



**CAPDA**  
Canadian Academy of Psychologists  
in Disability Assessment

# **ACCREDITATION AND CERTIFICATION IN CATASTROPHIC IMPAIRMENT EVALUATION (C-CAT)**

Offered by the  
**CANADIAN SOCIETY OF MEDICAL  
EVALUATORS (CSME)  
AND THE  
CANADIAN ACADEMY OF  
PSYCHOLOGISTS IN DISABILITY  
ASSESSMENT (CAPDA)**

Exam Regulations  
January 2018

# Curriculum & Regulations for the CSME-CAPDA Certification in Catastrophic Impairment Evaluation (C-CAT)

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## 1. Introduction

This document provides information regarding training, curricula and exam regulations for the discipline of a clinical expert in Catastrophic Impairment Evaluation (C-CAT) with respect to the Statutory Accident Benefits Schedule (SABS) in force within the jurisdiction of Ontario, Canada. These regulations govern the content and conduct of the examination leading to the award of the CSME-CAPDA Certification in Catastrophic Impairment Evaluation (C-CAT) and accreditation as a clinical independent expert assessor in this particular area of expertise. They specify the requirements which must be satisfied before a candidate is eligible to apply to take the examination. They also specify the procedure to be followed in order to apply, limit the number of attempts and provide guidance in the event of failure. They describe the procedure for making representations and provide sanctions for infringements.

CSME is a leading national organization of professionals involved in independent medicolegal and clinicolegal evaluations. The mandate of CSME's Board is to promote and support evidence-based medicine and best clinical practices by way of various educational and credentialing initiatives and programs. In addition, CSME provides a forum for the sharing of knowledge, experience and innovation amongst Canadian clinician evaluators. CSME currently has over 230 active clinician members. Over the past two years CSME has hosted over 700 participants at our conferences, with attendees from the clinical, legal and industry settings. Our Board consists of a broad cross-functional representation of key stakeholder groups from the fields of general and sub-specialty medicine, surgery, psychology, neuropsychology, chiropractic, physiotherapy, occupational therapy and both plaintiff and defence legal practitioners.

CAPDA is a national organization of over 100 senior psychologists who practice in the areas of psychological or neuropsychological assessment of disability and impairment. All members are bound by comprehensive standards which guide their practice and outline their obligations to the individual assessed and to the referral source. It is the mission of CAPDA to share information, develop standards of practice and conduct, educate, and advocate on matters related to third party requested assessments and other assessments and on matters of rehabilitation and disability. CAPDA holds several training workshops each year for psychologists and for other stakeholders interested in third party psychological and neuropsychological assessments. CAPDA maintains ongoing liaison with other health professionals, with the insurance and legal communities, and with regulatory and government bodies. CAPDA has also been involved in the development of various guidelines for best practices in third party psychological disability assessment.

## **Definition of a Medicolegal Expert**

The discipline of medicolegal expertise requires that a health care professional (e.g. physician, psychologist, chiropractor etc.) has strong clinical competency grounded in evidence-based research and practise with translational application skills in a particular domain of expertise. The objective is to provide evidence that is fair, objective and non-partisan, related only to matters that are within their area of expertise. The professionals must also be well informed about other disciplines and their relationship and effect on the assessment process and their findings. The professionals must acknowledge that they will be required to provide such additional assistance to a court of law (or arbitration panel) as the court may reasonably require. The clinician independent expert must remain mindful that their duty to the court is paramount and this duty prevails over any obligation which they may owe to any party or on whose behalf they are engaged.

An independent medical evaluation (IME) is the foundation that enables a medical expert to provide a considered opinion. An IME is defined as an examination performed by an independent health care professional who has no treating relationship with the examinee or requesting party, for the purpose of providing the requesting party with a non-partisan impartial clinical opinion about the examinee. The clinical opinion is communicated by means of a medicolegal report. An IME may also be identified as an Independent Medicolegal Evaluation, Independent Medical Opinion, Independent (Discipline) Examination, Impartial Medical Examination, a Non-Treating Medical Examination, an Insurer's Examination or a Third Party Examination. This is true regardless of the discipline, be it a physician, psychologist, speech language pathologist etc.

The independent expert is required to evaluate by means of an independent medical examination (IME) any of the following: 1) the health status of a person, 2) documentation pertaining to health status, 3) assessments of a person by other health care professionals pertaining to a medical situation, injury or illness, and with this information is able to provide an opinion regarding health that will assist key stakeholders and potentially a trier of fact in reaching a decision.

Independent medicolegal reports are essential to the legal process of resolving claims for compensation after personal injury, eligibility for treatment/disability benefits or other issues of compensation related to clinical outcomes (e.g. alleged malpractice scenarios). A comprehensive, objective and informative written medicolegal report that is clear and concise will contribute significantly to the proper and just resolution of a claim for personal injuries. An evidence-based comprehensive assessment and subsequent well-written report can expedite the process, reduce costs, and it may preclude the need for the expert assessor to appear in court.

The IME should be seen as a tool to assist in dispute resolution when there is an element of a clinical nature. The dispute may be narrow and specific, involving questions of diagnosis, treatment, attribution/causation, apportionment, negligence, prognosis, or damages. The dispute may also be wide-ranging, involving long-range care costs or querying fraud as required.

## Purpose of Certification Assessment

The purpose of the Certification in Catastrophic Impairment Evaluation (C-CAT) is to harmonize and improve quality standards for competent, independent practice as a medical expert within the specific area of Ontario Catastrophic determinations. The Certification Program assesses the minimal competencies necessary to practice as a medical legal expert in this field. The Certification Program is intended to be *complementary* to national standards of competence within a specific health care specialty, and enhance the competent, ethical, and professional practice as a medicolegal expert. The C-CAT is not intended to replace any existing College or Board regulatory functions, but rather to augment those processes. The vision for the C-CAT is to be recognized as the standard of quality for medicolegal experts undertaking these evaluations in accordance with Ontario law.

The purpose of the Certification assessment is to evaluate the competence of a wide range of health care professionals in respect of relevant knowledge and judgement in the area of catastrophic evaluation. As part of this, several aspects of competencies need to be covered, including that of in-depth knowledge of all pertinent elements of the Statutory Accident Benefits Schedule (SABS) framework including specified reference texts and clinical evaluation tools. The applicant will be expected to demonstrate competence in both the utilization and comparison of all current and prior models of SABS Catastrophic legislation. This includes demonstrating an appreciation of key legal precedents and case decisions as they guide and instruct the evolution of clinical practise in this area.

The applicant will be evaluated on their ability to apply this framework to a wide range of clinical scenarios from an evidence-based perspective within the context of core medicolegal reasoning principles. In order to comprehensively evaluate this wide range of skills in an objective manner, multiple choice questions (MCQs) will be utilized as a minimum in the assessment of expertise.

The C-CAT credentialing taskforce is comprised of members from CSME and CAPDA as well as consultants from other leading educational and regulatory organizations within Canada and abroad. The Exam Regulations are reviewed on an annual basis at a minimum and as required with evolving legislation changes and industry evolution.

## 2. Implementation

- 2.1. These regulations come into effect on the 1<sup>st</sup> of January 2018, and will be valid for 3 years unless a necessary change is agreed by the CSME-CAPDA Board of Directors (a subcommittee of which will form the C-CAT Board of Examiners).

## 3. Examination

- 3.1. The C-CAT Examination will be completed in one sitting.
- 3.2. Normally there will be two sittings of the examination in each calendar year. However, the Faculty may at any time decide, subject to adequate notice, to adjust the number of sittings of the examination in any year.

3.3. Training and Examination fees: All applicable fees must be paid when the applicant submits their request to attend the training program and/or write the examination. The following fee structure will apply for all C-CAT programs offered in 2018, exclusive of applicable taxes:

	C-CAT Training and Review Course (2 days)		C-CAT Examination (includes review of sample reports)	
	Non-Member	Member	Non-Member	Member
<b>Physicians and Psychologists</b>	\$995	\$850	\$395	\$295
<b>Allied Health Clinicians**</b>	\$895	\$750	\$295	\$195

*\*\*The Allied Health category includes clinicians such as Chiropractors, Occupational Therapists, Speech Language Pathologists, Kinesiologists, Registered Nurses etc.*

3.4. In recognition of the specific clinical practise requirements for applicant of various clinical backgrounds and practise scopes, the C-CAT is offered through one of three training and examination streams:

Category	Designation	Training – Day 1	Training – Day 2	Examination
Physical Medicine	C-CAT (P)	C-CAT 2018 Overview and Update course	C-CAT AMA4 Fundamentals and Case Workshop	C-CAT(P) Examination
Mental Behavioural	C-CAT (MB)	C-CAT 2018 Overview and Update course	C-CAT Mental Behavioural Workshop Training	C-CAT (MB) Examination
Functional Observer	C-CAT (FO)	C-CAT 2018 Overview and Update course	<b>Choice 1 of:</b> 1. C-CAT AMA4 Fundamentals and Case Workshop 2. C-CAT Mental Behavioural Workshop Training	C-CAT (FO) Examination

3.5. At any time, based on legislative changes or demand from membership, the C-CAT Board of Examiners may opt to introduce additional modules as required with 90 days' notice to its membership and prior certificates.

## 4. Eligibility

4.1. An individual is eligible to qualify to write the C-CAT examination provided all of the following criteria are met:

- i. **Qualification and current registration:** The candidate must provide documentation of having completed an official accredited training program within their area of clinical expertise and documentation of applicable registration status at their respective governing College. The candidate must also demonstrate that they are currently in good standing with their respective college and hold autonomy to practice with no limitations at the time of examination.
- ii. **C-CAT Training:** In order to qualify for the C-CAT examination, the candidate must have completed the C-CAT Training requirements (as detailed in section 3.4 above) in the prior 12 months at the time of application. No substitutions for this training will be accommodated in any circumstance.

4.2. The number of examination attempts by candidate will be limited to three times within a three year period.

## 5. MAINTENANCE OF CERTIFICATION

5.1. The successful C-CAT candidate will be required to provide the Examination Office with evidence of completion of continuing education in the field of independent medicolegal evaluations annually by the 31<sup>st</sup> December of each calendar year. This includes:

- i. Completion of a minimum of 5 hours per calendar year of continuing education directly relating to or relevant to the field of catastrophic independent evaluations. This might include conference and/or webinar participation, research publication, or formal course work. Any other proposed educational activities will require review by the credentialing committee on special request and with full documentation.
- ii. All related clinical and legal topics are eligible. Any questions regarding eligibility should be forwarded to the C-CAT Examination Office in advance of completion of the session/course.
- iii. The C-CAT certification and designation is valid for a three (3) year period, following which the clinician must satisfy re-certification in accordance with the guidelines outlined above.

## 6. Application Procedures

- 6.1. Dates of training and examinations shall be published in the Examinations Calendar of CSME and CAPDA
- 6.2. Application forms for admission to the Examination will be available online through the C-CAT Examinations Office. Applications must reach the Examinations Office before the published closing date for the relevant sitting.
- 6.3. An application must be accompanied by the appropriate fee, proof of registration, training and current practice as per Section 4 above. Only electronic file attachments will be accepted via the secure online C-CAT portal.

**NOTE:** Individuals with diverse learning styles and needs are welcome to participate in the credentialing program. In particular, if you have a disability/health consideration that may require accommodations, please feel free to approach the C-CAT Examination Office at (416) 640 1211 or 888 672 9999 prior to the examination to assess specific needs, provide referrals and arrange appropriate accommodations.

- 6.4. Requests for examination deferrals to a future examination date will be entertained up until two (2) weeks prior to the exam date without penalty. After that time, formal documentation detailing the exceptional circumstances will be required to be submitted to the C-CAT Examination Office for review and approval.
- 6.5. All approved deferral requests received later than 2 weeks prior to the examination date will be subject to a \$100.00 administration fee.
- 6.6. All unsuccessful deferral requests received as well as no-shows will be subject to the full cost of the examination without refund.

## 7. Examination Reporting, Archiving and Appeals

- 7.1. Results from each C-CAT examination will be reported to participants within 4-6 weeks following the date of the examination by formal letter and via secured portal access. A grade of “pass” or “fail” will be indicated for each module of the examination as well as an overall score.
- 7.2. A candidate, or a duly authorized person on behalf of that candidate, wishing to make representations in respect of the conduct of an examination or to appeal against any result, must make such representation or appeal to the C-CAT Board of Examiners in writing, within 30 days of the impugned results being published. The Examination Committee will consider representations and appeals. The appellate decision by the examination committee shall be final and it not subject to any further appeals or reconsiderations.
- 7.3. A candidate who is unsuccessful in an examination may, subject to the provisions of the regulations below, enter for the next or any subsequent sitting of that Examination. A candidate may not sit for the examination on more than three (3) occasions in a three-year period.
- 7.4. The C-CAT Board of Examiners will document clearly all aspects of the (practical) organisation of the C-CAT examinations, and keep archives of these documents (electronically wherever practical) for a period of at least five years.

7.5. A permanent electronic and properly secured database of the successful candidates will be maintained by the C-CAT office. The minimum information to be included within this database comprises: full name, province, clinical specialty and area of practice as well as date of successful Certification completion. On successful completion of the Certification program, the examinee will have the opportunity to make part or all of this information available to industry stakeholders and colleagues via a secured portal should they so choose.

## **8. Infringements**

- 8.1. For reasons of privacy as well as protection of copyright, unauthorized video or audio recording in the C-CAT Training Programs is prohibited.
- 8.2. Candidates are not permitted to bring any materials or information which may assist them including electronic devices, computers and mobile telephones into the examinations. Failure to comply with these examination regulations may result in disqualification from the whole of that examination sitting.
- 8.3. Academic integrity is essential to the pursuit of learning and scholarship, and to ensuring that credentialing from the C-CAT Board is a strong signal of each individual academic achievement. As a result, the C-CAT Board treats cases of cheating and plagiarism very seriously. All suspected cases of academic dishonesty will be investigated by the C-CAT Board of Examiners. If you have questions or concerns about what constitutes appropriate academic behaviour, you are expected to seek out additional information on academic integrity from various institutional resources (see <http://www.utoronto.ca/academicintegrity/> as reference).
- 8.4. The Faculty may refuse to admit to an examination or proceed with the examination of any candidate who infringes any of the regulations, or who is considered by the presiding examiner to be guilty of behaviour which prejudices the proper conduct and management for the examination or who has previously been found guilty of such behaviour. If, in the opinion of the Faculty, any examination result has been secured by cheating, deception or fraud of any kind whatsoever, the Faculty may nullify the result of any qualification resulting from it and withdraw the Certification so obtained



# APPENDIX 1

## Certification in Catastrophic Impairment Evaluation (C-CAT) Examination Structure

### Assessment Venue

For the organisation of examinations, a suitable venue is essential. Special attention will be paid to the security issues of the venue, not only in respect of standard precautions such as fire, but also in terms of security of the examination materials.

### Assessment Structure and Duration

Multiple choice questions (MCQ) related to all concepts related to the IME process will constitute the examination: including the referral process and mandate, informed consent and regulatory framework, conduct of IME, data analysis, opinion formulation and causal analysis, report writing and testifying in the legal context.

1. The examination will be comprised of up to 120MCQ's, many of which relate to a clinical case stem and relating to the specific Catastrophic legislation and application of medicolegal core principles.
  - The C-CAT (MB) Examination will contain a written case analysis component in place of a portion of the MCQ's.
2. There will be no negative marking for candidates who choose the wrong answer.
3. Candidates will be allowed 3 hours to complete the entire examination.

The examination questions will be set to reflect the specified curriculum and will be weighted to represent the importance of an area of the curriculum as viewed by the examination faculty.

The following statistical parameters are traditionally calculated when performing the primary statistical validity analysis of questions:

1. level of difficulty of the questions;
2. degree of discriminative power of the questions;
3. general reliability (internal consistency) of the assessment.

At this time, three versions of the examination and Certification will be offered as outlined in section 3.4:

1. Physical Medicine - C-CAT (P)
2. Mental Behavioral – C-CAT (MB)
3. Functional Observer – C-CAT (FO)

## Examination Results

Results from each C-CAT examination will be reported to participants within 4-6 weeks following the date of the examination by formal letter and via secured portal access.

A grade of “pass” or “fail” will be determined in connection with mastery grading for each module of the examination as well as an overall score. The grading rubric will follow a percentage grading based on percent correct on the exam coupled with norm referenced, mastery and absolute standards grading whereby pass or fail percentages will be mediated by comparison to others and whether performance reaches a level of performance with reference to pre-established content standards.

## APPENDIX 2

### Sample C-CAT Training Program Overview

#### Day 1: C-CAT Overview and Update Course

##### Overview of 2016 CAT SABS changes

**Criteria 1:** Spinal Cord Injuries: ASIA Methodology and SCIM Scores

**Criteria 2:** Limb Amputation

**Criteria 3:** Vision Impairment

**Criteria 4:** Adult TBI's: GOSE Methodology, Radiological Considerations and Qualification Pathways

**Criteria 5:** Pediatric TBI's: KOSCHI Methodology, Radiological Considerations and Qualification Pathways

**Criteria 6:** WPI Analysis - AMA Guides 4<sup>th</sup> Edition Methodology Review

**Criteria 7:** WPI Analysis – Mental Health (AMA Guides 6<sup>th</sup> Edition) Update and Methodology Overview

**Criteria 8:** Mental/Behavioural Qualification: 2016 Updates to the Use of AMA4 Chapter 14 and Applicable Case Law:

**Impairment Rating Working Group:** In-depth Case Studies Emphasizing Best Practices in the use of the AMA4/6, Current Combining methodologies and updated case law

**TBI Working Group:** Application of TBI Definitions and Radiological Findings in the Clinical Context, Interpretation of GOSE/KOSCHI Data Scores and Multidisciplinary Case Studies.

**Interdisciplinary Case Law Study Presentation**

#### Day 2 – C-CAT Mental Behavioural Workshop Training

##### History of Mental/Behavioural and CAT Definition, Seminal Case Law, Government Decisions

**Four Domains Revisited:** In-depth training and review of the assessment of the four domains outlined in AMA4 Chapter 14 (Criterion 8), implications of the revised definition, systematic approaches to assessment, integration of situational assessment data, case law review and detailed case examples

**Moving to AMA6:** In depth training in assessment methodologies outlined in AMA6 Chapter 14 required for Criterion 7: BPRS, PIRS, GAF, strategies for assessment, detailed case examples and expected controversies going forward

**GOS-E:** Comprehensive training on the use of GOS-E required for the assessment of Criterion 4, assessment and scoring/rating strategies and case examples

**KOSCHI:** Comprehensive Training on the use of the KOSCHI required for the assessment of Criterion 5, assessment and rating strategies and case examples

**Truth Through Discourse I:** Using real-world multidisciplinary clinical cases, experienced guides will work in two parallel small group sessions to integrate available information and to assign ratings, including calculation of the PIRS and BPRS for Criterion 7 and ratings in the four domains for Criterion 8

**Case Discussion I:** The two groups will reconvene to discuss and debate the findings and determinations.

**Truth Through Discourse II:** Using an real-world cases, the two groups will work through the available information and to assign CAT Ratings

**Session II-A:** The focus in this session will be on adult brain injury and GOS-E ratings but with other mental-behavioral considerations as well

**Session II-B:** In this session participants with an interest in pediatric assessment will review multiple sources of assessment data on a pediatric brain injury case

**Case Discussion II:** The two groups above will reconvene to discuss and debate the findings and determinations

## **Day 2 – C-CAT AMA4 Fundamentals and Case Workshop**

- i. **Key Concepts and Methodology of the AMA Guides 4th Ed. Chapters 1& 2**
- ii. **Upper extremity impairment rating methodology and case presentation**
- iii. **Spine impairment rating with case presentations**
- iv. **Lower extremities impairment rating with case presentations**
- v. **Central nervous system impairment rating with case presentations**
- vi. **Beyond musculoskeletal systems-AMA4 Chapters 5-12**
- vii. **Advance Case Studies and Expert Ratings Training**

### **Sample References:**

1. The Joint OPA/CAPDA Guidelines for Best Practices in Psychological Insurer Examinations (2016)
2. Independent Medical Examinations for Insurance and Legal Reports, 2nd Edition. Michel Lacerte & Pierre G. Forcier. 2003. LexisNexis Canada
3. AMA Guides to the Evaluation of Permanent Impairment – 4<sup>th</sup> Edition
4. AMA Guides to the Evaluation of Permanent Impairment – 6<sup>th</sup> Edition
5. The Statutory Accident Benefits Schedule (SABS)  
<https://www.ontario.ca/laws/regulation/100034>

**Note:** Additional references will be circulated to participants closer to the training and examination date.