



The College of Physicians and Surgeons of Prince Edward Island

14 Paramount Dr.

Charlottetown, PE C1E 0C7

Phone: 902-566-3861 Fax: 902-566-3986

Website: www.cpspei.ca

Acceptable Alternatives to the LMCC

This policy has been developed for those physicians who do not hold the Licentiate of Medical Council of Canada (LMCC).

Preamble:

The Medical Practitioner Regulations states that one of the requirements for General Registration is *be enrolled in the Canadian Medical Register as a Licentiate of the Medical Council of Canada or have the qualifications that the Council accepts as an alternative.*

This policy sets out the acceptable alternatives to the Licentiate of the Medical Council of Canada, as determined by Council.

Policy:

The following are acceptable alternatives to the Licentiate of the Medical Council of Canada (LMCC) in an application for registration:

- a. United States Medical Licensing Exam (USMLE) Steps 1, 2 and 3; or
- b. Federation Licensing Examination (FLEX) Components 1 and 2; or
- c. National Board of Medical Examiners (NBME) Parts I, II and III; or
- d. For physicians who are more than five years removed from completion of their undergraduate training, a minimum of five years recent practice experience as the most responsible physician that is satisfactory to the Registrar.

In determining whether practice is satisfactory, the Registrar or Council may consider:

- disciplinary history;
- certificates of professional conduct from all of the jurisdictions from where the Applicant has practised;
- three verifiable references supporting competence, capacity, and good character;
- satisfactory participation in a continuing professional development program:
 - the Mainpro+ program of the College of Family Physicians of Canada; or
 - the Maintenance of Certification (MOC) CPD program of the Royal College of Physicians & Surgeons of Canada;
- where applicable or where available, Supervision reports, Sponsorship reports and recommendations, or formal practice evaluations; and
- other information as deemed relevant.

Applicable Legislation:

Medical Practitioners Regulations – Section 6. (5) (a) & 17. (5) (a)

Document History:

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