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**PROGRESS REPORT – PROFESSIONAL ASSOCIATION**  
**To be completed by the Medical Profession Advisor**

The following progress report will assist the Yukon Medical Council in monitoring the progress of Special Licensed Physician's integration into the practice of medicine in the Yukon.

<p><b>Your Name:</b> _____</p> <p><b>Special Licensed Physician's Name</b> _____</p> <p><b>Report Date:</b> _____</p>
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**PROFESSIONAL SUPPORT ACTIVITIES**

1. Do you practice in the same clinic as the Special Licensed Physician? Y N
2. How often do you interact with the Special Licensed Physician? Daily Weekly Monthly  
Approximately how many hours do you spend in direct contact? \_\_\_\_\_
3. Please indicate in what areas you interact (check all that apply)  
Direct Supervision    Case Discussion    Chart Review    Problem Solving  
Other (*please describe*) \_\_\_\_\_
4. Are meetings with the Special Licensed Physician productive? Y N  
In what ways could your meetings be improved/changed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL ACTIVITIES**

5. Have you and the Special Licensed Physician created a written Continuing Professional Development Plan? Y N

*\*if you have not previously submitted your plan, or it has changed since your last report, please attach a copy*

6. Are you satisfied with the Special Licensed Physician’s integration of CPD activities into their practice of medicine? Y N

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7. Has the Special Licensed Physician made satisfactory progress in the C2LEO aspects of the practice of medicine?

- Cultural Y N
- Communication Y N
- Legal Y N
- Ethical Y N
- Organizational Y N

**COMMUNITY INTEGRATION & ORGANIZATIONAL ACTIVITIES**

8. Does the Special Licensed Physician demonstrate satisfactory knowledge and use of local community resources? Y N

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9. Does the Special Licensed Physician demonstrate satisfactory knowledge of medical and health care organizations at the local and national level? Y N

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10. Is the Special Licensed Physician integrating well into the local medical community?

Y N

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**MEDICAL SKILLS**

11. What are the Special Licensed Physician's greatest professional strengths? \_\_\_\_\_

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12. In what areas does the Special Licensed Physician need to work to improve his/her medical skills?

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13. What measures are being taken to improve areas of perceived weakness? \_\_\_\_\_

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14. Do you have any concerns about the prescribing habits of the Special Licensed Physician?  
*(if yes, please describe)*

Y   N

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**ADDITIONAL INFORMATION**

15. Do you have any suggestions for the Council as to how to more effectively monitor the integration of a Special Licensed Physician into the medical community?

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16. Additional Comments: \_\_\_\_\_

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17. Have you discussed the content of this report with the Special Licensed Physician?  
*(if no, please explain)*

Yes       No

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Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

*The Yukon Medical Council thanks you for your participation in this program.*