

COUNCIL OF  
**ONTARIO FACULTIES  
OF MEDICINE**

*An affiliate of the Council of Ontario Universities*

**PRE-ENTRY ASSESSMENT PROGRAM (PEAP) for RESIDENTS**

**FINAL ASSESSMENT FORM**

The Pre-Entry Assessment Program (PEAP) for residents is an assessment process that evaluates international medical graduates to determine whether they can function at the level of Ontario medical school graduates and are qualified to enter an Ontario residency program. The majority of PEAP candidates are on a Visa and are expected to return to their country of origin following completion of postgraduate training.

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

- a) be of four to twelve weeks in duration
- b) be taken at a medical school in Ontario
- c) provide assessment of the candidate's clinical skills, knowledge and judgment in the discipline in which the candidate is seeking postgraduate education, as well as the candidate's basic skills in internal medicine, obstetrics and gynecology, pediatrics, psychiatry and general surgery, appropriate for practice in the chosen discipline
- d) provide assessment in respect of whether the candidate,
  - is mentally competent to practise medicine
  - has the ability to practise with decency, integrity and honesty and in accordance with the law
  - has sufficient knowledge, skill and judgment to engage in the kind of medical practice authorized by the certificate
  - can communicate effectively and displays an appropriately professional attitude

Name of Candidate: \_\_\_\_\_

CPSO Registration # \_\_\_\_\_ **IMPORTANT! Do not begin PEAP without a valid CPSO Registration #**

Obtained MD From: \_\_\_\_\_ Year: \_\_\_\_\_ Country: \_\_\_\_\_

Ontario Medical School: **UNIVERSITY OF TORONTO** \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

180 Dundas Street West, Suite 1100, Toronto, Ontario M5G 1Z8 416 979-2165 Fax 416 979-8635  
E-mail cou@cou.on.ca Web Site www.cou.on.ca

-----**To be completed by the Assessors**-----

Location and Dates of the Pre-Entry Assessment Program:

Department	Hospital	Dates	Duration (Wks)	Name of Assessor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Cumulative Summary Observed Assessments:

	<b>U</b>	<b>BE</b>	<b>ME</b>	<b>AE</b>	<b>O</b>	<i>Legend</i>
Clinical Skills						<i>U-Unsatisfactory</i>
Technical Skills						<i>BE-Below Expectations</i>
Knowledge and Judgment						<i>ME-Meets Expectations</i>
Communication Skills						<i>A-Above Expectations</i>
Professional Attitudes						<i>O-Outstanding</i>

Has the assessment of the candidate included assessment of the candidate’s basic skills in internal medicine, obstetrics and gynaecology, pediatrics, psychiatry and general surgery, appropriate for practice in the discipline in which the candidate is seeking postgraduate education?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has the assessment of the candidate included assessment of the candidate’s ability to demonstrate receptive and productive fluency in one of the official languages of Ontario sufficient for safe and effective medical practice in the residency program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has the candidate successfully completed the Pre-Entry Assessment Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

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\_\_\_\_\_  
*Name of Supervisor(s)*                      *Signature of Supervisor(s)*                      *Date*

\_\_\_\_\_  
*Name of Program Director*                      *Signature of Program Director*                      *Date*

*NOTE: If there is a PEAP in more than one program/specialty, the program director is responsible for collating the evaluations of the assessors.*

\_\_\_\_\_  
*Signature of Dean of Postgraduate Education*                      *Date*

-----**To be completed by the Candidate**-----

By providing my signature below, I attest that I have read this assessment.

My comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Candidate's Signature*                      *Date*

The Postgraduate Office should forward copies of this evaluation to the designated supervisor, the candidate and the CPSO.

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**Important note to the assessors and the candidate:**

**1) If a candidate is unsuccessful in the PEAP, s/he is not permitted to enter another PEAP in the same discipline in Ontario. An unsuccessful PEAP result will be communicated to all Ontario medical schools.**

2) Before the candidate begins his or her PEAP, he or she must have received from the College an educational certificate for PEAP or been advised by the College's Registration Department that a certificate has been issued. Upon successful completion of the PEAP, the CPSO will be responsible to convert the educational certificate for PEAP into a full certificate of registration for Postgraduate Education to coincide with commencement of the residency program.

It is an offence under the Regulated Health Professions Act for a person to practice medicine in Ontario until such time as the person is registered and authorized to practice medicine by the College of Physicians and Surgeons of Ontario.

Completed Assessment Report must be forwarded to:      Postgraduate Medical Education  
500 University Avenue, Suite 602  
Toronto, Ontario, M5G 1V7  
Tel:(416) 978-6976 Fax:(416) 978-7144