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Assessment Guidelines and Procedures for Residents (PME Students) in Family Medicine Programs

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This document describes the assessment guideline and procedures that are in place for the Family Medicine residency programs in the Faculty of Medicine & Dentistry at the University of Alberta. This guideline differs from time-based PGME guidelines and procedures, and applies to a competency-based program which adheres to the Triple-C Competency-Based Curriculum of the CFPC. The following information is included:

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1. Introduction

All PME Students who are enrolled in programs accredited by the College of Family Physicians of Canada (CFPC) are registered as Postgraduate Medical Education (PME) Students in the Faculty of Medicine & Dentistry at the University of Alberta.

PME Students carry out their training responsibilities in clinical education sites at the appropriate level of training and in accordance with the relevant professional requirements and subject to university regulations and those of the hospital, other clinical education sites, or health authority. The conditions governing the PME Student entering and remaining in the residency program are delineated in the letter of engagement, which is a legally binding contract.

The mechanism in place to ensure the systematic collection and interpretation of assessment data on each PME Student enrolled in a Family Medicine program is the Competency-Based Achievement System (CBAS). In addition to continuity of supervision (each PME Student has a Faculty Advisor over the duration of the program), documentation of direct observations (FieldNotes in CBAS), regular periodic progress reviews (Periodic Progress Reports) and (where required) in-training evaluation reports (ITERS) are the necessary components of competency based assessment to ensure that PME Students progressing through programs acquire the necessary competence required of a practicing family physician. Regular assessments enable the PME Student to adjust learning strategies to ensure that any weaknesses identified through FieldNotes and/or other assessment tools are successfully ameliorated and identified strengths are acknowledged. Ultimately, it is the responsibility of the Program Director with advice as needed from the PME Student's Advisor and the PME Student Program Committee (RPC) and the Residency Operations Committee (ROC) to collect and interpret assessment data about each PME Student enrolled in the program.

Upon a PME Student's successful completion of the family medicine residency program, the Residency Program Director must attest to the CFPC that the PME Student has successfully completed the residency program. The letter of attestation must be supported by documentation to support the summative assessments made by faculty members directly involved in the PME Student's education, and not be the opinion of a single assessor. The letter of attestation must be signed by the PGME office before being forwarded to the CFPC. Our statement of completion of program is adapted from the accreditation standards of the College of Family Physicians of Canada:

“The resident has demonstrated competence in the Sentinel Habits and Clinical Domains, over a sufficient sample of the priority topics, themes, core procedures, and competencies, as defined by the evaluation objectives, and is therefore competent to start independent practice.”

1.1 Definitions

- “Academic Year” typically commences July 1 and finishes June 30. A PME Student may be out of phase at start or finish.
- “Associate Dean” means Associate Dean, Postgraduate Medical Education of the Faculty of Medicine and Dentistry, the senior faculty officer responsible for the overall conduct and

supervision of postgraduate medical education within the Faculty. The Associate Dean reports to the Vice-Dean, Education.

- “Assessment Review Plan” refers to the family medicine form generated by an ITER summative decision other than “Pass” or other concerning report or documentation received by the Program Director.
- “CBAS” refers to the Competency-Based Achievement System, the framework for assessment in the Family Medicine Residency Program.
- “eCBAS” refers to the online workbook in which FieldNotes and other assessment evidence are stored.
- “Clinical Supervisor” is the most responsible physician to whom a PME Student reports clinical problems during a given period of time (including the physician on call for a service when a PME Student is on call).
- “CFPC” is the College of Family Physicians of Canada. The body is responsible for program accreditation, resident credentials and resident certification for Family Medicine education programs.
- “CPSA” is the College of Physicians and Surgeons of Alberta (CPSA), the body responsible for self-regulation of the practice of medicine in Alberta.
- “Faculty” refers to the Faculty of Medicine & Dentistry (“faculty” used in the lower case means any staff member in the Faculty who is involved in the training of PME Students).
- “Faculty Advisor” is the supervising physician who is responsible for continuity of assessment for an individual PME Student throughout the Family Medicine Residency Program. The Faculty Advisor is a surrogate for the Program Director in a large residency program. In small residency programs, the Program Director also acts as the Faculty Advisor.
- “FieldNote” is a form for the documentation of formative feedback given in the workplace
- “Focused Attention” refers to a period of targeted teaching and learning in which a PME Student and advisor and/or designated preceptor focus specifically on area(s) where a PME Student is experiencing difficulty or demonstrating a lack of skills or knowledge. Focused Attention is arranged between the Faculty Advisor and the PME Student, with advice from the Program Director as needed.
- “ITER” refers to in-training evaluation report used for assessment of performance on clinical rotations or blocks where the eCBAS system is not accessed.
- “PARA” means the Professional Association of Resident Physicians of Alberta, the non-profit organization that endeavors to provide effective representation of physicians completing further training in a residency program in Alberta.
- “PGEC” is the Postgraduate Education Committee (PGEC), a committee responsible for the conduct of postgraduate medical education in the Faculty of Medicine and Dentistry.
- “PME” means Postgraduate Medical Education.
- “Periodic Progress Report” refers to the summative assessment form that is the product of regularly scheduled meetings every 4 months between the PME Student and the Faculty Advisor(s) (in Core Family Medicine) or at the discretion of the Program Director (Enhanced Skills programs). The final Periodic Progress Report is a summative decision about whether the PME Student has successfully completed residency training. The Program Director reads and signs all Periodic Progress Reports.

- “Program” means an accredited Residency Training program (or clinical fellowship program) in the Faculty of Medicine & Dentistry.
- “Program Director” is appointed by the Chair of the Department of Family Medicine. The Program Director (PD) is the university faculty member most responsible for the overall conduct of the residency program in Family Medicine. The PD is jointly responsible to the Head of the Division and/or Chair of the Department, to the Associate Dean, Postgraduate Medical Education, and to the CFPC. The Program Director may delegate responsibility for PME Student activities at distributed sites. The PD is the ultimate decision-maker on assessment, and signs off on all summative assessments submitted by Faculty Advisors, and is ultimately responsible for all assessment and remediation decisions.
- “Resident in Difficulty” (RiD) is considered to be any PME Student who meets any of the following: has had at least one low performance flag; may be passing assessments but is experiencing professional or global educational difficulties; through illness or other causes is absent from the program enough to have an educational impact.
- “Remediation” refers to a period of targeted training with a PME Student where advisors and preceptors focus specifically and intensively on area(s) where a PME Student is experiencing difficulty or demonstrating a lack of skills or knowledge. The specifics of the Remediation will be detailed in a signed Remediation Plan.
- “ROC” refers to the Residency Operations Committee, a subcommittee of the RPC, which deals specifically with “Residents in Difficulty”. (see attached terms of reference)
- “Rotation” means the period of time a PME Student is assigned to a clinical or research service, for which there are specifically defined learning objectives. These periods of time may be in the form of block rotations, normally not shorter than 1 block.
- “Rotation Supervisor” means the faculty member who has direct responsibility for PME Students' clinical academic program during the rotation, including the completion of ITERs.
- “RPC” means the Residency Program Committee which oversees the planning for the Residency Program and overall operation of the program to ensure that all requirements as defined by the national certifying colleges are met; this includes recruitment of residents, evaluation of residents, on-going evaluations of the program including individual clinical supervisors.
- “Vice-Dean” means Vice-Dean, Education, the senior faculty officer responsible for all facets of education in the Faculty of Medicine & Dentistry. The Vice-Dean reports to the Dean.

2. PME Student Assessment Procedures for the Department of Family Medicine at the University of Alberta

2.1. Overview of Assessment Procedure

- 2.1.1. At the beginning of the residency program, the Program Director or delegate must provide the PME Student with, or advise the PME Student how to access electronic versions of the overall Evaluation Objectives for the entire residency program.

- 2.1.2. The PME Student must also be provided with an overview of the assessment strategies and process for the residency program (the Competency-Based Achievement System (CBAS)).
- 2.1.3. These Assessment Objectives and CBAS description may be in either electronic or paper form.
- 2.1.4. At the beginning of each rotation, either integrated or horizontal learning experience, the Rotation Supervisor(s) or Delegate must ensure the PME Student is provided with, or advise the PME Student of how to access:
 - 2.1.4.1. Learning objectives for the rotation
 - 2.1.4.2. List of duties, responsibilities, and expectations
 - 2.1.4.3. A description of assessment strategies
 - 2.1.4.4. A description of structure of relationships within the health care team
 - 2.1.4.5. A description of the PME Students' role in that health care team
- 2.1.5. In cases where the provision of above is done through email, a copy of the email should be included in the PME Student's file. If the e-mail notification contains a link to the online version of the above, it should still be included in the PME Student's file.
- 2.1.6. Regular and timely feedback must occur throughout the rotation, whether integrated or horizontal.
- 2.1.7. Documentation of feedback should be made using FieldNotes. While verbal feedback should be given regularly, there is no minimum quota for FieldNotes. However, there must be adequate FieldNotes in the PME Student file to allow a judgment of competence.
- 2.1.8. Feedback must be given verbally, face-to-face, at a time convenient for both PME Student and supervisor.
- 2.1.9. The PME Student must be made aware of any concerns as these emerge over the course of the rotation or horizontal learning experience to provide opportunity for correction.
- 2.1.10. Concerns should be documented ideally by FieldNotes but other written documentation is acceptable. FieldNotes tagged as "Stop/Important Correction" and/or flagged for follow-up indicate a potential concern.
- 2.1.11. Summative written assessments must occur at regular intervals. These summative assessments will take two forms: summative assessments specific to the rotation or block will be documented on a family medicine In Training Evaluation Report (ITER), at the end of each rotation or block.
- 2.1.12. At regularly scheduled intervals, a face-to-face meeting between the PME Student and their Faculty Advisor will result in a summative Periodic Progress Report, which is a summative assessment of PME Student overall progress at the time of the report.
- 2.1.13. Preparation of assessment reports for rotations or integrated learning experiences is the professional responsibility of the Rotation Supervisor(s) or delegate for each specific rotation or integrated learning experience.

- 2.1.14. Preparation of the periodic progress reviews (4 month Progress Reports) is the professional responsibility of the PME Student's Faculty Advisor; in smaller programs, the Program Director acts also as the Faculty Advisor.
- 2.1.15. The ITER at the end of a rotation or integrated learning experience must be documented on a family medicine-specific ITER form and discussed with the PME Student.
- 2.1.16. The discussion may be informal, but must be timely, ideally during the last week of the rotation or integrated learning experience and should definitely occur within 1 month of completion of the rotation or integrated learning experience.
- 2.1.17. An end-of-rotation ITER with a global rating other than "Pass" or with concerning comments noted about Sentinel Habits or within the narrative comments of the ITER will result in a flag to the family medicine residency program and will trigger the Assessment Review Plan (see Remediation Guideline for Family Medicine Programs).
- 2.1.18. All PME Students have the opportunity to self-assess prior to arriving at end-of-rotation assessment meetings by reviewing their FieldNotes from the rotation or integrated learning experience.
- 2.1.19. For Periodic Progress Report meetings, it is expected that PME Students will have self-assessed their progress to date and will arrive at the meeting having completed the first "Self-Assessment" page of the Periodic Progress Report.
- 2.1.20. Completion of ITERs must be based on documented observations of the PME Student's performance usually through FieldNotes.
- 2.1.21. Other forms of assessment can and should be used by the program in a summative manner. Examples include, but are not limited to written assessments (essay, short answer, multiple choice), performance-based assessment (OSCE, mini-CEX), 360° assessment, chart review and formal observation of clinical or procedure skills, etc.).
- 2.1.22. While these other forms of assessment are generally formative, the intent (formative or summative) of any of these assessments should be clearly communicated to the PME Student at the time of the assessment.
- 2.1.23. Summative assessments are also indicated in the Program Completion Requirements document.
- 2.1.24. All policies are available on the Departmental website, or through the residency program office.
- 2.1.25. Assessments of PME Students' on-going progress in the program are the joint responsibility of the Faculty Advisor, the Program Director, and the RPC.
- 2.1.26. Assessment of PME Students must be a regular agenda item for RPC meetings or its designated assessment subcommittee.
- 2.1.27. The family medicine residency program is a competency-based program not a time-based program. As such, training is designed and scheduled to

- ensure that all competencies are attained as per the CFPC Accreditation requirements.
- 2.1.28. While the majority of PME Students will complete their program in the standard length of time (two years for family medicine residency; 6 months – 1 year for Enhanced Skills programs, as appropriate), some PME Students will require extra training time beyond the standard program length.
- 2.1.29. In all cases where extra time is required, the PME Office will be advised.
- 2.2. ITER
- 2.2.1. ITERs are used to document assessment of PME Student progress in a rotation or integrated learning experience.
- 2.2.2. The ITER form uses Sentinel Habits as an organizing framework for discussion of progress towards competency.
- 2.2.3. Sentinel Habits map directly to CanMEDs-FM.
- 2.2.4. The purpose of the ITER is as follows:
- 2.2.4.1. To provide a framework for the assessment of the PME Student's knowledge, skills and attitudes by a Rotation Supervisor.
- 2.2.4.2. To facilitate feedback to the PME Student by a Rotation Supervisor.
- 2.2.4.3. To serve as a record of the performance of the PME Student on a specific rotation or integrated experience for the Program Director.
- 2.2.4.4. To provide information about PME Student performance that can be included in the summative assessment of overall progress at the Periodic Progress Report meeting.
- 2.2.5. Scoring
- 2.2.5.1. The ITER contains a main section on competencies which requires Rotation Supervisors to comment on progress or concerns related to the Sentinel Habits of a PME Student physician.
- 2.2.5.2. In addition, only two summative assessments: "Pass" or "Requires Program Attention" are listed at the end of the ITER.
- 2.2.5.3. Comments should be made on any specific areas of performance which contribute significantly to the assessment, especially in areas of weakness.
- 2.2.5.4. Indicating "Requires Program Attention" or "concerns" about the Sentinel Habits with supporting comments will trigger a flag.
- 2.2.5.5. The Program Director or Delegate will send an e-mail to the Faculty Advisor indicating there was a flag and request completion of the Assessment Review Plan form (see Remediation Guideline for Family Medicine Programs).
- 2.2.6. For the purpose of completing the ITER, appropriate medical and non-medical personnel should be consulted about the PME Student's performance.
- 2.3. Standardized assessment terminology, specific to the University of Alberta family medicine residency program (and in alignment with the In Training Assessment recommendations of the CFPC), must be used on all assessment forms.

- 2.4. All assessment forms must include a section indicating that the PME Student has read the report. The PME Student may enter a notation indicating that he/she disagrees with the assessment.
- 2.5. The PME Student shares responsibility with the Supervisor(s) and Program Director for ensuring that assessments are completed in a timely fashion, that he/she has received feedback and has reviewed the assessment forms.
- 2.6. Confidentiality
 - 2.6.1. ITERs and Periodic Progress Reports are confidential documents and must only be disclosed as strictly necessary.
 - 2.6.2. A PME Student's ITER and Periodic Progress Report must only be provided to the PME Student, to the PME Student's Advisor, to the Program Director and RPC or appropriate subcommittee, the PME office, and where appropriate, the Vice Dean, the Academic Review Board, or any Faculty or appeal committee considering the PME Student's performance.
 - 2.6.3. The Program may review de-identified ITERs and Periodic Progress Reports for quality assurance and program evaluation purposes
- 2.7. ITER and Periodic Progress reports are for purposes of progress and promotion, except in the case of university appeals, RCSPC or CFPC proceedings or appeals, CPSA inquiries, or required pursuant to legal process.
- 2.8. Assessment information can be shared to meet the educational needs of PME Students (e.g. generation of remediation plan).
- 2.9. Periodic Progress Reports
 - 2.9.1. Periodic Progress Reports are a summative progress review assessment of PME Student overall progress at the time of the report.
 - 2.9.2. Periodic Progress Reports occur at regularly scheduled intervals (every 4 months in the Family Medicine program; every 2-3 months in Enhanced Skills programs, as determined by length of program).
 - 2.9.3. Periodic Progress Reports are completed by the PME Student's Faculty Advisor and are submitted to the Program Director.
 - 2.9.4. The purpose of the Periodic Progress Report is as follows:
 - 2.9.4.1. To provide a framework for the periodic overall assessment of the PME Student's progress towards competency over a defined period.
 - 2.9.4.2. To facilitate feedback between the PME Student and the Faculty Advisor.
 - 2.9.4.3. To serve as a record of the performance of the PME Student over a defined period for the Program Director.
 - 2.9.4.4. To provide the opportunity to the PME Student for guided self-assessment.
 - 2.9.5. Scoring
 - 2.9.5.1. The Periodic Progress Report contains a main section on competencies which requires the PME Student to self-assess and reflect upon their progress towards competence over the previous defined period.

- 2.9.5.2. The competencies are organized by Sentinel Habits.
- 2.9.5.3. The PME Student and the Faculty Advisor discuss the PME Student's self-assessment and agree upon a learning plan for the next training period.
- 2.9.6. Additionally, the Periodic Progress Report includes sections on experiences with continuity with patients, ITER scores, records of completion of curricular requirements of the training program and attendance.
- 2.9.7. Three summative assessments: "Progressing as Expected" or "Focused Attention Required" or "Requires Program Attention" are listed at the end of the Periodic Progress Report.
- 2.9.8. Comments should be made on any specific areas of performance which contribute significantly to the assessment, especially in areas of weakness.
- 2.9.9. Indicating "Focused Attention Required" or "Requires Program Attention" will trigger a flag.
- 2.9.10. The Program Director or Delegate will send an e-mail to the Faculty Advisor indicating there was a flag and requesting completion of the Assessment Review Plan form (see Remediation Guideline for Family Medicine Programs).
- 2.9.11. Throughout the Periodic Progress Report, there are sections where the PME Student may comment on their progress or on the contents of the report.
- 2.9.12. For the purpose of completing the Periodic Progress Report, FieldNotes in eCBAS, any completed ITERs, and any documented comments about the PME Student should be reviewed. If appropriate, medical and other health professionals should be consulted about the PME Student's performance.
- 2.9.13. Both the Faculty Advisor and the PME Student must sign the completed Periodic Progress Report.
- 2.10. Other Forms of Assessment
 - 2.10.1. In addition to rotation or integrated experience ITER and the Periodic Progress Report, other strategies and techniques of assessment that align with the characteristics/domains being assessed (e.g., written (essay, short answer, multiple choice), performance-based assessment (OSCE, mini-CEX), 360° assessment, chart review, cumulative examinations and formal observation of clinical or procedure skills, etc.) may be used.
 - 2.10.2. The majority of these assessments are formative.
 - 2.10.3. As assessment in Family Medicine is the result of triangulation of assessments, no forms of assessment are pass/fail. The exception is final cumulative examinations in Enhanced Skills programs, which must be passed for successful completion of the program.
- 2.11. Standardized assessment terminology, specific to the University of Alberta family medicine residency program (and in alignment with the In Training Assessment recommendations of the CFPC), must be used on all assessment forms.

- 2.12. All assessment forms must include a section indicating that the PME Student has read the report. The PME Student may enter a notation indicating that he/she disagrees with the assessment.
 - 2.13. The PME Student shares responsibility with the Supervisor(s) and Program Director for ensuring that assessments are completed in a timely fashion, that he/she has received feedback and has reviewed the assessment forms.
- 3. Rotation Attendance Requirement**
- 3.1. In order to meet teaching and learning requirements, a PME Student should not miss more than 1/4 of a Rotation, integrated learning experience or horizontal learning experience due to illness, leave and holidays.
 - 3.2. A rotation, integrated learning experience or horizontal learning experience that includes less than 3/4 of the expected time commitment may be considered incomplete, subject to the discretion of the Program Director or Delegate (in consultation with the Rotation Supervisor).
 - 3.3. An incomplete rotation, integrated learning experience or horizontal learning experience should be completed, the duration of this experience is determined by its nature and the need for continuity of the clinical experience.
 - 3.4. For any clinical rotation, integrated learning experience or horizontal learning experience, the Program Director or Delegate (in consultation with the Rotation Supervisor) will determine whether or not the clinical experience of the PME Student was sufficient for meaningful assessment.
- 4. Satisfactory Assessment**
- 4.1. A satisfactory assessment is defined as any ITER having a recommendation of "Pass" or Periodic Progress Report having a global performance rating of "Progressing as Expected" with appropriate supporting comments.
- 5. Less than Satisfactory Assessment**
- 5.1. A less than satisfactory assessment is defined as any ITER with a recommendation of "Requires Program Attention" or Periodic Progress Report having a global performance rating other than "Progressing as Expected" or a failed final cumulative examination in Enhanced Skills programs.
 - 5.2. Any of these outcomes will trigger a flag to the Program Director or designate. The flag will result in a written notification to the advisor and PME Student expressing the concern that has been identified.
 - 5.3. This communication is most commonly in the form of an e-mail sharing the concern and asking that an Assessment Review Plan (ARP) form be completed by the Faculty Advisor and PME Student, and submitted to the Program Director.
 - 5.4. The written notification should be sent within five (5) working days of the concern being expressed to the Program Director or designate.
 - 5.5. The Faculty Advisor and PME Student should respond with a signed ARP to the written notification of concern within ten (10) working days.

- 5.6. Processes or resources to address the specific area of concern should be discussed with the PME Student and Faculty Advisor by the Program Director or Designate.
- 5.7. A less than satisfactory assessment may serve as a trigger for the Faculty Advisor to recommend remediation be considered by the Program Director. (see Remediation Guidelines for Family Medicine Programs).
- 5.8. The PME Student shall be informed of the right to appeal a less than satisfactory assessment on an ITER or Periodic Progress Report or any other form of assessment through the process set out in the Faculty of Medicine and Dentistry's PME Academic Appeals Policy.

6. Residency Program Committee's role in Assessment

- 6.1. The residency program committee (RPC) or an assessment subcommittee (ROC) must have a role in the assessment of PME Students.
- 6.2. The Program Director and/or the Faculty Advisor and/or the PME Student may request review of PME Student progress by the ROC regarding any issue of concern at any time.
- 6.3. If PME Student performance is discussed during RPC or ROC meetings, it is acceptable for the PME Student member(s) to be excused during the discussion, provided that this exclusion of the PME Student member(s) is by mutual agreement.
 - 6.3.1. The RPC or ROC should not unilaterally exclude PME Student members from these discussions
- 6.4. Any PME Student being discussed may request that a PME Student be present for the discussions to serve as an advocate for the PME Student.
 - 6.4.1. Said PME Student will be identified as the non-voting PME Student advocate and will remain for the discussions pertaining only to that particular PME Student.

7. PME Student Transition to increased responsibility

- 7.1.1. The program must be organized such that PME Students are given increasing professional responsibility, according to their level of training, ability/competence and experience.
- 7.1.2. Core Family Medicine Residency Program
 - 7.1.2.1. When a PME Student has demonstrated sufficient competence and that competence has been adequately documented, the following milestone will be indicated on the Periodic Progress Report: *"Habitually demonstrates competence at independent patient care in the office; entrusted to request assistance as necessary"*
 - 7.1.2.2. Generally, this will occur at the third or fourth 4 month Progress Report meeting.
 - 7.1.2.3. Decision about the attainment of this milestone is at the discretion of the PME Student's Faculty Advisor.

- 7.1.2.4. The Program Director must sign in agreement with the Faculty Advisor's decision.
- 7.1.3. Enhanced Skills Programs
 - 7.1.3.1. Increasing professional responsibility will be noted on the Periodic Progress Report when a PME Student has demonstrated sufficient competence and that competence has been adequately documented.

8. PME Student completion of program

- 8.1. A PME Student in Family Medicine has successfully completed the program when all curricular requirements are met and a successful final Periodic Progress Report has been completed with an indication of "Successful Completion of Program".
- 8.2. In the case of Enhanced Skills programs with final cumulative examinations the examination must be passed.
- 8.3. Upon receipt of the final Periodic Progress Report that indicates successful completion of program, the Program Director attests to the following statement: "*The resident has demonstrated competence in the Sentinel Habits and Clinical Domains, over a sufficient sample of the priority topics, themes, core procedures, and competencies, as defined by the evaluation objectives, and is therefore competent to start independent practice.*"
- 8.4. The attestation is sent to the PME office and to the CFPC.