

**2011**

**EDITORIAL REVISION – SEPTEMBER 2015  
VERSION 2.2**

*This document applies to those who begin training on or after July 1<sup>st</sup>, 2011.*

## **DEFINITION**

Colorectal Surgery is the surgical subspecialty that deals with the investigation, diagnosis, and treatment of disorders of the colon, rectum and anus in adults.

## **GOALS**

Upon completion of training, a resident is expected to be a competent subspecialist in Colorectal Surgery capable of assuming a consultant's role in the subspecialty. The resident must acquire a working knowledge of the theoretical basis of the subspecialty, including its foundations in the basic surgical sciences and research.

Only candidates certified by the Royal College of Physicians and Surgeons of Canada in General Surgery may be eligible for certification in Colorectal Surgery.

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

## **COLORECTAL SURGERY COMPETENCIES**

At the completion of training, the resident will have acquired the following competencies and will function effectively as a:

## Medical Expert

### **Definition:**

As *Medical Experts*, Colorectal Surgeons integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centred care. *Medical Expert* is the central physician Role in the CanMEDS framework.

### **Key and Enabling Competencies: Colorectal Surgeons are able to...**

#### **1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care**

- 1.1. Perform a consultation, including the presentation of well-documented assessments and recommendations in oral, written, and/or electronic form, in response to a request from another health care professional
- 1.2. Demonstrate use of all CanMEDS competencies relevant to Colorectal Surgery
- 1.3. Identify and appropriately respond to relevant ethical issues arising in patient care
- 1.4. Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems
- 1.5. Demonstrate compassionate and patient-centred care
- 1.6. Recognize and respond to the ethical dimensions in medical decision-making
- 1.7. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed

#### **2. Establish and maintain clinical knowledge, skills and behaviour appropriate to Colorectal Surgery**

- 2.1. Apply knowledge of the clinical, epidemiological, and fundamental biomedical sciences relevant to Colorectal Surgery at a consultant's level:
  - 2.1.1. Anatomy, physiology, and embryology of the small bowel, colon, rectum, anus and pelvic floor
  - 2.1.2. Pharmacology as related to diseases of the small bowel, colon, rectum and anus
  - 2.1.3. Electrosurgery and laser surgery, including argon plasma coagulation
  - 2.1.4. Diagnostic imaging principles for computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET) scan, endorectal ultrasound
  - 2.1.5. Principles of genetics in colon cancer, including oncogenes, and the adenoma-carcinoma sequence
  - 2.1.6. Peri-operative care and preparation of the patient
  - 2.1.7. Principles of chemotherapy and radiation in the treatment of colorectal and anal cancers

## OBJECTIVES OF TRAINING IN COLORECTAL SURGERY (2011)

2.2. Apply basic clinical sciences and knowledge in anatomy, physiology, pathology, pathophysiology, and radiology of the following disease entities and their complications:

2.2.1. Congenital malformations

2.2.1.1. Imperforate anus

2.2.1.2. Hirschsprung disease

2.2.1.3. Malrotation

2.2.2. Abdominal disorders

2.2.2.1. Infectious diseases

2.2.2.1.1. Bacterial, viral, fungal infections

2.2.2.1.2. Clostridium difficile colitis

2.2.2.1.3. Parasitic infections

2.2.2.1.4. Soft tissue infections

2.2.2.2. Diverticular disease

2.2.2.3. Ulcerative colitis

2.2.2.4. Crohn's disease

2.2.2.5. Mesenteric vascular disease

2.2.2.6. Neoplastic disease

2.2.2.6.1. Benign

2.2.2.6.1.1. Colorectal polyps

2.2.2.6.1.2. Polyposis syndromes

2.2.2.6.1.3. Lymphoid hyperplasia

2.2.2.6.1.4. Lipoma

2.2.2.6.1.5. Leiomyoma

2.2.2.6.1.6. Abdominal desmoid tumors

2.2.2.6.1.7. Lymphangioma

2.2.2.6.2. Malignant

2.2.2.6.2.1. Adenocarcinoma

2.2.2.6.2.2. Neuroendocrine tumour (NET)

2.2.2.6.2.3. Gastrointestinal stromal tumour (GIST)

2.2.2.6.2.4. Lymphoma

2.2.2.6.2.5. Hereditary non-polyposis colon cancer

## OBJECTIVES OF TRAINING IN COLORECTAL SURGERY (2011)

- 2.2.2.6.2.6. Recurrent colorectal carcinoma
- 2.2.2.7. Intestinal obstruction
  - 2.2.2.7.1. Mechanical, secondary to stricture, abscess, extrinsic, post-radiation proctitis
  - 2.2.2.7.2. Ogilvie's syndrome
- 2.2.2.8. Intestinal fistulas
  - 2.2.2.8.1. Small bowel
  - 2.2.2.8.2. Large bowel
- 2.2.2.9. Functional disturbances
  - 2.2.2.9.1. Chronic constipation
  - 2.2.2.9.2. Acquired megacolon
  - 2.2.2.9.3. Fecal impaction
  - 2.2.2.9.4. Motility disorders/pseudo-obstruction
- 2.2.2.10. Volvulus: sigmoid, cecal
- 2.2.2.11. Radiation enterocolitis
- 2.2.2.12. Traumatic injury to colon
- 2.2.3. Anorectal disorders
  - 2.2.3.1. Perirectal abscess disease
  - 2.2.3.2. Anal/rectal fistulas
  - 2.2.3.3. Anal fissure and stenosis
  - 2.2.3.4. Hemorrhoids
  - 2.2.3.5. Fecal incontinence, secondary to obstetrical, neuropathic, traumatic, overflow
  - 2.2.3.6. Rectal strictures
  - 2.2.3.7. Anastomotic strictures
  - 2.2.3.8. Solitary rectal ulcer syndrome
  - 2.2.3.9. Descending perineum syndrome
  - 2.2.3.10. Necrotizing infections of the perineum: gas forming cellulitis, Fournier's gangrene
  - 2.2.3.11. Rectal trauma
  - 2.2.3.12. Sexually transmitted diseases
    - 2.2.3.12.1. Condylomata acuminata

*OBJECTIVES OF TRAINING IN COLORECTAL SURGERY (2011)*

- 2.2.3.12.2. Gonorrhoea
- 2.2.3.12.3. Syphilis
- 2.2.3.12.4. AIDS/HIV
- 2.2.3.12.5. Herpes

2.2.4. Neoplastic disease

2.2.4.1. Benign

- 2.2.4.1.1. Fibroma
- 2.2.4.1.2. Neurogenic tumour
- 2.2.4.1.3. Teratoma
- 2.2.4.1.4. Endometrioma

2.2.4.2. Malignant

- 2.2.4.2.1. Anal cancers
- 2.2.4.2.2. Retrorectal tumors
- 2.2.4.2.3. Melanoma
- 2.2.4.2.4. Intra-epithelial neoplasia
- 2.2.4.2.5. Paget's disease

2.2.4.3. Functional disorders of anorectum

- 2.2.4.3.1. Fecal incontinence
- 2.2.4.3.2. Fecal impaction
- 2.2.4.3.3. Proctalgia fugax
- 2.2.4.3.4. Anismus

2.2.4.4. Miscellaneous

- 2.2.4.4.1. Mucosal ectropion
- 2.2.4.4.2. Pilonidal disease
- 2.2.4.4.3. Rectal prolapse
- 2.2.4.4.4. Pruritus ani
- 2.2.4.4.5. Anal trauma
- 2.2.4.4.6. Rectocele
- 2.2.4.4.7. Foreign bodies

2.3. Describe the CanMEDS framework of competencies relevant to Colorectal Surgery

2.4. Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up to date and enhance areas of professional competence

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- 2.5. Integrate the available best evidence and best practices to enhance the quality of care and patient safety in Colorectal Surgery

**3. Perform a complete and appropriate assessment of a patient**

- 3.1. Identify and explore issues to be addressed in a patient encounter effectively, including the patient's context and preferences
- 3.2. Elicit a history that is relevant, clear, concise, and accurate to context and preferences, for the purposes of diagnosis, management, health promotion, and disease prevention
- 3.3. Perform a focused physical examination that is relevant and accurate for the purposes of diagnosis, management, health promotion, and disease prevention
- 3.4. Select medically appropriate investigative methods in a resource-effective and ethical manner
- 3.5. Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans, including critically ill patients

**4. Use preventive and therapeutic interventions effectively**

- 4.1. Implement a management plan in collaboration with a patient and the patient's family
- 4.2. Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to Colorectal Surgery, such as screening for colorectal cancer and smoking reduction strategies
  - 4.2.1. Manage patients in the ambulatory setting, demonstrating knowledge of common office techniques and procedures
  - 4.2.2. Manage the patient throughout the entire in hospital course, including but not limited to ICU/critical care, demonstrating knowledge of and treating potential complications of the disease processes, and operative procedures
- 4.3. Obtain appropriate informed consent for therapies
- 4.4. Ensure patients receive appropriate end-of-life care
  - 4.4.1. Provide supportive and compassionate care in the course of terminal disease

**5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic**

- 5.1. Demonstrate effective ordering of appropriate laboratory, radiologic, and other diagnostic procedures, with demonstration of knowledge in the interpretation of these investigations

*OBJECTIVES OF TRAINING IN COLORECTAL SURGERY (2011)*

5.2. Demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to Colorectal Surgery, with good counseling regarding indications, contraindications, potential complications and their management

5.2.1. Endoscopy of the colon and ileal pouches

5.2.2. Ultrasound of the rectum

5.2.3. Anorectal electromyography

5.2.4. Anorectal manometry

5.3. Demonstrate effective, appropriate, and timely performance of therapeutic procedures relevant to Colorectal Surgery to arrive at an acceptable plan of management, demonstrating knowledge in operative and nonoperative management of the disease process, including:

5.3.1. Anorectal procedures

5.3.1.1. Incision and drainage of perirectal abscess

5.3.1.2. Excision of thrombosed hemorrhoids

5.3.1.3. Rubber band ligation of hemorrhoids

5.3.1.4. Hemorrhoidectomy

5.3.1.5. Anal fistulotomy +/- seton placement

5.3.1.6. Lateral internal sphincterotomy

5.3.1.7. Advanced procedures for rectovaginal and complex anal fistulas

5.3.1.8. Treatment of pilonidal sinus

5.3.1.9. Treatment of anal condyloma

5.3.1.10. Complex sphincter reconstruction, including muscle transposition

5.3.1.11. Sphincteroplasty for incontinence

5.3.1.12. Local excision of anal and perianal neoplasm

5.3.1.13. Transanal, open or endoscopic, resection of rectal neoplasm

5.3.1.14. Perineal repair of rectal prolapse

5.3.2. Endoscopic procedures

5.3.2.1. Endoscopy of the colon and distal ileum/pelvic pouch with biopsy and polypectomy

5.3.2.2. Endoscopic balloon dilatation of stenosis

5.3.2.3. Reduction of sigmoid volvulus

5.3.2.4. Anoscopy

5.3.2.5. Endoscopic mucosal resection

5.3.3. Open and laparoscopic abdominal procedures

- 5.3.3.1. Right/extended right hemicolectomy and ileocecal resection
- 5.3.3.2. Strictureplasty
- 5.3.3.3. Left hemicolectomy
- 5.3.3.4. Sigmoid colectomy
- 5.3.3.5. Proctocolectomy with ileostomy
- 5.3.3.6. Proctocolectomy with ileoanal reservoir
- 5.3.3.7. Emergency colectomy with ileostomy
- 5.3.3.8. Low anterior resection using total mesorectal excision (TME)
- 5.3.3.9. Coloanal anastomosis with or without reservoir
- 5.3.3.10. Abdominoperineal resection
- 5.3.3.11. Hartmann resection with colostomy
- 5.3.3.12. Takedown of Hartmann colostomy
- 5.3.3.13. Closure ileostomy and colostomy
- 5.3.3.14. Loop ileostomy and colostomy
- 5.3.3.15. Abdominal repair of rectal prolapse

5.3.4. Miscellaneous Procedures

- 5.3.4.1. Local treatment of villous tumours, including transanal excision
- 5.3.4.2. Local treatment of rectal cancer, including transanal excision
- 5.3.4.3. Rectovaginal/anovaginal fistula repair
- 5.3.4.4. Transanal mucosectomy with hand-sewn anastomosis

5.4. Obtain appropriate informed consent for procedures

5.5. Document and disseminate information related to procedures performed and their outcomes

5.6. Ensure adequate followup is arranged for procedures performed

**6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise**

6.1. Demonstrate insight into their own limits of expertise

6.2. Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care in complex cases of colonic pathology

6.3. Arrange appropriate followup care services for patients and their families/caregivers

## **Communicator**

### ***Definition:***

As *Communicators*, Colorectal Surgeons effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

### ***Key and Enabling Competencies: Colorectal Surgeons are able to...***

#### **1. Develop rapport, trust, and ethical therapeutic relationships with patients and families**

- 1.1. Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
- 1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
- 1.3. Respect patient confidentiality, privacy, autonomy, and cultural diversity
- 1.4. Listen carefully and show empathy
- 1.5. Be aware of and responsive to nonverbal cues
- 1.6. Facilitate a structured clinical encounter effectively with the help of family members, as needed
- 1.7. Use appropriate language to ensure patient understands all aspects of a clinical encounter, and seek the help of a translator, if necessary

#### **2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals**

- 2.1. Gather information about colorectal disease symptoms, and about a patient's beliefs, concerns, expectations, and illness experience in a sensitive and professional manner
- 2.2. Seek out and synthesize relevant information from other sources, such as a patient's family, caregivers, and other professionals

#### **3. Convey relevant information and explanations accurately to patients and families, colleagues, and other professionals**

- 3.1. Deliver information to a patient and family, colleagues and other professionals in a humane and professional manner and in such a way that it is understandable, encourages discussion and participation in decision-making

- 4. Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care**
  - 4.1. Identify and explore colorectal symptoms to be addressed from a patient encounter effectively, including the patient's context, responses, concerns, and preferences
  - 4.2. Respect diversity and differences, including but not limited to the impact of gender, religion, and cultural beliefs on decision-making
    - 4.2.1. Identify the special psychological needs of the patient with colorectal disease
  - 4.3. Encourage discussion, questions, and interaction in the encounter
  - 4.4. Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care for patients with colorectal diseases
  - 4.5. Address challenging communication issues effectively, including but not limited to obtaining informed consent, delivering bad news, and addressing anger, confusion, and misunderstanding
  
- 5. Convey oral and written information effectively about a medical encounter**
  - 5.1. Maintain clear, concise, accurate, and appropriate records of clinical encounters and plans in a timely manner
  - 5.2. Present oral reports of clinical encounters and plans
  - 5.3. Convey medical information appropriately to ensure safe transfer of care
  
- 6. Present medical information effectively to the public or media about a medical issue**

## **Collaborator**

### ***Definition:***

As *Collaborators*, Colorectal Surgeons effectively work within a health care team to achieve optimal patient care.

### ***Key and Enabling Competencies: Colorectal Surgeons are able to...***

- 1. Participate effectively and appropriately in an interprofessional health care team**
  - 1.1. Describe the Colorectal Surgeon's roles and responsibilities to other professionals involved in the care of colorectal diseases
  - 1.2. Describe the roles and responsibilities of other professionals within the health care team
  - 1.3. Recognize and respect the diverse roles, responsibilities, and competencies of other professionals in relation to their own and recognize the importance of

multidisciplinary approach

- 1.4. Work with others to assess, plan, provide, and integrate care for individual patients and groups of patients
- 1.5. Work with others to assess, plan, provide, and review other tasks, such as research problems, educational work, program review or administrative responsibilities
- 1.6. Participate in interprofessional team meetings
- 1.7. Discuss the principles of team function, the unique training competency of team members in a multidisciplinary approach
- 1.8. Enter into interdependent relationships with other professions for the provision of quality care
- 1.9. Participate in joint rounds with other surgeons, Pathologists, Medical and Radiation Oncologists, Radiologists and Gastroenterologists
- 1.10. Describe the principles of team dynamics
- 1.11. Respect team ethics, including confidentiality, resource allocation, and professionalism
- 1.12. Demonstrate leadership in a health care team, as appropriate

**2. Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflict**

- 2.1. Demonstrate a respectful attitude towards other medical and surgical colleagues and members of an interprofessional team
- 2.2. Work with other professionals to prevent conflicts
- 2.3. Employ collaborative negotiation to manage and resolve conflicts
- 2.4. Respect differences and address misunderstandings and limits of scope of practice in other professions
- 2.5. Recognize one's own differences, misunderstanding and limitations that may contribute to interprofessional tension
- 2.6. Reflect on interprofessional team function

**Manager**

***Definition:***

As *Managers*, Colorectal Surgeons are integral participants in health care organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system.

**Key and Enabling Competencies: Colorectal Surgeons are able to...**

**1. Participate in activities that contribute to the effectiveness of their health care organizations and systems**

- 1.1. Work collaboratively with others in their organizations, locally and regionally
- 1.2. Participate in systemic quality process evaluation and improvement, such as patient safety initiatives
- 1.3. Describe the structure and function of the health care system as it relates to Colorectal Surgery, including the roles of surgeons
- 1.4. Describe principles of health care financing, including physician remuneration, budgeting, and organizational funding

**2. Manage their practice and career effectively**

- 2.1. Set priorities and manage time to balance patient care, practice requirements, outside activities, family, and personal life
- 2.2. Manage a clinical practice, including finances, human resources, and office space
- 2.3. Implement processes to ensure personal practice improvement
- 2.4. Demonstrate ability to set priorities in a group practice
- 2.5. Employ information technology appropriately for patient care

**3. Allocate finite health care resources appropriately**

- 3.1. Demonstrate an understanding of the importance of just allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care
- 3.2. Apply evidence and management processes for cost-appropriate care of colorectal diseases

**4. Serve in administration and leadership roles, as appropriate**

- 4.1. Chair or participate effectively in committees
  - 4.1.1. Demonstrate an understanding of the role and responsibility and importance of participation of hospital committees
  - 4.1.2. Demonstrate an understanding of the importance of participation in the management of an endoscopy unit and an anorectal function lab, in conjunction with gastroenterology
  - 4.1.3. Participate in the function of a research institute, as applicable
- 4.2. Lead or implement change in health care through surgical organizations
- 4.3. Plan relevant elements of surgical services, such as call schedules
  - 4.3.1. Participate in the development of duty rosters in alignment with senior residents in general surgery

## **Health Advocate**

### ***Definition:***

As *Health Advocates*, Colorectal Surgeons responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

### ***Key and Enabling Competencies: Colorectal Surgeons are able to...***

#### **1. Respond to individual patient health needs and issues as part of patient care**

- 1.1. Identify the health needs and advocate effectively for an individual patient with colorectal disease
- 1.2. Identify opportunities for advocacy, health promotion, and disease prevention with individuals to whom they provide care
- 1.3. Demonstrate an appreciation of the possibility of competing interests between individual advocacy issues and the community at large

#### **2. Respond to the health needs of the communities that they serve**

- 2.1. Describe the practice communities that they serve
- 2.2. Identify opportunities for advocacy, health promotion, and disease prevention in the communities they serve, and respond appropriately
- 2.3. Demonstrate an appreciation of the possibility of competing interests between the communities served and other populations

#### **3. Identify the determinants of health for the populations that they serve**

- 3.1. Identify the determinants of health of the population, including barriers to access to care and resources, such as family income, geographical settings and availability of services
- 3.2. Identify vulnerable or marginalized populations within those served and respond appropriately

#### **4. Promote the health of individual patients, communities, and populations**

- 4.1. Describe an approach to implementing a change in a determinant of health of the populations they serve, such as the importance of screening strategies for colorectal cancer
- 4.2. Describe how public policy impacts on the health of the populations served
- 4.3. Identify points of influence in the health care system and its structure

- 4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity, and idealism
- 4.5. Demonstrate an appreciation of the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper
- 4.6. Describe the role of the medical profession in advocating collectively for health and patient safety

## Scholar

### **Definition:**

As *Scholars*, Colorectal Surgeons demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

### **Key and Enabling Competencies: Colorectal Surgeons are able to...**

#### **1. Maintain and enhance professional activities through ongoing learning**

- 1.1. Describe the principles of maintenance of competence
- 1.2. Describe the principles and strategies for implementing a personal knowledge management system
- 1.3. Recognize and reflect on learning issues in practice
- 1.4. Recognize the value of a personal practice portfolio
- 1.5. Pose an appropriate learning question
- 1.6. Access and interpret the relevant evidence
- 1.7. Integrate new learning into practice
- 1.8. Evaluate the impact of any change in practice
- 1.9. Document the learning process

#### **2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions**

- 2.1. Describe the principles of critical appraisal
- 2.2. Critically appraise retrieved evidence in order to address a clinical question
- 2.3. Integrate critical appraisal conclusions into clinical care

#### **3. Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate**

- 3.1. Describe principles of learning relevant to medical education
- 3.2. Identify collaboratively the learning needs and desired learning outcomes of others

- 3.3. Select effective teaching strategies and content to facilitate others' learning
- 3.4. Deliver effective lectures or presentations
- 3.5. Assess and reflect on teaching encounters
- 3.6. Provide effective feedback
- 3.7. Describe the principles of ethics with respect to teaching

**4. Contribute to the development, dissemination, and translation of new knowledge and practices**

- 4.1. Describe the principles of research and scholarly inquiry
- 4.2. Describe the principles of research ethics
- 4.3. Pose a scholarly question
- 4.4. Conduct a systematic search for evidence
- 4.5. Select and apply appropriate methods to address the question
- 4.6. Disseminate the findings of a study
- 4.7. Participate in a scholarly research, quality assurance, or educational project relevant to Colorectal Surgery

**Professional**

***Definition:***

As *Professionals*, Colorectal Surgeons are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

***Key and Enabling Competencies: Colorectal Surgeons are able to...***

**1. Demonstrate a commitment to their patients, profession, and society through ethical practice**

- 1.1. Exhibit appropriate professional behaviours in practice, including honesty, integrity, commitment, compassion, respect, and altruism
- 1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence
- 1.3. Recognize and appropriately respond to ethical issues encountered in practice
- 1.4. Identify, declare, and manage perceived, potential, and actual conflicts of interest
- 1.5. Recognize the principles and limits of patient privacy and confidentiality, as defined by professional practice standards and the law
- 1.6. Maintain appropriate boundaries with patients

**2. Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation**

- 2.1. Demonstrate knowledge and an understanding of professional, legal, and ethical codes of practice
- 2.2. Fulfill the regulatory and legal obligations required of current practice
- 2.3. Demonstrate accountability to professional regulatory bodies
- 2.4. Recognize and respond appropriately to others' unprofessional behaviours in practice
- 2.5. Describe the role of multi-source feedback
- 2.6. Participate in peer review

**3. Demonstrate a commitment to physician health and sustainable practice**

- 3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice
- 3.2. Strive to heighten personal and professional awareness and insight
- 3.3. Recognize other professionals in need and respond appropriately

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