

*These training requirements apply to those who begin training on or after July 1, 2021.*

### **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>1</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.

The following training experiences are required, recommended, or optional, as indicated.

### **TRANSITION TO DISCIPLINE (TTD)**

*The focus of this stage is to introduce residents to the subspecialty of Child and Adolescent Psychiatry, providing a comprehensive orientation to the educational program and to the settings in which they will train and work. This stage also serves to assess and verify the competencies acquired in Psychiatry and their application to the patient population served by Child and Adolescent Psychiatry.*

#### **Required training experiences (TTD stage):**

1. Clinical training experiences
  - 1.1. Child and Adolescent Psychiatry
    - 1.1.1. Emergency department

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<sup>1</sup> *These eligibility requirements do not apply to Subspecialty Examination Affiliate Program (SEAP) candidates. Please contact the Royal College for information about SEAP.*

- 1.1.2. One or more of the following settings:
  - 1.1.2.1. Inpatient unit<sup>2</sup>
  - 1.1.2.2. Clinic, including longitudinal patient experience
  - 1.1.2.3. Community<sup>3</sup>, including longitudinal patient experience
  - 1.1.2.4. Consult liaison service (i.e., medical psychiatry)
  - 1.1.2.5. Rural or underserved communities or populations
  - 1.1.2.6. After-hours coverage
2. Other training experiences
  - 2.1. Orientation to
    - 2.1.1. Local institution(s) and clinical environment(s), including relevant policies, procedures, and resources
    - 2.1.2. The training program, including
      - 2.1.2.1. Relevant policies, procedures, and resources (e.g., code of conduct, assessment policy, leave policy, resident safety, and resident wellness)
      - 2.1.2.2. Development of a plan for mentorship
    - 2.1.3. Laws and regulations pertinent to mental health, children, and adolescents in the jurisdiction of the training program
  - 2.2. Formal instruction in
    - 2.2.1. De-escalation techniques, including management of agitated patients
  - 2.3. Training or certification in nonviolent crisis intervention

**Recommended training experiences (TTD stage):**

3. Clinical training experiences
  - 3.1. Observation of a child and adolescent psychiatrist interviewing patients, and their families, in all three age groups: preschool-age, school-age, and adolescent
  - 3.2. Observation of interprofessional assessments, including any of the following professionals and settings:
    - 3.2.1. Occupational therapy
    - 3.2.2. Psychology

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<sup>2</sup> Throughout this document, “inpatient unit” refers to either of the following inpatient settings:  
- an organized child and adolescent psychiatric inpatient service, or  
- general or specialized child and youth inpatient services receiving patients with psychiatric disorders.

<sup>3</sup> Throughout this document, “community settings” include residential treatment facilities; mental health treatment facilities (e.g., addiction treatment centres); rehabilitation centres; telehealth; school-based health centres (middle and high school); student health centres (college and university); juvenile justice centres; emergency medical services; community centres; and youth-serving agencies.

- 3.2.3. Recreational therapy
- 3.2.4. Social work
- 3.2.5. Developmental Pediatrics
- 3.2.6. School programs
- 3.2.7. Youth detention facilities
- 3.2.8. Residential care

**Optional training experiences (TTD stage):**

- 4. Clinical training experiences
  - 4.1. Simulation training with agitated patients

**FOUNDATIONS OF DISCIPLINE (F)**

*The focus of this stage is to provide early intervention and management to children and families presenting with common conditions, psychosocial issues, and related functional issues. Residents conduct patient and family interviews and appropriate physical exams to develop an approach to the initial management of common problems in Child and Adolescent Psychiatry.*

**Required training experiences (Foundations stage):**

- 1. Clinical training experiences
  - 1.1. Child and Adolescent Psychiatry in one or two of the following settings:
    - 1.1.1. Inpatient unit
    - 1.1.2. Clinic, including longitudinal patient experience
    - 1.1.3. Emergency department or urgent care
    - 1.1.4. Community, including longitudinal patient experience
    - 1.1.5. Consult liaison service (i.e., medical psychiatry)
    - 1.1.6. Rural or underserved communities or populations
  - 1.2. After-hours coverage of the child and adolescent psychiatry service
  - 1.3. Participation in an interprofessional team
- 2. Other training experiences
  - 2.1. Orientation to the breadth of psychiatric practice, including
    - 2.1.1. Administrative psychiatry
    - 2.1.2. Education scholarship
    - 2.1.3. Psychotherapy
    - 2.1.4. Psychopharmacology
    - 2.1.5. Public health
    - 2.1.6. Research, including quality assurance and quality improvement

**Recommended training experiences (Foundations stage):**

3. Clinical training experiences
  - 3.1. Participation in family therapy
4. Other training experiences
  - 4.1. Instruction using any teaching method, formal or informal, in
    - 4.1.1. Normal child development, including social, cognitive, emotional, language, moral, and psychosexual
    - 4.1.2. Developmental stages of the family and the family life cycle
    - 4.1.3. Models of family functioning; methods of family assessment, including the diversity of family constellations; and applications to the biopsychosocial formulation
    - 4.1.4. Adaptation of clinical interviewing skills for children and adolescents across the spectrum of the developmental stages and diagnoses
    - 4.1.5. Rating scales and investigations used in Child and Adolescent Psychiatry
    - 4.1.6. Biopsychosocial formulation specific to children and adolescents
    - 4.1.7. Foundations of psychopharmacology in children and adolescents
    - 4.1.8. Critical appraisal of the literature
  - 4.2. Participation in critical appraisal activities, such as journal club
  - 4.3. Participation in quality improvement activities, including patient safety rounds or meetings

**Optional training experiences (Foundations stage):**

5. Clinical training experiences
  - 5.1. Clinics in
    - 5.1.1. Developmental Pediatrics
    - 5.1.2. Adolescent Medicine
    - 5.1.3. Pediatric Neurology
6. Other training experiences
  - 6.1. Simulation training in family therapy

**CORE OF DISCIPLINE (C)**

*The focus of this stage is the provision of comprehensive management for children and families with mental health conditions, across the spectrum of complexity, and in a range of care settings. In addition to the care of individual patients, this stage includes taking on more responsibility by leading interprofessional team meetings, coordinating continuity of care for patients, supervising junior colleagues, teaching, scholarly activity, and advocating for their patient population.*

**Required training experiences (Core stage):**

1. Clinical training experiences

- 1.1. Child and Adolescent Psychiatry in all of the following settings not completed in Foundations (i.e., by the completion of the Core stage, residents will have had experience in each of these settings):
  - 1.1.1. Inpatient unit
  - 1.1.2. Clinic, including longitudinal patient experience
  - 1.1.3. Emergency department or urgent care
  - 1.1.4. Community, including longitudinal patient experience
  - 1.1.5. Consult liaison service (i.e., medical psychiatry)
  - 1.1.6. Rural or underserved communities or populations
- 1.2. After-hours coverage of the child and adolescent psychiatry service
2. Other training experiences
  - 2.1. Formal instruction in the basic and clinical sciences of Child and Adolescent Psychiatry
  - 2.2. Attendance and presentation at academic seminars and tutorials, including
    - 2.2.1. Journal club
    - 2.2.2. Grand rounds
    - 2.2.3. Case conferences
    - 2.2.4. Interdisciplinary meetings, including rounds
    - 2.2.5. Quality improvement presentations
  - 2.3. Supervision of other learners
  - 2.4. Participation in scholarly work

**Recommended training experiences (Core stage):**

3. Clinical training experiences
  - 3.1. Child and Adolescent Psychiatry
    - 3.1.1. Correctional facility
    - 3.1.2. Detoxification or residential addiction treatment facility
    - 3.1.3. Group home
    - 3.1.4. Rural or underserved communities or populations
    - 3.1.5. Residential care facility
    - 3.1.6. School
    - 3.1.7. Telehealth
    - 3.1.8. Youth protection services
4. Other training experiences
  - 4.1. Simulation training to complement experience in all age groups and conditions
  - 4.2. Completion of the Structured Assessment of Clinical Evaluation Report (STACER) in Child and Adolescent Psychiatry
  - 4.3. Attendance and/or presentation at local or international conferences relevant to Child and Adolescent Psychiatry

- 4.4. Advocacy roles and activities in schools, community systems, or political systems

**Optional training experiences (Core stage):**

5. Clinical training experiences
  - 5.1. Observation or delivery of
    - 5.1.1. Electroconvulsive therapy
    - 5.1.2. Repetitive transcranial magnetic stimulation (rTMS)
  - 5.2. Dedicated child and adolescent psychiatry clinic for preschool population
  - 5.3. Observation or provision of child and adolescent psychiatry testimony at court
6. Other training experiences
  - 6.1. Longitudinal experience<sup>4</sup> in a domain of psychiatric practice, including any one of the following:
    - 6.1.1. Clinical skills based on individual interest, career plan, or community needs
    - 6.1.2. Team dynamics and conflict resolution
    - 6.1.3. Teaching and education
    - 6.1.4. Knowledge transfer
    - 6.1.5. Research
    - 6.1.6. Scholarship
    - 6.1.7. Administration
    - 6.1.8. Public health
    - 6.1.9. Quality assurance and quality improvement
    - 6.1.10. Advocacy within systems
  - 6.2. Training for certification in the use of rating scales, such as Autism Diagnostic Observation Schedule and Autism Diagnostic Interview-Revised
  - 6.3. Training in the use and management of buprenorphine/naloxone

**TRANSITION TO PRACTICE (TTP)**

*The focus of this stage is the consolidation of skills required to manage the caseload of a practising child and adolescent psychiatrist; this includes prioritization and time management, and the integration of all aspects of clinical care. The resident will prepare for independent practice and the demands of practice management and continuing professional development. This stage also includes clinical leadership, supervision of junior colleagues, scholarly activity, and administrative tasks, including quality assurance and improvement.*

**Required training experiences (TTP stage):**

1. Clinical training experiences
  - 1.1. Child and Adolescent Psychiatry in any clinical setting, in the role of junior

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<sup>4</sup> *The longitudinal experience must not detract from the required experiences. The Specialty Committee in Child and Adolescent Psychiatry recommends not more than one day a week in the longitudinal experience.*

consultant<sup>5</sup>

2. Other training experiences
  - 2.1. Formal instruction in practice management
  - 2.2. Orientation to the requirements for continuing professional development, including use of the Royal College MAINPORT application

**Recommended training experiences (TTP stage):**

3. Other training experiences
  - 3.1. Mentoring junior learners

**CERTIFICATION REQUIREMENTS**

Royal College certification in Child and Adolescent Psychiatry requires all of the following:

1. Royal College certification in Psychiatry;
2. Successful completion of the Royal College examination in Child and Adolescent Psychiatry; and
3. Successful completion of the Royal College Child and Adolescent Psychiatry Portfolio.

**NOTES:**

*The Child and Adolescent Psychiatry 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.*

*The specialty committee recommends that there be continuity in the setting of resident learning experiences between the "Transition to Discipline" and "Foundations" stages.*

**CREDIT FOR TRAINING IN THE UNITED STATES OF AMERICA**

*All candidates for the Royal College Child and Adolescent Psychiatry examination must have Royal College certification in Psychiatry.*

- *Graduates of a 4-year Accreditation Council for Graduate Medical Education (ACGME) program in Psychiatry and a 2-year ACGME program in Child and Adolescent Psychiatry will be eligible for the Royal College Child and Adolescent examination.*
- *Graduates of either of the 5-year ACGME Psychiatry/Child and Adolescent Psychiatry training routes (i.e., 3 years of Psychiatry and the 2-year Child and Adolescent Psychiatry program; the integrated program of 5 years of Psychiatry and Child and Adolescent Psychiatry) will be eligible for the Royal College Child and Adolescent Psychiatry examination upon completion of an additional minimum one (1) year of*

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<sup>5</sup> *"Junior consultant" means that the resident assumes responsibility for patient care, and leadership in the education and clinical supervision of junior colleagues, with as much independence as permitted by ability, law, and hospital policy.*

*training in an accredited program, constituted as advised by the Royal College following a review of previous training experiences.*

- *Graduates of either of the combined ACGME Pediatrics/Psychiatry/Child and Adolescent Psychiatry training routes (i.e., 3-year program combining Psychiatry and Child and Adolescent Psychiatry training following Pediatrics residency; integrated residency that combines Pediatrics, Psychiatry, and Child and Adolescent Psychiatry) will not be eligible for the Royal College Child and Adolescent Psychiatry examination.*

## **MODEL DURATION OF TRAINING**

*Progress in training occurs through demonstration of competence and advancement through the stages of the Competence Continuum. Child and Adolescent Psychiatry is planned as a 2-year residency 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, the availability of teaching and learning resources, and/or differences in program implementation. Duration of training in each stage is therefore at the discretion of the faculty of medicine, the competence committee, and the program director.*

### **Guidance for programs**

*The Royal College Specialty Committee in Child and Adolescent Psychiatry's suggested course of training, for the purposes of planning learning experiences and schedules, is as follows:*

- 1-2 months in Transition to Discipline*
- 4-6 months in Foundations of Discipline*
- 12-15 months in Core of Discipline*
- 3-6 months in Transition to Practice*

### **Guidance for postgraduate medical education offices**

*The stages of the Competence Continuum in Child and Adolescent Psychiatry are generally no longer than*

- 2 months for Transition to Discipline*
- 6 months for Foundations of Discipline*
- 15 months for Core of Discipline*
- 6 months for Transition to Practice*
- Total duration of training – 2 years*

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

*Drafted – Specialty Committee and Office of Specialty Education – April 2020*  
*Approved – Specialty Standards Review Committee – May 2020*