

## Subspecialty Training Requirements in Neonatal-Perinatal Medicine

**2014** VERSION 1.0

These training requirements apply to those who begin training on or after July 1<sup>st</sup>, 2014.

## **ELIGIBILITY REQUIREMENTS**

Royal College certification in Pediatrics, or enrolment in a Royal College accredited residency program in Pediatrics (see requirements for these qualifications). All candidates must be Royal College certified in Pediatrics in order to be eligible to write the Royal College certification examination in Neonatal-Perinatal Medicine.

## MINIMUM TRAINING REQUIREMENTS

Twenty-four (24) months of approved residency in Neonatal-Perinatal Medicine, one (1) year of which may be undertaken concurrently with the final year of Pediatrics with joint approval of the program director in Pediatrics and the program director in Neonatal-Perinatal Medicine.

- 1. The twenty-four (24) months of Neonatal-Perinatal Medicine residency training must include the following:
  - 1.1. A minimum of twelve (12) months of clinical Neonatal-Perinatal Medicine:
    - 1.1.1. A minimum of six (6) months of clinical neonatal experience in a level III neonatal intensive care unit associated with an on-site university-affiliated perinatal unit (i.e., maternal fetal unit or tertiary obstetric high-risk unit)
    - 1.1.2. A minimum of four (4) months of level III clinical neonatal experience in a neonatal intensive care unit with surgical and outborn patients and with the breadth of pediatric subspecialty services available on site
    - 1.1.3. A maximum of one (1) month in a pediatric intensive care unit
    - 1.1.4. A minimum of one (1) month and a maximum of two (2) months in a level II neonatal intensive care unit
  - 1.2. A minimum of six (6) months of research experience or other scholarly activity related to Neonatal-Perinatal Medicine
  - 1.3. A minimum of one (1) month (or longitudinal equivalent) in a high risk antenatal clinic or consultation service. Where a high risk antenatal clinic or an antenatal consultation service does not exist, one (1) month in a maternal-fetal medicine

- unit, where a large component of the clinical experience includes antenatal consultation, is acceptable.
- 1.4. A minimum of one (1) month in high-risk newborn followup (or longitudinal equivalent). Where a high-risk newborn followup program does not exist, one (1) month in child development, where graduates from the neonatal intensive care unit are a large component of the patient population, can be substituted.
- 1.5. A minimum of one (1) month (or longitudinal equivalent) in neonatal transport
- 1.6. A minimum of two (2) months of electives, individualized to the experience and goals of the resident

## **NOTES:**

- 1. In section 1.1.4., where a neonatal unit is a combined level III and level II, this may be considered level II experience.
- 2. Subspecialty residents in Neonatal-Perinatal Medicine must be provided with increasing individual professional responsibility while under appropriate supervision.
- 3. For the two (2) years of training, the subspecialty resident must attend scheduled neonatal academic and teaching activities as mandated by the subspecialty training program.
- 4. During the residency program, the majority of calls must be in neonatology.
- 5. Candidates interested in joint subspecialties are required to submit for assessment by the respective subspecialty committees prior to the start of subspecialty training.

Royal College certification in Neonatal-Perinatal Medicine requires all of the following:

- 1. Royal College certification in Pediatrics;
- 2. Successful completion of a 2-year Royal College accredited program in Neonatal-Perinatal Medicine;
- 3. Completion of a scholarly research, quality assurance, or educational project relevant to Neonatal-Perinatal Medicine; and
- 4. Successful completion of the certification examination in Neonatal-Perinatal Medicine.

The 2-year program outlined above is to be regarded as the minimum training requirement. Additional training may be required by the program director to ensure that clinical competence has been achieved.

Revised – Specialty Committee – Feb 08 2011; September 2012 Approved – Specialty Standards Review Committee – December 2013