One of the legislated requirements for conditional licensure from the College of Physicians and Surgeons of Manitoba (CPSM) is satisfactory completion of an assessment acceptable to the CPSM. The International Medical Graduate Assessment for Conditional Licensure (IMGACL) is an approved process for the purposes of Conditional Registration. A one-month mandatory orientation at the U of M precedes the three-month assessment conducted in rural/northern Manitoba. The IMGACL assesses the IMG Physician’s practice-ready skills so they may obtain medical licensure to practice as a primary care physician in Manitoba. To obtain conditional licensure, individuals must apply for and undergo an assessment (IMGACL) once eligibility for Conditional Registration is approved by the CPSM.

International Medical Graduates (IMGs) who successfully complete the IMGACL and obtain conditional licensure will be expected to practice in an underserviced area of the province (as declared by the Minister of Health for the Province of Manitoba) and will have an assigned medical practice supervisor who is responsible to review issues and provide monitoring reports to the CPSM. For one year following the IMGACL the candidate will also have an assigned mentor who will provide additional support and guidance to the individual physician.

Submitting an application does not guarantee admission to the IMGACL. Although the CPSM will accept applications for Conditional Registration at any time, applicants for the IMGACL do not need to submit an application to the CPSM unless they are shortlisted by the IMG Program office. Once the shortlist of applicants has been established (upon completion of the IMG Program office file review); the applicant will be notified by the IMG Program office and will be asked to submit an application for Conditional Registration to the CPSM (see Important Dates schedule). Applicants should be aware that an application submitted to the CPSM before the application has been shortlisted may become stale dated (an application to the CPSM is valid for a period of six months from the date the application is received in the CPSM offices) and therefore is no longer valid. As well, the CPSM documentation fee of $500 must accompany the application to the CPSM and will not be refunded if you are not shortlisted. Therefore, it may be to your advantage to wait until you are shortlisted.

Applications for the IMGACL are available from the Rady Faculty of Health Sciences, Max Rady College of Medicine website or by calling (204) 975-7757. The deadline for the IMG Program office to receive your application is September 1, 2016.
1. IMGACL APPLICATION CRITERIA

Applicants for the IMGACL must meet the following requirements:

• submit a complete IMGACL application package to the IMG Program at the University of Manitoba by the deadline (see Important Dates schedule); and

• meet requirements for Conditional Registration with the College of Physicians and Surgeons of Manitoba (CPSM).

**IMPORTANT NOTE:** Submitting an application does not guarantee admission to the IMGACL. Although the CPSM will accept applications for Conditional Registration at any time, applicants for the IMGACL do not need to submit an application to the CPSM unless they are shortlisted by the IMG Program office. Once the shortlist of applicants has been established (upon completion of the IMG Program office file review), the applicant will be notified by the IMG Program office and will be asked to submit an application for Conditional Registration to the CPSM (see Important Dates schedule). Applicants should be aware that an application submitted to the CPSM before the application has been shortlisted may become stale dated (an application to the CPSM is valid for a period of six months from the date the application is received in the CPSM offices) and therefore is no longer valid. As well, the CPSM documentation fee of $500 must accompany the application to the CPSM and will not be refunded if you are not shortlisted. Therefore, it may be to your advantage to wait until you are shortlisted.

Applicants are encouraged to review the requirements for conditional registration (Family Practice) on the CPSM website (http://cpsm.mb.ca/international-medical-graduates-application-guide-for-registration-family-practice):

• must have a pass standing on the Medical Council of Canada Evaluating Exam;

• must have a pass standing on the Medical Council of Canada Qualifying Examination Part 1 (MCCQE Part 1);

• must have valid proof (within 2 years) of English language proficiency. Exams dated prior to September 1, 2014 or after September 1, 2016 will not be accepted:
  • Test of English as a Foreign Language (TOEFL) – TOEFL-iBT with a total score of 96 and with minimum score of 24 in each component; or
  • International English Language Testing System (IELTS™ Academic Module) with a minimum score of 7 in each component with an overall band score of no less than 7;

• Within two weeks after the application deadline, all candidates are required to register with the Manitoba Healthcare Providers Network directly. The Manitoba Healthcare Providers Network is in place to assist candidates with system navigation and connection to employers, and registration will provide these benefits. To register, please see their website: http://healthemployment.ca/phys-img-csa.html.

2. APPLICATION REVIEW for the IMGACL

Applications will be reviewed by the IMG Selection Committee. The Selection Committee takes into account previous medical experience, pass standing on the MCC exams, references and other factors. Preference will be given to residents of the Province of Manitoba and applicants with demonstrated commitment and experience in primary care in rural/remote settings. Following a review of all applications, a select number will be notified that they have been short-listed and will be asked to submit an application for Conditional Registration to the College of Physicians and Surgeons of Manitoba for approval.

3. INTERVIEWS for the IMGACL

Highest ranked applicants will be invited for an in-person interview and/or Multiple Mini Interview (MMI). Multiple interviewers will administer a structured interview that will last approximately 30 minutes. The interview does NOT directly test medical knowledge but includes questions related to your professional experiences (effective communication skills, critical thinking skills, adaptability, collaborative skills and experience, understanding of the Canadian/Manitoban health care system etc.).
4. ASSESSMENT for the IMGACL

Applicants for the IMGACL with the highest ranking following their application, interview and confirmation of Conditional Registration will be invited to challenge the Clinicians Assessment and Professional Enhancement (CAPE) or equivalent.

The CAPE is utilized to measure the performance of the applicant against provincial standards for physician practice. The CAPE is a 3-day assessment process with three components:

- therapeutics assessment;
- structured oral interviews; and
- clinical and communication skills evaluation using standardized patient scenarios.

Information about the CAPE and how to prepare for it will be sent to all invited applicants.

5. SPONSORSHIP

Top ranking candidates will be invited for a sponsorship interview with representatives of Manitoba Healthcare Providers Network and Regional Health Authorities (RHAs). Successful candidates will be required to complete a return of service in Manitoba (current duration 4 years). Only applicants who are offered and subsequently accept sponsorship by a RHA will be accepted in the IMGACL Program.

6. ORIENTATION

All applicants selected for the IMGACL must complete a MANDATORY 4-week structured orientation period prior to commencement of the clinical assessment period.

7. PROGRAM INFORMATION

Selected applicants who meet all admission criteria and complete the orientation will be scheduled to complete three 4-week periods of assessment in rural Manitoba. The assessment will consist of two clinic components and one acute care component in an ER setting. An evaluation is returned to the IMG Program after each 4-week period. A poor evaluation with recommendation for further training or failure of any portion of the assessment will result in immediate termination from the IMGACL.

8. MENTORSHIP

Following the successful completion of training, IMGACL candidates will be supported by a mandatory Mentorship for a one year period administered by the IMG Program.

9. LICENSURE

Candidates who have successfully completed the IMGACL will have their results forwarded to the College of Physicians and Surgeons of Manitoba with recommendations.

Upon receiving Conditional Registration and approval of the CPSM, physicians may begin their practice in primary care. During this time there will be mandatory audits and they will have up to 5 years to obtain the Licentiate of the Medical Council of Canada (LMCC) and the Certificate of the College of Family Physicians of Canada (CCFP). (These requirements are subject to change without notice and the terms of the legislation at the time of application for registration will prevail.)

For further information on how to apply to the International Medical Graduates Assessment for Conditional Licensure (IMGACL), please see the IMGACL Application Package.
## IMPORTANT DATES:

<table>
<thead>
<tr>
<th>DATE</th>
<th>INFORMATION REQUIRED</th>
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<tbody>
<tr>
<td>September 1, 2016</td>
<td>- IMGACL application package must be received by the University of Manitoba, IMG Program by this deadline date</td>
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<tr>
<td>September 15, 2016</td>
<td>- All applicants must register with the Manitoba Healthcare Providers Network: <a href="http://healthemployment.ca/phys-img-csa.html">http://healthemployment.ca/phys-img-csa.html</a></td>
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<tr>
<td>October 1, 2016</td>
<td>- Shortlisted applicants (ONLY) must submit an application for “Conditional Registration” to the College of Physicians and Surgeons of Manitoba (CPSM). <em>You will be notified by the IMG Program office if you have been shortlisted</em></td>
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<tr>
<td>November 2016 (tentative)</td>
<td>- A select number of applicants are invited to Program Interview</td>
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<tr>
<td>End of December 2016</td>
<td>- IMGACL applicants must have been approved for Conditional Registration with the CPSM by this date</td>
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<tr>
<td>February 2017</td>
<td>- CAPE Assessment</td>
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<tr>
<td>Early April 2017</td>
<td>- Sponsorship Interviews</td>
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<tr>
<td>End of April 2017</td>
<td>- Applicants are advised of their acceptance into the IMGACL</td>
</tr>
<tr>
<td>June 1 – 29, 2017</td>
<td>- Mandatory IMG Program Orientation</td>
</tr>
<tr>
<td>July 1, 2017 (tentative)</td>
<td>- IMGACL Assessment begins</td>
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The information in this document is kept as up to date as possible by the IMG Program. Notwithstanding, please be advised that elements of the program are in ongoing development, and as such may be subject to change without notice.
Eligible applicants for the IMGACL must submit a completed application form (including all supporting documents) to:

International Medical Graduate Program
University of Manitoba, Rady Faculty of Health Sciences
Room 260 Brodie Centre, 727 McDermot Avenue
Winnipeg, MB R3E 3P5

Application forms are available from the Rady Faculty of Health Sciences, Max Rady College of Medicine website or by calling (204) 975-7757.

To ensure that applications will be processed they must be received by the IMG Program office by the application deadline and must include all required supporting documentation (see Document Checklist). Late applications will not be considered. Only shortlisted applicants will be asked to apply to the CPSM for Conditional Registration.

Applicants are eligible to apply to only ONE program per intake year. Submitting an application to the IMGACL means you may NOT submit an application for the MLPIMG. The IMG Program will NOT accept applications for both programs from one individual.

All supporting documentation must be in English or must include an English translation. All copies must be notarized. Please do not send original documents as documentation will not be returned.

Information submitted by applicants will be used only for the administration and management of this program. It will not be shared without the applicant’s written permission. Submission of falsified documents will result in rejection for current and future applications and will be reported to the College of Physicians and Surgeons of Manitoba.

Included in the application package are:

- Important information (pages i-iv);
- A document checklist itemizing the documentation that must accompany each application (page 2);
- The 3-page application form;
- An Authorization for Release of Report of Assessment form to be completed and returned with the application;
- An Authorization for Release of Information to the CPSM to be completed and returned with the application; and
- A Contact Information form to fill out with names of the individuals at the medical school at which you completed your postgraduate medical training (include phone/fax numbers, addresses and e-mail addresses).

The information in this application package is kept as up to date as possible by the IMG Program. Notwithstanding, please be advised that elements of the program are in ongoing development, and as such may be subject to change without notice.
INTERNATIONAL MEDICAL GRADUATES ASSESSMENT FOR CONDITIONAL LICENSURE (IMGACL) Document Checklist

Name: ____________________________________________
(Please print)

Please submit all documents in the following order:

☐ Completed Application Form
☐ Canadian citizen or permanent resident yes ☐ no ☐ – If “yes” provide proof of status (notarized photocopy of permanent resident document – IMM 1000, or citizenship card/Canadian passport or by sharing through your physiciansapply.ca account with the University of Manitoba International Medical Graduate and Clinician Assessment Programs (UMIMG-CAP))
☐ Resident of Manitoba yes ☐ no ☐ – If “yes” provide proof of residency in Manitoba notarized photocopy of both sides of Manitoba Health card or Manitoba Driver’s license, if applicable)
☐ Authorization of Release of Report of Assessment (completed form)
☐ Authorization of Release of Information (completed form)
☐ Contact information for the University where you completed your postgraduate training (completed form)
☐ Notarized copy of TOEFL-iBT or IELTS (Academic Module) test result
☐ Proof of pass standing on Medical Council of Canada Evaluating Examination (notarized copy of letter from Medical Council of Canada or by sharing your result through your physiciansapply.ca account with the University of Manitoba International Medical Graduate and Clinician Assessment Programs (UMIMG-CAP))
☐ Proof of pass standing on the Medical Council of Canada Qualifying Examination Part 1 (notarized copy of letter from Medical Council of Canada or by sharing your result through your physiciansapply.ca account with the University of Manitoba International Medical Graduate and Clinician Assessment Programs (UMIMG-CAP))
☐ Proof of pass standing on the Medical Council of Canada Qualifying Examination Part 2 if available
☐ Proof of pass standing on the NAC OSCE exam if available
☐ Personal Letter outlining your suitability for the IMGACL such as your practice profile and previous experience (max 1000 words)
☐ Three (3) current letters of reference included in the package – letters should be signed and dated by the referees and be no greater than 24 months old (faxed, photocopied or emailed reference letters will not be considered). Do not submit more than three letters of reference as only the first three references will be reviewed. Please provide detailed and current contact information for your referees on the application form. Referees must be three persons with recent professional/educational knowledge of you; none of whom may be related to you and one of whom must be:
   (a) for physicians who have recently completed postgraduate clinical training, your supervisor responsible for training;
   (b) a physician in a supervisory position in a hospital where you have practised most recently; or
   (c) a physician colleague with whom you have practised most recently.
☐ Curriculum vitae (current within 3 months)

The International Medical Graduates Assessment for Conditional Licensure (IMGACL) is supported by:
Max Rady College of Medicine at the University of Manitoba,
The College of Physicians & Surgeons of Manitoba
and Manitoba Health
Please type or print clearly.

Last Name: ___________________________________________ First Name(s): ___________________________________________

Birth Date: ___________________________ Street Address: ____________________________________________________________
(Day/Month/Year)

City: __________________________ Province: __________________________ Postal Code: __________________________

Telephone: (home) __________________________ (work) __________________________ (Cell) __________________________

Email: __________________________________________

Citizenship: __________________________________________ If not Canadian citizen, landed immigrant: □ yes □ no

Date of Permanent Move to Canada: __________________________ (Month/Year)

Resident of Manitoba: □ yes □ no Date of Permanent Move to Manitoba: __________________________ (Day/Month/Year)

Medical Council of Canada Evaluating Examination (MCCEE): __________________________ NAC OSCE Results: / (Month/Year Passed) (if available) (Date Taken/Exam Site)(Result Attached/Pending)

Medical Council of Canada Qualifying Examination Part I (MCCQE I): __________________________ Part II (MCCQE II): __________________________
(Month/Year Passed) (if available) (Month/Year Passed)

Medical School: ____________________________________________ Date of Graduation: __________________________ (Month/Year)
(Name - Location)

Physiciansapply/Candidate Code Number (MCC): __________________________________________

MINC Number: __________________________ PCRC ID Number: __________________________

Postgraduate Medical Education:


Postgraduate Degrees/Qualifications & dates attained: __________________________________________
Name: ____________________________________________
(Please print)

Details of Last 5 years of Practice Experience:
Include detailed information from August 31, 2011 to August 31, 2016 in the templates below. Use additional pages if necessary.

**ATTESTATION TO INDEPENDENT PRACTICE:** I attest that my most recent practice (listed below) has been independent, meaning that I have practised without supervision or oversight by another physician: ☐ yes ☐ no

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Brief description of the practice: _____________________________________________________________________________________________________________

Hours of work per week: _________________ Contact information: _______________________________________________________________________________

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Brief description of the practice: _____________________________________________________________________________________________________________

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Brief description of the practice: _____________________________________________________________________________________________________________

Hours of work per week: _________________ Contact information: _______________________________________________________________________________
Currently working:  □ yes  □ no  Type of Work: ________________________________

Contact Information for References:

Reference #1 Name: _________________________________________________________________________________

Relationship to Candidate: _____________________________________________________________________________

Telephone: ___________________________ Fax: ___________________________

Email: ___________________________________________________________________________________

Reference #2 Name: _________________________________________________________________________________

Relationship to Candidate: _____________________________________________________________________________

Telephone: ___________________________ Fax: ___________________________

Email: ___________________________________________________________________________________

Reference #3 Name: _________________________________________________________________________________

Relationship to Candidate: _____________________________________________________________________________

Telephone: ___________________________ Fax: ___________________________

Email: ___________________________________________________________________________________

Have you ever applied to the CPSM for Conditional Registration?  □ yes  □ no  If yes, include all dates: ___________________________

(Month/Year)

_________________________________________  __________________________
Signature                                      Date
AUTHORIZATION OF RELEASE
FOR REPORT OF ASSESSMENT

I, ________________________________ (name), authorize the Division of Continuing Professional Development, of The University of Manitoba, to release a copy of the “Report of Assessment”, in the Clinicians Assessment and Professional Enhancement Program (CAPE), to the Director of the IMG Program (IMGP).

Signature ___________________________ Date ___________________________

(Signature/ Print name)

Witness ______________________________

(Signature/ Print name)
AUTHORIZATION FOR RELEASE
OF INFORMATION

To: College of Physicians & Surgeons of Manitoba
1000 – 1661 Portage Avenue
Winnipeg, MB R3J 3T7
Tel: (204) 774-4344 Fax: (204) 774-0750

AND

To: The International Medical Graduate Assessment for Conditional Licensure (IMGACL)
University of Manitoba, Max Rady College of Medicine
Room 260 Brodie Centre - 727 McDermot Avenue
Winnipeg, MB R3E 3P5
Tel: (204) 975-7757 Fax: (204) 789-3911

You are hereby authorized to release to each other, any and all information received by the College of Physicians & Surgeons of Manitoba (the College) or the IMGACL respecting my applications for registration with the College, my application(s) to participate in the IMGACL and all information of any nature relevant to those applications, including but not limited to my postgraduate clinical training and/or practice experience.

This authorization shall continue until revoked by me, in writing.

Signed by me at the City of ____________, in ____________, this ______ day of ________, 20____

________________________________________  ______________________________
WITNESS                                          Signature of Applicant

________________________________________    ______________________________
Print Name of Witness                            Print Name of Applicant

Please note that the authorization is only revocable by written, signed and dated instructions from you. If at any time you wish to revoke the authorization that you have given to the College, please contact the College immediately.
Contact Information for University where Postgraduate Medical Training was completed
(To be included in IMGACL application package)

To: The College of Physicians and Surgeons

Applicant Name: _______________________________________________________________
   Last Name  First Name(s)

University Name: _______________________________________________________________

University Address: __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

Phone Number: _________________________________________

Fax Number: __________________________________________

Contacts (if applicable):

1. _______   _______________________________________ __________________
   Title  Name  Position
   Phone Number: _________________________________________
   Fax Number: __________________________________________
   Email: _________________________________________________

2. _______   _______________________________________ __________________
   Title  Name  Position
   Phone Number: _________________________________________
   Fax Number: __________________________________________
   Email: _________________________________________________

_____________________________________                                     ___________________________________
Applicant Signature                                     Date