

*These training requirements apply to those who begin training on or after July 1, 2025.*

## **ELIGIBILITY REQUIREMENTS TO BEGIN TRAINING**

### **Entry from Internal Medicine**

***These eligibility requirements apply to those who began training in Internal Medicine prior to July 1, 2023:***

Royal College certification in Internal Medicine

**OR**

Eligibility for the Royal College 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 during concurrent training for certification in Internal Medicine.

***These eligibility requirements apply to those who began training in Internal Medicine on or after July 1, 2023:***

Royal College certification in Internal Medicine

**OR**

Successful completion of the Core stage of training in a Royal College accredited residency program in Internal Medicine (see requirements for these qualifications)

Training in Pain Medicine may overlap with completion of requirements for certification in Internal Medicine (see requirements for the Overlap Training and Alternative Pathway to

Internal Medicine Certification).

### **Entry from Pediatrics**

Royal College certification in Pediatrics

#### **OR**

Successful completion of the Transition to Practice stage of training in a Royal College accredited residency program in Pediatrics<sup>1</sup>

### **Entry from other clinical disciplines**

Royal College certification in Anesthesiology, Emergency Medicine, Neurology, Physical Medicine and Rehabilitation, Psychiatry, or Rheumatology

#### **OR**

Eligibility for the Royal College examination in Anesthesiology, Emergency Medicine, Neurology, Physical Medicine and Rehabilitation, Psychiatry, or Rheumatology

#### **OR**

Registration in a Royal College-accredited residency program in Anesthesiology, Emergency Medicine, Neurology, Physical Medicine and Rehabilitation, Psychiatry, or Rheumatology (see requirements for these qualifications)

Entry from the following Royal College-accredited disciplines is possible in exceptional cases with the approval of the Specialty Committee in Pain Medicine: Medical Oncology, Neurosurgery, Orthopedic Surgery, or Palliative Medicine

A maximum of one year of training may be undertaken during concurrent training for certification in an entry discipline.

### **ELIGIBILITY REQUIREMENTS FOR EXAMINATION<sup>2</sup>**

All candidates must be Royal College certified in their primary specialty in order to be eligible for the Royal College examination in Pain Medicine.

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<sup>1</sup> Some programs in Quebec may permit eligible trainees to begin subspecialty training before completion of the Pediatrics Transition to Practice stage. However, as with all jurisdictions, trainees in Quebec must achieve all generalist competencies of the Pediatrics specialty prior to certification in Pediatrics. To learn more about the entrance requirements for a specific Pain Medicine program, speak to the relevant postgraduate medical education office.

<sup>2</sup> These eligibility requirements do not apply to Subspecialty Examination Affiliate Program (SEAP) candidates. Please contact the Royal College for information about SEAP.

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

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

*The purpose of this stage is to introduce residents to the subspecialty of Pain Medicine, providing an 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 the entry discipline as relevant to the subspecialty. It also includes instruction in some of the basic concepts of Pain Medicine.*

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

1. Clinical training experiences
  - 1.1. Pain Medicine
    - 1.1.1. Multidisciplinary<sup>3</sup> pain clinic
    - 1.1.2. Service or facility performing interventional procedures for pain management
      - 1.1.2.1. Observing or assisting with interventional procedures
2. Other training experiences
  - 2.1. Orientation to
    - 2.1.1. The program, institution, and clinical facilities
    - 2.1.2. Competence by Design and the Pain Medicine Portfolio
  - 2.2. Formal instruction or self-directed learning<sup>4</sup> in the following topics:
    - 2.2.1. Definition, taxonomy, and classification of chronic pain as stated by the International Association for the Study of Pain (IASP) Classification of Chronic Pain
    - 2.2.2. Components of a comprehensive pain assessment
    - 2.2.3. Multidisciplinary approach to the assessment and management of pain
    - 2.2.4. Canadian national practice guidelines for opioid therapy
    - 2.2.5. Guidelines, Canadian or international, for the management of neuropathic pain
  - 2.3. Simulation-based education
    - 2.3.1. Common emergencies in pain management

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

3. Clinical training experiences
  - 3.1. Operating room, or equivalent, for resuscitation, intravenous insertion, and airway skills (for entry routes other than Emergency Medicine and Anesthesiology)

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<sup>3</sup> In this document, the term “multidisciplinary” refers to working with physicians from other disciplines as well as with other health care professionals in the care of patients with pain.

<sup>4</sup> See Note at the end of this document.

- 3.2. Participation in activities led by other health professionals in the multidisciplinary pain team, such as group sessions for patient treatment
4. Other training experiences
  - 4.1. Completion of an Advanced Cardiovascular Life Support (ACLS) course, or equivalent
  - 4.2. Focused experience providing early clinical and technical skills training (e.g., ground school or boot camp)

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

*In this stage, residents build knowledge and skills in the assessment and management of patients with common pain syndromes, including providing initial consultations, pharmacologic management, and follow-up care. Residents will obtain consent for and perform basic interventional procedures for the management of pain.*

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

1. Clinical training experiences
  - 1.1. Pain Medicine
    - 1.1.1. Multidisciplinary pain clinic
    - 1.1.2. Service or facility performing interventional procedures for pain management
      - 1.1.2.1. Observing and assisting with interventional procedures
2. Other training experiences
  - 2.1. Formal instruction or self-directed learning<sup>5</sup> in the following:
    - 2.1.1. Anatomy and physiology of pain pathways and mechanisms of pain, including sensitization
    - 2.1.2. Validated assessment tools for the measurement of response to treatment for pain
    - 2.1.3. Management of acute and transitional pain
    - 2.1.4. Psychosocial aspects of chronic pain and psychological interventions for chronic pain management
    - 2.1.5. Pharmacology of analgesic medications
    - 2.1.6. Interventions for the management of pain, including relevant anatomy and complications
  - 2.2. Attendance at formal teaching rounds, including grand rounds and morbidity and mortality rounds

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<sup>5</sup> See Note at the end of this document.

**Recommended training experiences (Foundations stage)**

- 3. Clinical training experiences
  - 3.1. Pain Medicine
    - 3.1.1. Participation in activities led by other health professionals in the multidisciplinary pain team, such as group sessions for patient treatment
    - 3.1.2. On-call and after-hours coverage of the service
  - 3.2. Operating room for resuscitation, intravenous insertion, and airway skills (for entry routes other than Emergency Medicine and Anesthesiology)

**Optional training experiences (Foundations stage)**

- 4. Clinical training experiences
  - 4.1. Service providing acute pain consultation to inpatient, emergency department, and intensive care settings
  - 4.2. Neurology or headache clinic or service
  - 4.3. Neurosurgery clinic or service
  - 4.4. Physical medicine and rehabilitation clinic or service
  - 4.5. Psychiatry clinic
  - 4.6. Rheumatology clinic or service
- 5. Other training experiences
  - 5.1. Simulation-based education
    - 5.1.1. High-acuity, low-occurrence clinical events and resuscitation
    - 5.1.2. Procedural skills
    - 5.1.3. Management of procedure-related complications
    - 5.1.4. Pain management
    - 5.1.5. Communication skills, such as difficult conversations
  - 5.2. Anatomy laboratory teaching for preparation for procedural skills
  - 5.3. Attendance at regional, national, or international conferences or scientific meetings relevant to Pain Medicine

**CORE OF DISCIPLINE (C)**

*In this stage, residents build on the skills and knowledge of the previous stages to provide integrated care for complex patients with pain, including patients with complex pain disorders, complex psychosocial factors, and concurrent medical conditions. Residents will perform interventional procedures and identify patients who require referral for advanced interventions. Residents demonstrate leadership within the interprofessional team and take on more responsibility for teaching junior learners and engaging in scholarly activities.*

**Required training experiences (Core stage)**

1. Clinical training experiences
  - 1.1. Pain Medicine
    - 1.1.1. Multidisciplinary pain clinic
    - 1.1.2. Participation in multidisciplinary team meetings
    - 1.1.3. Service or facility performing interventional procedures for pain management
    - 1.1.4. Service providing acute pain consultation to inpatient, emergency department, and intensive care settings
    - 1.1.5. Service providing chronic pain consultation to inpatient, emergency department, and intensive care settings
    - 1.1.6. Service providing cancer pain and palliative care consultation
    - 1.1.7. Pediatric pain medicine clinic or service
  - 1.2. Operating room for resuscitation, intravenous insertion, and airway skills (for entry routes other than Emergency Medicine and Anesthesiology, if not already completed in the Foundations stage)
2. Other training experiences
  - 2.1. Formal instruction or self-directed learning<sup>6</sup> in
    - 2.1.1. Spectrum of pain diagnoses, from acute to chronic, at various life stages
    - 2.1.2. Pathophysiology and management of the following pain syndromes:
      - 2.1.2.1. Headache and craniofacial pain
      - 2.1.2.2. Pain due to musculoskeletal disorders and disorders of the spine
      - 2.1.2.3. Neuropathic pain
      - 2.1.2.4. Nociceptive pain
      - 2.1.2.5. Visceral pain
      - 2.1.2.6. Pain due to cancer and its treatment
    - 2.1.3. Pain and mental disorders
    - 2.1.4. Pain and opioid use disorder
    - 2.1.5. Pain and sleep disorders
    - 2.1.6. Biopsychosocial approach to management of chronic pain
    - 2.1.7. Role of occupational therapists, physical therapists, social workers, and pharmacists in multidisciplinary pain management
    - 2.1.8. Advanced interventional techniques
    - 2.1.9. Aspects of medico-legal work related to pain disorders
  - 2.2. Simulation-based education
    - 2.2.1. Resuscitation skills
    - 2.2.2. Crisis resource management

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<sup>6</sup> See Note at the end of this document.

- 2.3. Attendance and presentation at formal teaching rounds, including grand rounds and morbidity and mortality rounds
- 2.4. Provision of formal and informal teaching for junior learners
- 2.5. Development of a scholarly research, quality improvement, or educational project

**Recommended training experiences (Core stage)**

- 3. Clinical training experiences
  - 3.1. Pain Medicine
    - 3.1.1. Specialized clinics, such as pelvic pain and neuropathic pain
    - 3.1.2. Virtual health care settings and virtual consultations
    - 3.1.3. On-call and after-hours coverage
  - 3.2. Psychiatry clinic
  - 3.3. Addiction medicine clinic or service
- 4. Other training experiences
  - 4.1. Mentorship activities, including peer-to-peer guidance of junior learners

**Optional training experiences (Core stage)**

- 5. Clinical training experiences
  - 5.1. Pain Medicine
    - 5.1.1. Community-based pain clinic
    - 5.1.2. Service providing acute pain consultation to inpatient, emergency department, and intensive care settings
    - 5.1.3. Neuromodulation program
    - 5.1.4. Advanced interventional techniques, such as kypho- and vertebroplasty
    - 5.1.5. Emerging therapies, such as cannabinoids and regenerative therapies
    - 5.1.6. Participation in the provision of psychotherapy for pain management
  - 5.2. Neurology or headache clinic or service
  - 5.3. Neurosurgery clinic or service
  - 5.4. Physical medicine and rehabilitation clinic or service
  - 5.5. Psychiatry clinic
  - 5.6. Rheumatology clinic or service
  - 5.7. Anesthesiology for maintenance of specialty skills (for Anesthesiology entry route)
  - 5.8. Emergency Medicine for maintenance of specialty skills (for Emergency Medicine entry route)
- 6. Other training experiences
  - 6.1. Simulation-based education
    - 6.1.1. Management of pain related to pregnancy

- 6.1.2. Pain management
- 6.1.3. High-acuity, low-occurrence clinical events and resuscitation
- 6.1.4. Procedural skills
- 6.1.5. Management of procedure-related complications
- 6.1.6. Communication skills, such as difficult conversations
- 6.2. Anatomy laboratory teaching for preparation for procedural skills
- 6.3. Attendance at regional, national, or international conferences or scientific meetings relevant to Pain Medicine
- 6.4. Presentations at national symposia
- 6.5. Participation as a member of professional provincial/territorial or regional organizations or committees associated with quality improvement, medical education, and other specific interests
- 6.6. Provision of expertise for the purposes of legal testimony, disability assessments, or advising governments

## **TRANSITION TO PRACTICE (TTP)**

*The focus of this stage is the consolidation of skills required to participate in the delivery of pain medicine services as a junior member of staff. This includes managing a pain medicine clinic and participating in patient triage and transfer of care. During this stage residents take on additional responsibility for the teaching and assessment of junior learners and the completion of a scholarly project.*

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

- 1. Clinical training experiences
  - 1.1. Pain Medicine, in the role of junior attending<sup>7</sup>
    - 1.1.1. Multidisciplinary pain clinic
    - 1.1.2. Participation in the administration of the pain clinic, such as triage of referrals and attendance at clinic staff meetings
- 2. Other training experiences
  - 2.1. Formal instruction or self-directed learning<sup>8</sup> in
    - 2.1.1. Systems for patient safety reporting and monitoring
    - 2.1.2. Practice management, including physician compensation
    - 2.1.3. Professionalism and ethics of practice behaviour and compensation models
    - 2.1.4. Patient complaint/relations process

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<sup>7</sup> “Junior attending” 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.

<sup>8</sup> See Note at the end of this document.



- 2.2. Provision of clinical supervision and teaching for junior learners
- 2.3. Completion of a scholarly research, quality improvement, or educational project

**Recommended training experiences (TTP stage)**

- 3. Clinical training experiences
  - 3.1. On-call and after-hours coverage of the pain medicine service
- 4. Other training experiences
  - 4.1. Development of a personal learning plan for continuing education and future practice

**Optional training experiences (TTP stage)**

- 5. Clinical training experiences
  - 5.1. Pain Medicine
    - 5.1.1. Community-based pain clinic
    - 5.1.2. Interventional procedures
    - 5.1.3. Pediatric transition clinics
    - 5.1.4. Participation in legal clinics and third-party assessments
- 6. Other training experiences
  - 6.1. Community outreach initiatives, such as presentations for patient special interest groups or educational sessions relating to chronic pain management for referred patients
  - 6.2. Participation in patient advocacy organizations
  - 6.3. Participation in the leadership of pain medicine services, such as equipment purchases, hiring staff, budget preparation, and clinic operations in hospital or community-based settings
  - 6.4. Leadership roles within specialty societies (e.g., IASP, Canadian Pain Society, Special Interest Group)
  - 6.5. Media training
  - 6.6. Acting as a spokesperson with media
  - 6.7. Participation in physician coaching opportunities and workshops
  - 6.8. Attendance at continuing professional development workshops and seminars

**CERTIFICATION REQUIREMENTS**

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

- 1. Royal College certification in one of the entry disciplines listed above ("Eligibility to Begin Training" section)
- 2. Successful completion of the Royal College examination in Pain Medicine
- 3. Successful completion of the Royal College Pain Medicine Portfolio

## **NOTES**

Given the wide range of entry qualification of residents in Pain Medicine and their varied background knowledge of pain and its management, programs may modify the sequence of formal instruction or self-directed learning (item 2.2 in Transition to Discipline stage and items 2.1 in Foundations, Core, and Transition to Practice stages) to fit individual learners' needs or local priorities.

The Pain 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. Pain Medicine 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 Pain Medicine's suggested course of training, for the purposes of planning learning experiences and schedules, is as follows:

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

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

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

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

*PAIN MEDICINE TRAINING EXPERIENCES (2025)*

*This document is to be reviewed by the Specialty Committee in Pain Medicine by December 31, 2027.*

**APPROVED** – Specialty Standards Review Committee – July 2022

**REVISED (eligibility criteria updates)** – Specialty Committee in Pain Medicine and the Office of Standards and Assessment – July 2024

**APPROVED** – Office of Standards and Assessment (as delegated by the Specialty Standards Review Committee) – December 2024