

Fair Registration Practices Report

Physicians and Surgeons (2016)

The answers seen below were submitted to the OFC by the regulated professions.

This Fair Registration Practices Report was produced as required by:

- the Fair Access to Regulated Professions and Compulsory Trades Act (FARPACTA) s. 20 and 23(1), for regulated professions named in Schedule 1 of FARPACTA
- the Health Professions Procedural Code set out in Schedule 2 of the Regulated Health Professions Act (RHPA) s. 22.7 (1) and 22.9(1), for health colleges.

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1. Qualitative Information

a) Requirements for registration, including acceptable alternatives

i. Describe any improvements / changes implemented in the last year.

Removal of Notary Requirement

It was previously a requirement on all applications for licensure to have the application notarized by a lawyer, commissioner of oaths, or notary public. The application form has been revised to remove this requirement.

The requirement posed substantial delays in that it was most often not completed properly, the date predated the signature, the notary affidavit was incomplete or illegible. With the applicants' attestation this was deemed no longer a fruitful area to collect data.

Alternatives to Degrees in Medicine

It is a regulatory requirement for all applicants for a certificate of registration, regardless of the class of certificate, that the applicant must have a "degree in medicine". The Registration Regulation (O. Reg. 865/93) defines "degree of medicine" to include an M.D. or an equivalent degree in medicine, that, among other things, was, at the time of graduation, listed in the World Directory of Medical Schools published by the World Health Organization.

The World Directory of Medical Schools is no longer being published by the World Health Organization. The *World Directory of Medical Schools* has been developed through a partnership between the World Federation for Medical Education (WFME) and the Foundation for Advancement of International Medical Education and Research (FAIMER).

In 2016, a policy was created that reflects that the Registration Committee will accept an M.D. or equivalent degree from the World Directory of Medical School as satisfying the requirement of a medical degree as defined in s.1(b)(iii) of the regulation.

Policy

A degree in medicine is defined in section 1 of the Registration Regulation to include the following:

1. an M.D. or equivalent basic degree in medicine, based upon successful completion of a conventional undergraduate program of education in allopathic medicine that,
 1. teaches medical principles, knowledge and skills similar to those taught in undergraduate programs of

- medical education at accredited medical schools,
2. includes at least 130 weeks of instruction over a minimum of thirty-six months, and
 3. was, at the time of graduation, listed in the World Directory of Medical Schools published by the World Health Organization.

The Registration Committee will accept an M.D. or equivalent basic degree in medicine from a medical school that was, at the time of graduation, listed in the World Directory of Medical Schools online registry as satisfying the requirement set out in s. 1 (b)(iii) of the Registration Regulation.

All applications submitted under this Policy require review and approval by the College's Registration Committee. All applicants must satisfy all other criteria for registration.

Practice Ready Assessments in Ontario (PRA)

The Ministry of Health and Long Term Care has requested the creation of a PRA program for family medicine to launch as a pilot in 2017. The program, which aligns with national practice standards, is designed to assess and identify International Medical Graduates (IMGs) who are deemed practice ready. The CPSO worked on the implementation team with Touchstone to operationalize this program and create the appropriate infrastructure and licensure.

ii. Describe the impact of the improvements / changes on applicants.

For the WHO, creating a formal policy provides clarity and increased transparency to the public and prospective applicants. It will also reduce ambiguity by including a definition and a means by which an exemption will be granted.

The policy is also consistent with the Registration Committee's previous practice.

Practice Ready Assessments in Ontario

This new program will provide applicants with access to CPSO registration that they may not have previously been eligible for under CPSO existing regulation and policy.

Removal of Notary Requirement

The removal of the notary requirement will remove the ancillary cost to the applicant and ensure a more timely submission of the application

iii. Describe the impact of the improvements / changes on your organization.

By creating a formal policy, it allows the CPSO to be more transparent on our process for alternatives to acceptable medical degrees and improves efficiency.

Removal of Notary Requirement

In the past, applications that were improperly notarized were returned to the applicant, thereby creating a delay in the application process. Removing this requirement will decrease processing times of applications

b) Assessment of qualifications

i. Describe any improvements / changes implemented in the last year.

The CPSO has created and implemented a new screening tool for all applicants seeking a Certificate of Registration. Each prospective applicant is asked to complete a "Review of Qualifications" form which is used to determine their

eligibility for registration under the provisions in the Health Regulated Professions Act relating to the Agreement on Internal Trade and the College's registration regulations and policies authorizing medical practice. The form asks prospective applicants to indicate completion of MD, relevant examinations passed, and exam eligibility.

ii. Describe the impact of the improvements / changes on applicants.

By implementing this new pre-screening process, applicants are asked about information that may not necessarily be listed in their curriculum vitae. This will ensure transparency, improve upfront communication, and streamline the process so applicants are not burdened with the task of trying to self select that appropriate policy or certificate route.

The form was shared by other Medical Regulatory Authorities in a National best practices meeting and adopted with criteria specific to Ontario. Applicants are already expressing appreciation for its clarity and purpose. One applicant had suggested adding American residency as an additional filter, which will be updated in the next iteration of the tool.

iii. Describe the impact of the improvements / changes on your organization.

The form allows CPSO staff to easily identify whether a physician is eligible under multiple routes to registration. It also aligns with most of the other provinces who have a pre-screening tool in place.

c) Provision of timely decisions, responses, and reasons

i. Describe any improvements / changes implemented in the last year.

Cross-training of additional staff for cases that require Registration Committee review.

In order to accommodate a high volume of cases, two additional Registration Committee meetings were convened in August 2016.

ii. Describe the impact of the improvements / changes on applicants.

A faster processing time of the application would be realized by the applicant, ensuring that no one would miss potential start dates. After summer registration, a higher volume of restricted applicants created a much larger cohort. This volume would have delayed their start dates to practice. The committee's willingness to sit an additional meeting, and the decision for unbudgeted resources spent, allowed applicants to work under supervision 3 months early otherwise they would have had to wait for the next meeting.

iii. Describe the impact of the improvements / changes on your organization.

More efficient use of Organization resources, additional resources spent to add the additional meeting.

d) Fees

i. Describe any improvements / changes implemented in the last year.

As discussed in Section A, the removal of the notary requirement also translates in to a removal of the ancillary fee charged to the applicant from the third party. Application fees were increased for the first time in years, educational certificates increased to 25% of the membership fee and all other applications to 60% of the fee.

ii. Describe the impact of the improvements / changes on applicants.

The removal of the notary requirement decreased costs to the applicant. The increase to the application fee has a one time financial impact to applicant but is offset by the new resources available to them; a 5 queue call centre, a substantially quicker review of credentials, a tool for review of qualifications, an online view of the process live and additional committee meetings.

iii. Describe the impact of the improvements / changes on your organization.

Too soon to see the impact to the organization it is hoped that this will recoup registration costs which are cost recovery. To date this process has been running a significant financial deficit and is no longer sustainable in the existing model.

e) Timelines

i. Describe any improvements / changes implemented in the last year.

The processing times for applications that meet the Regulation were decreased from 4 to 3 weeks

ii. Describe the impact of the improvements / changes on applicants.

This resulted in a faster processing of applications and down from 7 weeks, 5 years ago.

iii. Describe the impact of the improvements / changes on your organization.

Increased pressure on staff and enhancements needed to our existing system to track the service offering and flag necessary cases.

f) Policies, procedures and/or processes, including by-laws

i. Describe any improvements / changes implemented in the last year.

In December 2015, Council approved the Blood Borne Viruses policy. This policy requires physicians who are beginning to perform or assist in performing exposure prone procedures in Ontario (including new registrants) to be tested for HCV, HIV and HBV — if they have not been confirmed immune to HBV — before they commence these procedures. Providing a declaration of testing has become part of new registrants' initial application to the CPSO.

Change of Scope and Reentry Policy was sent out to the membership for consultation which is scheduled for review by registration committee in 2017.

ii. Describe the impact of the improvements / changes on applicants.

The Blood Borne Viruses policy ensures that all physicians are compliant with the testing requirements of the CPSO and may prompt a physician to undergo these tests if they have not been completed. The tests are required if a physician indicates that they are or will be performing exposure prone procedures. The applicant is now treated consistently with the requirement of testing and reporting already in existence with the membership. It is transparent to the public and membership on the website. The application was updated and and applicant given a 3 month grace period after notification to become compliant.

iii. Describe the impact of the improvements / changes on your organization.

The policy has allowed us to monitor that physicians have been adequately tested for Blood Borne Viruses, to ensure protection of the public.

g) Resources for applicants

i. Describe any improvements / changes implemented in the last year.

Study Plan Guidelines

The Policy for Restricted Certificate of Registration for Exam Eligible Candidates permits the issuance of a time-limited, restricted certificate to physicians who need to complete any of the following Canadian Examinations:

- Medical Council of Qualifying Examination Parts 1 and/or 2 (MCCQE 1, MCCQE 2)
- Royal College of Physicians and Surgeons of Canada (RCPSC)
- College of Family Physicians of Canada (CFPC)

The Registration Committee expects that applicants under this policy commit to taking the outstanding examination(s) each and every opportunity that is available to them until they are successful. The Study Plan Guidelines set out the Registration Committee's *general* expectations and recommendations of what a comprehensive study plan should entail. The objective of the Guidelines is to support applicants in successfully completing the outstanding Canadian examination(s).

ii. Describe the impact of the improvements / changes on applicants.

Study Plan Guidelines

Previously, published study guidelines did not exist for the applicant. Recommendations for more fullsome study

plans were provided to the applicant only after the application had been assessed by a Staff, within the benchmarked timelines. Now the Guidelines are available to applicants on the College's website to be used at the onset of the application process. The Guidelines identify for the applicant the components that the Registration Committee looks for when considering study plan. The Guidelines also provide applicants with examples of ways to prepare for each of the exams, and recommends a number of Canadian-relevant resources.

The Guidelines may help a physician determine whether or not he/she has adequately prepared for the upcoming examination(s). Alternatively, the Guidelines may also help a physician determine whether or not he/she should utilize additional resources or reduce work hours in order to set aside additional study time.

Two applicants who were not previously successful, passed after the new guidelines were shared. It cannot be specifically proven if this is a direct correlation however.

iii. Describe the impact of the improvements / changes on your organization.

Study Plan Guidelines

Since the implementation of the Guidelines, staff have noted a decrease in the number of deficient plans received. This greatly reduced cases being deferred by the committee. It saved both applicant time and organizational resources. The Guidelines have also served as a reference tool for Staff, and used as such throughout the College.

h) Review or appeal processes

i. Describe any improvements / changes implemented in the last year.

In order to accommodate a high volume of cases, two additional Registration Committee meetings were convened in August 2016.

ii. Describe the impact of the improvements / changes on applicants.

A faster processing time of the application would be realized by the applicant

iii. Describe the impact of the improvements / changes on your organization.

More efficient use of Organization resources yet more expensive none the less.

i) Access to applicant records

i. Describe any improvements / changes implemented in the last year.

If requested by an applicant, we will forward a copy of the criminal record check to the Postgraduate Office or to a hospital at no cost.

Material to be reviewed by the Registration Committee is now electronically shared directly to the applicant with no time limit on accessing the documentation. Previously the material was stored in a time-sensitive portal accessible to the applicant. Encrypted emails were sent to the applicant to access and after 30 days the security portal closed. Most often applicant email filters also prohibited the exchange of information.

ii. Describe the impact of the improvements / changes on applicants.

The process is too new to monitor the impact. Time saved and reduction of the cost to applicants who were forced to request multiple copies is anticipated.

iii. Describe the impact of the improvements / changes on your organization.

Sharing CPIC information has increased our work load as we now have the additional administrative task of retrieving the file, locating the material, scanning the document and sending it out.

j) Training and resources for registration staff, Council, and committee members

i. Describe any improvements / changes implemented in the last year.

- WES Training
- Training for countries in conflict
- Business writing course (for Order with Reasons)
- Certificate of Standing credentialing project - creating an electronic database of approved evidence of standing, by country and year
- Orientation session for new Committee members, updates to training material for new Committee members.

A quality initiative was taken where an audit of all assessors work had a random selection by class of registration. The number of requirements asked per class in addition to the published schedule and the types of questions/ credentials was reviewed. This outcome was to ensure consistency within the team, identify credentialing trends or potential gaps. Team meetings and discussions are better informed with real data.

ii. Describe the impact of the improvements / changes on applicants.

Better service provided to the applicant given the broader understanding of the impact of World events

Applicants should in theory get a more consistent and transparent review if all assessors are working with the same criteria and decision making.

iii. Describe the impact of the improvements / changes on your organization.

Greater knowlege base and expertise increasing the value of our human resources. A decrease of cases needing manager review was realized.

k) Mutual recognition agreements

i. Describe any improvements / changes implemented in the last year.

No changes this year

ii. Describe the impact of the improvements / changes on applicants.

No changes this year

iii. Describe the impact of the improvements / changes on your organization.

No changes this year

l) Other (include as many items as applicable)

i. Describe any improvements / changes implemented in the last year.

For applicants requiring supervision, the credentialing "Supervision Arrangement" form was streamlined to ensure the applicants understanding of supervision, the assessment process and the class of certificate obtained at the outcome of a successful assessment.

In order to improve communication and standardize our language, we have completed a comprehensive review of all of the registration-related correspondence that is sent out to physicians

In 2016 The Lead of Supervision Development was hired, tasked with supporting the program are of College-directed Clinical Supervision with respect to overseeing the recruitment, orientation support and evaluation of Clinical Supevisors. Commencing the role August 2016 the Lead established a project charter, including goals, objectives, activities, performance indicators and a risk register. The stakeholder engagement strategy consisted of disseminating an overview of the charter, including a Logic Model, to various College Committees and stakeholders across the CPSO. The lead has developed a supervisor network roster and quality framework for the maintenance and evaluation of Clinical Supervisors. This information will be centralized across program areas for consistency in evaluating supervisor suitability and onboarding practices. A needs assessment, including a survey sent to supervisors for feedback around learning needs and competencies was conducted. The survey has and will continue to inform more customized reporting tools, the content for an orientation program and several changes to communication materials and internal processes. One key performance indicator is to make these tools and orientation available on the CPSO website for greater accessibility and transparency.

ii. Describe the impact of the improvements / changes on applicants.

This change has helped the applicant create a more comprehensive supervision arrangement and has educated the applicant on all of the stages of the registration process.

iii. Describe the impact of the improvements / changes on your organization.

By receiving a full supervision arrangement at the onset of licensure, registration staff has adequate information to proceed with arranging the practice assessment. This has increased efficiency of the assessment process.

Too early to measure but the Lead is an investment by the College to ensure a consistent, transparent and duplicative process around supervision.

Describe any registration-related improvements/changes to your enabling legislation and/or regulations in the last year

The College has commenced a strategic initiative to modernize registration. This will include the submission to government in 2018 to open the registration regulation, create an automated application for registration and update the registration system. It is anticipated that the regulation change will be a 3-5 year long project.

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2. Quantitative Information

a) Languages

Indicate the languages in which application information materials were available in the reporting year.

Language	Yes/No
English	Yes
French	No

Other (please specify)

Additional comments:

Our written application information materials are not available in French, but CPSO's Registration inquiries area does offer French language telephone service for applicants wishing to converse in French.

b) Gender of applicants

left incomplete and abandoned.

For data on the applicants who became registered members in 2016, see Table E "**Jurisdiction where applicants who became registered members obtained their initial education**"

e) Jurisdiction where applicants who became registered members obtained their initial education

Indicate the number of applicants who became registered members in the reporting year by the jurisdiction where they obtained their initial education¹ in the profession or trade.

Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
			Antigua And Barbuda 4		
			Argentina 14		
			Armenia 2		
			Aruba 6		
			Australia 107		
			Austria 5		
			Bahrain 15		
			Bangladesh 3		
			Barbados 3		
			Belarus 2		
			Belgium 9		
			Belize 2		
			OTHER 12		
			Brazil 39		
			Bulgaria 1		
1722	1137	96	Chile 6	0	4926
			China 16		
			Colombia 18		
			Costa Rica 3		
			Cuba 2		
			Czech Republic 4		
			Congo, The Democratic Republic 2		
			Denmark 1		
			Dominica 28		
			Dominican Republic 3		
			Ecuador 1		
			Egypt 62		
			Ethiopia 1		
			Finland 2		
			France 11		
			Georgia 1		

Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
			Germany 17		
			Cayman Islands 6		
			Greece 4		
			Grenada 68		
			Guyana 8		
			Hong Kong 6		
			Hungary 11		
			India 143		
			Iran 79		
			Iraq 23		
			Ireland 178		
			Israel 46		
			Italy 20		
			Jamaica 17		
			Japan 18		
			Jordan 17		
			Kuwait 14		
			Lebanon 12		
			Libyan Arab Jamahiriya 16		
			Madagascar 1		
			Malaysia 3		
			Malta 1		
			Mexico 19		
			Mongolia 1		
			Montserrat 3		
			Morocco 1		
			Nepal 1		
			Netherlands 9		
			Netherlands Antilles 71		
			New Zealand 13		
			Nigeria 41		
			Oman 25		
			Pakistan 63		
			Palestinian Territory, Occupied 2		
			Paraguay 2		
			Peru 1		
			Philippines 12		
			Poland 22		
			Portugal 3		
			Qatar 1		
			Moldova, Republic Of 1		
			Panama 1		
			Romania 8		
			Russia 8		

Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
			S Arabia 259		
			Serbia 1		
			Singapore 7		
			S. Africa 11		
			Korea, Republic Of 3		
			Spain 15		
			Sri Lanka 6		
			Saint Kitts And Nevis 48		
			Saint Lucia 6		
			Sudan 8		
			Sweden 2		
			Switzerland 12		
			Syrian Arab Republic 11		
			Taiwan, Province Of China 3		
			Tanzania, United Republic Of 1		
			Thailand 7		
			Trinidad 8		
			Turkey 7		
			Uganda 10		
			Ukraine 9		
			United Arab Emirates 9		
			U.K. 122		
			Uzbekistan 1		
			Venezuela 2		
			Yemen 2		
			Total 1971		

¹ Recognizing that applicants may receive their education in multiple jurisdictions, for the purpose of this question, include only the jurisdiction in which an entry-level degree, diploma or other certification required to practice the profession or trade was obtained.

Additional comments:

f) Jurisdiction where members were initially trained

Indicate the total number of registered members by jurisdiction where they obtained their initial education¹ in the profession or trade.

Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
			Afghanistan 4		
			Albania 13		
			Algeria 8		
			Anguilla 2		
			Antigua And Barbuda 14		
			Argentina 69		
			Armenia 7		
			Aruba 22		
			Australia 358		
			Austria 14		
			Bahrain 30		
			Bangladesh 57		
			Barbados 5		
			Belarus 14		
			Belgium 27		
			Belize 7		
			Bolivia 1		
			OTHER 168		
			Bosnia And Herzegovina 2		
			Brazil 141		
21502	7251	610	Bulgaria 28	0	41146
			Cameroon 1		
			Chile 27		
			China 96		
			Colombia 106		
			Costa Rica 13		
			Cuba 15		
			Czech Republic 25		
			Congo, The Democratic Republic 6		
			Denmark 2		
			Dominica 124		
			Dominican Republic 30		
			Ecuador 8		
			Egypt 676		
			El Salvador 6		
			Estonia 2		
			Ethiopia 22		
			Finland 3		
			France 63		
			Germany 112		
			Ghana 29		
			Cayman Islands 27		

Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
			Greece 34		
			Grenada 226		
			Guatemala 3		
			Guyana 13		
			Haiti 12		
			Honduras 2		
			Hong Kong 137		
			Hungary 69		
			Iceland 2		
			India 1323		
			Indonesia 6		
			Iran 400		
			Iraq 268		
			Ireland 948		
			Israel 183		
			Italy 92		
			Jamaica 147		
			Japan 32		
			Jordan 50		
			Kazakhstan 7		
			Kenya 15		
			Kuwait 31		
			Kyrgyzstan 2		
			Latvia 10		
			Lebanon 42		
			Libyan Arab Jamahiriya 202		
			Lithuania 3		
			Macedonia, The Former Yugoslav 4		
			Madagascar 1		
			Malawi 1		
			Malaysia 9		
			Malta 4		
			Mexico 90		
			Mongolia 1		
			Montserrat 36		
			Morocco 7		
			Myanmar 7		
			Nepal 6		
			Netherlands 40		
			Netherlands Antilles 289		
			New Zealand 55		
			Nicaragua 3		
			Nigeria 221		
			Korea 1		

Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
			Norway 2		
			Oman 42		
			Pakistan 544		
			Palestinian Territory, Occupied 6		
			Paraguay 2		
			Peru 14		
			Philippines 144		
			Poland 288		
			Portugal 10		
			Puerto Rico 1		
			Qatar 2		
			Moldova, Republic Of 5		
			Panama 4		
			Romania 176		
			Russia 158		
			Rwanda 1		
			S Arabia 554		
			Senegal 4		
			Serbia 1		
			Montenegro 12		
			Singapore 16		
			Slovakia 11		
			Somalia 3		
			S. Africa 427		
			Korea, Republic Of 20		
			Spain 38		
			Sri Lanka 164		
			Saint Kitts And Nevis 154		
			Saint Lucia 21		
			Saint Vincent And The Grenadine 2		
			Sudan 34		
			Sweden 3		
			Switzerland 42		
			Syrian Arab Republic 61		
			Taiwan, Province Of China 48		
			Tanzania, United Republic Of 9		
			Thailand 19		
			Togo 1		
			Trinidad 34		
			Tunisia 4		
			Turkey 26		
			Uganda 32		
			Ukraine 58		
			United Arab Emirates 35		

Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
			U.K. 1036		
			Uruguay 4		
			Uzbekistan 8		
			Venezuela 17		
			Viet Nam 45		
			Yemen 6		
			Zaire 2		
			Zambia 4		
			Zimbabwe 11		
			Total 11783		

¹ Recognizing that applicants may receive their education in multiple jurisdictions, for the purpose of this question, include only the jurisdiction in which an entry-level degree, diploma or other certification required to practice the profession or trade was obtained.

Additional comments:

g) Applications processed

Indicate the number of applications your organization processed in the reporting year:

Jurisdiction where applicants were initially trained in the profession (before they were granted use of the protected title or professional designation in Ontario)

from January 1 st to December 31 st of the reporting year	Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
New applications received	1722	1137	96	1971	0	4926
Applicants actively pursuing licensing (applicants who had some contact with your organization in the reporting year)	1742	1152	101	2021	0	5016
Inactive applicants (applicants who had no contact with your organization in the reporting year)	25	5	5	50	0	85
Applicants who met all requirements and were authorized to become members but did not become members	0	0	0	0	0	0
Applicants who became FULLY registered members	1722	1137	96	1971	0	4926
Applicants who were authorized to receive an alternative class of licence³ but were not issued a licence	0	0	0	0	0	0
Applicants who were issued an alternative class of licence³	982	744	72	1535	0	3333

from January 1 st to December 31 st of the reporting year	Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
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¹ An alternative class of licence enables its holder to practice with limitations, but additional requirements must be met in order for the member to be fully licensed.

Additional comments:

Notes regarding Table G:

The counts provided for "New Applications Received" includes only those new applications in 2016 that resulted in issuance of a certificate of registration.

The counts provided for "Applicants Actively Pursuing Licensure" combines all the new issuances in 2016 plus estimates of the remaining number of applications submitted in 2016 that were still in process at 2016 year end.

The counts provided for "Applicants who became Fully Registered Members" includes only those new applications in 2016 that resulted in issuance of a certificate of registration. Therefore, the counts here are the same as those in "New Applications Received."

The counts for "Applicants who were authorized to receive an alternative class of licence but were not issued a licence" are recorded as zero. The CPSO does not officially track these numbers, but the actual number would be very small, i.e. less than 25 in total.

For "Applicants who were issued an alternative class of licence" we are including all classes except the Independent Practice class. Accordingly, "alternative classes of licence" includes the Postgraduate Education, Restricted, Academic Practice, Academic Visitor and Short Duration classes.

h) Classes of certificate/license

Indicate and provide a description of the classes of certificate/license offered by your organization.

You must specify and describe at least one class of certificate/license (on line a) in order for this step to be complete.

#	Certification	Description
a)	Independent Practice	<p>Description (a)</p> <p>This is the class of certificate held by 80% of the College's membership. It is the equivalent of the "full license" in other provinces. It is issued to those who meet the standards and qualifications for independent practice in Ontario. It carries a standard term, condition and limitation permitting the holder to practise only in the area of medicine in which the holder is educated and experienced. Other than this standard one, it carries no other terms, conditions and limitations.</p>
b)	Post Graduate Education	<p>Description (b)</p> <p>This class of certificate is issued only to physicians formally enrolled as a postgraduate medical trainee (e.g. medical residents, clinical fellows or electives) at an Ontario medical school. Holders may practise only</p>

		<p>within their post graduate training appointment and may not charge fees for services. The certificate expires when the trainee ceases enrollment in the training program.</p>
c)	Restricted	<p style="text-align: center;">Description (c)</p> <p>This class of certificate carries specified terms, conditions and limitations as ordered by the Registration Committee or by certain other CPSO committees, e.g. Discipline Committee. Every application approved by the Registration Committee where the Committee imposes specific terms, conditions and limitations is deemed to be a Restricted certificate. The Restricted certificate holder must practise in accordance with the imposed terms, conditions and limitations</p> <p>Note: A person cannot apply directly for a Restricted certificate. Instead, the person must apply for one of the regular classes (e.g. Independent Practice). If the person does not meet the qualifications for that class, his or her application is referred to the Registration Committee. If the Registration Committee approves issuance of a certificate of registration and imposes specified terms, conditions and limitations on the certificate, it is deemed to be a Restricted certificate.</p>
d)	Academic Practice	<p style="text-align: center;">Description (d)</p> <p>This class of certificate is issued only to academic physicians holding a clinical, professorial appointment (assistant, associate or full professor) at a medical school in Ontario. Holders of this class of certificate are limited to practising to the extent of the requirements of their academic appointment at the medical school.</p>
e)	Academic Visitor	<p style="text-align: center;">Description (e)</p> <p>This class of certificate is issued only to visiting academic physicians from medical schools outside Ontario who have a short-term clinical or teaching appointment at an Ontario medical school. They are limited to practising only to the extent of their short-term academic appointment at the medical school, and their certificate automatically expires after twelve months.</p>

		Description (f)
f)	Supervised Short Duration	This class of certificate is issued for a maximum 30-day term, and only for appointments requiring emergency care or to provide a brief educational program or clinical demonstration to Ontario physicians. The short duration appointment must be based at an Ontario medical school or public hospital. The certificate holder must practice under supervision of an Ontario physician holding an Independent Practice certificate. The certificate automatically expires after 30 days or when the appointment ceases, whichever comes first.

Additional comments:

i) Reviews and appeals processed

State the number of reviews and appeals your organization processed in the reporting year (use only whole numbers; do not enter commas or decimals).

Jurisdiction where applicants were initially trained in the profession (before they were granted use of the protected title or professional designation in Ontario)

from January 1 st to December 31 st of the reporting year	Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
Applications that were subject to an internal review or that were referred to a statutory committee of your governing council, such as a Registration Committee	150	75	5	984	0	1214
Applicants who initiated an appeal of a registration decision	0	3	0	2	0	5
Appeals heard	0	0	0	1	0	1
Registration decisions changed following an appeal	0	0	0	0	0	0

Additional comments:

The total count of 1214 shown for "Applications that were subject to an internal review or that were referred to a statutory committee of your governing council, such as a Registration Committee" is the exact total for 2016. But the sub-totals shown for the jurisdiction breakdown of internal reviews are estimates based on previous years' breakdowns and observed trends in 2016.

j) Paid staff

In the table below, enter the number of paid staff employed by your organization in the categories shown, on

December 31 of the reporting year.

When providing information for each of the categories in this section, you may want to use decimals if you count your staff using half units. For example, one full-time employee and one part-time employee might be equivalent to 1.5 employees.

You can enter decimals to the tenths position only. For example, you can enter 1.5 or 7.5 but not 1.55 or 7.52.

Category	Staff
Total staff employed by the regulatory body	404
Staff involved in appeals process	10
Staff involved in registration process	26

Additional comments:

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3. Submission

I hereby certify that:

Name of individual with authority to sign on behalf of the organization:

Dan Faulkner

Title:

Deputy Registrar

Date:

2017/02/28

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