PRACTICE READY ONTARIO

Clinical Field Assessment Policies and Procedures

Prepared by Touchstone Institute

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Clinical Field Assessment Policies and Procedures

Overview

Practice Ready Assessment (PRA) Programs offer an accelerated pathway to licensure for internationally trained physicians who have completed their training and practiced independently abroad. These programs involve a 12-week clinical workplace-based assessment where participants practice under the supervision of trained physician assessors. The aim is to demonstrate readiness to work in the Canadian healthcare system and provide safe, high-quality patient care.

In Ontario, the Practice Ready Assessment Program is known as Practice Ready Ontario (PRO). Administered by Touchstone Institute in partnership with the Government of Ontario, Ontario Health, and the College of Physicians and Surgeons of Ontario (CPSO), PRO provides an expedited pathway to licensure for qualified international physicians.

During the 12-week Clinical Field Assessment (CFA) within PRO, candidates practice under observation and supervision with a restricted license from the CPSO. A stipend is provided by the Government of Ontario through Touchstone Institute. Clinical Field Assessment sites ensure appropriate conditions for assessment, including exposure to various clinical domains typical of primary care. Successful candidates enter a supervised three-year Return of Service with the Ontario Ministry of Health (MOH) upon passing the CFA and issuance of a further restricted licence from the CPSO.

Purpose

These Policies and Procedures delineate the requirements for the Practice Ready Ontario (PRO) Clinical Field Assessment (CFA), including guidelines for the assessment environment, the assessment process, and procedures for addressing issues and complaints. **Nothing in these Policies and Procedures limits any obligation of the Candidate under the PRO Candidate Agreement.**

Scope

These Policies and Procedures apply to Practice Ready Ontario (PRO) Candidates and Clinical Assessors.

Clinical Field Assessment Environment

Practice Ready Assessment Locations

Background: The Practice Ready Assessment (PRA) program includes a crucial 12-week clinical field assessment component designed to evaluate candidates' competence to practice as family physicians in Ontario. To ensure the integrity and reliability of this assessment process, it is essential to establish clear policies and procedures regarding the selection and operation of assessment locations.

Policy: The clinical field assessment component of the PRA program must occur in practice environments independent of the Return of Service sponsoring person or organization. This policy aims to prevent bias or conflict of interest and uphold the reliability and integrity of the assessment process.

Procedures:

1. **Independence of Assessment Component:**
    - The 12-week clinical field assessment must be independent of the Return of Service sponsoring person or organization.
    - This separation ensures clarity of purpose for the assessment process and avoids potential biases or conflicts of interest.
2. **Nature of Assessment Period:**
    - The over-time clinical assessment is not a training period but rather an assessment period to ascertain competence to practice as a family physician in Ontario.
    - Candidates should understand that the assessment period is focused on evaluating their clinical competence rather than providing training or education.
3. **Selection of Assessment Locations:**
    - Clinical field assessment locations are identified through expressions of interest from family physicians across Ontario.
    - Locations must reflect the anticipated practice environment for the Candidate's Return of Service but remain independent of the Return of Service sponsoring signatory or site.
4. **Supervised Practice Setting:**
    - The assessment must occur in a supervised practice setting with ongoing, closely supervised clinical practice and regular assessment with daily feedback.
    - Sufficient time and structure should be provided for the candidate to become integrated into the practice environment and demonstrate their clinical competence.

5. **Suitable Practice Environments:**
    - Practice environments suitable for the assessment include family practices that respond to most phases of community needs including hospital in-patient wards and emergency departments.
    - These environments should offer a sufficient number and variety of patients with undifferentiated new problems requiring resolution.
6. **Assignment of Primary Assessor:**
    - A practicing family physician will be assigned as the Primary Assessor at each assessment site.
    - Primary Assessors enter into an Independent Contractor Agreement with Touchstone Institute for their services as an assessor.
    - Primary Assessors may enlist Secondary Assessors to collaborate on conducting assessments.
7. **Remuneration and Expenses:**
    - Remuneration for Primary Assessors is provided based on a monthly invoice to Touchstone Institute, and includes renumeration for assessor training, and renumeration at a rate of $2000 a week per candidate, for the 12 weeks of the Clinical Field Assessment.
    - Additional expenses up to $1,000, with receipts, are available to support office expenses at the assessment site.
    - Candidates are responsible for any costs associated with certifications, hospital credentialing, and other requirements of the workplace.

Conclusion: The selection and operation of assessment locations are critical aspects of the Practice Ready Assessment (PRA) program. By adhering to clear policies and procedures, Touchstone Institute ensures the integrity and reliability of the assessment process while providing candidates with a fair and unbiased evaluation of their clinical competence.

Candidate Preparation

Background: The Practice Ready Ontario (PRO) Clinical Field Assessment (CFA) is a crucial component of the program designed to assess candidates' readiness to practice family medicine in Ontario. To ensure candidates are adequately prepared for the assessment process and to maintain program integrity, specific policies and procedures have been established.

Policy: Candidates will undergo comprehensive preparation and orientation prior to, and during the CFA. This preparation includes familiarization with Ontario's medical practice standards and the program's assessment procedures. To qualify to participate in the CFA, CPSO must grant a restricted license to practice medicine under supervision during the assessment period. Candidates must adhere to the terms of the restricted license, including obtaining medical liability insurance. Attendance and stipend policies are also outlined to ensure candidates fulfill their obligations and receive appropriate support during the assessment period. Furthermore, candidates are responsible for arranging their own housing and transportation during the CFA. Further requirements are specified in the PRO Candidate Agreement.

Procedures:

1. **Restricted License:**
    - Candidates must apply for and be issued a restricted certificate by the College of Physicians and Surgeons of Ontario (CPSO) for the duration of the 12-week CFA.
    - The certificate outlines terms and conditions, including supervision requirements, limitations on practice scope, and restrictions on prescribing and fee charging.
2. **Medical Liability Insurance:**
    - Candidates must obtain medical liability protection through the Canadian Medical Protective Association (CMPA) before commencing the CFA.
    - The membership category for PRO candidates is "TOW code 12," aligning with the CPSO restricted certificate.
3. **Stipend:**

    Candidates will receive a weekly stipend throughout the 14-week program duration (which includes a 2-week orientation and the 12-week clinical field assessment), contingent upon completion of attendance reports as recorded in the Clinical Field Assessment online platform.
4. **Housing and Transportation:**
    - Candidates are responsible for arranging their own travel and accommodation during the CFA.
5. **Clinical Field Assessment Placement:**

- Candidates must notify Touchstone Institute of any changes affecting their availability or assessment start date.
- Clinic space, exam rooms, computer access, and internet connectivity will be provided during the CFA.

6. **Hospital Privileges:**
    - PRO candidates must ensure they obtain hospital privileges, with assistance available from assessors or the program.
7. **Scheduling the Required Assessment Exposures (Rotations):**
    - Primary Assessors will coordinate with Secondary Assessors to ensure candidates receive exposure to various practice settings and domains of care, as outlined in the program requirements.

Conclusion: By adhering to these policies and procedures, PRO candidates will be adequately prepared for the CFA, facilitating a fair and comprehensive assessment of their readiness to practice family medicine in Ontario.

Clinical Field Assessment Settings

Background: The Practice Ready Ontario (PRO) Clinical Field Assessment (CFA) is designed to evaluate internationally trained physicians' readiness for medical practice in family medicine within a rural context. This assessment provides exposure and experience across various practice settings to ensure candidates possess the necessary competencies required for generalist family medicine.

Policy: The PRO CFA aims to assess candidates' competence across the breadth of family medicine practice domains and priority topics outlined by the College of Family Physicians of Canada (CFPC) Essential Objectives (EO) as elaborated through the National Assessment Collaboration – Practice Ready Assessment Family Medicine PRA Standards. Primary Assessors will collaborate with Secondary Assessors to ensure candidates receive exposure to required clinical areas and clinical domains of care.

Procedures:

1. **Clinical Exposures for Assessment:**
    - Candidates will undergo assessments in various practice settings to gain exposure and experience in relevant aspects of generalist family medicine in a rural context.
    - Required clinical settings for assessment include:
        - Clinic-based family medicine (may include house calls and long-term care)
        - Hospital in-patient work
        - Hospital Emergency Room
        - Minor clinical and surgical procedures
    - Candidates will spend 40-60% of time in clinic-based family medicine, 20-30% of time in Hospital in-patient work, and 20-30% of time in Hospital Emergency Room. Candidates may be supervised by different clinical assessors in these settings.
2. **Clinical Domains of Care:**
    - The assessment will cover the following required domains of care:
        - Behavioural medicine/Mental Health
        - Care of Adults
        - Care of children or adolescents
        - Care of elderly
        - Care of vulnerable and underserviced
        - Maternity/newborn care (excluding intrapartum care)
        - Palliative care

        - Procedure skills
    - These domains serve as a framework for ensuring the assessment of competence across the breadth of family practice.

3. **Assessment Process:**
    - Primary Assessors will collaborate with Secondary Assessors to ensure candidates receive exposure to all required clinical settings and clinical domains of care.
    - Assessments will be conducted using standardized assessment tools and evaluation criteria aligned with the National Assessment Collaboration – Practice Ready Assessment Family Medicine PRA Standards.
    - Candidates will be evaluated based on their performance in each clinical setting and domain of care, with a focus on demonstrating competence and readiness to enter medical practice in family medicine.
    - Assessment results will be documented and compiled into comprehensive reports for review by the Practice Ready Ontario (PRO) Assessment Committee.

4. **Planning the Assessment Period:**

- Each assessment period must allocate sufficient time to document observations essential for making informed decisions regarding the evaluated competencies.
    - Furthermore, it is imperative that candidates are afforded adequate time for situational acclimatization and adaptation to the assessment environment. This includes providing opportunities for candidates to familiarize themselves with the surroundings and adjust to the demands of the assessment process.
    - To ensure comprehensive assessment, each evaluation period must include:
        - Time allotted for candidates to acclimatize to the assessment environment and its demands.
        - Sufficient time for providing feedback and assessing the Candidate's incorporation of feedback, as stipulated in Section 2 of the assessment guidelines.
        - Assessments may be structured into time blocks organized by competency, which may occur in the same or different locations. These blocks may be supervised by different clinical assessors.
    - The assessment period is typically structured as follows:
        - **First Week:** Assessment site orientation, shadowing and engaging in light clinical activities aimed at familiarization with the assessment process.
        - **Second to Fourth Week:** Close supervision with direct observation by the assessor. Initially, the candidate follows the assessor's schedule, with the assessor directly observing whole or parts of most encounters.

    - **Fifth Week Onward:** Candidates may progressively manage some cases independently, with reviews conducted by the assessor after patient discharge.
- Responsibilities are graduated over time, with candidates gaining autonomy gradually:
    - **Prescriptions:** Candidates may independently write prescriptions, subject to clinical assessor review and approval until competency is established.
    - **Tests Ordering:** Ordering of tests must be conducted under the supervision of the Most Responsible Physician (MRP), following hospital policy. Some hospitals may allow candidate orders under specific criteria.
- This structured approach ensures a progressive and comprehensive assessment, enabling candidates to develop competence gradually while maintaining patient safety and quality care.

Conclusion: The Practice Ready Ontario (PRO) Clinical Field Assessment (CFA) requirements for different practice settings and domains of care is designed to comprehensively evaluate candidates' readiness for medical practice in family medicine within a rural context. By ensuring exposure to relevant practice settings and assessing competence across key domains of care, the PRO CFA aims to support the successful integration of internationally trained physicians into the Canadian healthcare system.

Clinical Field Assessment Scheduling

Background: Effective scheduling is crucial for the successful implementation of the Clinical Field Assessment (CFA) in the Practice Ready Ontario (PRO) program. Proper allocation of time ensures candidates receive comprehensive exposure to various practice settings while maintaining efficiency and adherence to program timelines.

Policy: The scheduling of the Clinical Field Assessment will be structured to provide candidates with adequate orientation, acclimatization, and exposure to diverse practice environments. The schedule will be divided into distinct phases, including two orientation weeks followed by the official CFA period. Flexibility in scheduling models will be provided to accommodate the unique requirements of candidates and assessment sites.

Procedures:

1. Orientation Week (Week 1):

1.1. **Candidate Onboarding:**

- Candidates will undergo onboarding during the first week to familiarize themselves with practice settings, processes, technology, and resources in the community.
- Activities may include physical tours of work locations, orientation sessions on clinic and hospital Electronic Medical Records (EMR) systems, and overviews of local referral resources and processes.
- Candidates will meet with team members, including hospital staff, to establish communication preferences and clarify after-hours communication protocols.

2. Official Clinical Field Assessment Period (Week 2 to 12):

2.1. **Time Allocation:**

- The official CFA period will span from week 2 to week 12, during which candidates will engage in clinical practice across various settings.
- Time allocation will adhere to the following rough guidelines: 40-60% in outpatient family practice, 20-30% on hospital wards, and 20-30% in acute care settings.
- The structure of the CFA may follow one of two possible models: block-based or longitudinal integrated, depending on the the organization and requirements of assessment sites.

3. Scheduling Models:

3.1. **Block-Based Model:**

- This model divides the CFA into distinct blocks, each lasting a minimum of 3-4 weeks.
- Example: A 5-3-3 model may allocate 5 weeks to outpatient family practice and home care, 3 weeks to the emergency room, and 3 weeks to hospital wards.

3.2. **Longitudinal Integrated Model:**

- This model integrates rotations across different settings on a weekly or daily basis.
- Example: Daily morning hospital rounds, 3 days per week in clinic, 1 shift per week in the emergency room, and weekly house calls or long-term care visits.

4. Flexibility and Accommodation:

4.1. **Scheduling Flexibility**

- Some flexibility can be exercised at the site with respect to scheduling according to reasonable preferences of the candidate and assessors as long as there are mutual agreement between a candidate and their assessor(s) and that a candidate will spend 40-60% of time in clinic-based family medicine, 20-30% of time in Hospital in-patient work, and 20-30% of time in Hospital Emergency Room t

5. Adjustments and Review:

5.1. **Ongoing Evaluation:**

- The scheduling process will be subject to ongoing evaluation and adjustment based on candidate feedback and site requirements.
- Any necessary changes to the schedule will be communicated promptly to candidates and assessment sites.

Conclusion: By implementing these policies and procedures, the Clinical Field Assessment scheduling process in the PRO program will facilitate comprehensive candidate preparation and assessment while ensuring flexibility and efficiency.

Hours of Work Policy

Background: In order to ensure a clinical work environment conducive to the Practice Ready Ontario (PRO) Clinical Field Assessment (CFA) it is essential to establish clear guidelines regarding hours of work. This policy outlines the standards and limitations for candidates' work hours, including regular shifts, on-call duties, and home-call responsibilities.

Policy: PRO CFA assessors must adhere to the following hours of work standards to ensure for candidates during the clinical field assessments. These standards encompass weekly hours, on-call duties, and home-call responsibilities.

Procedures:

1. Weekly Hours of Work:

1.1. **Maximum Work Hours per Day:**

- Candidates may work twenty-four (24) work hours per day.

1.2. **Minimum Weekly Hours:**

- Candidates must fulfill a minimum of forty (40) work hours per week.

1.3. **Maximum Weekly Hours:**

- The maximum weekly work hours are capped at sixty (60).

1.4. **Care-Activities Inclusion:**

- All care activities, including home call, are included in the calculation of weekly work hours to ensure comprehensive assessment coverage.

1.5. **Extension to 70 Hours:**

- Candidate hours may be extended to seventy (70) weekly if the additional ten (10) hours consist solely of low-volume home calls.

1.6. **Shift-Based Work:**

- If candidates are engaged in shift-based work, they must complete five (5) shifts of twelve (12) hours each.

1.7. **Weekends Off:**

- Candidates are entitled to two (2) complete weekends off per month.

1.8. **Gap between ER Shifts:**

- There must be a minimum of twelve (12) hours between emergency room (ER) shifts.

2. On-Call Hours:

2.1. **Consecutive Call Periods:**

- Candidates are limited to a maximum of two (2) consecutive periods of call.

2.2. **Night Calls and Weekend Days:**

- Candidates must not exceed more than seven (7) nights of on-call duty within a twenty-eight (28) day period.
- Additionally, candidates must not have more than two (2) weekend days of on-call duty within a twenty-eight (28) day period.

3. Home-Call Responsibilities:

3.1. **Frequency of Home-Call:**

- Candidates are restricted to a maximum of one (1) night of home-call duty in three (3) days or ten (10) nights in thirty (30) days.

3.2. **Conversion to In-Hospital Call:**

- Home-call duty converts to in-hospital call if the assessor goes to work after midnight and before six (6) AM, or works for four (4) consecutive hours with more than one (1) hour beyond midnight.

3.3. **Blended In-Hospital and Home-Call:**

- The total number of in-hospital call instances multiplied by four (4), added to the total number of home-call instances multiplied by three (3), must be less than thirty (30) over a twenty-eight (28) day period.

Conclusion: By scheduling the clinical field assessments in accordance with these policies and procedures, PRO CFA assessors can help candidates maintain a healthy work-life balance, mitigate the risk of burnout, and ensure the quality and integrity of the assessment process.

Workplace Resources

Background: The Clinical Field Assessment (CFA) is a crucial component of the Practice Ready Ontario (PRO) program. It provides candidates with the opportunity to demonstrate their readiness to practice medicine independently in Ontario. Ensuring a safe and conducive environment during the CFA is essential for the well-being of candidates and the integrity of the assessment process.

Policy: Candidates participating in the PRO program must adhere to certain guidelines and responsibilities to maintain the integrity and safety of the clinical environment. These include confirming their eligibility for the program, reporting any changes affecting their availability, and ensuring compliance with the terms of their restricted license and medical liability insurance. The assessment location must provide necessary resources for candidates, including workspace, exam rooms, computers, and access to an Electronic Medical Records system.

Procedures:

1. Candidate Responsibilities:

1.1. **Eligibility Confirmation:**

- Candidates must confirm that they are not enrolled in another Practice Ready Assessment program and have not exceeded two attempts in a Practice Ready Assessment (PRA) program in any Canadian jurisdiction in the last five years.

1.2. **Notification of Changes:**

- Candidates are responsible for notifying Touchstone Institute of any changes affecting their availability to start the program or the assessment start date provided by Touchstone.
- Failure to notify Touchstone of changes may result in delays in initiating the program.

2. Clinic Space:

2.1. **Workspace and Facilities:**

- Candidates must have access to appropriate workspace, exam rooms, and a computer during clinic hours.
- Access to the internet via Wi-Fi or a computer on-site must be provided for necessary research and documentation.

3. Restricted License:

3.1. **Compliance with CPSO Certificate:**

- Candidates must adhere to the terms, conditions, and limitations of the Clinical Field Assessment Restricted Certificate issued by the College of Physicians and Surgeons of Ontario (CPSO).
- This includes practicing only within the PRO program, under designated supervision, and without prescribing or charging fees for medical services.

4. Medical Liability Insurance:

4.1. **CMPA Membership:**

- Candidates must obtain Canadian Medical Protective Association (CMPA) membership to ensure medical liability protection before starting the CFA.
- Membership category "TOW code 12" should be applied in accordance with CPSO Restricted Certificate requirements.

5. Hospital Privileges:

5.1. **Credentialing Process:**

- Candidates must ensure they have hospital privileges as required for their assessment.
- Assistance in the credentialing process may be provided by assessors or the PRO program.

6. Required Assessment Exposures (Rotations):

6.1. **Collaboration with Assessors:**

- Primary and Secondary Assessors must collaborate to ensure candidates are exposed to required rotations, including clinic-based family medicine, hospital work, ER, house calls, long-term care, and minor surgical procedures.

7. Attendance[i]:

7.1. **Notification of Absences:**

- Candidates must notify Touchstone Institute of any planned absences in advance to ensure accommodation.
- Religious holidays should be accommodated by securing days off and making up for lost work time.

8. Workplace Resources:

8.1. **Provided Resources:**

- The assessment location must provide necessary resources for candidates, including workspace, exam rooms, computers, and access to an Electronic Medical Records system.

9. Practice Environment:

9.1. **Clinical Setting Requirements:**

- Clinical field assessment sites must offer candidates exposure to various domains of care and practice settings, including outpatient family practice (may also include home care and long-term care), hospital wards, emergency departments.

10. Housing and Transportation:

10.1. **Candidate Responsibility:**

- Candidates are responsible for arranging their own travel and accommodation during the clinical field assessment period.

Conclusion: By adhering to these policies and procedures, candidates can ensure a smooth and successful experience during their Clinical Field Assessment in the PRO program.

Clinical Field Assessment Process

Clinical Assessor and Candidate Roles and Responsibilities

Background: The Clinical Field Assessment (CFA) is a crucial phase in the Practice Ready Ontario (PRO) program, where candidates undergo evaluation by experienced family physicians known as Clinical Assessors. This assessment process is designed to ensure candidates' readiness for family medicine practice in Ontario. Clinical Assessors play a pivotal role in observing, documenting, and providing feedback to candidates throughout the assessment period.

Policy: The PRO program requires Clinical Assessors to meet specific criteria and undergo training to ensure consistent and reliable assessment of candidates. Candidates, on the other hand, must adhere to professional standards and actively engage in the assessment process.

Procedures:

1. **Selection and Training of Primary and Secondary Clinical Assessors:**
    - Primary Clinical Assessors
        1. Must meet eligibility criteria, including being in active clinical practice for at least three years, holding a full license from the College of Physicians and Surgeons of Ontario, and practicing in areas compatible with the PRO assessment requirements.
        2. Apply through an expression of interest form and undergo screening to ensure suitability for the role. Successful applicants are invited for an interview to clarify expectations.
        3. Once accepted, assessors sign an Assessor Letter of Agreement and may receive an Independent Contractor Agreement for remuneration.
        4. Must attend program assigned training.
    - Secondary Clinical Assessors
        1. Must meet eligibility criteria, including being in active clinical practice for at least three years (exceptions to this can be made for extenuating circumstances as long as primary clinical assessor meets all criteria), holding a full license from the College of Physicians and Surgeons of Ontario, and practicing in areas compatible with the PRO assessment requirements.
        2. Are recommended by Primary Clinical Assessors in assisting with assessment of PRO candidates.
        3. Must attend/complete program assigned training.
2. **Roles and Responsibilities of Primary and Secondary Clinical Assessors:**
    - Primary Clinical Assessors:

1. Oversee the entire assessment process for assigned candidates, ensuring adequate exposures to all required clinical settings and domains of clinical care. They plan, coordinate, distribute, and conduct assessments.
2. Ensure adequacy of assessments according to program requirements
3. Communicate and meet, as necessary, with Touchstone staff/consultants, regarding candidate performance and any assessment issues.
4. Conduct direct observations, facilitate case-based discussions, review documentation, gather feedback from patients, and document assessments using the program's digital platform.
5. Communicate 6-week summary assessment results with candidates
6. Support secondary clinical assessors.

- Secondary Clinical Assessors:
    1. Support Primary Assessors in certain aspects of the assessment process to ensure adequate assessment of the candidate.
    2. Conduct direct observations, facilitate case-based discussions, review documentation, gather feedback from patients, and document assessments using the program's digital platform.

3. Candidate Requirements and Responsibilities:

- PRO candidates undergo rigorous screening and verification of credentials to ensure they meet program requirements, including language proficiency, academic credentials, and professional conduct.
- Candidates participate actively in patient encounters, complete documentation, demonstrate professionalism, integrate feedback into practice, and log all encounters weekly.
- Candidates review and acknowledge assessment forms completed by assessors and colleagues.

4. Compliance with Restricted License Conditions:

- Both Clinical Assessors and candidates must adhere to the limitations outlined in the Candidate’s Restricted Certificate issued by the College of Physicians and Surgeons of Ontario.
- Candidates are not designated as the Most Responsible Physicians (MRPs) and may only practice within the scope defined by the PRO program.
- Safe, quality patient care always takes priority, and all parties must fulfill their professional obligations.

Conclusion: By implementing these policies and procedures, the PRO program ensures consistent and effective assessment of candidates' readiness for family medicine practice in Ontario, while also upholding professional standards and patient safety.

Assessment Principles and Process

Background: Clinical field assessments parallel activities in diagnosis. Assessors observe, document and provide feedback to clarify expectations and provide information on what is needed to meet expectations of the assessment. Exposing candidates to multiple settings, multiple domains, multiple assessors for multiple observations is a core principle of the process.

Policy: A 12-week assessment plan must be established that allows sufficient time for the candidate to experience the broad range of patient presentations that are common to family practice. The assessment plan should also establish opportunities for multiple independent observations across multiple situations by multiple observers.

Procedures:

1. **Planning the Assessment Period:**
    - Establish adequate clinical exposures for the 12-week assessment period, allowing candidates to experience a broad range of patient presentations common in family practice.
    - Organize assessments in time blocks by competency and location, supervised by different clinical assessors, if necessary.
    - Allocate the first week for shadowing and orientation, followed by close supervision with direct observation during weeks 2 to 4.
    - Gradually increase candidate independence from the 5th week onward, with candidates independently managing cases and writing prescriptions under assessor review and approval.
    - Ensure candidates have time to acclimate to the assessment environment and incorporate feedback into their practice.
    - Clinical assessors must also have adequate time to provide feedback and assess if the feedback has been incorporated by the candidate.
2. **Observations and Documentation:**
    - Assessors must observe candidate performance across various settings and domains, documenting observations and providing timely feedback.
    - Patient presentations chosen for assessment should be opportunistic yet informative, reflecting real-world scenarios encountered in family practice.
    - 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.)
3. **Graduated Levels of Responsibility:**
    - Gradually increase candidate autonomy based on demonstrated competence.
    - Allow candidates to conduct independent assessments once competence is established, with assessor review after patient encounters.

- Permit candidates to write prescriptions independently, subject to assessor review and approval until competency is confirmed.
- Adhere to hospital policies regarding test ordering, with candidates requiring supervision until certain criteria are met.

Conclusion: By implementing these policies and procedures, the assessment process ensures candidates receive comprehensive evaluation, feedback, and support, ultimately determining their readiness for family medicine practice in Ontario.

Assessment Criteria

Policy Statement: The Clinical Field Assessment (CFA) for Practice Ready Ontario (PRO) candidates must adhere to specific assessment criteria to ensure that candidates possess the necessary skills and competencies for medical practice in family medicine. These assessment criteria are derived from the College of Family Physicians of Canada (CFPC) skill dimensions and the CanMEDS family medicine roles and articulated through the National Assessment Collaboration – Practice Ready Assessment Family Medicine PRA Standards.

Procedure for Assessment Criteria:

1. Range of Topics and Skills:

- Candidates must demonstrate competence in the following areas:
    1. Ability to provide care in various practice environments, including office or clinic (may include patients' home and long-term care institutions), and community hospitals providing in-hospital care and acute or urgent care.
    2. Ability to provide care in the domains of clinical care.
    3. Additional competency requirements for candidates in specific practice environments must be clearly identified, without negating the need to demonstrate general competencies.

2. Sentinel Habits:

- The following sentinel habits must be assessed during the CFA:
    1. Incorporates the patient's experience and context into problem identification and management (PCA – Patient Centred Approach)
    2. Generates relevant hypotheses resulting in a safe and prioritized differential diagnosis (CR – Clinical Reasoning)
    3. Selects and attends to the appropriate focus and priority in a situation (Sel – Selectivity)
    4. Manages patients using available best practices (CR – Clinical Reasoning and Sel – Selectivity)
    5. Demonstrates respect and/or responsibility for colleagues/team members/support staff/patients (Prof - Professionalism)
    6. Verbal or written communication is clear and timely (Com – Communication Skills)
    7. Uses generic key features when performing a procedure (PS – Procedural Skills)
    8. Seeks out and responds appropriately to feedback (Prof - Professionalism)

3. Procedure Skills:

- The following procedures are recommended to be sampled to determine procedural competence:

1. Injections (subcutaneous, subdermal, intramuscular, intralesional)
2. Injection and aspiration of joints and bursae
3. Removal of cerumen
4. Pap smear
5. Treatment of skin lesions by electrocautery, cryotherapy, or chemical means
6. Insertion of sutures (simple, mattress, and subcuticular)
7. Shave, punch, and excisional skin procedures (biopsy, treatment)

4. Conclusion: The assessment criteria outlined here ensure that PRO candidates are evaluated according to the National Assessment Collaboration – Practice Ready Assessment Family Medicine PRA Standards.

Clinical Assessor Supports

Policy: Clinical assessors play a crucial role in evaluating the competence of candidates participating in the Practice Ready Assessment (PRA) program. To ensure the effectiveness and consistency of the assessment process, it is essential to provide adequate support to clinical field assessors throughout their involvement in the program.

Procedures:

1. **Training and Development:**
    - Clinical assessors will receive training and ongoing support to ensure alignment with program objectives.
    - Touchstone Institute will organize and administer mandatory training sessions, for all primary and Secondary Assessors.
    - The training will cover topics such as assessment methodologies, providing constructive feedback, ethical considerations, and adherence to program protocols.
2. **Annual Training Requirements:**
    - Clinical field assessors are required to attend training again to refresh their knowledge and skills and stay updated on any programmatic changes if they have not assessed for the program for over 2 years and significant changes to the program have occurred.
3. **Remuneration for Training:**
    - Clinical field assessors will be remunerated for the time dedicated to participating in program required training sessions.
    - Remuneration will be provided based on the standard rates set by Touchstone Institute and outlined in the assessor agreements.
4. **Ongoing Support:**
    - Touchstone Institute will provide ongoing support to clinical assessors throughout the assessment period to address any questions, concerns, or challenges they may encounter.
    - Clinical assessors will have access to a designated point of contact through a Regional Assessor Lead – a physician with experience in assessing and overseeing internationally trained physicians and familiarity with the Practice Ready Ontario (PRO) Program. These Clinical Field Assessment Regional Leads will serve as a resource for assistance and guidance.
5. **Assessment Resources:**
    - Touchstone Institute will provide clinical assessors with access to all necessary assessment resources, including assessment forms, guidelines, and documentation templates.

- Clinical assessors will receive instructions on how to complete assessment forms accurately and efficiently to ensure consistency and reliability in the evaluation process.

6. **Feedback Mechanisms:**
    - Clinical assessors will have the opportunity to provide feedback on the assessment process, including suggestions for improvement and areas of concern.
    - Touchstone Institute will gather feedback from assessors through surveys, focus groups, or individual consultations to continuously refine and enhance the assessment procedures.
7. **Communication Channels:**
    - Touchstone Institute will establish communication channels to facilitate ongoing communication between clinical field assessors, program administrators, and other stakeholders.
    - Regular updates, announcements, and important information regarding the assessment process will be communicated to assessors through email, webinars, or other appropriate channels.
8. **Documentation and Reporting:**
    - Clinical assessors are responsible for accurately documenting their observations, assessments, and feedback using the program's designated digital assessment platform.
    - Touchstone Institute will review and verify all assessment documentation submitted by assessors to ensure completeness and compliance with program standards.

Conclusion: By providing comprehensive training, ongoing support, and effective communication channels, Touchstone Institute ensures that clinical field assessors are equipped with the knowledge, skills, and resources necessary to conduct fair, consistent, and reliable assessments of candidates participating in the Practice Ready Assessment program.

Clinical Field Assessment Tools and Process

Background: The Practice Ready Ontario (PRO) Clinical Field Assessment (CFA) is a vital component of the PRO program, aimed at evaluating candidates' readiness for medical practice in Ontario. Workplace-based assessment, even when it is primarily summative, must provide and document the feedback that justifies the final decisions. To ensure a comprehensive assessment, the PRO CFA utilizes five distinct forms: CFA Daily Assessments, Multi-Source Feedback (MSF), Candidate Log, Candidate Interim and Final Self-Assessment and Reflection, and Interim & Final Assessment Reports.

Policy Statement: The purpose of this policy is to outline the procedures and guidelines for the use of assessment tools in the PRO CFA. These tools are designed to provide a thorough evaluation of candidates' competency and readiness for medical practice, adhering to standardized evaluation scales and aligning with the program's objectives.

Procedures:

1. CFA Daily and Weekly Assessment Forms

The Practice Ready Ontario (PRO) Clinical Field Assessment (CFA) utilizes the following forms to evaluate candidates' readiness for practice. These forms are:

1.1. **CFA Daily Assessments**: These assessments incorporate direct observations, chart reviews, and patient feedback. Each week, candidates undergo 10 CFA Daily Assessments over an 11-week period, totaling 110 assessments. A minimum of 80 CFA Daily Assessments are generally required.

1.2. **Multi-Source Feedback (MSF)**: Candidates receive feedback from medical colleagues and co-workers. This feedback is provided over the course of 11 weeks, with a total of 11 MSF assessments. A minimum of 8 MSF assessments are generally required. The input from medical colleagues and co-workers through these forms is considered in the Interim and Final Assessment Reports.

1.3. **Candidate Interim and Final Self-Assessment**: Interim and final self-assessment occur at the 6th and 12th weeks, respectively. The input from these self-assessments are not considered in the Interim and Final Assessment Reports and is used for program evaluation.

1.4. **Interim & Final Assessment Reports**: Interim and final assessment reports are conducted at the 6th and 12th weeks, respectively by the Primary Assessor in discussion with other assessors.

Evaluation in the assessment process is conducted using the Entrustability scale. This scale ranges from 1 to 5, with corresponding descriptions of the Candidate’s level of independence and readiness for practice, with levels 4 and 5 being the program standard. Additionally, for emergency medicine settings, the Canadian Triage and Acuity Scale (CTAS) is applied, aligning with the Entrustability scale.

Assessment Scale to be applied in the Practice Ready Ontario (PRO) Clinical Field Assessment (CFA):

Entrustability Scale
1 – I had to do – requires my action for completion
2 – I had to talk them through – requires frequent or substantial guidance and support
3 – I had to prompt them from time to time – requires occasional guidance and support
4 – I needed to be available just in case – requires minimal guidance and support, mostly independent
5 – I did not need to be there – does not require guidance and support, practice ready
6 – Like a peer, role model

For emergency medicine settings the Canadian Triage and Acuity Scale (CTAS) applies, with the following alignment to the Entrustability scale:

Canadian Triage and Acuity Scale (CTAS)	Entrustable Scale Expected in PRA (Comparison to Average Graduating Resident Entering Practice)
1 – severely ill, requires resuscitation	1 – I had to do, OR 2 – I had to talk them through
2 – requires emergent care and rapid medical intervention	1 – I had to do, OR 2 – I had to talk them through, OR 3 – I had to prompt them from time to time
3 –requires urgent care	3 – I had to prompt them from time to time, OR 4 – I needed to be available just in case
4 – requires less-urgent care	4 – I needed to be available just in case, OR 5 - I did not need to be there
5 –requires non-urgent care	4 – I needed to be in available just in case, OR 5 - I did not need to be there

2. Interim & Final Assessment Reports

Two global checkpoints occur during the assessment period: an interim report at the 6th week and a final report at the 12th week. These reports summarize evaluations and observations collected throughout the assessment, providing an assessment score based on a 4-point scale. Each score is accompanied by a justification provided by the assessors, and candidates have access to view their assessments.

Summary Reports Scale
1 – I don't feel comfortable or confident that the candidate can manage my patients safely.
2 – I don't feel comfortable or confident that the candidate can manage my patients independently without significant support. There are safety concerns occasionally.
3 – I feel comfortable and confident that the candidate can manage some of my patients independently with minimal or no support. There are some situations when they need more support, but they are safe.
4 – I feel comfortable and confident that they can manage most of my patients independently with minimal or no support.

For each of the scores provided the assessors will offer a justification. Candidates will have access to view their assessment.

3. Procedures

CFA Daily and Weekly Forms

- Primary and Secondary Assessors, on average, two CFA Daily Assessments through the online platform that are then acknowledged by the candidate.
- These assessments can be based on direct observations (history, physical exam, procedures), case/chart-based discussions, chart review or patient feedback.
- Primary Assessors assign a Multi-Source Feedback form to a colleague who worked closely with the candidate during the week. Multi-Source Feedback forms do not necessarily need to be done on a weekly basis as long as there are enough of them completed by the end of the clinical field assessment
- The Practice Ready Ontario (PRO) Team will monitor daily and weekly entries to ensure the assessments are on track. In the case of delays in assessment form completion, the PRO Team will contact assessors and candidates.
- Over the course of the program, collaboration with the Clinical Director and/or Regional Leads is undertaken to identify any gaps in assessment sampling and develop an action plan to address them.

6-Week Mid-point Formative Assessment:

- The Primary Assessor submits a report to the PRO program containing mid-point observations.
- This report is informed by a summary report of assessment data collected from all Assessment Forms up to that point.
- The Assessor completes the CFA Interim Assessment, assessing the Candidate's competency based on the Entrustability scale.
- Collaboration with the Clinical Director and/or Regional Leads is undertaken to identify any gaps in assessment sampling and develop an action plan to address them.

12-Week Final Summative Assessment:

- The Primary Assessor submits a final report to the PRO program with their recommendation regarding the Candidate's readiness for medical practice.
- This report is based on a summary report of assessment data collected from all Assessment Forms throughout the 12-week period.
- The Assessor completes the CFA Final Assessment, evaluating the Candidate's overall competency and readiness for practice.
- The Practice Ready Ontario (PRO) Assessment Committee reviews the Candidate's Profile and makes final decisions regarding their readiness for medical practice in Ontario.

Digital Clinical Field Assessment Platform:

- A digital clinical field assessment platform has been developed to streamline the assessment process.
- This platform contains all necessary forms for daily and weekly completion, as well as tracking and messaging systems for communication between Candidates, assessors, and program administrators.
- The PRO Team and Regional Lead Assessors utilize the platform to provide tracking and assistance throughout the assessment process.
- Access to the Digital Assessment Forms is facilitated by the PRO Team, with login credentials provided to Candidates and assessors via email.
- Technical support is available through A Willock Information Systems (AWIS), offering assistance via telephone (1-866-558-5339) or email (support@awinfosys.com) to address any platform-related issues or concerns.

Clinical Field Assessment Final Assessment Decisions

Background: The Practice Ready Ontario (PRO) program aims to ensure that Candidates completing the Clinical Field Assessment (CFA) demonstrate competence to enter practice in family medicine. The final assessment decision must be transparent, based on comprehensive data, and made by the PRO program to instill confidence in all stakeholders regarding the practice readiness of candidates.

Policy: The final assessment decision for PRO Candidates must be based on demonstrated competence across various practice settings, reflecting a standardized and fair evaluation process. The decision-making authority rests with the PRO program, ensuring consistency and reliability in determining practice readiness.**Procedures:**

1. **Criteria for Final Assessment Decision:**
    - The final assessment decision must be based on competence demonstrated repeatedly across a variety of situations in appropriate practice environments.
    - All assessment data from different locations and experiences collected through assessment observations and evaluations must be considered, reflecting competence in all required areas.
    - The final decision on a Candidate's practice readiness is made by the PRO program, relying on the over-time assessment results, assessors' observations and opinions, the assessors' recommendations, and the Assessment Committee's overall assessment review.
2. **Licensure Implications:**
    - Candidates unable to successfully complete the program may not be eligible for licensure through the College for the practice of medicine in the province. All licensing decisions are in the discretion of the CPSO.
3. **Finality of Decisions:**
    - Decisions made by the Practice Ready Ontario Assessment Committee are final and binding on the candidate.
    - No appeal or review is available on decisions made during or after the conclusion of the program, except for allegations of process and procedure failures.

Conclusion: By adhering to this policy and procedure, the PRO program ensures fairness, transparency, and consistency in final assessment decisions, maintaining the integrity of the practice-ready process for family medicine candidates.

Clinical Field Assessment Results Reporting

Background: Upon completion of the Clinical Field Assessment (CFA) within the Practice Ready Ontario (PRO) program, it is essential to provide a comprehensive evaluation of the Candidate's performance. This evaluation serves multiple purposes, including advising regulatory bodies, informing candidates, and providing valuable feedback for ongoing professional development.

Policy: Touchstone Institute is committed to providing accurate and detailed reporting of Clinical Field Assessment results to ensure transparency, fairness, and the appropriate dissemination of information to all stakeholders involved in the PRO program.

Procedures:

1. **Timing of Reporting:**
    - Touchstone will provide an evaluation of the Candidate's completion of the Program to the CPSO within a reasonable time after the end of the Program period.
    - Reporting will be timely to allow for informed decision-making by regulatory bodies and to facilitate candidate feedback and planning for future career development.
2. **Final Rating Requirement:**
    - A final rating of "pass" upon conclusion of the clinical field assessment is necessary for satisfactory completion of the Program.
    - Candidates receiving a final rating of "fail" will be notified, and relevant regulatory bodies, such as the College of Physicians and Surgeons of Ontario or Ministry of Health (MOH), will be informed. A "fail" rating may be conferred if:
        - A candidate does not meet the program requirements for "pass" at the conclusion of the clinical field assessment
        - A candidate is dismissed from the program prior to completion of the clinical field assessment due to patient safety or unprofessional conduct
    - An "incomplete" rating may be conferred if (an incomplete rating does not count as an official attempt of PRA and the candidate will not be issued a restricted certificate by CPSO for return-of-service practice) :
        - A candidate voluntarily withdraws from the clinical field assessment prior to its completion
        - A candidate does not complete the 12-week clinical field assessment due to reasons other than a dismissal by the program
3. **Content of Reporting:**

- Reporting should be organized under common headings and language to ensure clarity and consistency.
- Common information to be reported includes:
    - Detailed feedback supporting the final practice-ready decision.
    - Description or summary of the assessment process used.
    - Description of the competencies assessed (scope).
    - Candidate assessment information (evidence upon which the decision was based).
    - Feedback and recommendations.
    - Evidence that the findings have been reviewed by the candidate.

4. **Candidate Consent:**
    - When agreeing to participate in the Practice Ready Ontario program, candidates have consented to the sharing of their information as part of the reporting process.
5. **Sharing of Program Information:**
    - PRO program information must be shared with other stakeholders upon request.
    - Information shared should include:
        - Examples of practice-ready competencies demonstrated by the candidate.
        - Useful detail for sponsors to assist candidates with targeted continuing professional development.
        - Aggregate data for government and/or the National Assessment Collaboration (NAC).
6. **Reporting to the College of Physicians and Surgeons of Ontario:**
    - A record of the result (pass/fail/incomplete/withdrawal/appeal outcome) must be provided as the College relies on accurate and timely reporting to make licensing decisions and ensure public safety.

Conclusion: The reporting of Clinical Field Assessment results is a crucial aspect of the PRO program, providing valuable information to candidates, regulatory bodies, and other stakeholders. Touchstone Institute is dedicated to maintaining high standards of reporting to support the success and ongoing professional development of candidates participating in the program.

Addressing Issues and Complaints

Maintaining a Safe Work Environment for Candidates and Assessors

Background: In the Practice Ready Ontario (PRO) program, the well-being and safety of candidates during their Clinical Field Assessment (CFA) are of utmost importance. It's essential to provide avenues for candidates and clinical assessors to address any issues or complaints they encounter during the program promptly. This policy outlines the procedures for addressing various concerns, including unsafe environments, workplace harassment or violence, and stress management.

Policy Statement: Touchstone Institute is committed to providing a supportive and safe environment for all candidates and clinical assessors participating in the PRO program. Any issues or complaints regarding safety, harassment, violence, or stress will be taken seriously and addressed promptly. Candidates and clinical assessors are encouraged to report any concerns to PRO as soon as possible to ensure appropriate action is taken.

Procedures:

1. Reporting Unsafe Environment:

1.1. **Immediate Action:**

- If a candidate or clinical assessor feels they are working in an unsafe environment, they must call PRO immediately.
- Provide written details of the situation, including the location and nature of the safety concern.

2. Reporting Workplace Harassment or Violence:

2.1. **Immediate Action:**

- If a candidate or clinical assessor experiences workplace harassment (including sexual harassment) or violence, they must call PRO immediately and document the incident within 48 hours through an incident form.
- Provide specific written details of the incident, including any individuals involved, dates, circumstances and witnesses, if any.

3. Reporting Stress:

3.1. **Immediate Action:**

- If a candidate or clinical assessor is feeling stressed, they are encouraged to call PRO for support and guidance.
- PRO will ensure resources and assistance are provided in a timely manner to help manage stress effectively.

4. Follow-Up:

4.1. **Documentation:**

- PRO will ensure all reported issues and complaints are documented for further investigation and follow-up by an impartial investigator.
- Candidates and clinical assessors will be kept informed of any actions taken in response to their concerns.

5. Resolution:

5.1. **Investigation:**

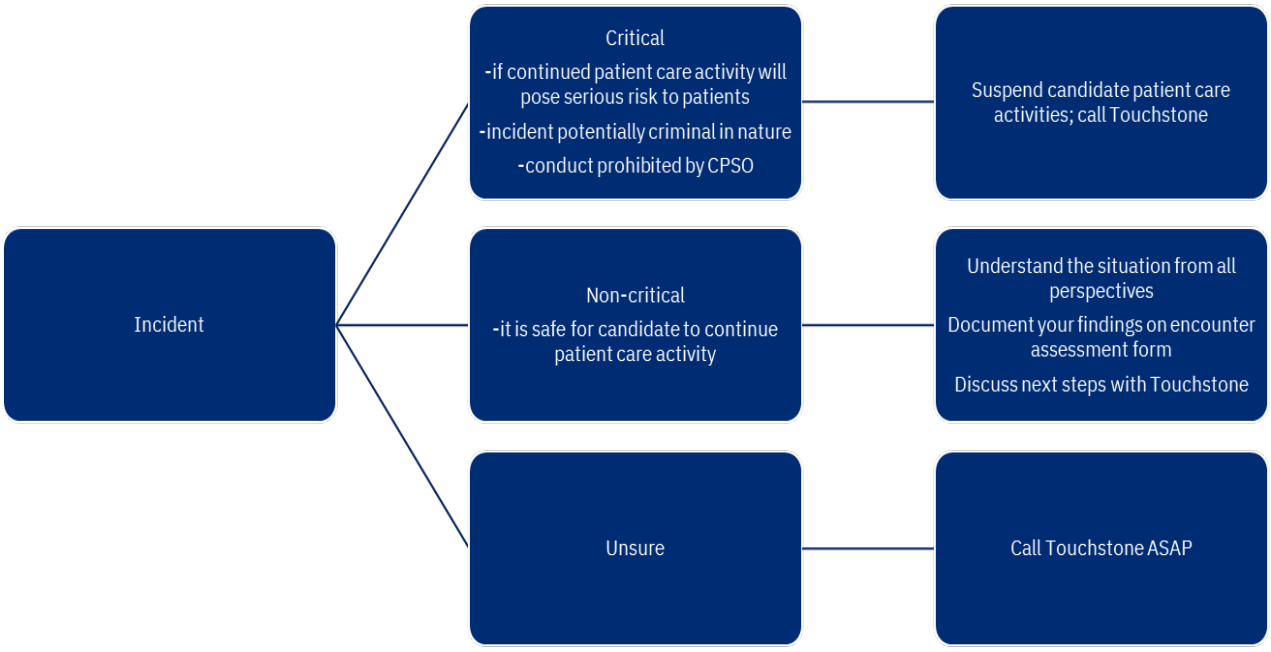
- PRO will ensure all reported issues and complaints are thoroughly investigated impartially.
- Based on the results of the investigation, appropriate measures will be taken to address the concerns and prevent recurrence, as may be recommended in the investigation report
- Candidates and clinical assessors will be informed of the results of any investigation stemming from a reporting incident as described in section 1.

6. Support Services:

6.1. **Access to Resources:**

- Candidates and clinical assessors will be provided access to support services, such as counseling or employee assistance programs, as needed.
- PRO will ensure that candidates and clinical assessors receive necessary support to address their concerns and well-being.

Conclusion: By following these procedures, Touchstone Institute aims to create a safe and supportive environment for candidates and clinical assessors participating in the PRO program. Prompt reporting of issues and complaints ensures timely intervention and resolution, contributing to the overall success and well-being of program participants.



Clinical Field Assessment Appeals Policy

Background: Practice Ready Ontario (PRO) candidates participating in the Clinical Field Assessment (CFA) have the right to appeal PRA Result Letter decisions made by the PRO Assessment Committee under certain circumstances. The purpose of this policy is to specify conditions in which a Candidate may request to appeal the result of their PRA Result Letter. This policy outlines the procedure for lodging an appeal and the subsequent review process.

1. Grounds for Appeal:

1.1 All decisions of Assessors, the PRO Assessment Committee, or Touchstone Institute are final and binding, except as permitted in this policy.

1.2 Appeals are permitted only in the following cases:

- A Candidate receives a "fail" decision in the CFA.
- A Candidate's CFA is terminated prior to completion (dismissal).

1.3

An appeal can only be made following a CFA "fail" decision or termination of the CFA prior to its completion (dismissal). The permitted grounds for appeal are limited to circumstances where there has been a material failure of PRO to follow PRO policies. An appeal will not proceed if the Appeals Committee determines that proper grounds for the appeal do not exist or that the appeal is frivolous, vexatious, made in bad faith or otherwise an abuse of process.

The Candidate must have submitted an Incident Form regarding the applicable incident and received their PRA Result Letter first before they qualify for an appeal. An appeal request cannot be submitted without supporting documents. An appeal cannot be made unless an

applicable incident report was submitted during the Clinical Field Assessment period. Incident forms must have been submitted within 48 hours of an incident occurrence.

An appeal must be made in writing and follow the process outlined in this policy.

The fact that there has been a process failure or other valid ground to initiate an appeal does not, itself, determine whether the appeal will succeed. The Appeals Committee must determine both that there is valid ground for appeal and that the applicable incident or circumstance materially and negatively impacted the Candidate's ability to achieve a "pass" result.

Process:

1. **Appeal Initiation:**
   - PRO candidates wishing to appeal a decision must submit a request for appeal to PRO by submitting a PRO Appeal Request Form and paying the administrative appeal fee.
   - The PRO Appeal Request Form must be submitted in writing within ten (10) days of receipt of the PRA Result Letter and must describe the nature of objection in sufficient detail to permit the Appeals Committee to evaluate the specifics of the allegation.

2. **Appeal Review:**
   - Upon receipt of the PRO Appeal Request Form, Touchstone Institute will convene the Appeals Committee within thirty (30) days of receipt of an appeal.
   - The Appeals Committee will assess the grounds for appeal and the impact of the concerns raised in the Appeal Request Form. The Appeals Committee will have access to the complete file that was reviewed by the Assessment Committee, including findings of impact/no impact from Incident forms that were submitted throughout the CFA and additional supporting documentation submitted as part of the appeals process. The Appeals Committee will reach a decision within a reasonable time, not exceeding sixty (60) days from the date the appeal process has been completed.
   - The Appeals Committee will have the power to determine what processes and procedures shall be followed in connection with any appeal before it, and to adjust such processes and procedures from time to time as it sees fit. The Appeals Committee's decision shall be made in writing.

3. **Outcome of Appeal**

   If the Appeals Committee determines that the circumstances described in the Appeal Request Form materially and negatively impacted the Candidate's ability to achieve a "pass" result, the Appeals Committee may do one or more of the following:

   - Annul the PRA result
   - Refund the administrative appeal fee

   The Appeals Committee cannot change a fail to a pass or award additional marks. The annulment of the PRA result upon a successful appeal does not guarantee a re-

assessment, as any re-assessment is contingent on CPSO issuing a restricted certificate; if such a restricted certificate is not issued, additional assessment is not possible and a candidate will have an “incomplete" rating.

4. **Timing of Actions:**

   If the date by which any action required shall fall on a day which is a Saturday, Sunday or holiday in the City of Toronto, the date by which such action must be taken shall move to the next following day which is not a Saturday, Sunday or holiday in the City of Toronto.

Professional Conduct

Background: Professional conduct is integral to maintaining the trust and confidence of patients, colleagues, and the broader healthcare community. The standards of ethical behavior within the medical profession encompass various aspects of professionalism, including communication skills, empathy, respect for patients' rights, and adherence to legal and regulatory requirements. This policy establishes guidelines for professional conduct expected of all candidates within the medical profession.

Policy Statement: Candidates are expected to uphold the highest standards of professional conduct in all aspects of their medical practice. Any behaviour that violates ethical principles or compromises patient care will be addressed promptly and may result in disciplinary action, up to and including dismissal from the program.

Procedures:

1. **Communication and Interactions:**
   - Candidates must demonstrate adequate skills in communicating and interacting with patients, families, colleagues, and allied healthcare professionals.
   - Respect, empathy, and compassion must be shown towards patients and their families at all times.
2. **Patient Care and Informed Consent:**
   - Candidates must prioritize the needs of patients and their families, ensuring they understand the nature of their illness, treatment options, and potential complications.
   - Respect for patients' autonomy and involvement in decision-making regarding their care is essential.
3. **Cultural Competency:**
   - Candidates must be aware of the influence of cultural and social backgrounds on health maintenance, illness development, and response to treatment.
4. **Professional Relationships:**
   - Respectful and collaborative relationships must be maintained with allied healthcare personnel and medical colleagues.

- Candidates should be willing to share knowledge and expertise with others in their specialty and allied healthcare professionals.

5. **Continuous Learning and Self-Assessment:**
    - Candidates are expected to engage in lifelong learning to maintain competent performance in their medical practice.
    - Regular self-assessment and reflection are encouraged to identify areas for improvement.
6. **Unprofessional Behavior:**
    - The following behaviors are considered unprofessional and may result in disciplinary action, up to and including dismissal from the program:
        - Breach of ethical principles outlined in this policy.
        - Misrepresentation of qualifications or inappropriate self-promotion.
        - Any behaviour that adversely affects the medical education of others.
        - Commission of criminal acts.
        - Failure to fulfill on-call duties.
        - Violation of patients' rights, including breach of confidentiality.
        - Failure to transfer responsibility for patient care.
        - Inadequate documentation or falsification of medical records.
        - Sexual impropriety with patients.
        - Working under the influence of alcohol or drugs.
        - Harassment of colleagues or other healthcare team members.
        - Conduct prohibited by professional governing bodies.
        - Disruptive behavior within the healthcare system.
        - Inappropriate use of social media platforms.
        - Any conduct deemed unbecoming of a practicing physician.

Conclusion: This policy outlines the expectations for professional conduct within the medical profession and provides procedures for addressing unprofessional behavior. Adherence to these standards is essential to maintain the integrity of patient care and uphold the reputation of the medical profession. Violations of this policy will be taken seriously and may result in disciplinary action, up to and including dismissal from the program.

Privacy and Confidentiality

Background: Privacy and confidentiality are fundamental principles in health care, essential for maintaining patient trust and upholding professional ethics. Physicians must ensure the confidentiality of patient information to protect patient privacy rights and maintain the integrity of the doctor-patient relationship. Likewise, Assessors and Candidates must only collect, use or disclose (collectively, "process") clinical assessment information in accordance with applicable laws, including the *Personal Health Information Protection Act* (Ontario) ("PHIPA"), and this policy. Practice Ready Ontario Candidates and Assessors must adhere to strict standards regarding privacy and confidentiality in their interactions with each other, their patients, and colleagues during the assessment process.

Policy: Practice Ready Ontario Candidates shall uphold the highest standards of privacy and confidentiality in all aspects of their practice as well as the assessment process. They must take reasonable steps to safeguard the privacy and security of patient information and exercise discretion in handling sensitive data. Assessors must also adhere to the privacy and confidentiality requirements in this policy with respect Candidate and patient information. Any breach of confidentiality may result in disciplinary action.

Procedures:

1. **Handling of Patient Information:**
    - Candidates must only access patient information if they are authorized to do so and must, in all instances, comply with all applicable laws, including the requirements of the *Personal Health Information Protection Act* (Ontario) ("PHIPA") with respect to the processing of personal health information.
    - Candidates must take all reasonable precautions to safeguard patient information against theft and loss, as well as the unauthorized collection, use, disclosure, copying, modification or disposal of patient information and only process patient information for the purpose of providing health care or as otherwise permitted by applicable law.
    - In all instances, Candidates are prohibited from processing patient information for personal use and must only process patient information with consent, unless otherwise required or permitted by applicable law.
    - Candidates are not permitted to retain or share copies of any patient information made available to the Assessor, by a Candidate or otherwise, in connection with the Candidate's participation in the program.
2. **Handling of Candidate Information:**
    - If possible, Clinical Assessors and Candidates are required to use the online assessment platform for the recording of assessment related data, including communications with each other, recording assessments and noting incidents. Touchstone Institute has taken steps to ensure access to the online platform is protected and secure. Clinical Field Assessors and Candidates must not share their password to the online assessment platform with any other person.

- Clinical Assessors, Regional Lead Assessors, the Clinical Director and any other program clinical or non-clinical advisors must take reasonable precautions to safeguard Candidate information and only process Candidate information for the purpose of filling such party's obligations under the program.
- Clinical Assessors, Regional Lead Assessors, the Clinical Director and any other program clinical or non-clinical advisors shall securely dispose of or destroy Candidate information, including personal information, whether in printed or electronic format, upon conclusion of the assessment period, unless required by applicable law or Touchstone Institute to retain the information for a longer period.

3. **Disclosure of Information:**
    - Practice Ready Ontario Candidates may disclose patient information if the disclosure is reasonably necessary for the provision of healthcare and is otherwise made in accordance with the requirements of applicable law, including PHIPA.
    - Candidates must consult with their primary and Secondary Assessors if they have any questions or uncertainty regarding their ability to disclose patient information.
4. **Consent for Disclosure and other Processing:**
    - Without limitation to consents included in the PRO Candidate Agreement, by participating in the Practice Ready Ontario program, each Candidate hereby consents to the processing of the Candidate's personal information in accordance with Touchstone's Privacy Policy (a copy of which is available at: https://touchstoneinstitute.ca/about-us/privacy-policy/), which may include, but is not limited to, the disclosure of personal information, including assessment results, to provincial and territorial medical regulatory authorities or other parties as required to administer assessments or the program generally, or in aggregated form for research purposes.
5. **Verification of Conditions:**
    - Each Candidate hereby authorizes Touchstone Institute to contact relevant authorities or other third parties to verify compliance with the program requirements, such as the requirement to have a valid Return of Service Contract with the Ministry of Health (MOH).
6. **Employee Information & Workplace Accommodation:**
    - Touchstone Institute complies with all privacy laws applicable to the processing of employee personal information and endeavors to protect the privacy and security of any such information in its possession and control.
    - Employee personal information, including any personal health information required by Touchstone Institute to consider and implement a workplace accommodation request, may be collected and otherwise processed by

Touchstone Institute with the informed consent of the relevant individual, in accordance with Touchstone Institute's Privacy Policy.

- All Touchstone Institute personnel involved in the workplace accommodation process are responsible for protecting the confidentiality of employee personal information in accordance with applicable laws and Touchstone Institute policies.

Conclusion: Privacy and confidentiality are paramount in maintaining patient trust and professional integrity. Practice Ready Ontario Candidates must strictly adhere to these principles in their practice as well as their clinical assessment, ensuring the confidentiality of patient information and respecting privacy rights at all times. Any violation of this policy may result in disciplinary measures.

Conflict Resolution

Background: Effective conflict resolution is essential for maintaining a positive and productive working environment within the Practice Ready Ontario Program. Touchstone Institute promotes clear and open communication, encouraging candidates and clinical assessors to address differences and disagreements in a constructive manner. This policy aims to provide guidelines for resolving conflicts in a fair and professional manner.

Policy Statement: Touchstone Institute is committed to resolving conflicts in a timely, fair, and respectful manner. Candidates and clinical assessors are encouraged to address conflicts directly and professionally, with the goal of finding mutually acceptable resolutions. If conflicts persist, candidates and clinical assessors may escalate the matter to Touchstone Institute for further assistance and resolution.

Procedures:

1. **Direct Communication:**
    - In the event of a conflict, candidates and clinical assessors are encouraged to communicate directly with each other to discuss the issue and explore potential resolutions.
    - Privacy and confidentiality of those involved should be respected during discussions.
2. **Conflict Resolution Meeting:**
    - If the conflict remains unresolved after direct communication, either the candidate or clinical assessor may request a meeting with Touchstone Institute and the Practice Ready Ontario Clinical Director.
    - The meeting will provide an opportunity for all parties to express their concerns and perspectives in a professional and constructive manner.
    - Touchstone Institute will facilitate the discussion and work with the parties involved to find an appropriate resolution.
3. **Mediation:**

- If necessary, Touchstone Institute may engage in mediation to assist in resolving the conflict.
- A neutral third party may be brought in to facilitate the mediation process and help the parties reach a mutually acceptable agreement.

4. **Documentation:**
    - All communications and discussions related to conflict resolution will be documented by Touchstone Institute.
    - Documentation will include the nature of the conflict, steps taken to resolve it, and any outcomes or agreements reached.
5. **Follow-up:**
    - Touchstone Institute will follow up with the parties involved after the conflict resolution process to ensure that any agreed-upon actions or resolutions are implemented effectively.
    - If further assistance is needed, Touchstone Institute will provide ongoing support and guidance to facilitate resolution.

Conclusion: Conflict resolution is a vital aspect of maintaining a positive and professional environment within the Practice Ready Ontario Program. By promoting open communication and providing support for resolving conflicts, Touchstone Institute aims to foster a culture of collaboration and mutual respect among candidates and clinical assessors. Any conflicts that arise will be addressed promptly and fairly, with the goal of reaching a satisfactory resolution for all parties involved.

Harassment and Discrimination

Background: Touchstone Institute is committed to fostering a work environment and clinical field assessment setting where all individuals are treated with respect and dignity. Acts of discrimination, harassment, engaging in threats, violence, or threats of violence, workplace sexual harassment, and/or violations of human rights and will not be tolerated within Touchstone Institute or in respect of any parties participation in any its programs. This policy aims to ensure that all candidates, clinical assessors, stakeholders, and any other individuals involved in the Clinical Field Assessment or the Program adhere to the principles of respect, equality, and non-discrimination.

Policy Statement: Touchstone Institute is dedicated to providing a workplace and Clinical Field Assessment environment free from discrimination, harassment, violence, threats, and workplace sexual harassment. Any form of discrimination, harassment, violence or threat disclosed or reported to Touchstone Institute will be addressed promptly and decisively, and disciplinary measures, up to and including termination of participation from the Program, by the offending party, will be applied if and as necessary.

Procedures:

1. **Reporting Incidents:**

- Candidates and clinical assessors are encouraged to report any incidents of workplace harassment, discrimination, violence or threat, promptly to the clinical assessor or site administration representative, or to Touchstone Institute.
- Incidents should be dealt with in accordance with site policies and procedures applicable to the assigned location, or if not available, by this policy and using conflict resolution strategies where appropriate.

2. **Involvement of Touchstone Institute:**
    - If appropriate action requires the involvement of Touchstone Institute, incidents should be reported to the Practice Ready Ontario Program.
    - Incidents may be logged through the online assessment forms portal, and the Practice Ready Ontario Program will acknowledge receipt and involve the appropriate parties at Touchstone Institute.
3. **Investigation Process:**
    - Touchstone Institute will investigate all complaints or incidents of workplace harassment, discrimination, violence or threats in a fair, respectful, and timely manner.
    - Information provided about an incident or complaint will be treated with confidentiality, as may be immediately necessary, except as necessary to protect candidates and clinical assessors and/or to investigate the complaint. Touchstone Institute shall not condone any act of reprisal against any stakeholder involved in any investigation, including as a witness.
4. **Disciplinary Action:**
    - If a claim of harassment, discrimination, violence or threat, and breach of professional duty, is maintained after an investigation and review by Touchstone Institute, the Practice Ready Ontario Candidate will be subject to disciplinary measures, up to and including termination of the Clinical Field Assessment and removal from the Program, without further compensation.
    - Touchstone Institute will work with the candidate on a resolution per its policies.
5. **Retaliation Prohibition:**
    - Retaliation or act of reprisal against individuals for reporting a breach or complaint, or participating in an investigation is strictly prohibited and will be subject to disciplinary action.
    - Acts of retaliation or reprisal should be reported immediately and will be promptly investigated and addressed.
6. **Training and Counseling:**

- Responsive action to misconduct may include training, referral to counseling, or disciplinary action such as warning, reprimand, reassignment, temporary suspension, or termination, all without compensation.

Conclusion: Touchstone Institute is committed to providing a safe and respectful environment for all individuals involved in the Clinical Field Assessment. Acts of discrimination, harassment, violence, or threats, have no place in our organization, and all candidates and clinical assessors (as well as participants and stakeholders) are expected to adhere to this policy, as well as any professional conduct obligation and as required by law. Any violations of this policy will be addressed promptly and may result in disciplinary action. It is the responsibility of every individual to uphold the principles of equality, respect, and non-discrimination and anti-harassment and anti-violence in the workplace and clinical assessment setting.

Leaves of Absence or Withdrawal from the Clinical Field Assessment

Background: The Practice Ready Ontario (PRO) program recognizes that Exceptional or Extenuating Circumstances may arise, requiring candidates to request a leave of absence or withdrawal from the Clinical Field Assessment (CFA). This policy outlines the process for candidates to request leaves of absence or withdrawals based on such circumstances and defines the procedures for evaluating and granting these requests.

Policy Statement: Candidates participating in the PRO program may request leaves of absence or withdrawals from the Clinical Field Assessment due to Exceptional or Extenuating Circumstances. Requests will be evaluated on a case-by-case basis, and approval will be granted at the discretion of Touchstone Institute. Candidates must provide documentation supporting their requests, and any approved leaves or withdrawals will be subject to specific conditions outlined by the program. Candidates who withdraw are responsible for any applicable withdrawal fees, as determined by Touchstone Institute.

Primary clinical assessors must be available for the first two weeks of the assessment for onboarding. In the case that a Primary Assessor needs to take time away from work or has planned vacation, a Secondary Assessor should be assigned as a main assessor and contact with the PRO Team. The amount of time taken off by a Primary Assessor should be at most 3 weeks during the Candidate's 12-week assessment period. In this case arrangements would be made with a Secondary Assessor for coverage of the candidate assessments and these arrangements should be reported to the PRO Team. It is not recommended that a Primary Assessor be unavailable for more than 3 weeks of the 12-week assessment.

Procedures:

Requesting a Leave of Absence:

1. **Submission of Request:**
    - The PRO candidate submits a written request for a leave of absence to Touchstone Institute, detailing the Exceptional or Extenuating Circumstances necessitating the leave.

- The request should be signed and submitted through the Practice Ready Ontario Management team.

2. **Review and Approval Process:**
    - Touchstone Institute reviews the request and any accompanying documentation to assess the validity of the circumstances.
    - The institute may consult with relevant parties as necessary to make an informed decision.
    - Approval of the leave request is granted at the discretion of Touchstone Institute.
3. **Conditions for Approval:**
    - If the leave request is approved, Touchstone Institute may impose conditions for the leave, including:
        - Payment of an administrative fee.
        - Confirmation of the availability of assessors to extend the assessment period.
        - Identification of an alternate assessment location, if necessary.
    - These conditions must be met by the candidate to proceed with the approved leave.

Returning after a Leave of Absence:

1. **Assessment of Continuing Eligibility:**
    - Upon the Candidate's return from leave, Touchstone Institute evaluates the Candidate's continuing eligibility for the program and a CPSO restricted license.
    - Assessors' availability to restart the assessment period and extend the assessment, if necessary, is confirmed.
2. **Additional Requirements:**
    - The candidate must secure a Return of Service Agreement with the Ontario Ministry of Health (MOH) through Ontario Health and Canadian Medical Protective Association coverage before resuming the assessment.

Leave of Absence Extensions:

1. **Requesting Extensions:**
    - Candidates may request extensions of their leave of absence, but only one separate leave of absence is granted during the CFA.

Requesting a Withdrawal:

1. **Submission of Request:**

- The PRO candidate submits a written request for withdrawal to Touchstone Institute, outlining the basis for the request and providing supporting documentation.

2. **Review and Approval Process:**
    - Touchstone Institute reviews the request and any accompanying documentation to evaluate the circumstances.
    - The institute may consult with relevant parties as necessary to make a decision.
    - Approval or rejection of the withdrawal request is at the discretion of Touchstone Institute.
3. **Communication of Decision:**
    - Touchstone Institute communicates the final decision to the PRO candidate in writing as soon as possible.
    - If approved, the candidate will be withdrawn from the PRO program, and the PRA Result Letter will indicate "No Standing."

Conclusion: The PRO program acknowledges that Exceptional or Extenuating Circumstances may necessitate leaves of absence or withdrawals from the Clinical Field Assessment. Candidates requesting such actions must provide documentation supporting their requests, and approval will be granted at the discretion of Touchstone Institute. The procedures outlined ensure that the assessment process remains fair and transparent while accommodating candidates' needs in unforeseen circumstances.

It is important to note that an approved leave of absence by Touchstone Institute does not guarantee that the assessment will resume at the same or different clinical field assessment site. If a new license is needed to resume assessment, it is contingent on CPSO issuing a restricted certificate; if such a restricted certificate is not issued, resuming assessment is not possible and a candidate will have an “incomplete" rating.

Suspension or Termination of the Clinical Field Assessment

Background: In the course of the Practice Ready Ontario (PRO) program's Clinical Field Assessment (CFA), Candidates are expected to demonstrate professionalism and the necessary skills, knowledge, and judgment required for family medicine practice in Ontario. However, in certain circumstances, it may become necessary to terminate a Candidate's participation in the program to safeguard the interests of the public, assessment locations, regulatory bodies, and the Candidate themselves. This policy outlines the criteria, steps, and procedures for suspending and terminating a Candidate’s CFA.

Policy Statement: Touchstone Institute may suspend or terminate a Candidate’s participation in the CFA if the Candidate demonstrates significant deficiencies in competence, engages in unprofessional behavior, jeopardizes patient safety, or fails to comply with the assessment process, any Touchstone Institute policies or the PRO Candidate Agreement. A decision to terminate participation is a dismissal from the program and the candidate is granted a final status of “fail” in the clinical field assessment.

Procedures:

1. Identification of Concerns:

- Throughout the Clinical Field Assessment period, Assessors closely monitor Candidate performance to ensure adherence to program standards. If an Assessor identifies significant deficiencies, unprofessional behavior, or safety concerns during the CFA, they must immediately notify the Clinical Director of PRO and submit an incident form within 48 hours to document and detail the related concern.
- PRO may immediately suspend the Candidate's CFA pending an investigation.

2. Criteria for Suspension or Termination:

- Suspension or Termination of the CFA may occur if the Candidate demonstrates:
    - Significant deficiencies in competence.
    - Jeopardization of patient safety or the learning environment.
    - Unprofessional, unethical, uncooperative or disruptive behaviour during the program.
    - Failure to comply with the assessment process or Assessor instructions.
    - Breach of the PRO Candidate Agreement or any Touchstone Institute policies.
    - Fails to demonstrate sufficient skills, knowledge, or judgment necessary for safe family practice and patient care.
    - Continued participation is deemed against the best interests of the assessment location, College of Physician and Surgeons of Ontario, Ministry of Health (MOH), or the candidate themselves.

3. Investigation and Review by PRO Assessment Committee:

Upon receiving a report of candidate misconduct, insufficient performance, or safety concerns, Touchstone Institute will conduct an investigation and will consult with the Clinical Director, Clinical Expert Group, and, if appropriate, representatives from the College of Physicians and Surgeons of Ontario. The consultation will consider the reported concerns, assess the severity of the situation, and consider the available options, including Candidate termination. The candidate will be given an opportunity to provide their perspective and any relevant evidence.

- All collected information will be shared with the PRO Assessment Committee for evaluation.
- The PRO Assessment Committee will convene to review the assessment forms, reports, and additional information, including conclusions of the consultation noted above.
- Based on the review, the Committee determines the Candidate's standing and decides on the appropriate course of action:
    - Terminate CFA – Fail
    - Resume CFA with conditions, potentially requiring a new Assessor and/or site.

4. Communication and Implementation of Decision:

- If the decision is made to terminate the CFA, the Candidate is informed within 14 calendar days via the PRA Result Letter. Touchstone Institute will also advise assessment locations, regulatory bodies, and other relevant stakeholders.
- The terminated Candidate will cease all program-related activities immediately.
- Refunds are provided to the Candidate according to the PRO Refund Policy and Procedure if applicable.

5. **Appeals Process**
   Refer to section “Clinical Field Assessment Appeals Policy”.

Conclusion: The suspension and termination policy ensures that the integrity of the Clinical Field Assessment in the PRO program is maintained, and candidates are held accountable for their conduct and performance. Candidate suspension or termination from the PRO program is a serious decision taken to uphold the standards of family medicine practice and protect the interests of all stakeholders involved. Touchstone Institute is committed to ensuring a fair and transparent process while prioritizing public safety and program integrity. By following clear procedures and criteria, Touchstone Institute aims to uphold the standards of professionalism and competence expected from future practicing physicians in Ontario.

References

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National Assessment Collaboration (NAC) Practice Ready Assessment (PRA) (2016) A Pan-Canadian Practice Ready Assessment (PRA) Process Design –Family Medicine Practice Ready Assessment (PRA) Standards. Ottawa: Medical Council of Canada.

Touchstone Institute (June 2023) Touchstone Institute Human Resources Manual. Toronto: Touchstone Institute

Professional Association of Residents of Ontario and Council of Academic of Hospitals of Ontario Work Hours Contract Elements

We thank Practice Ready Assessment programs from across Canada for sharing their policies and procedures as guidelines and samples.

Definitions

Assessment Committee: Consisting of the Practice Ready Ontario Clinical Director, a member of the Clinical Expert Group, and Regional Assessment Leads, the Assessment Committee convenes to review all evaluations and recommendations concerning candidates. Following a comprehensive review, the Assessment Committee determines whether a candidate has successfully passed or failed the Practice Ready Ontario program.

Assessor, Primary: Each candidate is assigned a Primary Assessor, typically a family physician, responsible for overseeing the Candidate's clinical field assessment. Primary Assessors ensure candidates receive exposure to all required aspects of family medicine during the assessment period.

Assessor, Secondary: Secondary Assessors may be enlisted by Primary Assessors to provide additional support during a Candidate's assessment. The number of Secondary Assessors required depends on the specific needs of the assessment and ensuring exposure to all required aspects of family medicine.

Candidate Profile: The Candidate Profile is a comprehensive summary generated from the results of Practice Ready Ontario Phase 1, Phase 2, and Phase 3 assessments and verifications.

Candidate: Any individual participating in a Practice Ready Ontario clinical field assessment.

Clinical Assessors: Primary or Secondary Assessors responsible for a Candidate's assessments.

Clinical Expert Group: Comprising three to four family physicians, the Clinical Expert Group advises and supports the Practice Ready Ontario (PRO) Team in program development and implementation.

Clinical Field Assessment (CFA): A 12-week assessment period during which a candidate works under supervision in a designated community. Multiple assessors evaluate the Candidate's performance throughout the assessment period, and the Competency Committee ultimately determines whether the candidate is deemed "ready-to-practice" or "not-ready-to-practice" in Ontario.

CFA Daily Assessment Form: The daily evaluation forms submitted by the Assessor on a scheduled interval across the 12 weeks of the assessment.

Exceptional or Extenuating Circumstances: the candidate believes that extraordinary or unforeseen events or circumstances seriously impacted their performance during the assessment. These reasons could include the death of a close family member or friend, family emergencies, legal issues, or other life circumstances.

Ministry of Health (MOH): The Ontario Ministry of Health is the funder and project sponsor. They are also responsible for the management of the Return of Service agreements between candidates and the Government of Ontario.

Multi-source Feedback (MSF): The multisource feedback form completed by Administrative Staff, MD Colleagues, Interprofessional Team, etc.

Practice Ready Assessment (PRA): Practice Ready Assessment programs offer expedited pathways to licensure for internationally trained physicians who have completed their residency and practiced independently abroad. Overseen by the Medical Council of Canada (MCC), PRA programs collaborate with provincial authorities to ensure standardized assessments and portable results.

Practice Ready Ontario (PRO): PRO is the provincial program responsible for administering the Practice Ready Assessment (PRA) in Ontario. It operates in accordance with the Medical Council of Canada (MCC) Assessment Collaboration framework, ensuring consistent and transparent assessments for all candidates.

Practice Ready Ontario (PRO) Team: The PRO staff assigned to assess the grounds for the Procedural irregularity/Extenuating circumstance review request and the validity of the concerns raised.

PRA Result Letter: A letter provided to PRO candidates disclosing the outcome of their 12-week assessment. This letter is also shared with the College of Physicians and Surgeons of Ontario (CPSO) and the Ministry of Health (MOH).

Return of Service: A commitment made to practice in a specific location for a certain period of time.

Touchstone Institute: A non-profit organization in Ontario specializing in evaluation and curriculum development to enhance professional competence in the Canadian workforce. Touchstone Institute administers the Practice Ready Assessment in Ontario through the Practice Ready Ontario program.