Subspecialty Training Requirements in Pediatric Palliative Medicine

2017
VERSION 2.0

These training requirements apply to those who begin training on or after July 1st, 2017.

ELIGIBILITY REQUIREMENTS

Royal College Certification in Pediatrics or enrolment in a Royal College accredited residency program in Pediatrics (see requirements for these qualifications).

Entry from other specialties may occur but must follow completion of the primary specialty training and must include the prerequisites of:

Twelve (12) months of clinical medicine-based rotations with a minimum of six (6) months at a senior level* designed to allow achievement of competencies in the consultation and care of complex pediatric patients, interprofessional care, and effective communication skills.

All candidates must be certified in their primary specialty in order to be eligible to write the Royal College certification examination in pediatric Palliative Medicine.

MINIMUM TRAINING REQUIREMENTS

1. Two (2) years of approved residency in pediatric Palliative Medicine. A maximum of one (1) year of pediatric Palliative Medicine training may be undertaken during the final year of residency training in Pediatrics with the joint approval of the program director in the primary specialty and the program director of the pediatric Palliative Medicine program. The two years of training must include:

1.1. Twelve (12) blocks of pediatric Palliative Medicine, a minimum of four blocks of which must occur in the second year of training. This must include:

1.1.1. Six (6) blocks or longitudinal** equivalent of in-patient acute, tertiary, or quaternary pediatric Palliative Medicine

1.1.2. Two (2) blocks or longitudinal** equivalent of subacute and chronic palliative care in a pediatric hospice or a community setting

1.1.3. One (1) block or longitudinal** equivalent in pediatric home care/pediatric palliative home care

1.1.4. Three (3) blocks in adult Palliative Medicine providing consultation and inpatient care. These three blocks must include one (1) block of adult palliative care in the community setting

* Senior level: This refers to the level of experience and expertise expected of the candidates, typically characterized by independent decision-making and advanced practice skills.

** Longitudinal: This refers to a continuous and integrated approach to training, where the same competencies are addressed over time, rather than being taught in discrete blocks.
1.2. One (1) block pediatric hematology-oncology
1.3. One (1) block of pediatric pain management
1.4. One (1) block of neuromotor clinics or pediatric rehabilitation
1.5. One (1) block or longitudinal equivalent of each of the following:
   1.5.1. Pediatric respirology/home ventilation program
   1.5.2. Pediatric gastroenterology/complex nutrition team
   1.5.3. Metabolics and genetics
   1.5.4. Pediatric neurology
   1.5.5. Pediatric intensive care unit
   1.5.6. Neonatal and perinatal medicine

1.6. Two (2) blocks or longitudinal equivalent of scholarly activity, which may consist of
research, quality assurance, or an educational project relevant to pediatric Palliative
Medicine

1.7. A minimum of one (1) and a maximum of three (3) blocks, or longitudinal
   equivalent of the following, with no more than one (1) block in a single selective:
   1.7.1. Additional clinical training in pediatric Palliative Medicine, including but not
limited to experience in:
      1.7.1.1. Rural palliative medicine
      1.7.1.2. Vulnerable or marginalized populations
      1.7.1.3. Community or hospice palliative care

   1.7.2. Adolescent medicine
   1.7.3. Education and/or administrative training relevant to pediatric Palliative
Medicine
   1.7.4. Grief counselling
   1.7.5. Pediatric anesthesiology
   1.7.6. Pediatric complex care
   1.7.7. Pediatric transplant
   1.7.8. Child and adolescent psychiatry
   1.7.9. Public health
   1.7.10. Research relevant to pediatric Palliative Medicine
   1.7.11. Spiritual care
   1.7.12. One additional block from the options in 1.2 to 1.5
NOTES:

*Senior level is a resident regularly entrusted with responsibility for direct independent patient care under the supervision of and direct responsibility to a senior subspecialty resident or faculty member.

**Longitudinal equivalent of one (1) block is 4 weeks or 20 days.

The rotations in section 1.5 are intended to focus on the provision of chronic and end stage management to complex pediatric patients within those clinical areas.

REQUIREMENTS FOR CERTIFICATION:

Royal College certification pediatric Palliative Medicine requires all of the following:

1. Certification in the primary specialty in Canada;
2. Successful completion of a two (2) year Royal College accredited program in pediatric Palliative Medicine;
3. Successful completion of a scholarly research, quality assurance, or educational project relevant to pediatric Palliative Medicine; and
4. Successful completion of the certification examination in pediatric Palliative Medicine.

The two (2) year program outlined above is to be regarded as the minimum training requirement. Additional training may be required by the program director to ensure that clinical competence has been achieved.

This document is to be reviewed by the Specialty Committee in Palliative Medicine by December 2018.

REVISED – Specialty Standards Review Committee – October 2015
REVISED – Specialty Standards Review Committee – December 2016