Assessment Verification Period (AVP) Policy

Council of Ontario Faculties of Medicine

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Assessment Verification Period (AVP) Policy

Purpose

The Assessment Verification Period (AVP) is a period of assessment to determine if the International Medical Graduate (IMG) candidate can function at their appointed level of training prior to full acceptance in the program. An assessment period is a legislative requirement under regulation 865/93 of the Medicine Act, 1991. An IMG is a candidate who graduated from a non-LCME/CACMs medical school. The AVP provides an opportunity for the Program Director to:

- Assess the candidate’s basic skills appropriate for supervised practice in the chosen discipline.
- Ensure that the candidate is mentally competent to practice medicine; has the ability to practice with decency, integrity and honesty and in accordance with the law; has sufficient knowledge, skills and judgment to engage in the kind of medical practice authorized by the certificate, can communicate effectively and displays an appropriately professional attitude.

This guideline does not apply to the pre-entry program (PEAP). For more information on the PEAP please see the Pre-entry Assessment Policy. A successful AVP may be credited towards residency training time.

Supervision

- The AVP assessment must take place within supervised clinical activity appropriate to the specialty.
- AVP candidates may sign their own orders; however, the clinical supervisor may choose to have orders co-signed initially, or for the duration of the assessment period. The certificate granted for the AVP states that the candidate may practice medicine “under a level of supervision that is determined to be appropriate for the holder and the program of medical education and assessment, by a member of the College of Physicians and Surgeons of Ontario designated by the director of the program.” It is up to the supervising physician to determine whether or not the candidate may write orders. In addition, there may be hospital policies which require AVP candidates to have their orders co-signed throughout the AVP.
Licensure

The candidate must hold a valid certificate of registration (Pre-Entry Assessment Program Certificate of Registration) from the CPSO to participate in the AVP. The AVP candidate:

- Is to function at the assigned training level during the assessment.
- May be assigned to several rotations during the assessment period.

Once the AVP is finished, the AVP certificate is not valid, and the candidate cannot continue training until the CPSO has issued the Postgraduate Certificate. Efforts and processes should be in place to avoid a break in licensure.

Assessment Format

Program Directors must ensure that candidates are assessed and given written feedback on a regular basis during the AVP. Assessments and meetings should be well-documented, and should take place at the end of the 2nd week, a mid-rotation assessment by the end of the 8th week, and a final assessment at week 12.

If the candidate has been assigned to one or more rotations, the assessment form completed by the supervisor should be forwarded to the Program Director for compilation in the final AVP assessment form.

If a candidate is successful after the 12-week mark the final assessment is to be completed by the Program Director on the AVP form and forwarded to the PG Dean’s Office for authorization and further forwarding to the CPSO.

Possible Outcomes

1. Satisfactory
   
   AVP candidate continues in the postgraduate training program. A successful AVP may count towards training time.

2. Unsatisfactory
   
   If the resident is performing below expectations an extension of 6 weeks to further observe and assess may be issued at the CPSO staff level with an AVP report and a remediation plan. For candidates whose performance after 12 weeks indicates that more than 6 weeks of observation is required, a request for additional time, to a maximum of 12 weeks, must be submitted and reviewed by the CPSO Registration Committee. Meetings and assessments will be set up according to the remediation plan. The final assessment is to be completed by the Program Director on the AVP form and forwarded to the PG Dean’s Office for authorization and further forwarding to the CPSO.
3. Withdrawal

An AVP candidate may choose to withdraw from the AVP at any time. Withdrawal may have an impact on the terms of the Ministry of Health and Long-Term Care’s Return of Service Agreement. Candidates should consult the MOHLTC regarding their ROS obligations.

4. Other

Candidates should refer to individual school and hospital policy regarding suspension or other potential outcomes.

Appeals

AVP candidates may choose to appeal the unsatisfactory assessment based on process issues only. The candidate would refer to the individual school’s policy and procedures regarding appeals. If the appeal is upheld by the school, the candidate would repeat the AVP. The school would request that the CPSO extend the AVP certificate. On a repeat AVP the assessment will last no more than 12 weeks. Extensions are not available.

Reapplication of Failed/Withdrawn Candidates

a) A candidate in the PGY2 Advanced stream may request the Program Director for consideration at the PGY1 level. Re-Entry at this level is at the discretion of the Program Director and will require CPSO approval.

b) As a failed AVP is not counted towards residency training, a candidate who failed an AVP (PGY1 or PGY2 level) may apply to the first iteration of CaRMS.

c) Restriction on the re-application of failures are:

- Cannot apply to the same specialty at the same level of entry. They may apply to a lower level of entry in the same specialty, if applicable (see (a) above).
- May apply to a different specialty.

Vacation Requests during the AVP

The AVP is a high stakes assessment over a short timeframe. As such, candidates are discouraged from taking vacation during the AVP, as it may put their assessment in jeopardy.

Return of Service

Candidates must contact the Ontario Ministry of Health and Long Term Care regarding arrangements for Return of Service contracts.