

DEFINITION

Adult Hepatology is the area of enhanced competence concerned with the study, investigation, diagnosis, and medical management of liver disease and its extrahepatic manifestations. Medical management includes pharmacologic monitoring and integration of therapy and all aspects of laboratory, pathology, and imaging investigations. Adult Hepatology is also concerned with the medical aspects of liver transplantation, including pre- and posttransplant medical assessment and management.

GOALS

Upon completion of training, a diplomate is expected to function as a competent specialist in Adult Hepatology, capable of an enhanced practice in this area of focused competence (AFC) within the scope of Gastroenterology or Internal Medicine. The AFC trainee must acquire a working knowledge of the theoretical basis of the discipline, including its foundations in science and research, as it applies to medical practice.

The discipline of Adult Hepatology includes responsibility for the following:

1. Identification, diagnosis, prevention, and treatment of acute liver conditions
2. Identification, diagnosis, prevention, and treatment of chronic liver conditions
3. Diagnosis and management of cirrhosis, including the clinical assessment of its severity
4. Evaluation of patients for liver transplantation and long-term management of liver transplant recipients
5. Evaluation and management of liver lesions
6. Engagement in activities that identify and reduce the burden of liver disease
7. Advancement of the discipline of Adult Hepatology through scholarship

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NOTES:

All markers must be signed off by supervisor prior to being added to the portfolio.

All cases or clinical material added to the portfolio must be de-identified to preserve patient privacy. This requires the removal of key identifiers, including name, birth date, and date of consultation.

There must be no repetition or duplication of clinical cases within the material added to the portfolio (e.g., the case of a patient who has hepatitis B and develops a tumour may only contribute to one addition to the portfolio).

All reports added to the portfolio must include an attestation from the reporting physician that the report was not altered from the AFC trainee's interpretation.

Diplomates must demonstrate the requisite knowledge, skills, and behaviours for effective patient-centred care and service to a diverse population. In all aspects of specialist practice, the diplomate must be able to address ethical issues and issues of gender, sexual orientation, age, culture, beliefs, and ethnicity in a professional manner.

At the completion of training, the AFC trainee must demonstrate evidence of acquisition of the competencies listed on the following pages.

Major Task 1

Identification, diagnosis, prevention, and treatment of acute liver conditions

Sub-tasks

- 1.1 Assess, investigate, and diagnose patients with acute liver disease
- 1.2 Provide management plans for patients with acute liver disease

1.1 Assess, investigate, and diagnose patients with acute liver disease

This includes

- gathering a complete history, performing a physical examination, selecting investigations, and interpreting the findings in order to make a diagnosis
- recognizing the indications, limitations, contraindications, risks, and benefits of liver biopsy
- choosing the appropriate modality of liver biopsy, where relevant

Evidence of achievement

- 1.1 2 of any of the following documents:

- patient consultation notes
- clinical case summaries
- written documentation of consultative advice, which may include copies of hospital progress notes or discharge summaries

The case mix must include 2 different causes of acute liver disease

- 1 case must be acute viral hepatitis (may be simulated)
- 1 case must be a patient who was considered for liver biopsy

1.2 Provide management plans for patients with acute liver disease

This includes developing a comprehensive, detailed management plan, including specific treatment and assessment of transplant eligibility as relevant.

Evidence of achievement

- 1.2 Patient consultation notes of 1 patient case or a clinical case summary

or

Written documentation of consultative advice for 1 patient, which may include copies of hospital progress notes or discharge summaries

The case must include significant acute hepatic dysfunction, which may be acute liver disease or acute-on-chronic liver disease.

Major Task 2

Identification, diagnosis, prevention, and treatment of chronic liver conditions

Sub-tasks

- 2.1 Assess, investigate, and diagnose patients with chronic liver disease
- 2.2 Manage patients with chronic liver disease
- 2.3 Monitor the treatment plans and modify accordingly

2.1 Assess, investigate, and diagnose patients with chronic liver disease

This includes

- gathering a complete history and performing a relevant physical examination
- ordering investigations, making a decision regarding fibrosis assessment, developing a differential diagnosis, and making a diagnosis

Evidence of achievement

- 2.1 3 patient consultation notes or clinical case summaries

The case mix must include at least 3 different causes of chronic liver disease, with a mix of severity.

2.2 Manage patients with chronic liver disease

This includes developing comprehensive, detailed management plans, including the initial treatment plan and a plan for follow-up.

Evidence of achievement

- 2.2 3 patient consultation notes or clinical case summaries, in any combination

The case mix must include at least 3 different causes of chronic liver disease, with a mix of severity.

2.3 Monitor the treatment plan and modify accordingly

This includes

- identifying situations where treatment requires modification as a result of the patient's condition
- developing new treatment plans and plans for ongoing follow-up when modification is indicated

Evidence of achievement

- 2.3 3 patient consultation notes or clinical case summaries, in any combination

The notes or summaries must include a description of the reason for treatment modification, the new treatment plan, and the plan for ongoing follow-up.

The case mix must include 3 different causes of chronic liver disease.

The case mix must also include

- modification due to toxicity of therapy
- modification due to patient response or lack of response

Major Task 3

Diagnosis and management of cirrhosis, including the clinical assessment of its severity

Sub-tasks

- 3.1 Diagnose and develop a monitoring and management plan for decompensated cirrhosis
- 3.2 Manage complications of cirrhosis

3.1 Diagnose and develop a monitoring and management plan for decompensated cirrhosis

This includes

- gathering a complete history, performing a physical examination, and selecting investigations
- developing a differential diagnosis and initial management plan

Evidence of achievement

- 3.1 3 patient consultation notes or clinical case summaries, in any combination

The case mix must include 3 different features of decompensation.

3.2 Manage complications of cirrhosis

This includes writing a summary of the case, including a detailed management plan and a description of primary or secondary prevention, as appropriate.

Evidence of achievement

- 3.2 3 patient consultation notes or clinical case summaries, in any combination

The case mix must include at least 3 of the following features of decompensation:

- varices and bleeding from portal hypertension
- encephalopathy
- ascites, with or without spontaneous bacterial peritonitis
- hepatorenal syndrome
- hepatopulmonary syndrome
- portopulmonary hypertension

Major Task 4

Evaluation of patients for liver transplantation and long-term management of liver transplant recipients

Sub-tasks

- 4.1 Evaluate a patient's eligibility for transplantation
- 4.2 Demonstrate knowledge of the principles of posttransplant care, including evaluation of graft function and immunosuppression
- 4.3 Collaborate with the multidisciplinary and interprofessional team to provide optimal management of the patient with decompensated liver disease

4.1 Evaluate a patient's eligibility for transplantation

This includes gathering a complete history, performing a relevant physical examination, and providing a summary of relevant investigations, as well as the rationale for the final decision regarding eligibility.

Evidence of achievement

- 4.1 2 patient consultation notes or clinical case summaries, in any combination

The case mix must include

- 1 decision of "suitable for transplantation"
- 1 decision of "unsuitable for transplantation"

4.2 Demonstrate knowledge of the principles of posttransplant care, including evaluation of graft function and immunosuppression

This includes assessing graft function and complications of immunosuppression.

Evidence of achievement

- 4.2 1 patient consultation note

or

- 1 clinical case summary, which may include a clinical narrative

4.3 Collaborate with the multidisciplinary and interprofessional team to provide optimal management of the patient with decompensated liver disease

This includes

- demonstrating knowledge of the scope of practice of other members of the team
- communicating effectively with the multidisciplinary and interprofessional team
- demonstrating professional behaviour in interactions with team members

Evidence of achievement

4.3 1 collated multisource feedback

or

The AFC director's assessment of the trainee's collaboration skills

The multisource feedback must be received from 3 individuals from the multidisciplinary and interprofessional team (including at least 1 physician and 1 nonphysician) selected from the following groups:

- nurses
- pathologists
- radiation oncologists or medical oncologists
- radiologists
- surgeons
- other health care professionals

Major Task 5

Evaluation and management of liver lesions

Sub-tasks

- 5.1 Evaluate a patient presenting with a liver lesion to determine appropriate investigations and ongoing monitoring
- 5.2 Identify patients who need referral for definitive care of liver lesions
- 5.3 Collaborate with the multidisciplinary and interprofessional team to provide optimal management of the patient with a liver lesion

5.1 Evaluate a patient presenting with a liver lesion to determine appropriate investigations and ongoing monitoring

This includes

- gathering a complete history and performing a relevant physical examination
- providing a summary of relevant investigations as well as the final impression, decision, and monitoring plan

Evidence of achievement

- 5.1 2 patient consultation notes or clinical case summaries

The case mix must include 1 case of benign lesion and 1 case of malignant lesion.

5.2 Identify patients who need referral for definitive care of liver lesions

This includes developing the diagnosis and providing a summary of the management plan, including all appropriate therapeutic options.

Evidence of achievement

- 5.2 2 patient consultation notes or clinical case summaries

The case mix must include 1 case of benign lesion and 1 case of malignant lesion.

5.3 Collaborate with the multidisciplinary and interprofessional team to provide optimal management of the patient with a liver lesion

This includes

- demonstrating knowledge of the scope of practice of other members of the team
- communicating effectively with the multidisciplinary and interprofessional team
- demonstrating professional behaviour in interactions with team members

Evidence of achievement

5.3 1 collated multisource feedback

or

The AFC director's assessment of the trainee's collaboration skills

The multisource feedback must be received from 3 individuals from the multidisciplinary and interprofessional team (including at least 1 physician and 1 nonphysician) selected from the following groups:

- nurses
- pathologists
- radiation oncologists or medical oncologists
- radiologists
- surgeons
- other health care professionals

Major Task 6

Engagement in activities that identify and reduce the burden of liver disease

Sub-task

6.1 Participate in an activity that identifies and reduces the burden of liver disease

This includes

- identifying a specific modifiable risk factor for liver disease or determinant of liver health and demonstrating an awareness of public policies that impact the issue
- determining appropriate interventions at the level of a single patient, a group of patients, individuals in the community, or the population

Evidence of achievement

6.1 1 of the following:

- a patient consultation note
- a reflective narrative
- a copy of slides prepared for a presentation to the public
- an article in a lay journal or communication to government
- evidence of participation on a committee with a mandate or activities that increase awareness of liver disease
- evidence of participation in a public screening program or campaign

The documentation added to the portfolio must describe the role of the Adult Hepatology AFC trainee in the encounter or activity.

Major Task 7

Advancement of the discipline of Adult Hepatology through scholarship

Sub-task

7.1 Demonstrate scholarship relevant to Adult Hepatology

This includes

- demonstrating a scholarly approach to education, research, or quality improvement
- participate in a scholarly activity relevant to Adult Hepatology

Evidence of achievement

7.1 1 of the following:

- an abstract ready for submission to a national or international meeting as primary author (co-authorship may be acceptable with evidence and supporting documentation of a major contribution to the scholarly work)
- significant academic contribution to a manuscript that has been submitted for publication
- a quality improvement project
- a completed research proposal or grant application
- a continuing medical education (CME) program brochure documenting a presentation of a major scholarly review of a clinical topic at an accredited provincial/territorial, national, or international meeting
- an evidence-based policy or procedure (newly developed or critically appraised)
- development of a learning module, curriculum, or other educational innovation related to Adult Hepatology

The documentation added to the Portfolio must describe the role of the Adult Hepatology AFC trainee in the encounter or activity.

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