



These training requirements apply to those who begin training on or after July 1, 2022.

TRANSITION TO DISCIPLINE (TTD)

The focus of this stage is to introduce residents to the specialty of Anesthesiology, providing a comprehensive orientation to the setting in which they will work, and assessing their incoming knowledge and skills relevant to Anesthesiology. Residents will develop a familiarity with the tools, techniques, and principles that underlie anesthesiology care, preparing them for providing basic elements of care under supervision.

Required training experiences (TTD stage):

- 1. Clinical training experiences:
 - 1.1. Anesthesiology
 - 1.1.1. Perianesthetic areas
 - 1.1.1.1. Preoperative
 - 1.1.1.2. Operating room
 - 1.1.1.3. Post-anesthesia care unit (PACU)
- 2. Other training experiences:
 - 2.1. Orientation to Anesthesiology and Competence by Design

FOUNDATIONS OF DISCIPLINE (F)

This stage focuses on building the skills for providing anesthesiology care for patients who are otherwise healthy. In addition, residents will establish skills in resuscitation and develop a base level of medical expertise in related disciplines which will serve as an introduction to providing care for patients with complex care needs.

Required training experiences (Foundations stage):

- 1. Clinical training experiences:
 - 1.1. Anesthesiology
 - 1.1.1. Pre-operative assessment in any clinical setting

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- 1.1.2. Perianesthetic areas, including the PACU
 - 1.1.2.1. Low to moderate complexity surgical procedures in a variety of surgical services (e.g., general surgery, gynecology, ophthalmology, orthopedic surgery, otolaryngology head and neck surgery, plastic surgery, urology,) under general anesthesia, neuraxial anesthesia, and monitored anesthetic care
 - 1.1.2.2. Low complexity surgical procedures in pediatric patients
 - 1.1.2.3. Ambulatory surgical procedures
 - 1.1.2.4. Urgent/emergent surgical procedures, including during after-hours coverage (evenings, overnights, and weekends)
- 1.1.3. Consult service
- 1.1.4. Acute pain service
- 1.2. Code team
- 1.3. Obstetrics and obstetrical anesthesia
 - 1.3.1. Labour and delivery unit, inpatient obstetrical unit, ambulatory clinics, and/or prenatal clinic
 - 1.3.2. Obstetrical anesthesia during after-hours coverage (evenings, overnights, and weekends)
- 1.4. Emergency department
- 1.5. General Surgery, or any surgical specialty service, which includes inpatient care and/or consultations
- 1.6. Internal Medicine, or any medical subspecialty service, which includes inpatient care and/or consultations
- 1.7. Pediatric medical or surgical service, which includes inpatient care, consultations, ambulatory clinics, and/or emergency department
- 2. Other training experiences:
 - 2.1. Structured academic curriculum (topics in accordance with Anesthesiology National Curriculum)
 - 2.2. Advanced Cardiac Life Support (ACLS) course or local equivalent
 - 2.3. Advanced Trauma Life Support (ATLS) course or local equivalent

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Recommended training experiences (Foundations stage):

- 3. Clinical training experiences:
 - 3.1. Anesthesiology in the rural or community hospital setting
 - 3.2. Adult intensive care unit
 - 3.3. Emergency response team or trauma team

CORE OF DISCIPLINE (C)

Residents will learn to manage anesthesia care for both noncomplex and complex patients across the lifespan for a wide variety of surgical procedures, as well as other procedures outside the operating room. They will also develop, implement, and monitor plans for management of acute pain and common chronic pain disorders, and extend their abilities in the care of the critically ill.

Required training experiences (Core stage):

- 1. Clinical training experiences:
 - 1.1. Anesthesiology
 - 1.1.1. Pre-operative assessment clinic
 - 1.1.2. Perianesthetic areas, including the PACU
 - 1.1.2.1. Surgical procedures in a variety of surgical services (e.g., general surgery, obstetrics and gynecology, ophthalmology, orthopedic surgery, otolaryngology head and neck surgery, plastic surgery, and urology) under general anesthesia, neuraxial anesthesia, and monitored anesthetic care
 - 1.1.2.2. Cardiac surgical procedures
 - 1.1.2.3. Neurosurgical procedures
 - 1.1.2.4. Spinal surgical procedures
 - 1.1.2.5. Thoracic surgical procedures
 - 1.1.2.6. Vascular surgical procedures
 - 1.1.2.7. Pediatric surgical procedures
 - 1.1.2.8. Surgical procedures in high-risk patients
 - 1.1.2.9. Urgent/emergent surgical procedures, including during after-hours coverage (evenings, overnights, and weekends)
 - 1.1.3. Obstetrical anesthesia, including during after-hours coverage (evening, overnights, and weekends)
 - 1.1.4. Regional anesthesia
 - 1.1.5. Anesthesia performed outside the operating suite
 - 1.1.6. Consult service

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- 1.1.7. Acute pain service
- 1.1.8. Rural or community hospital setting (if not already completed in the Foundations stage)
- 1.2. Code team
- 1.3. Chronic pain service, which includes long-term ambulatory patient management or chronic pain clinic
- 1.4. Adult intensive care unit, including during after-hours coverage (evening, overnights, and weekends)
- 1.5. Cardiology inpatient unit, coronary care and/or cardiovascular intensive care
- 1.6. Respirology inpatient unit, ambulatory clinic, and/or consultation service
- 1.7. Internal medicine, or any medical subspecialty, preoperative assessment or postoperative consultation service
- 1.8. Focused point-of-care ultrasound
- 2. Other training experiences:
 - 2.1. Structured academic curriculum (topics in accordance with Anesthesiology National Curriculum)
 - 2.2. Simulation based training activities
 - 2.2.1. Crisis resource management
 - 2.3. Pediatric Advanced Life Support (PALS) course or local equivalent
 - 2.4. Neonatal Resuscitation Program (NRP) course or local equivalent
 - 2.5. Quality improvement rounds or morbidity and mortality rounds
 - 2.6. Participation in scholarly or research activity
 - 2.7. Participation in teaching responsibilities
 - 2.7.1. Formal structured sessions
 - 2.7.2. Clinical (informal; bedside) sessions
 - 2.8. Journal club or other critical appraisal activities

Recommended training experiences (Core stage):

- 3. Clinical training experiences:
 - 3.1. Emergency department with a focus on trauma/resuscitation
 - 3.2. Palliative medicine
 - 3.3. Trauma team

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- 3.4. Intensive care unit
 - 3.4.1. Pediatric
 - 3.4.2. Neonatal
- 3.5. Internal medicine, neurology, or any medical subspecialty service, which includes inpatient care, ambulatory clinics, or consultations
- 3.6. Echocardiography service
 - 3.6.1. Perioperative transesophageal echocardiography monitoring
 - 3.6.2. Point-of-care ultrasound

Suggested training experiences (Core stage):

- 4. Other training experiences:
 - 4.1. Formal instruction in:
 - 4.1.1. Wellbeing, including fatigue management
 - 4.1.2. Conflict management
 - 4.2. Career planning

TRANSITION TO PRACTICE (TTP)

The focus of this stage is to refine and polish skills as a perioperative physician and prepare for the next stage of their career. The resident will provide comprehensive perioperative care for healthy as well as medically complex patients across the spectrum of medical and surgical procedures, while also working at the level of the system of care and preparing for independent practice.

Required training experiences (TTP stage):

- 1. Clinical training experiences:
 - 1.1. Anesthesiology
 - 1.1.1. Pre-operative assessment clinic
 - 1.1.2. Consult service
 - 1.1.3. Acute pain service
 - 1.1.4. Perianesthetic areas, including the PACU
 - 1.1.4.1. Adult surgical procedures (full range of surgical procedures)
 - 1.1.4.2. Pediatric surgical procedures (full range of surgical procedures)
 - 1.1.4.3. After-hours coverage of operating room procedures (full range of procedures) and consult service (evenings, overnights, and weekends)

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1.1.5. Obstetrical anesthesia

1.1.5.1. Obstetrical anesthesia coverage during after-hours (evenings, overnights, and weekends)

1.1.6. Anesthesia performed outside the operating suite

- 2. Other training experiences:
 - 2.1. Management role for suite of operating rooms
 - 2.2. Quality improvement rounds or morbidity and mortality rounds
 - 2.3. Completion of scholarly or research activity

Suggested training experiences (TTP stage):

- 3. Other training experiences:
 - 3.1. Formal instruction in practice management
 - 3.2. Preparation for continuing professional development
 - 3.3. Career planning
 - 3.4. Instruction and participation in administrative and leadership roles
 - 3.5. Simulation-based training activities
 - 3.5.1. Debriefing

CERTIFICATION REQUIREMENTS

Royal College certification in Anesthesiology requires all of the following:

- 1. Successful completion of the Royal College examination in Anesthesiology; and
- 2. Completion of five simulation-based assessments using the Canadian National Anesthesiology Simulation Curriculum (CanNASC) methodology. The clinical situations in which competence must be demonstrated are:
 - Management of the difficult airway
 - Management of a severe adverse drug reaction
 - Management of undifferentiated shock
 - Management of a malignant hyperthermia crisis
 - Management of equipment malfunction
- 3. Successful completion of the Anesthesiology Portfolio

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NOTES

The Anesthesiology Portfolio refers to the list of entrustable professional activities across all four stages of the residency Competence Continuum and associated national standards for assessment and achievement.

OVERLAP TRAINING

Anesthesiology training may overlap and allow for credit in the following: Clinician Investigator Program, Clinician Educator Program, Clinical Pharmacology and Toxicology, Critical Care Medicine, Palliative Medicine, and Pain Medicine.

There is leeway for trainees to pursue avenues of training that may qualify for overlap training or training that will broaden their experience as clinical Anesthesiologists, enriching the specialty. This will require planning by the trainee. Active involvement of the program director of the overlap discipline is required. Training for the purpose of overlap training must be approved by the Anesthesiology program director and the overlap discipline program director. Overlap training is supported and encouraged for the trainee who is making satisfactory progress in the primary discipline of Anesthesiology.

It is recommended that individuals who intend to pursue training in Critical Care Medicine consult the training requirements for that discipline. There are three routes to training in Critical Care Medicine available to residents in Anesthesiology: sequential training, integrated training, and accelerated training. Please note that individual Critical Care Medicine programs may offer one or more of these training routes.

MODEL DURATION OF TRAINING

Progress in training occurs through demonstration of competence and advancement through the stages of the Competence Continuum. Anesthesiology is planned as a five-year residency training program. There is no mandated period of training in each stage. Individual duration of training may be influenced by many factors which may include the resident's singular progression through the stages and/or overlap training. Duration of training in each stage is therefore at the discretion of the Faculty of Medicine, Competence Committee, and program director.

Guidance for programs

The Royal College Specialty Committee in Anesthesiology suggested course of training, for the purposes of planning learning experiences and schedules, is as follows:

- Two blocks in Transition to Discipline
- 18 blocks in Foundations
- 36 blocks in Core
- Nine blocks in Transition to Practice

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ANESTHESIOLOGY TRAINING EXPERIENCES (2022)

Guidance for postgraduate medical education offices

The stages of the Competence Continuum in Anesthesiology are usually no longer than three blocks for Transition to Discipline, 26 blocks for Foundations, 46 blocks for Core and 13 blocks for Transition to Practice and the total duration of training usually no longer than 78 blocks.

*One block is equal to four weeks.

This document is to be reviewed by the Specialty Committee in Anesthesiology by December 2024.

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