

**2021**

**VERSION 1.0**

**EDITORIAL REVISION MARCH 2021**

*Effective for residents who enter training on or after July 1, 2021.*

Throughout this document, each reference to “children” includes infants, children, and youth.

## **DEFINITION**

Child and Adolescent Psychiatry is a branch of medicine and a subspecialty of Psychiatry concerned with the biopsychosocial approach to etiology, assessment, diagnosis, treatment, and prevention of developmental, emotional, behavioural, and other mental health disorders from infancy through adolescence, alone or as they coexist with other medical disorders.

## **CHILD AND ADOLESCENT PSYCHIATRY PRACTICE**

Child and adolescent psychiatrists provide care for children with a range of mental health disorders.

Child and adolescent psychiatrists perform diagnostic assessments of children in the context of their family<sup>1</sup>, school, and socioeconomic environment. These assessments occur in the context of the age and developmental stage of the patient, and focus on emotional, behavioural, cognitive, cultural, developmental, and medical factors that may contribute to the evolution of illness or functional impairment. Detailed interviews and observations are augmented by diagnostic investigations and focused assessments to fully inform a biopsychosocial diagnostic understanding and develop a plan, inclusive of the family, for risk mitigation, prevention, intervention, and treatment across all relevant dimensions.

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<sup>1</sup> *Throughout this document, references to the patient’s family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient’s circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.*

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Child and adolescent psychiatrists develop and deliver comprehensive management plans that may include psychoeducation, support, lifestyle modification, coaching, crisis management, pharmacologic treatments, neurostimulation, psychotherapy (including family therapy), and other evidence-informed therapies.

The practice of Child and Adolescent Psychiatry often involves a team-based approach. Child and adolescent psychiatrists work with other physicians, other health care professionals, and professionals in other sectors<sup>2</sup> to provide appropriate patient and family assessment and management. Beyond their role with individual patients and their families, child and adolescent psychiatrists work with community service organizations and schools in prevention of mental health issues. They contribute to the planning, organization, and delivery of programs and services, including in the health care, education, child and family service, and justice systems.

Child and adolescent psychiatrists work in a variety of settings: hospitals that provide acute, elective, or rehabilitative care; ambulatory settings such as private offices, mental health clinics, or community agencies; and academic institutions. They may work in private, group, or hospital contexts, providing clinical services and consultations to individuals and families, other health care professionals, and health care organizations. Consultations may be performed directly with the patient or family, via other health care team members, or through telehealth.

### **ELIGIBILITY REQUIREMENTS TO BEGIN TRAINING**

Royal College certification in Psychiatry.

**OR**

Eligibility for the Royal College certification examination in Psychiatry.

**OR**

Registration in a Royal College-accredited residency program in Psychiatry.

(See requirements for these qualifications.)

A maximum of one year of training may be undertaken during concurrent training for certification in Psychiatry.

### **ELIGIBILITY REQUIREMENTS FOR EXAMINATION<sup>3</sup>**

All candidates must be Royal College certified in Psychiatry in order to be eligible for the Royal College examination in Child and Adolescent Psychiatry.

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<sup>2</sup> This includes school personnel, child protection workers, and other professionals outside the health care field.

<sup>3</sup> These eligibility requirements do not apply to Subspecialty Examination Affiliate Program (SEAP) candidates. Please contact the Royal College for information about SEAP.

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## CHILD AND ADOLESCENT PSYCHIATRY COMPETENCIES

### Medical Expert

#### **Definition:**

As *Medical Experts*, child and adolescent psychiatrists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

**Key and Enabling Competencies: Child and adolescent psychiatrists are able to...**

#### **1. Practise medicine within their defined scope of practice and expertise**

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Child and Adolescent Psychiatry
- 1.3. Apply knowledge of the clinical and biomedical sciences relevant to Child and Adolescent Psychiatry
  - 1.3.1. Principles of developmental psychopathology
  - 1.3.2. Neuroscience of psychiatric disorders
  - 1.3.3. Genetics of psychiatric disorders
  - 1.3.4. Social determinants of mental health
  - 1.3.5. Etiology, epidemiology, diagnosis, course of illness, and effective treatment and clinical practice guidelines relevant to
    - 1.3.5.1. Adjustment disorders
    - 1.3.5.2. Anxiety disorders
    - 1.3.5.3. Autism spectrum disorders
    - 1.3.5.4. Attachment disorders
    - 1.3.5.5. Attention-deficit/hyperactivity disorder (ADHD)
    - 1.3.5.6. Bipolar and related disorders
    - 1.3.5.7. Communication disorders
    - 1.3.5.8. Depressive disorders
    - 1.3.5.9. Disruptive, impulse-control, and conduct disorders
    - 1.3.5.10. Elimination disorders
    - 1.3.5.11. Feeding and eating disorders
    - 1.3.5.12. Gender dysphoria
    - 1.3.5.13. Intellectual disability
    - 1.3.5.14. Learning disorders
    - 1.3.5.15. Neurocognitive disorders, including delirium

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- 1.3.5.16. Obsessive-compulsive and related disorders
  - 1.3.5.17. Personality disorders
  - 1.3.5.18. Problems related to abuse or neglect
  - 1.3.5.19. Psychiatric disorders affecting or secondary to medical and neurologic conditions
  - 1.3.5.20. Relational problems
  - 1.3.5.21. Sexual dysfunction
  - 1.3.5.22. Sleep-wake disorders
  - 1.3.5.23. Somatic symptom and related disorders
  - 1.3.5.24. Substance-related and addictive disorders
  - 1.3.5.25. Schizophrenia spectrum and other psychotic disorders
  - 1.3.5.26. Tic disorders, including Tourette syndrome
  - 1.3.5.27. Trauma- and stressor-related disorders
  
  - 1.3.6. Treatments, including risks, benefits, and impact on care
    - 1.3.6.1. Psychopharmacology
    - 1.3.6.2. Psychotherapeutic constructs, including individual, family, and group
    - 1.3.6.3. Neurostimulation modalities
    - 1.3.6.4. Complementary and alternative care modalities
  
  - 1.3.7. Principles of psychiatric rehabilitation
  - 1.3.8. Principles of public health relevant to Child and Adolescent Psychiatry
  - 1.3.9. Referral patterns, community agencies, and systems of mental health care and delivery
  - 1.3.10. Governance structures in child and adolescent mental health care and education
  - 1.3.11. Children's services and community agencies, and the legislation that affects those systems
  - 1.3.12. Forensic aspects of Child and Adolescent Psychiatry
    - 1.3.12.1. Child abuse and neglect
    - 1.3.12.2. Canadian family law as it pertains to child custody and access
    - 1.3.12.3. Children's rights
    - 1.3.12.4. Family law
    - 1.3.12.5. Youth Criminal Justice Act
  
  - 1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
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- 1.4.1. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising government departments related to the mental health, education, social support, and protection of children and adolescents
- 1.5. Carry out professional duties in the face of multiple competing demands
- 1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in Child and Adolescent Psychiatry practice

**2. Perform a patient-centred clinical assessment and establish a management plan**

- 2.1. Prioritize issues to be addressed in a patient encounter
- 2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
  - 2.2.1. Perform a diagnostic individual and family interview
  - 2.2.2. Gather information from collateral sources
  - 2.2.3. Perform a mental status examination
  - 2.2.4. Perform a focused physical examination, including a focused neurologic examination
  - 2.2.5. Select investigations and interpret their results
    - 2.2.5.1. Age-appropriate evidence-based emotional and behavioural questionnaires and self-report measures
    - 2.2.5.2. Medical investigation or consultation, including laboratory testing
    - 2.2.5.3. Neuroimaging
    - 2.2.5.4. Psychological, neuropsychological, and psychoeducational testing
  - 2.2.6. Develop a differential diagnosis informed by current versions of the International Classification of Diseases (ICD) or Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnostic classification
  - 2.2.7. Develop an integrated case formulation that presents a relevant biopsychosocial understanding
  - 2.2.8. Assess risk of harm to self or others
- 2.3. Establish goals of care in collaboration with patients and their families, which may include slowing and altering disease progression, treating symptoms, achieving recovery, improving function, and providing supportive care
- 2.4. Establish a comprehensive patient- and family-centred evidence-based treatment plan, implementing an integrated biopsychosocial approach, relevant to the primary condition that includes consideration of
  - 2.4.1. Patient factors
    - 2.4.1.1. Attachment disturbances

- 2.4.1.2. Disturbances of executive function, including aggression and impulse control
- 2.4.1.3. Suicidal ideation, self-harm, or harm directed towards others
- 2.4.1.4. Psychiatric manifestations of common medical and neurologic illnesses
- 2.4.1.5. Co-morbidity, including medical, psychiatric, developmental, and substance abuse
- 2.4.1.6. End-of-life issues in children and adolescents and the impact on their families
  
- 2.4.2. Social factors
  - 2.4.2.1. School issues, including academic and social functioning, and bullying and victimization
  - 2.4.2.2. Family issues, including custody and parental mental illness
  
- 2.4.3. Treatment factors
  - 2.4.3.1. Primary, secondary, and tertiary prevention
  - 2.4.3.2. Patient and family education
  - 2.4.3.3. Family intervention
  - 2.4.3.4. School intervention
  - 2.4.3.5. Community resources
  - 2.4.3.6. Psychiatric rehabilitation and educational reintegration
  - 2.4.3.7. Long-term illness and rehabilitation

### **3. Plan and perform interventions for the purpose of management**

- 3.1. Determine the most appropriate interventions
  - 3.1.1. Interventions to minimize risk
  - 3.1.2. Psychopharmacologic interventions
    - 3.1.2.1. Anticonvulsants
    - 3.1.2.2. Antidepressants
    - 3.1.2.3. Antipsychotics
    - 3.1.2.4. Anxiolytics
    - 3.1.2.5. Lithium
    - 3.1.2.6. Non-stimulant medications used to treat ADHD
    - 3.1.2.7. Sedatives and hypnotics
    - 3.1.2.8. Stimulants
    - 3.1.2.9. Over-the-counter preparations and medications

- 3.1.3. Psychotherapeutic interventions
  - 3.1.3.1. Behavioural treatments
  - 3.1.3.2. Cognitive behavioural therapy
  - 3.1.3.3. Crisis intervention
  - 3.1.3.4. Dialectal behaviour therapy
  - 3.1.3.5. Family therapy
  - 3.1.3.6. Group therapy with children and adolescents
  - 3.1.3.7. Interpersonal therapy for adolescents
  - 3.1.3.8. Mindfulness training
  - 3.1.3.9. Motivational interviewing
  - 3.1.3.10. Parental skill development
  - 3.1.3.11. Psychodynamic psychotherapy with children and adolescents, including play therapy
  - 3.1.3.12. Relaxation therapy
  - 3.1.3.13. Supportive therapy
- 3.1.4. Neurostimulation therapy
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed intervention
  - 3.2.1. Assess capacity for consent of minors
  - 3.2.2. Obtain informed consent for interventions from the capable patient or substitute decision-maker
- 3.3. Prioritize interventions, taking into account clinical urgency and available resources
- 3.4. Provide interventions in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances
  - 3.4.1. Prescribe psychopharmacologic treatments
    - 3.4.1.1. Select appropriate dosage for age and weight
    - 3.4.1.2. Select and implement monitoring of pharmacologic interventions, including laboratory monitoring as indicated
  - 3.4.2. Utilize the skills that underpin psychotherapeutic modalities, namely formation of a therapeutic alliance, empathy, and cultural adaptation
  - 3.4.3. Deliver and prescribe psychotherapeutic interventions, including developing a therapeutic alliance, explaining the psychotherapeutic approach taken, setting the frame, and managing boundaries

- 3.4.3.1. Family therapy
- 3.4.3.2. Parental skill development, including structured behavioural interventions
- 3.4.3.3. Other evidence-based psychotherapy

**4. Establish plans for ongoing care and, when appropriate, timely consultation**

- 4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
  - 4.1.1. Assess and manage treatment adherence
  - 4.1.2. Seek consultation from other health care professionals
    - 4.1.2.1. Demonstrate insight into one's own limits of expertise
    - 4.1.2.2. Determine the need for and timing of referral to another health care professional
  - 4.1.3. Arrange follow-up care services for patients and their families

**5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety**

- 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents
- 5.2. Adopt strategies that promote patient safety and address human and system factors

**Communicator**

**Definition:**

As *Communicators*, child and adolescent psychiatrists form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

**Key and Enabling Competencies: Child and adolescent psychiatrists are able to...**

**1. Establish professional therapeutic relationships with patients and their families**

- 1.1. Communicate using a patient- and family-centred approach that encourages trust and autonomy and is characterized by empathy, respect, and compassion
    - 1.1.1. Respect patient confidentiality, privacy, and autonomy within the family context
    - 1.1.2. Establish and maintain an effective therapeutic alliance with patients and families
    - 1.1.3. Establish ethically, therapeutically, culturally, and developmentally informed relationships with patients and families
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- 1.1.4. Ensure that physician-patient communication fosters child and adolescent patient satisfaction, is developmentally-informed, and includes physician communication with families, when appropriate
- 1.2. Optimize the physical environment for patient and family comfort, dignity, privacy, engagement, and safety
- 1.3. Recognize when the perspectives, values, or biases of patients, patients' families, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
  - 1.3.1. Demonstrate understanding of the patient's and the patient's family's reaction to the physician
  - 1.3.2. Convey tolerant and inclusive attitudes towards children, adolescents, and families
- 1.4. Respond to a patient's and family's non-verbal behaviours to enhance communication
  - 1.4.1. Respond to the non-verbal cues of children and adolescents within the family context
- 1.5. Manage disagreements and emotionally charged conversations
- 1.6. Adapt to the unique needs and preferences of each patient and to the patient's clinical condition and circumstances
  - 1.6.1. Respond to the developmental needs of the patient

**2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families**

- 2.1. Use patient- and family-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
  - 2.1.1. Actively listen and respond to patient cues
  - 2.1.2. Use expert verbal and non-verbal communication with patients and families
  - 2.1.3. Use strategies to engage the reluctant or ambivalent adolescent, including motivational interviewing and strengths-based interviewing
  - 2.1.4. Recognize salient factors in family functioning, including hierarchy, attachment style, parenting style, and parent-child temperament fit or mismatch
- 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
- 2.3. Seek and synthesize relevant information from other sources with, when appropriate, the patient's consent
  - 2.3.1. Gather observations about the child's functioning and behaviour in other settings, including the school environment, social activities, and sports

**3. Share health care information and plans with patients and their families**

- 3.1. Share information and explanations that are clear, accurate, timely, and culturally appropriate, while assessing for patient and family understanding
  - 3.1.1. Ensure explanations provided to patients are developmentally appropriate
  - 3.1.2. Educate the patient and family regarding the evidence-based use of pharmacologic interventions
- 3.2. Disclose harmful patient safety incidents to patients and their families accurately and appropriately

**4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals**

- 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
- 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
- 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health

**5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy**

- 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 5.3. Share information with patients, their families, and others in a manner that enhances understanding and that respects patient privacy and confidentiality

**Collaborator**

***Definition:***

As *Collaborators*, child and adolescent psychiatrists work effectively with other health care professionals and colleagues in other sectors to provide safe, high-quality, patient-centred care.

**Key and Enabling Competencies: Child and adolescent psychiatrists are able to...**

**1. Work effectively with physicians and other colleagues in the health care professions and other sectors**

- 1.1. Establish and maintain positive relationships with physicians and other colleagues to support relationship-centred collaborative care
  - 1.1.1. Develop effective working relationships with
    - 1.1.1.1. Primary care providers, including family physicians and pediatricians
    - 1.1.1.2. Community agencies
    - 1.1.1.3. School personnel
- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in episodic and ongoing care
  - 1.2.1. Provide consultation, education, and support to school personnel, child protection workers, and other professionals outside the health care field
  - 1.2.2. Work effectively with community resources, agencies, and service providers
- 1.3. Engage in respectful shared decision-making with physicians and other colleagues
  - 1.3.1. Contribute effectively at interprofessional team meetings
  - 1.3.2. Communicate effectively with primary care providers and referring physicians

**2. Work with physicians and other colleagues in the health care professions and other sectors to promote understanding, manage differences, and resolve conflicts**

- 2.1. Show respect toward collaborators
- 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture

**3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care**

- 3.1. Determine when care should be transferred to another physician or health care professional
- 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care
  - 3.2.1. Ensure communication of risk management plans, including relapse management
  - 3.2.2. Promote optimal transition and transfer of care from the pediatric to the adult health care system

## Leader

### **Definition:**

As *Leaders*, child and adolescent psychiatrists engage with others to contribute to a vision of high-quality health care and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

### **Key and Enabling Competencies: Child and adolescent psychiatrists are able to...**

#### **1. Contribute to the improvement of health care delivery in teams, organizations, and systems**

- 1.1. Apply the science of quality improvement to systems of patient care
- 1.2. Contribute to a culture that promotes patient safety
- 1.3. Analyze patient safety incidents to enhance systems of care
- 1.4. Use health informatics to improve the quality of patient care and optimize patient safety

#### **2. Engage in the stewardship of health care resources**

- 2.1. Allocate health care resources for optimal patient care
- 2.2. Apply evidence and management processes to achieve cost-appropriate care

#### **3. Demonstrate leadership in health care systems**

- 3.1. Demonstrate leadership skills to enhance health care
- 3.2. Facilitate change in health care to enhance services and outcomes

#### **4. Manage career planning, finances, and health human resources in personal practice(s)**

- 4.1. Set priorities and manage time to integrate practice and personal life
- 4.2. Manage personal professional practice(s) and a career
- 4.3. Implement processes to ensure personal practice improvement

## Health Advocate

### **Definition:**

As *Health Advocates*, child and adolescent psychiatrists contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

**Key and Enabling Competencies: Child and adolescent psychiatrists are able to...**

**1. Respond to an individual patient's health needs by advocating with the patient and family within and beyond the clinical environment**

- 1.1. Work with patients and their families to address determinants of mental health that affect them and their access to needed health services or resources
  - 1.1.1. Identify, recognize, and respond to
    - 1.1.1.1. Determinants related to gender identity, culture, poverty, mental and physical disability, and sexual orientation
    - 1.1.1.2. Access to resources
    - 1.1.1.3. Family issues, including custody and parental mental illness
    - 1.1.1.4. School issues, including academic and social functioning, and bullying and victimization
    - 1.1.1.5. Stigma of mental health conditions
    - 1.1.1.6. Trauma, abuse, and neglect, and the impact thereof on child and youth development
- 1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours
- 1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients

**2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner**

- 2.1. Work with a community or population to identify the determinants of mental health that affect them
  - 2.1.1. Burden of medical, surgical, and psychiatric illness on health care, educational, and welfare systems
  - 2.1.2. Barriers to access to care and resources
  - 2.1.3. Risk factors more prevalent in vulnerable or marginalized populations, including issues of poverty, homelessness, ethnicity, sexual diversity, children in care, and children of parents who have mental illness
- 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
- 2.3. Contribute to a process to improve mental health in the community or population they serve
  - 2.3.1. Demonstrate awareness of the major regional, national, and international advocacy groups in child and adolescent mental health care

- 2.3.2. Advise organizations regarding early intervention and prevention of psychiatric illness in children and adolescents and promote the use of evidence-based practices

## **Scholar**

### **Definition:**

As *Scholars*, child and adolescent psychiatrists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

### **Key and Enabling Competencies: Child and adolescent psychiatrists are able to...**

#### **1. Engage in the continuous enhancement of their professional activities through ongoing learning**

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

#### **2. Teach students, residents, the public, and other health care professionals**

- 2.1. Recognize the influence of role modelling and the impact of the formal, informal, and hidden curriculum on learners
- 2.2. Promote a safe and respectful learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
- 2.4. Plan and deliver learning activities
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

#### **3. Integrate best available evidence into practice**

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 3.4. Integrate evidence into decision-making in their practice

**4. Contribute to the creation and dissemination of knowledge and practices applicable to health**

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and vulnerable populations
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

**Professional**

**Definition:**

As *Professionals*, child and adolescent psychiatrists are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

**Key and Enabling Competencies: Child and adolescent psychiatrists are able to...**

**1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards**

- 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- 1.2. Demonstrate a commitment to excellence in all aspects of practice
- 1.3. Recognize and respond to ethical issues encountered in practice
- 1.4. Recognize and manage conflicts of interest
- 1.5. Exhibit professional behaviours in the use of technology-enabled communication

**2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care**

- 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
- 2.2. Demonstrate a commitment to patient safety and quality improvement

**3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation**

- 3.1. Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice
  - 3.1.1. Apply knowledge relevant to Child and Adolescent Psychiatry of the following:
    - 3.1.1.1. Professional codes of conduct of regulatory bodies, institutions, hospitals, service providers, and community agencies
    - 3.1.1.2. Laws and legal principles governing
      - 3.1.1.2.1. Boundary issues
      - 3.1.1.2.2. Capacity and consent
      - 3.1.1.2.3. Confidentiality
      - 3.1.1.2.4. Family law
      - 3.1.1.2.5. Rights of minors and their guardians
      - 3.1.1.2.6. Involuntary treatment
      - 3.1.1.2.7. Youth Criminal Justice Act
    - 3.1.1.3. Provincial/territorial legislation and regulations pertaining to
      - 3.1.1.3.1. Child welfare and protection
      - 3.1.1.3.2. Education
      - 3.1.1.3.3. Youth justice
      - 3.1.1.3.4. Mental health care
    - 3.1.1.4. Policy in practice or in development in the areas of education, health care, youth justice, and welfare as it relates to the mental health of children and adolescents
  - 3.1.2. Fulfil the requirements of the physician's duty to report
- 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
- 3.3. Participate in peer assessment and standard-setting

**4. Demonstrate a commitment to physician health and well-being to foster optimal patient care**

- 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
  - 4.1.1. Use strategies to heighten personal and professional awareness



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- 4.1.2. Address the personal impact of exposure to traumatizing information and negative interactions
- 4.1.3. Use available resources and supports to minimize the impact of stressors on personal health and practice
  
- 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
- 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

This document is to be reviewed by the Specialty Committee in Child and Adolescent Psychiatry by December 31, 2022.

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*Approved – Specialty Standards Review Committee – May 2020*  
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