

**2019**  
**VERSION 1.0**

*These training requirements apply to those who begin training on or after July 1, 2019.*

## **ELIGIBILITY REQUIREMENTS TO BEGIN TRAINING**

Royal College certification in Internal Medicine or Pediatrics

**OR**

Eligibility for the Royal College certification examination in Internal Medicine or Pediatrics

**OR**

Registration in a Royal College-accredited residency program in Internal Medicine or Pediatrics (see requirements for these qualifications)

A maximum of one year of training in Gastroenterology may be undertaken at the fourth year residency level during training for certification in Internal Medicine or Pediatrics.

## **ELIGIBILITY REQUIREMENTS FOR EXAMINATION<sup>1</sup>**

All candidates must be Royal College certified in Internal Medicine or Pediatrics in order to be eligible to write the Royal College examination in Gastroenterology.

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

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

*In this stage, residents apply the skills of their primary specialty to the gastroenterology (GI) patient population. The focus of this stage is to learn and apply knowledge of the local system, local resources and protocols, and who to ask for help. Residents develop the skills to recognize and initiate specialized care for common GI emergencies. They demonstrate their skills of clinical assessment, triage and resuscitation, and identify patients who need urgent endoscopic procedures. They obtain informed consent, and organize the timing and logistics of those procedures to ensure safe patient care.*

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

1. Clinical training experiences
  - 1.1. Any GI clinical experience

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

2. Other training experiences
  - 2.1. Orientation to Competence by Design and the Gastroenterology Portfolio
  - 2.2. Orientation to the endoscopy suite
  - 2.3. Formal instruction in recognition, assessment, and management of GI emergencies

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

3. Clinical training experiences
  - 3.1. Endoscopy
  - 3.2. GI consultative and/or inpatient service
  - 3.3. After-hours coverage
4. Other training experiences
  - 4.1. Simulation-based training in endoscopy

**FOUNDATIONS OF DISCIPLINE (F)**

*In this stage, residents develop an approach to the investigation of patients with common GI symptoms, and the management of common and uncomplicated GI conditions, building on primary specialty competencies to add the early skills of the subspecialist in the breadth of GI presentations. Residents also begin to acquire skills in endoscopy.*

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

1. Clinical training experiences
  - 1.1. GI consultative and/or inpatient service
  - 1.2. GI outpatient clinics
  - 1.3. Endoscopy
2. Other training experiences
  - 2.1. Formal instruction in basic sciences of Gastroenterology
    - 2.1.1. Anatomy, embryology, physiology and pathophysiology, biochemistry, molecular biology, microbiology, immunology, and genetics
    - 2.1.2. Pharmacology and toxicology of commonly used therapies
    - 2.1.3. Pathology
    - 2.1.4. Natural history, epidemiology, pathogenesis, and management of common GI conditions
    - 2.1.5. Pathophysiology of nutrient digestion and absorption
    - 2.1.6. Nutritional assessment and prescription

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

3. Clinical training experiences
  - 3.1. After-hours coverage of the GI service
4. Other training experiences
  - 4.1. Participation in quality improvement activities (e.g., morbidity and mortality)

rounds)

4.2. Completion of a *Good Clinical Practice (GCP)*<sup>2</sup> course

## **CORE OF DISCIPLINE (C)**

*In this stage, residents build on the skills of Foundations to assess and manage patients with acute and chronic conditions, at all stages of the course of the patient's condition. They apply evidence-informed care, when available, and deal with clinical uncertainty and ambiguity. They will have achieved competence in diagnostic and therapeutic upper and lower gastrointestinal endoscopy. They will be able to work within the system of care, participating in administrative and quality improvement activities, and will have engaged in teaching and scholarly work. Residents will leave this stage being able to provide comprehensive management for individual patients with any presentation related to Gastroenterology.*

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

1. Clinical training experiences

- 1.1. GI consultative and/or inpatient service
- 1.2. GI outpatient clinics
- 1.3. Endoscopy
- 1.4. After-hours coverage of the GI service

#### **Adult stream**

1.5. Gastroenterology in community setting

2. Other training experiences

- 2.1. Formal instruction in basic sciences of Gastroenterology (continue topics not yet completed from Foundations stage, item 2.1)
- 2.2. Formal instruction in
  - 2.2.1. Quality improvement
  - 2.2.2. Natural history, epidemiology, pathogenesis, and management of complex or refractory GI conditions
  - 2.2.3. Management of the endoscopy suite
- 2.3. Career counselling/planning
- 2.4. Teaching other learners
- 2.5. Participation in quality improvement activities (e.g., morbidity and mortality rounds)

#### **Pediatric stream**

2.6. Participation in scholarly activity

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<sup>2</sup> An international standard based on guidelines from the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH).

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

3. Clinical training experiences
  - 3.1. Longitudinal clinic
  - 3.2. Specialized clinics in Gastroenterology

**Pediatric stream**

- 3.3. Adult Gastroenterology for experience in endoscopy

4. Other training experiences

**Adult stream**

- 4.1. Participation in scholarly activity

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

5. Clinical training experiences
  - 5.1. Nutrition
  - 5.2. Gastrointestinal motility
  - 5.3. Imaging of the digestive system<sup>3</sup>
  - 5.4. Pathology of the digestive system

**Adult stream**

- 5.5. GI oncology
- 5.6. Advanced endoscopy
- 5.7. Pediatric Gastroenterology for clinic and endoscopy experience
- 5.8. GI transplantation

**Pediatric stream**

- 5.9. GI transplantation

**TRANSITION TO PRACTICE (TTP)**

*In this stage, residents develop the skills to manage a caseload of clinical work—including endoscopy—while balancing other responsibilities. In addition to providing care for individual patients, they work within the system to improve delivery of care, and have demonstrated the ability to monitor and improve their own clinical performance. The resident leaves this stage fully prepared to integrate their knowledge and skills as a practising Gastroenterologist.*

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

1. Clinical training experiences
  - 1.1. GI consultative and/or inpatient service
  - 1.2. GI outpatient clinics

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<sup>3</sup> For the purposes of this document, the digestive system includes the gastrointestinal tract, liver, and pancreas.

- 1.3. Endoscopy
2. Other training experiences
  - 2.1. Formal instruction in practice management

## **CERTIFICATION REQUIREMENTS**

Royal College certification in Gastroenterology requires all of the following:

1. Royal College certification in Internal Medicine or Pediatrics;
2. Successful completion of the Royal College examination in Gastroenterology; and
3. Successful completion of the Gastroenterology Portfolio<sup>4</sup>.

## **MODEL DURATION OF TRAINING**

*Progress in training occurs through demonstration of competence and advancement through the stages of the Competence Continuum. Gastroenterology 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 but are not limited to 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 postgraduate medical education offices**

*The stages of the Competence Continuum in Gastroenterology are generally no longer than*

*Transition to Discipline – 4 blocks*

*Foundations of Discipline – 8 blocks*

*Core of Discipline – 20 blocks*

*Transition to Practice – 4 blocks*

*\*One block is equal to 4 weeks*

### **Guidance for programs**

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

*1-3 blocks in Transition to Discipline*

*3-6 blocks in Foundations of Discipline*

*12-18 blocks in Core of Discipline*

*1-3 blocks in Transition to Practice*

*\*One block is equal to 4 weeks*

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<sup>4</sup> *The Gastroenterology 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.*

*GASTROENTEROLOGY TRAINING EXPERIENCES (2019)*

This document is to be reviewed by the Specialty Committee in Gastroenterology by December 31, 2020.

*Drafted – Specialty Committee – January 2018*

*Approved – Specialty Standards Review Committee – February 2018*