

*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**

Eligibility for the Royal College certification examination in Internal Medicine.

**OR**

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

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

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

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

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 Geriatric Medicine, providing a comprehensive orientation to the educational program and to the setting in which they will train and work. This stage also serves to assess and verify the competencies acquired in Internal Medicine and their application to the patient population served by Geriatric Medicine.*

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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.

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

1. Clinical training experiences:
  - 1.1. Any one or more of the following geriatric medicine clinical services:
    - 1.1.1. Inpatient unit
    - 1.1.2. Inpatient consultation service
    - 1.1.3. Outpatient clinic
    - 1.1.4. Day hospital
    - 1.1.5. Geriatric rehabilitation unit
2. Other training experiences:
  - 2.1. Orientation to the:
    - 2.1.1. Training program, how it functions, and relevant policies and procedures (e.g., code of conduct, assessment policy, leave policy, resident safety)
    - 2.1.2. Geriatric Medicine Portfolio of entrustable professional activities (EPAs) and local electronic platform
    - 2.1.3. Local institution(s) and clinical environment(s), including relevant policies and procedures, including electronic medical records

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

3. Other training experiences:
  - 3.1. Formal instruction in the components of the comprehensive geriatric assessment (CGA), including
    - 3.1.1. Primer on CGA
    - 3.1.2. Added value of geriatric intervention
    - 3.1.3. Evidence for models of care

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

4. Clinical training experiences:
  - 4.1. Geriatric medicine longitudinal outpatient clinic
  - 4.2. Geriatric medicine outreach team
5. Other training experiences:
  - 5.1. Attendance at
    - 5.1.1. Journal clubs
    - 5.1.2. Academic grand rounds

- 5.2. Participation in educational modules
  - 5.2.1. Personal safety
  - 5.2.2. Patient safety and quality of care
  - 5.2.3. Professionalism
  
- 5.3. Attendance at a national conference related to Geriatric Medicine or gerontology

## **FOUNDATIONS OF DISCIPLINE (F)**

*The focus of this stage is to provide care to older adults presenting with common geriatric medical conditions and syndromes, and related functional issues, in different practice settings. Residents conduct comprehensive geriatric assessments to develop an approach to the initial assessment and investigation of older adults with common presentations.*

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

- 1. Clinical training experiences:
    - 1.1. Breadth of geriatric medicine practice in different settings, to include a minimum of three of the following
      - 1.1.1. Inpatient unit
      - 1.1.2. Inpatient consultation service
      - 1.1.3. Outpatient clinic
      - 1.1.4. Day hospital
      - 1.1.5. Geriatric psychiatry service
      - 1.1.6. Rehabilitation service, including geriatric rehabilitation unit
  
    - 1.2. Afterhours coverage for a geriatric medicine service
  
  - 2. Other training experiences:
    - 2.1. Formal instruction in the components of the comprehensive geriatric assessment (CGA), including
      - 2.1.1. Primer on CGA
      - 2.1.2. Added value of geriatric intervention
      - 2.1.3. Evidence for models of care
  
    - 2.2. Formal instruction in a variety of topics relevant to Geriatric Medicine
  
    - 2.3. Initiation of a scholarly project
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**Recommended training experiences (Foundations stage):**

3. Clinical training experiences:
  - 3.1. Geriatric medicine longitudinal outpatient clinic
  - 3.2. Geriatric medicine outreach team
  
4. Other training experiences:
  - 4.1. Participation in teaching activities, such as geriatric rounds
  - 4.2. Provision of teaching, formal and informal
  - 4.3. Participation in journal clubs

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

5. Clinical training experiences:
  - 5.1. Any inpatient, outpatient, consultation and other experience from the following:
    - 5.1.1. Specialized outpatient clinics
      - 5.1.1.1. Bone health
      - 5.1.1.2. Falls
      - 5.1.1.3. Geriatric cardiology
      - 5.1.1.4. Incontinence
      - 5.1.1.5. Memory disorders
      - 5.1.1.6. Movement disorders
  
    - 5.1.2. Other clinical services relevant to Geriatric Medicine
      - 5.1.2.1. Clinical pharmacology
      - 5.1.2.2. Medical oncology
      - 5.1.2.3. Neurology
      - 5.1.2.4. Neuroradiology
      - 5.1.2.5. Palliative medicine
      - 5.1.2.6. Pain management
      - 5.1.2.7. Wound management

- 5.1.3. Residential care<sup>2</sup> consultation service
- 5.1.4. Elective experiences at the discretion of the program director

6. Other training experiences:

6.1. Formal instruction in:

- 6.1.1. Leadership skills
- 6.1.2. Teaching skills
- 6.1.3. Critical appraisal skills
- 6.1.4. Research skills
- 6.1.5. Quality improvement

6.2. Participation in educational modules

- 6.2.1. Patient quality and safety training
- 6.2.2. Professionalism

6.3. Attendance at a national conference related to Geriatric Medicine or gerontology

## CORE OF DISCIPLINE (C)

*The focus of this stage is the provision of comprehensive management for older adults with functional decline and multiple co-morbidities, across the spectrum of frailty, 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, and advocating for their patient population.*

### Required training experiences (Core stage):

1. Clinical training experiences:

- 1.1. Breadth of geriatric medicine practice in different settings. To ensure full breadth of practice, this must include settings not encountered in Foundations.
  - 1.1.1. Inpatient unit
  - 1.1.2. Inpatient consultation service
  - 1.1.3. Outpatient clinic
  - 1.1.4. Day hospital
  - 1.1.5. Geriatric psychiatry service

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<sup>2</sup> Throughout this document, references to residential care are intended to include retirement homes, nursing homes, long term care facilities, complex continuing care units, assisted living facilities, group homes, and/or special care homes.

- 1.1.6. Rehabilitation service, including geriatric rehabilitation unit
- 1.2. Geriatric medicine longitudinal outpatient clinic
- 1.3. Lead team meetings
- 1.4. Lead family meetings
- 1.5. Afterhours coverage for a geriatric medicine service
2. Other training experiences:
  - 2.1. Formal instruction in a variety of geriatric topics, including national guidelines and therapeutic recommendations, and communication and collaboration skills
  - 2.2. Opportunities for teaching other learners in a variety of settings
  - 2.3. Opportunities for scholarly research, quality improvement or educational projects

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

3. Clinical training experiences:
  - 3.1. Residential care consult service
  - 3.2. Geriatric Medicine in the community setting<sup>3</sup>, including
    - 3.2.1. Hospital inpatient unit
    - 3.2.2. Outpatient clinic
    - 3.2.3. Private practice clinic
  - 3.3. Geriatric medicine outreach team
  - 3.4. Specialized outpatient clinics
    - 3.4.1. Bone health
    - 3.4.2. Falls
    - 3.4.3. Geriatric cardiology
    - 3.4.4. Incontinence
    - 3.4.5. Memory disorders
    - 3.4.6. Movement disorders
4. Other training experiences:
  - 4.1. Participation in quality improvement activities relevant to Geriatric Medicine

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<sup>3</sup> In this document, community setting refers to non-tertiary community hospital setting and/or outpatient geriatric clinic.

- 4.2. Attendance at a national or international conference related to Geriatric Medicine or gerontology
- 4.3. Attendance at the Canadian Geriatrics Society (CGS) Education Day
- 4.4. Formative assessments
  - 4.4.1. STACERs

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

- 5. Clinical training experiences:
  - 5.1. Any inpatient, outpatient, consultation and other experience from the following other clinical services relevant to Geriatric Medicine
    - 5.1.1. Behavioural neurology
    - 5.1.2. Clinical pharmacology
    - 5.1.3. Medical oncology
    - 5.1.4. Neurology
    - 5.1.5. Neuroradiology
    - 5.1.6. Palliative medicine
    - 5.1.7. Pain management
    - 5.1.8. Rheumatology
    - 5.1.9. Wound management
  - 5.2. Telemedicine consultations
  - 5.3. eConsultation service
  - 5.4. Elective experiences at the discretion of the program director

**TRANSITION TO PRACTICE (TTP)**

*The focus of this stage is the consolidation of skills required to manage the caseload of a practicing Geriatrician; 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, scholarly activity, and administrative tasks, including quality assurance and improvement.*

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

- 1. Clinical training experiences:
  - 1.1. Breadth of geriatric medicine practice, in the role of junior attending, in different settings to include:
    - 1.1.1. Inpatient unit

1.1.2. Inpatient consultation service

1.1.3. Longitudinal clinic

1.2. Afterhours coverage for the geriatric medicine service, which may include calls from outside of own institution, as applicable

2. Other training experiences:

2.1. Formal instruction in:

2.1.1. Billing principles

2.1.2. Maintenance of certification

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

3. Clinical training experiences:

3.1. Geriatric day hospital

3.2. Geriatric outpatient clinic

3.3. Geriatric medicine outreach team

3.4. Geriatric medicine in the community hospital setting

3.5. Residential care

3.6. Telemedicine

3.7. eConsultation service)

4. Other training experiences:

4.1. Attendance at committee meetings associated with a regional health authority, hospital, or university management

4.2. Formal instruction in:

4.2.1. Hospital credentialing processes

4.2.2. University appointment processes

4.2.3. Approach to medico-legal issues

4.2.4. Time management

**Optional training experiences:**

5. Clinical training experiences:

5.1. Elective experiences outside the host institution, at the discretion of the program director

5.1.1. Any relevant clinical experiences



- 5.1.2. Interprovincial or international experience(s)
- 5.1.3. Rural or remote setting(s)

6. Other training experiences:

- 6.1. Simulation experiences in advanced communication skills, including
  - 6.1.1. Team meetings
  - 6.1.2. Court hearing
  - 6.1.3. Capacity board
  - 6.1.4. End-of-life discussion
- 6.2. Communication skills training and modules offered by the Canadian Medical Protective Association (CMPA)
- 6.3. Contribution to national or provincial societies related to Geriatric Medicine or gerontology, including
  - 6.3.1. Canadian Geriatric Society
  - 6.3.2. Quebec Society of Geriatrics
  - 6.3.3. Alzheimer's Society
- 6.4. Resident-focused advanced training
  - 6.4.1. International Conference on Residency Education resident leadership program
  - 6.4.2. Canadian Medical Association physician leadership courses
  - 6.4.3. Leadership or management courses offered locally
- 6.5. Graduate level training
  - 6.5.1. Medical health administration and management
  - 6.5.2. Medical education
  - 6.5.3. Clinical epidemiology
  - 6.5.4. Basic science
  - 6.5.5. Bioethics
  - 6.5.6. Patient safety and quality improvement
  - 6.5.7. Public health
- 6.6. Administration experience
- 6.7. Teaching junior learners

## CERTIFICATION REQUIREMENTS

Royal College certification in Geriatric Medicine requires all of the following:

1. Royal College certification in Internal Medicine;
2. Successful completion of the Royal College examination in Geriatric Medicine; and
3. Completion of all elements of the Royal College Geriatric Medicine Portfolio including:
  - Family meeting Structured Assessment for Clinical Encounter Report (STACER) in Core EPA 10
  - Team meeting STACER in Core EPA 10
  - Comprehensive Geriatric Assessment STACER in Foundations EPA 1
  - Comprehensive Geriatric Assessment STACER in Core EPA 1

## NOTES

The Geriatric Medicine 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.

## MODEL DURATION OF TRAINING

Progress in training occurs through demonstration of competence and advancement through the stages of the Competence Continuum. Geriatric Medicine is planned as a 2-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 student'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, Competence Committee, and program director.

### Guidance for programs:

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

- 2-6 weeks in Transition to Discipline
- 6-8 months in Foundations
- 12-14 months in Core
- 2-3 months in Transition to Practice

Guidance for postgraduate medical education offices:

The stages of the Competence Continuum in Geriatric Medicine are generally no longer than:

- Transition to Discipline – 6 weeks
- Foundations of Discipline – 8 months
- Core of Discipline – 14 months
- Transition to Practice – 3 months
- Total duration of training – 27 months

*This document is to be reviewed by the Specialty Committee in Geriatric Medicine by December 2020.*

**APPROVED** – Specialty Standards Review Committee – May 2018