

Guide for individuals applying
through the PER-AFC route

JANUARY 2016
VERSION 1.0

DEFINITION

Adult Hepatology is that area of enhanced competence within Gastroenterology concerned with the study, investigation, diagnosis, and medical management of liver disease and its extrahepatic manifestations. Medical management includes pharmacologic monitoring 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 post-transplant medical assessment and management.

ELIGIBILITY REQUIREMENTS

In order to be eligible to submit the Royal College certification portfolio in Adult Hepatology, the Area of Focused Competence (AFC) PER applicant must be

- certified in Gastroenterology by the Royal College of Physicians and Surgeons of Canada (or equivalent jurisdiction approved training in Gastroenterology), **or**
- certified in Internal Medicine by the Royal College of Physicians and Surgeons of Canada.

Applicants from Internal Medicine must also demonstrate a minimum of twelve (12) months of clinical rotations in hepatology within their Internal Medicine training.

GOALS

An AFC 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. The AFC-PER applicant must demonstrate 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 identification, diagnosis, interpretation, prevention, and treatment of acute liver conditions;
- the identification, diagnosis, interpretation, prevention, and treatment of chronic liver conditions;
- the diagnosis and management of cirrhosis, including but not limited to the clinical assessment of its severity;
- the evaluation of patients for liver transplantation and the long-term management of liver transplant recipients;

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- the evaluation and approach to management of liver lesions;
- engagement in activities that identify and reduce the burden of liver disease; and
- advancement of the discipline of Adult Hepatology through scholarship.

Note: All submitted cases or clinical material must be de-identified to preserve patient privacy. This requires the removal of key identifiers, including but not limited to name, birth date, date of consultation, and location (e.g., hospital/clinic, city). In some cases, even without these identifiers, a patient could be identified by other information included in the case or clinical material (e.g., if the patient has a very rare condition, or lives in a remote area with a limited population size). In these instances de-identification may not be sufficient to ensure patient privacy. In such exceptional cases it would be advisable to obtain patient consent for the submission.

AFC-PER applicants 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 applicant must be able to address ethical issues and issues of gender, sexual orientation, age, culture, beliefs, and ethnicity in a professional manner.

The AFC-PER applicant must demonstrate evidence of the competencies listed on the following pages.

COMMENTS

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1. The identification, diagnosis, interpretation, prevention, and treatment of acute liver conditions		
Milestones	Standards of Assessment	Documents to be Submitted
1.1. Assess, investigate, interpret, and diagnose patients with acute liver disease	<p>The submitted document must include a complete history and examination, investigations, differential diagnosis, and management plan.</p> <p>The submissions must include two (2) different causes of acute liver disease.</p>	<p>Two (2) documents, in any combination, chosen from the following:</p> <ul style="list-style-type: none"> • consultation notes of patient cases • clinical case summaries • case reports (published or submitted) • written documentation of consultative advice, which may include copies of hospital progress notes or discharge summaries
1.2. Provide a management plan for a patient with acute liver disease	<p>The submitted document must include a comprehensive, detailed management plan, including specific treatment and/or assessment of transplant eligibility.</p> <p>The clinical scenario must consist of significant acute hepatic dysfunction, which may include a case of acute liver disease, or acute-on-chronic liver disease.</p>	<p>Consultation notes of one (1) patient case</p> <p>OR</p> <p>One (1) clinical case summary</p> <p>OR</p> <p>Written documentation of consultative advice for one (1) patient; this may include copies of hospital progress notes or discharge summaries</p>

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2. The identification, diagnosis, interpretation, prevention, and treatment of chronic liver conditions		
Milestones	Standards of Assessment	Documents to be Submitted
2.1. Assess, investigate, interpret, and diagnose patients with chronic liver disease	<p>The submitted documentation must include a complete history and relevant physical examination, investigations ordered, a differential diagnosis, and a decision regarding fibrosis assessment.</p> <p>The submissions must include at least five (5) different causes of chronic liver disease.</p> <p>The clinical cases documented must include the full breadth of the causes and severity of chronic liver disease.</p> <p>Note: Notes or summaries submitted for milestones 2.1. and 2.2. may be the same patient cases.</p>	<p>Ten (10) consultation notes</p> <p>OR</p> <p>Ten (10) clinical case summaries</p>
2.2. Manage a patient with chronic liver disease	<p>The submitted documentation must include comprehensive, detailed management plans, including but not limited to the initial treatment plan and a plan for followup.</p> <p>The submissions must include at least five (5) different causes of chronic liver disease.</p> <p>The clinical cases documented must include the full breadth of the causes and severity of chronic liver disease.</p>	<p>Ten (10) consultation notes</p> <p>OR</p> <p>Ten (10) clinical case summaries</p>

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<p>2.3. Monitor the treatment plan and modify accordingly</p>	<p>The submitted documentation must identify situations where treatment required modification as a result of the patient's condition.</p> <p>The range of reasons must include modification due to toxicity of therapy as well as modification due to patient response (or lack of response).</p> <p>The submission must include a description of the reason for treatment modification, the new treatment plan, and plan for ongoing followup.</p> <p>The submissions must include three (3) different causes of chronic liver disease.</p>	<p>Three (3) followup letters or progress notes</p> <p>OR</p> <p>Three (3) clinical case summaries</p>
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3. The diagnosis and management of cirrhosis, including but not limited to the clinical assessment of its severity		
Milestones	Standards of Assessment	Documents to be Submitted
3.1. Diagnose and develop a monitoring and management plan for decompensated cirrhosis	The submitted documentation must include a complete history and examination, investigations, differential diagnosis, and initial management plan.	Three (3) consultation notes OR Three (3) clinical case summaries
3.2. Manage complications of cirrhosis	<p>The submitted documentation must include at least three (3) of the following complications:</p> <ul style="list-style-type: none"> • varices and bleeding from portal hypertension • encephalopathy or variants • ascites and/or subacute bacterial peritonitis • hepato-renal syndrome • hepato-pulmonary syndrome • porto-pulmonary hypertension <p>The submitted documentation must include a summary of the case, including a detailed management plan and primary or secondary prevention, as appropriate.</p>	Three (3) consultation notes OR Three (3) clinical case summaries

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4. The evaluation of patients with cirrhosis for transplantation and the long-term management of liver transplant recipients		
Milestones	Standards of Assessment	Documents to be Submitted
4.1. Apply eligibility criteria for liver transplantation in the assessment of a patient with cirrhosis or liver failure	<p>The submitted documentation must include a complete history, relevant physical examination, summary of relevant investigations, as well as a discussion regarding indications and contraindications for transplant.</p> <p>The case scenarios must include one (1) "suitable for transplantation" and one (1) "unsuitable for transplantation."</p>	<p>Two (2) consultation notes, from one (1) "suitable for transplantation" scenario and one (1) "unsuitable for transplantation" scenario</p> <p>OR</p> <p>Two (2) case summaries, from one (1) "suitable for transplantation" scenario and one (1) "unsuitable for transplantation" scenario</p>
4.2. Demonstrate knowledge of the principles of post-transplant care, including evaluation of graft function and immunosuppression	<p>The submitted documentation must include assessment of graft function and complications of immunosuppression.</p>	<p>One (1) patient consultation note</p> <p>OR</p> <p>One (1) clinical case summary, which may include a clinical narrative, for a real or simulated patient</p> <p>OR</p> <p>Academic activity demonstrating knowledge in this area by teaching presentation or publication</p>

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5. The evaluation and approach to management of liver lesions		
Milestones	Standards of Assessment	Documents to be Submitted
5.1. Evaluate a patient presenting with a liver lesion to determine appropriate investigations and/or ongoing monitoring	<p>The submitted documentation must include a complete history, relevant physical examination, and summary of relevant investigations, as well as the final impression, decision, and/or monitoring plan.</p> <p>The range of case scenarios must include one (1) case of a benign lesion and one (1) case of malignant lesion.</p>	Two (2) consultation notes or clinical case summaries
5.2. Identify patients that need referral for definitive care of their liver lesions	The submitted documentation must include the diagnosis and a summary of the management plan, including all appropriate therapeutic options.	One (1) consultation note or clinical case summary
5.3 Collaborate with the multidisciplinary and interprofessional team to provide optimal management of the patient with a liver lesion	The submitted documentation must demonstrate satisfactory collaboration in the medical decision-making for patients with a liver lesion, including input from some of the following: pathologists, radiologists, surgeons, and/or medical/radiation oncologists.	<p>Feedback from the multidisciplinary and interprofessional team involved in the care of the patient with a liver lesion</p> <p>OR</p> <p>One (1) consultation note or clinical case summary indicating multidisciplinary involvement</p>

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6. Engagement in activities that identify and reduce the burden of liver disease		
Milestones	Standards of Assessment	Documents to be Submitted
6.1. Participate in an activity that identifies and reduces the burden of liver disease	<p>The submitted documentation must</p> <ul style="list-style-type: none"> • identify a specific modifiable risk factor for liver disease or determinant of liver health, • describe the role of the Adult Hepatology PER-AFC applicant in the encounter, and • demonstrate an awareness of public policies that impact the issue. <p>The intervention may be at the level of the individual patient, a group of patients/citizens at large, or the population.</p>	<p>One (1) of the following: Individual consultation report OR Reflective narrative OR Copy of PowerPoint slides or a handout of a presentation to the public OR Article in a lay journal, or communication to government OR Evidence of participation on a committee OR Evidence of participation in a public screening program/campaign</p>

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7. Advancement of the discipline of Adult Hepatology through scholarship		
Milestones	Standards of Assessment	Documents to be Submitted
7.1. Demonstrate scholarship relevant to Adult Hepatology	<p>Completion of an abstract, of which the PER-AFC applicant must be primary author, for submission to a national or international meeting. Co-authorship may be acceptable if the PER-AFC applicant can provide evidence and supporting documentation of a major contribution to the scholarly work.</p> <p>OR</p> <p>Significant academic contribution to a manuscript that has been submitted for publication.</p> <p>OR</p> <p>Development of a new quality assurance project.</p> <p>OR</p> <p>Completion of a research proposal or grant application.</p> <p>OR</p> <p>A presentation of a major scholarly review of a clinical topic at an accredited provincial, national, or international meeting.</p> <p>OR</p> <p>Development or critical appraisal of evidence-based policies or protocols.</p> <p>OR</p> <p>Development of a learning module or curriculum related to Adult Hepatology.</p>	<p>An abstract of scholarly work</p> <p>OR</p> <p>A completed manuscript; must have made a significant contribution</p> <p>OR</p> <p>A quality assurance project</p> <p>OR</p> <p>A research proposal or grant application</p> <p>OR</p> <p>A continuing medical education (CME) program brochure documenting a presentation at an accredited provincial, national, or international meeting</p> <p>OR</p> <p>An evidence-based policy or procedure</p> <p>OR</p> <p>A learning module or curriculum related to Adult Hepatology</p>

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	OR Development of new public policy, or appraisal of current policy, or analysis of its impact on the Adult Hepatology population.	OR A document summarizing the impact of a current or recent public health policy on Adult Hepatology, or a newly developed public policy
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