</td>
<td></td>
</tr>
<tr>
<td>• Self</td>
<td></td>
<td>• Observations are documented</td>
<td></td>
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<tr>
<td>• Input is documented</td>
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<td></td>
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<tr>
<td>GUIDELINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ideally, multi-source data comes from:</td>
<td></td>
<td>• Assessor decision regarding number of charts and documentation for review</td>
<td>More than one clinical setting may be required to ensure appropriate sampling across the competencies</td>
</tr>
<tr>
<td>• 18-25 patients, family members or caregivers, with a minimum of 8</td>
<td></td>
<td>• At least</td>
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<tr>
<td>• 6-8 medical colleagues, with a minimum of 3</td>
<td></td>
<td>• 12 mini-CEX (one per critical competency) OR</td>
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</tr>
<tr>
<td>• 6-8 allied health professionals/non-medical colleagues, with a minimum of 6</td>
<td></td>
<td>• 40-60 field notes</td>
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</table>
4. Decision-Making

A successful, standardized, pan-Canadian PRA process for Psychiatry is one that allows for some regional flexibility and allows all jurisdictions to have confidence in the end result regardless of which jurisdiction administered the assessment. In short, the same pass/fail decision should be made for similarly-competent PRA candidates.

Regardless of differences in screening requirements, processes, tools and length of assessment time:

- Jurisdictions (provinces/territories and health care authorities) need to be confident that the appropriate practice-ready decision has been made
- MRAs need to be confident that a physician who has successfully completed a PRA program is acceptably competent

Reporting of PRA decisions needs to inform licensing decisions and meet the information needs of PRA candidates and other jurisdictional stakeholders.

A. Characteristics

A formal decision-making process must be documented and transparent to the PRA candidate and all PRA programs, meaning:

1. To be able to infer that overall competence is likely, decisions must be based on competence that is demonstrated repeatedly over a sufficient variety of situations in an appropriate practice environment
2. Decisions must be based on all the assessment data from all locations and experiences and must reflect having demonstrated a significant level of competence in all requirements
3. The final decision as to a PRA candidate’s practice readiness must be made by the PRA program based on the recommendations of the lead assessor and an overall view of the assessment.

It is generally agreed the practice-ready decision should be made by the PRA program (regardless of where the program is “housed”) based on the recommendation/observations of the lead assessor. It is clear that MRA licensure decisions are not in scope of this activity.

B. Reporting

Common information should be reported to the PRA candidate and other stakeholders.

1. Candidates should receive detailed feedback supporting the final practice-ready decision
2. Reporting should be organized under common headings and language (e.g., “Competencies have been demonstrated in...”) and should include:
   2.1. Description or summary of the assessment process used
   2.2. Description of the competencies assessed (scope)
2.3. Candidate assessment information (evidence upon which the decision was based)
2.4. Formative feedback
2.5. Practice-ready decision
2.6. Evidence that the findings have been reviewed by the candidate

3. Candidates must consent to the sharing of their information

4. PRA program information must be shared with other stakeholders upon request and should include:
   4.1. Examples of practice-ready competencies demonstrated by the PRA candidate
   4.2. Useful detail for the sponsor that enables the sponsor to assist the candidates with targeted continuing professional development during provisional licensure period and to inform the post-provisional licensure supervision period
   4.3. Useful aggregate data for the provincial/territorial government and/or the NAC

5. MRAs
   5.1. Record of the result (pass/fail/incomplete/withdrawal/appeal outcome)

C. Appeals

PRA programs must ensure candidate access to a jurisdictional appeals process, meaning:
   1. The appeals process must be legally defensible in each jurisdiction and comply with jurisdictional legislation
   2. The appeals process must be clearly documented and PRA candidates must be informed of the policy before entering a PRA program
   3. Appeals must be handled in a timely manner
5. IMG Orientation

Orientation must be available for IMGs either before or during the PRA. The ultimate goal is to select the IMG physician with the required skill sets to serve the public. An underlying principle is that there should be a level playing field for IMG physicians attempting PRA.

The content, length, duration and sequencing of an orientation program are to be determined by jurisdiction; however, to ensure a level playing field for the comparability of assessments and to meet health human resource needs, common topics must be covered. The guiding principle is for common content and regional flavour.

Given the understanding that minimum acceptable orientation standards should be set, the following guidelines are presented:

- Other organizations may administer, facilitate, fund or deliver the orientation provided the required content is covered
- PRA orientation should offset the inherent disadvantages of an IMG candidate, based on limitations that may exist to their understanding of health care delivery in Canada due to cultural background and different underlying assumptions about health care

A. Content

1. PRA candidates must be offered orientation
2. Content covered includes:
   2.1. PRA program information
      2.1.1. Policies for the assessment
      2.1.2. Assessment logistics and schedule
      2.1.3. Competencies to be assessed
   2.2. Jurisdictional information such as the role of jurisdictional stakeholders and legal obligations
   2.3. Canadian context information:
      2.3.1. Overview of the Canadian healthcare system
      2.3.2. Physician expectations
         2.3.2.1. Patient-centered care
         2.3.2.2. Effective physician communication
         2.3.2.3. Boundary issues
         2.3.2.4. Electronic health records
         2.3.2.5. Prescribing in practice
         2.3.2.6. Medical/legal issues
         2.3.2.7. Ethics
         2.3.2.8. Multi-disciplinary teams
      2.3.3. Key learning activities, if any (e.g., need to be voluntarily or involuntarily hospitalized, knowledge of Canadian law applicable to Psychiatry)
Note: These standards were proposed in context of the FMRAC document entitled "Integrating International Medical Graduates into the Medical Community" authored by Ms. Gwen MacPherson (October 2011).
**APPENDIX A – LIST OF ACRONYMS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CBD</td>
<td>Case-based discussion</td>
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<tr>
<td>CMPA</td>
<td>Canadian Medical Protective Association</td>
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<tr>
<td>DOPS</td>
<td>Direct Observation of Procedural Skills</td>
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<tr>
<td>FITER</td>
<td>Final in-Training Evaluation Report</td>
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<tr>
<td>FMRAC</td>
<td>Federation of Medical Regulatory Authorities of Canada</td>
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<tr>
<td>IELTS</td>
<td>International English Language Testing System</td>
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<tr>
<td>IMG</td>
<td>International medical graduate</td>
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<tr>
<td>MCC</td>
<td>Medical Council of Canada</td>
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<tr>
<td>MCCEE</td>
<td>Medical Council of Canada Evaluating Examination</td>
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<tr>
<td>MCCQE</td>
<td>Medical Council of Canada Qualifying Examination</td>
</tr>
<tr>
<td>MEAAC</td>
<td>Medical Education Assessment Advisory Committee</td>
</tr>
<tr>
<td>Mini-CEX</td>
<td>Mini-clinical evaluation exercise</td>
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<tr>
<td>MRA</td>
<td>Medical Regulatory Authority</td>
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<tr>
<td>MRP</td>
<td>Most Responsible Physician</td>
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<tr>
<td>NAC</td>
<td>National Assessment Collaboration</td>
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<tr>
<td>PRA</td>
<td>Practice ready assessment</td>
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<tr>
<td>RCPSC</td>
<td>Royal College of Physicians and Surgeons of Canada</td>
</tr>
<tr>
<td>STACER</td>
<td>Standardized Assessment of a Clinical Encounter Report</td>
</tr>
<tr>
<td>TOEFL</td>
<td>Test of English as a Foreign Language</td>
</tr>
<tr>
<td>WGAS</td>
<td>Working Group on Assessment and Supervision</td>
</tr>
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</table>
Appendix B – FMRAC Standards for Provisional Licensure - Expectations and/or Requirements for Entry into PRA

Appendix B.1 – Model Standards for Medical Registration in Canada
The following is sourced from the FMRAC Model Standards for Medical Registration in Canada, (Section 2; Provisional Licensure) and are applicable in the context of PRA. Please refer to FMRAC for the most current version; http://fmrac.ca/model-standards-for-medical-registration-in-canada-2/.

The PRA application should include a statement in the beginning that instructs the candidate of the need to adhere to strict honesty in answering all the questions.

Model Standards for Provisional Licensure in Canada

A. Pre-screening Requirements
The pre-screening requirements for physicians who may qualify for a provisional license include the following seven components and are grouped into when the element must be confirmed:

A.1 To be completed before a candidate is offered a practice-ready assessment
1) Language proficiency - basic language skills:

   a) French language testing in accordance with the laws in Québec.
   b) English language testing:
      a. Candidates are exempted from English language proficiency testing if:
         i. their undergraduate medical education was taken in English in one of the countries that have English as a first and native language (see list below); or
         ii. they are currently in practice or in a postgraduate medical education program in a country or jurisdiction where English is a first and native language (see list below) and they met the FMRAC Language Proficiency Testing model standard in order to enter postgraduate training or practice in that country jurisdiction.
      b. All other candidates must have taken 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.

List of countries that have English as a first and native language
- Countries: Australia, Bahamas, Bermuda, British Virgin Islands, Canada, Ireland, New Zealand, Singapore, South Africa, United Kingdom, United States of America, US Virgin Islands
- Caribbean Islands: Anguilla, Antigua and Barbuda, Barbados, Dominica, Grenada, Grenadines, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent, Trinidad and Tobago
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.

3) Length of time away from practice:
   a) 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 lifetime.
   b) 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.

4) 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.

5) Medical Council of Canada Evaluating Examination (MCCEE).

A.2 To be completed after a candidate is offered a practice-ready assessment but before beginning over-time assessment

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

2) Fitness to practise (physician health): The candidate must provide evidence of fitness to practise (physician health) through several processes, for example: self-disclosure (best achieved through the application process), certificates of professional conduct from each and every jurisdiction in which they held a license, letters of reference, criminal record checks and any other information as required by the medical regulatory authority.
   • N.B.: For A.2 (1 and 2), criteria on who should provide letters of reference and a standard form for these letters have been developed and approved, and are available upon request.

3) Medical Council of Canada Examinations: At minimum, the Medical Council of Canada Evaluating Examination; preferably, the MCC Qualifying Examination Part I.
B. Standard for the Issuance of a Provisional License

<table>
<thead>
<tr>
<th>Other specialists</th>
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<tbody>
<tr>
<td>1. MD Degree (WDMS 2000 or IMED) or Doctor of Osteopathic Medicine (U.S.); <strong>and</strong></td>
</tr>
<tr>
<td>2. MCC Evaluating Exam or MCC Qualifying Exam Part I[^6]</td>
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<tr>
<td>N.B.: this does not apply to physicians with academic appointments (see Exemptions); <strong>and</strong></td>
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<tr>
<td>3. (a) Satisfactory completion of discipline-specific postgraduate training in Psychiatry in a program accredited by a national postgraduate training authority (candidates with less than four years of discipline-specific postgraduate training will likely have restrictions/conditions on their licence); <strong>and</strong></td>
</tr>
<tr>
<td>(b) A verifiable document of completion of specialist training in Psychiatry by the national postgraduate training authority, referred to above; <strong>or</strong></td>
</tr>
<tr>
<td>If a verifiable document is not issued or available, then has been recognized as a specialist authorized to practice independently in psychiatry in the country where the postgraduate training was completed; <strong>and</strong></td>
</tr>
<tr>
<td>4. A competency-based, pre-practice assessment in Canada (to be defined by the National Assessment Collaboration, pan-Canadian PRA[^7]).</td>
</tr>
</tbody>
</table>

[^6]: For the MCC Evaluating Examination and the MCC Qualifying Examination Part I, the standard is to record success only.

[^7]: For the pre-assessment (filter) components and the competency-based, pre-practice assessment, the standard is to record the result (pass / fail / incomplete / withdrawal) from all Canadian jurisdictions and consent to do so will be obtained from the candidates.
APPENDIX C – OBJECTIVES OF TRAINING IN PSYCHIATRY

Objectives of Training in the Specialty of Psychiatry

This document applies to those who begin training on or after July 1st, 2015.

DEFINITION

Psychiatry is that branch of medicine concerned with the biopsychosocial study of the etiology, assessment, diagnosis, treatment, and prevention of mental, emotional, and behavioral disorders alone or as they coexist with other medical or surgical disorders across the lifespan.

GOALS

Upon completion of training, a resident is expected to be a competent specialist in Psychiatry, capable of assuming a consultant’s role in the specialty. The resident must acquire a working knowledge of the theoretical basis of Psychiatry, including its foundations in the basic medical sciences and research.

Residents must demonstrate the requisite knowledge, skills, and attitudes for effective patient-centred care and service to a diverse population across the lifespan. In all aspects of specialist practice, the graduate must be able to address ethical issues and issues of gender, sexual orientation, age, culture, ethnicity, and spirituality in a professional manner.

PSYCHIATRY COMPETENCIES

Upon completion of residency training, Psychiatrists will have developed a range of specific competencies in multiple domains described as follows:

Introductory knowledge: Able to recognize, identify, or, describe principles.

Working knowledge: Able to demonstrate core aspects of Psychiatry, such as basic interviewing, problem formulation, and treatment. The resident can understand the scientific literature.

Proficient: Able to demonstrate working knowledge enhanced by a developmental, cultural, and lifespan perspective, allowing detailed interviewing and
bio-psychosocial problem formulation with capacity to teach, consult, assess, and manage referrals. The resident can critically review and apply the scientific literature relevant to this competency.

The following defined competencies are intended to be achieved beyond the minimum training requirements and may be pursued as part of a resident’s selectives and electives during his/her residency:

**Advanced:**

Detailed and sophisticated understanding that is multimodal and interdisciplinary, leading to advanced teaching and consultation on complex referrals. The resident has a detailed knowledge of and is able to apply the scientific literature, adapting and extrapolating as required.

Requires advanced training beyond core residency, leading to enhanced skills that enable management of patients with complex co-morbidities, treatment resistance, or rare conditions. The expert Psychiatrist has the capacity to critically review the literature with enhanced expertise and generate new questions for study.

Core competence will be reflected in achievements at the introductory, working knowledge, and proficient levels. This is the minimum training required to achieve successful completion of training in Psychiatry.

At the completion of training, the resident will have acquired the following competencies and will function effectively as a:

**Medical Expert**

**Definition:**

As Medical Experts, Psychiatrists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centred care across the lifespan and in inpatient, outpatient, and community settings. Medical Expert is the central physician role in the CanMEDS framework.

**Key and Enabling Competencies: Psychiatrists are able to...**

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical, and patient-centred medical care

   1.1. Perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or oral form in response to a request from another health care professional
1.2. Demonstrate effective use of all CanMEDS competencies relevant to Psychiatry

1.3. Identify and appropriately respond to relevant clinical issues arising in patient care, including:

1.3.1. Awareness of factors influencing the patient’s reactions to the physician and others

1.3.2. Awareness of one’s own reactions when dealing with patients, including the suicidal, depressed, psychotic, demanding, violent, hostile, silent, or withdrawn patient

1.3.3. Boundary issues

1.3.4. Burden of medical, surgical, and psychiatric illness to individuals, families, and systems

1.3.5. Capacity/competence

1.3.6. Confidentiality

1.3.7. Comorbidity: medical, psychiatric, developmental; substance abuse

1.3.8. Consent

1.3.9. Culture and spirituality

1.3.10. End-of-life issues

1.3.11. Family issues

1.3.12. Legal and forensic matters

1.3.13. Long-term illness and rehabilitation

1.3.14. Psychiatric manifestations of medical and neurological illness

1.3.15. Stigma

1.3.16. Suicide, self-harm, or harm directed towards others

1.3.16.1. Assessment and management of safety/risk for patient and provider in all settings

1.3.16.2. Policy, procedure, and practice dealing with patient and provider safety, including violent and potentially violent situations in all settings

1.3.17. Systems issues

1.3.18. Therapeutic alliance

1.3.19. Trauma, abuse, or neglect, including but not limited to intimate partner violence
1.4. Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems

1.5. Demonstrate compassionate and patient-centred care

1.6. Recognize and respond to the ethical dimensions in Psychiatric decision-making

1.7. Demonstrate Psychiatric expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed

2. **Establish and maintain clinical knowledge, skills, and attitudes appropriate to their practice**

2.1. Establish, apply, and maintain knowledge of the clinical, socio-behavioral, and fundamental biomedical sciences relevant to Psychiatry across the lifespan and at the designated level of introductory, working knowledge, or proficient, for purposes of core competence

2.1.1. Psychiatrists will be proficient in the following:

2.1.1.1. Etiology, symptoms, course of illness, and treatment of:

2.1.1.1.1. Anxiety disorders

2.1.1.1.2. Bipolar and related disorders

2.1.1.1.3. Depressive disorders

2.1.1.1.4. Neurocognitive disorders

2.1.1.1.5. Obsessive-compulsive and related disorders

2.1.1.1.6. Personality disorders

2.1.1.1.7. Schizophrenia spectrum and other psychotic disorders

2.1.1.1.8. Substance-related and addictive disorders

2.1.1.1.9. Trauma- and stressor-related disorders, and other conditions that may be the focus of attention (V codes)

2.1.1.2. Health care and other regulations, including but not limited to legislation pertaining to mental health, privacy and confidentiality, child welfare, dependent adults, and young offenders

2.1.1.3. Normal and abnormal development

2.1.1.4. Normal aging
2.1.1.5. Normal and abnormal psychology

2.1.1.6. Nosology

2.1.1.7. Psychopharmacology and somatic therapies

2.1.1.8. Psychotherapeutic constructs: individual, family, and group

2.1.1.9. Referral patterns, community agencies, systems of mental health care and delivery

2.1.2. Psychiatrists will have a working knowledge of the following:

2.1.2.1. Etiology, symptoms, course of illness, and treatment of:

2.1.2.1.1. Disruptive, impulse-control, and conduct disorders

2.1.2.1.2. Dissociative disorders

2.1.2.1.3. Elimination disorders

2.1.2.1.4. Feeding and eating disorders

2.1.2.1.5. Gender dysphoria

2.1.2.1.6. Medication-induced movement disorders

2.1.2.1.7. Neurodevelopmental disorders

2.1.2.1.8. Paraphilic disorders

2.1.2.1.9. Sexual dysfunctions

2.1.2.1.10. Sleep-wake disorders

2.1.2.1.11. Somatic symptom and related disorders

2.1.2.2. Forensics

2.1.2.3. Genetics

2.1.2.4. Medical statistics

2.1.2.5. Neuroanatomy

2.1.2.6. Neurochemistry

2.1.2.7. Pharmacology
2.1.2.8. Physiology

2.1.2.9. Public health principles

2.1.2.10. Research methodology

2.1.3. Psychiatrists will have an introductory knowledge of the following:

2.1.3.1. Complementary and alternative care modalities

2.2. Describe the CanMEDS framework of competencies relevant to Psychiatry

2.3. Demonstrate proficiency in applying lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date and enhance areas of professional competence

2.4. Demonstrate proficiency in integrating the available best evidence and best practices to enhance the quality of care and patient safety in psychiatric practice

3. **Perform a complete and appropriate assessment of a patient**

3.1. Establish and maintain an effective working relationship

3.2. Identify and explore issues to be addressed in a patient encounter effectively, including the patient’s context, preferences, and relevant safety issues

3.3. Perform an appropriate and accurate mental status examination for the purposes of diagnosis, management, health promotion, and disease prevention

3.4. Perform an appropriate and accurate diagnostic family interview for the purposes of diagnosis, management, health promotion, and disease prevention

3.5. Perform a focused physical or neurological examination that is relevant and accurate for the purposes of diagnosis, management, health promotion, and disease prevention

3.6. Demonstrate proficiency in selecting appropriate investigative methods in a resource-effective and ethical manner, including:

3.6.1. Medical investigation or consultation

3.6.2. Collateral information gathering

3.7. Demonstrate working knowledge of the selection of appropriate investigative methods in a resource effective and ethical manner, including but not limited to:

3.7.1. Psychological investigations

3.7.2. Questionnaires
3.7.3 Neuropsychological investigations

3.7.4 Neuroimaging

3.8 Demonstrate proficiency in effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnosis and management plans

3.8.1 Integrate and present a biopsychosocial understanding

3.8.2 Develop and implement an integrated biopsychosocial treatment plan

4. Use preventive and therapeutic interventions effectively

4.1 Demonstrate proficiency in implementing effective management plans in collaboration with patients and their families, including:

4.1.1 Developing and implementing an integrated biopsychosocial treatment plan

4.1.2 Assessing suitability for and prescribing appropriate psychopharmacological treatments across the lifespan

4.1.3 Assessing suitability for and prescribing and delivering appropriate somatic treatments across the lifespan, including but not limited to electroconvulsive therapy (ECT)

4.1.4 Demonstrate proficiency in assessing suitability for and prescribing and delivering appropriate psychological treatments, including:

4.1.4.1 Cognitive behavioural therapy

4.1.4.2 Family or group therapy, and working knowledge of the other

4.1.4.3 Psychodynamic therapy

4.1.4.4 Supportive therapy

4.1.5 Demonstrate working knowledge in assessing suitability for and prescribing and delivering appropriate psychological treatments, including:

4.1.5.1 Behavioural therapy

4.1.5.2 Dialectic behaviour therapy

4.1.5.3 Family or group therapy, and proficiency in the other

4.1.5.4 Interpersonal therapies
4.1.6. Demonstrate introductory knowledge in assessing suitability for, prescribing, and delivering appropriate psychological treatments, including but not limited to:

4.1.6.1. Brief psychodynamic psychotherapy
4.1.6.2. Mindfulness training
4.1.6.3. Motivational interviewing
4.1.6.4. Relaxation

4.1.7. Demonstrate a proficiency in assessing and managing treatment of emergent side effects across the lifespan in each of psychopharmacological, somatic, and psychological therapies

4.1.8. Demonstrate proficiency in assessing and managing treatment adherence

4.2. Demonstrate effective, appropriate, and timely application of preventative interventions relevant to Psychiatry, including consideration of risk and safety

4.3. Demonstrate effective, appropriate, and timely application of therapeutic interventions relevant to Psychiatry, including consideration of risk and safety

4.4. Ensure appropriate informed consent is obtained for therapies

4.5. Ensure patients receive appropriate end-of-life care

5. **Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic**

5.1. Demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to Psychiatry, including but not limited to diagnostic interviewing, questionnaire administration, and neuroimaging interpretation

5.2. Demonstrate effective, appropriate, and timely performance of therapeutic procedures relevant to Psychiatry, including but not limited to:

5.2.1. Crisis intervention, de-escalation, or nonviolent intervention techniques

5.2.2. Electroconvulsive therapy (ECT)

5.3. Ensure appropriate informed consent is obtained for procedures

5.4. Document and disseminate information related to procedures performed and their outcomes

5.5. Ensure adequate followup is arranged for procedures performed

6. **Seek appropriate consultation from other health professionals, recognizing the limits of their expertise**
6.1. Demonstrate insight into their own limits of expertise

6.2. Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care

6.3. Arrange appropriate followup care services for patients and their families/caregivers

Communicator

Definition:

As Communicators, Psychiatrists effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter. Psychiatrists enable patient-centred therapeutic communication through shared decision-making and effective, dynamic interactions with patients, families, caregivers, other professionals, and others. The competencies for this role are essential for establishing rapport and trust, formulating a diagnosis, delivering information, striving for mutual understanding, and facilitating a shared plan of care. This is a central skill relevant to the practice of Psychiatry across the lifespan.

Key and Enabling Competencies: Psychiatrists are able to...

1. Develop rapport, trust, and ethical therapeutic relationships with patients and families
   
   1. Recognize that being a good communicator is a core clinical skill for Psychiatrists, and that effective physician-patient communication can foster patient satisfaction, adherence, and improved clinical outcomes, in addition to physician satisfaction
   
   1.1. Use expert oral and non-verbal communication
   
   1.1.2. Convey an attitude that is non-judgmental
   
   1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty, and empathy
   
   1.3. Respect patient confidentiality, privacy, and autonomy
   
   1.4. Listen effectively
   
   1.5. Be aware of and responsive to nonverbal cues
   
   1.6. Facilitate a structured clinical encounter effectively

2. Elicit and synthesize relevant information accurately, as well as the perspectives of patients and families, colleagues, and other professionals
2.1. Gather information about a disease and about a patient’s beliefs, concerns, expectations, and illness experience

2.2. Seek out and synthesize information from other sources, such as a patient’s family, caregivers, and other professionals

3. **Convey relevant information and explanations accurately to patients and families, colleagues, and other professionals**

3.1. Deliver information to a patient and family, colleagues, and other professionals in a humane manner and in such a way that it is understandable and encourages discussion and participation in decision-making

4. **Develop a common understanding on issues, problems, and plans with patients, families, and other professionals to develop a shared plan of care**

4.1. Identify and effectively explore problems to be addressed from a patient encounter, including the patient’s context, responses, concerns, and preferences

4.2. Respect diversity and difference, including but not limited to the impact of gender, religion, and cultural beliefs on decision-making

4.3. Encourage discussion, questions, and interaction in the encounter

4.4. Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care

4.5. Address challenging communication issues effectively, including but not limited to obtaining informed consent, delivering bad news, disclosing adverse medical events, and addressing anger, confusion, and misunderstanding

5. **Convey oral and written information effectively about a psychiatric encounter**

5.1. Maintain clear, concise, accurate, appropriate, and timely records of clinical encounters and plans

5.2. Present oral reports of clinical encounters and plans

5.3. Convey medical information appropriately to ensure safe transfer of care

5.4. Present medical information effectively to the public or media about a medical issue

**Collaborator**

**Definition:**
As *Collaborators*, Psychiatrists work effectively within a health care team to achieve optimal patient care. Psychiatrists work in partnership with others who are appropriately involved in the care of individuals or specific groups of patients. This is increasingly important in a modern multi-professional environment, where the goal of patient-centred care is widely shared. It is therefore essential that Psychiatrists are able to collaborate effectively with patients and a multidisciplinary or interdisciplinary team of expert health professionals for the provision of optimal patient care, education, and scholarship.

**Key and Enabling Competencies: Psychiatrists are able to...**

1. **Participate effectively and appropriately in an interprofessional health care team**
   
   1.1. Describe the Psychiatrist’s roles and responsibilities to other professionals within the health care team
   
   1.2. Describe the roles and responsibilities of other professionals within the health care team
   
   1.3. Recognize and respect the diversity of roles, responsibilities, and competencies of other professionals in relation to their own
   
   1.4. Work with others to assess, plan, provide, and integrate care for individuals and groups of patients
      
      1.4.1. Demonstrate the ability to provide treatment collaboratively with physicians providing primary care and understand the roles and contributions of these physicians
      
      1.4.2. Describe the roles and contributions of workplaces, schools, forensic services, complex care facilities, and other agencies as part of a continuum of service
   
   1.5. Work with and learn from others to assess, plan, and review other tasks, such as research problems, educational work, program review, or administrative responsibilities
   
   1.6. Participate in interprofessional team meetings
   
   1.7. Enter into interdependent relationships with other professionals for the provision of quality care
   
   1.8. Identify, recognize, and describe principles of group/system dynamics
   
   1.9. Respect team ethics, including confidentiality, resource allocation, and professionalism
   
   1.10. Demonstrate leadership in the health care team, as appropriate

2. **Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflict**
2.1. Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team

2.2. Work with other professionals to prevent conflict

2.3. Employ collaborative negotiation to resolve conflicts

2.4. Respect differences and address misunderstandings and limits of scope of practice in other professions

2.5. Recognize one’s own differences, misunderstandings, and limitations that may contribute to interprofessional tension

2.6. Reflect on interprofessional team function

Manager

Definition:

As Managers, Psychiatrists are integral participants in health care organizations, organizing sustainable practices, making decisions concerning the allocation of resources, and contributing to the effectiveness of the health care system.

Key and Enabling Competencies: Psychiatrists are able to...

1. Participate in activities that contribute to the effectiveness of their health care organizations and systems

   1.1. Work collaboratively with others in their organizations

   1.2. Participate in systemic quality process evaluation and improvement, including patient safety initiatives

   1.3. Describe the structure and function of the health care system as it relates to Psychiatry, including the roles of physicians

   1.4. Describe principles of health care financing, including physician remuneration, budgeting, and organizational funding

2. Manage their practice and career effectively

   2.1. Set priorities and manage time to balance patient care, practice requirements, outside activities, and personal life

   2.2. Manage a practice, including finances and human resources

   2.3. Implement processes to ensure personal practice improvement
2.4. Employ information technology appropriately for patient care

3. **Allocate finite health care resources appropriately**
   
   3.1. Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care
   
   3.2. Apply evidence and management processes for cost-appropriate care

4. **Serve in administration and leadership roles, as appropriate**
   
   4.1. Chair or participate effectively in committees and meetings
   
   4.2. Lead or implement change in health care
   
   4.3. Plan relevant elements of health care delivery, such as work schedules

**Health Advocate**

**Definition:**

As **Health Advocates**, Psychiatrists use their expertise and influence responsibly to advance the health and well-being of individual patients, communities, and populations.

**Key and Enabling Competencies: Psychiatrists are able to...**

1. **Respond to individual patient health needs and issues as part of patient care**
   
   1.1. Identify the mental health needs of an individual patient
   
   1.2. Identify opportunities for advocacy, health promotion, and disease prevention with individuals to whom they provide care, demonstrating knowledge of:
      
      1.2.1. Major regional, national, and international advocacy groups in mental health care
      
      1.2.2. Governance structures in mental health care
      
      1.2.3. Legal issues in mental health care

2. **Respond to the health needs of the communities that they serve**
   
   2.1. Describe the practice communities that they serve
   
   2.2. Identify opportunities for mental health advocacy, health promotion, and disease prevention in the communities that they serve, and respond appropriately
   
   2.3. Demonstrate an appreciation of the possibility of competing interests between the communities served and other populations
3. **Identify the determinants of mental health for the populations that they serve**

   3.1. Identify the determinants of mental health of the population, including barriers to access to care and resources

   3.2. Identify vulnerable or marginalized populations within those served and respond appropriately

4. **Promote the health of individual patients, communities, and populations**

   4.1. Describe an approach to implementing a change in a determinant of health of the populations they serve

   4.2. Describe how public policy impacts on the health of the populations served

   4.3. Identify points of influence in the health care system and its structure

   4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity, and idealism

   4.5. Demonstrate an appreciation of the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper

   4.6. Describe the role of the medical profession in advocating collectively for health and patient safety

**Scholar**

*Definition:*

As Scholars, Psychiatrists demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application, and translation of medical knowledge.

**Key and Enabling Competencies: Psychiatrists are able to...**

1. **Maintain and enhance professional activities through ongoing learning**

   1.1. Describe the principles of maintenance of competence

   1.2. Describe the principles and strategies for implementing a personal knowledge management system

   1.3. Recognize and reflect on learning issues in practice

   1.4. Conduct a personal practice audit

   1.5. Pose an appropriate learning question
1.6. Access and interpret the relevant evidence

1.7. Integrate new learning into practice

1.8. Evaluate the impact of any change in practice

1.9. Document the learning process

2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions

   2.1. Describe the principles of critical appraisal

   2.2. Critically appraise retrieved evidence in order to address a clinical question

   2.3. Integrate critical appraisal conclusions into clinical care

3. Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others

   3.1. Describe principles of learning relevant to medical education

   3.2. Identify collaboratively the learning needs and desired learning outcomes of others

   3.3. Select effective teaching strategies and content to facilitate others’ learning

   3.4. Deliver effective lectures or presentations

   3.5. Assess and reflect on a teaching encounters

   3.6. Provide effective feedback

   3.7. Describe the principles of ethics with respect to teaching

4. Contribute to the development, dissemination, and translation of new knowledge and practices

   4.1. Describe the principles of research and scholarly inquiry

   4.2. Describe the principles of research ethics

   4.3. Pose a scholarly question

   4.4. Conduct a systematic search for evidence

   4.5. Select and apply appropriate methods to address the question

   4.6. Disseminate the findings of a study
4.7. Participate in a scholarly research, quality assurance, or educational project relevant to Psychiatry, demonstrating primary responsibility for at least one of the following elements of the project:

4.7.1. Development of the hypothesis, which must include a comprehensive literature review

4.7.2. Development of the protocol for the scholarly project

4.7.3. Preparation of a grant application

4.7.4. Development of the research ethics proposal

4.7.5. Interpretation and synthesis of the results

Professional

Definition:

As Professionals, Psychiatrists are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

Key and Enabling Competencies: Psychiatrists are able to...

1. Demonstrate a commitment to their patients, profession, and society through ethical practice

   1.1. Exhibit appropriate professional behaviours in practice, including honesty, integrity, commitment, compassion, respect, and altruism

   1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence

   1.3. Recognize and appropriately respond to ethical issues encountered in Psychiatry

   1.4. Recognize and manage real or perceived conflicts of interest, including but not limited to interaction with industry

   1.5. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law

   1.6. Maintain appropriate relationships with patients, colleagues, and students, and demonstrate professionalism that adheres to the principles respecting boundaries in all areas of interaction, specifically including sexual and financial matters

2. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation
2.1. Demonstrate knowledge and understanding of the professional, legal, and ethical codes of practice

2.1.1. Abide by accepted guidelines, including but not limited to those that pertain to ethical interactions with industry, especially the pharmaceutical industry, with respect to research, education, and clinical care

2.2. Fulfil the regulatory and legal obligations required of current practice

2.3. Demonstrate accountability to professional regulatory bodies

2.4. Recognize and respond to others’ unprofessional behaviours in practice

2.5. Participate in peer review

3. **Demonstrate a commitment to physician health and sustainable practice**

3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice

3.2. Strive to heighten personal and professional awareness and insight

3.3. Recognize other professionals in need and respond appropriately

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