

2025
VERSION 2.1
MINOR REVISION – JULY 2026

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

ELIGIBILITY REQUIREMENTS TO BEGIN TRAINING

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.¹

Entry from other specialties may occur but must follow completion of the primary specialty training and must include the prerequisites of twelve months of clinical medicine-based rotations with a minimum of six months at a senior level² designed to allow achievement of competencies in the consultation and care of complex pediatric patients, interprofessional care, and effective communication skills.

ELIGIBILITY REQUIREMENTS FOR EXAMINATION³

All candidates must be Royal College certified in their primary specialty in order to be eligible to write the Royal College examination in Pediatric Palliative Medicine.

¹ 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 Palliative Medicine program, speak to the relevant postgraduate medical education office.

² A senior level is when a resident is regularly entrusted with responsibility for direct independent patient care under the supervision of and direct responsibility to a senior subspecialty resident or faculty member.

³ 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 Palliative Medicine and the pediatric palliative medicine residency program. This includes a comprehensive orientation to the settings in which they will work and the goals of the educational program. It also includes formal instruction in some of the basic concepts of Palliative Medicine. Residents participate in the care of children with palliative care needs and spend time with other members of the interprofessional palliative care team to learn about their scope of practice.

Required training experiences (TTD stage):

1. Clinical training experiences
 - 1.1. Palliative Medicine
 - 1.1.1. Service providing care
 - 1.1.1.1. Within a tertiary or quaternary pediatric acute care hospital, including consultation to inpatient services, clinics, and the emergency department
 - 1.1.1.2. In a pediatric hospice or community hospital setting
 - 1.1.2. Attendance at interprofessional team rounds
 - 1.1.3. Attendance at family meetings
 - 1.1.4. After-hours coverage
 2. Other training experiences
 - 2.1. Orientation to the program, including structure, policies, resources (including local resident wellness support), and expectations
 - 2.2. Orientation to the hospital(s), including policies and procedures, information systems, and as applicable, electronic medical records
 - 2.3. Orientation to regular meetings with program director or delegate
 - 2.4. Formal instruction in
 - 2.4.1. Approach to assessment and management of common symptoms
 - 2.4.2. Approach to performance and documentation of the comprehensive palliative medicine consult
 - 2.4.3. Procedures and medicolegal responsibilities at time of death
 - 2.4.4. Regional legal framework(s) regarding substitute decision-makers, foster care, and guardianship
 - 2.4.5. Communication skills
 - 2.4.6. Benefits of self-care and self-reflection as a strategy to promote resilience in palliative medicine practice

Recommended training experiences (TTD stage):

3. Clinical training experiences
 - 3.1. Observing patient interactions with other members of the interprofessional team
4. Other training experiences
 - 4.1. Attendance at local and/or institutional resident seminar series
 - 4.2. Critical appraisal activities, such as journal club

FOUNDATIONS OF DISCIPLINE (F)

In this stage, residents build knowledge and skills in the assessment and management of children with chronic, progressive, and end-stage illnesses with a focus on children with cancer. Residents improve their ability to explore the psychological, social, spiritual, existential, and cultural aspects of a child's and their family's illness experience. By the end of this stage, residents will be able to provide a comprehensive consultation for children with less complex palliative care needs.

Required training experiences (Foundations stage):

1. Clinical training experiences
 - 1.1. Palliative Medicine
 - 1.1.1. Service providing care
 - 1.1.1.1. Within a tertiary or quaternary pediatric acute care hospital, including consultation to inpatient services, clinics, and the emergency department
 - 1.1.1.2. In a pediatric hospice or community hospital setting
 - 1.1.1.3. In the child's home
 - 1.1.2. Participation at interprofessional team rounds
 - 1.1.3. Participation at family meetings
 - 1.1.4. After-hours coverage
 - 1.2. Pediatric hematology oncology inpatient service or outpatient clinics, or both
 - 1.3. Pediatric pain management service
 - 1.4. Adult palliative medicine, including either or both of the following
 - 1.4.1. Inpatient tertiary palliative care unit
 - 1.4.2. Service providing consultation to the emergency department and inpatient services within a tertiary or quaternary acute care hospital
 2. Other training experiences
 - 2.1. Formal instruction in the basic and clinical sciences of Palliative Medicine
 - 2.2. Participation in local departmental and divisional educational activities, such as rounds and complex case discussions

- 2.3. Participation in patient safety and quality improvement activities, such as morbidity and mortality rounds, complex case reviews, and death reviews
- 2.4. Critical appraisal activities, such as journal club
- 2.5. Initiation of a scholarly research, quality improvement, program development, or educational project
- 2.6. Identification of a mentor for career guidance
- 2.7. Meeting with program director or delegate, at least three times a year, to address the personal impact of providing care for children who are suffering and their families

Recommended training experiences (Foundations stage):

3. Other training experiences
 - 3.1. Training in use of point-of-care ultrasound (POCUS) for diagnostic purposes
 - 3.2. Teaching about reflective practice
 - 3.3. Participation in committees relevant to Palliative Medicine, such as the residency program committee

Optional training experiences (Foundations stage):

4. Other training experiences
 - 4.1. Completion of nationally recognized palliative medicine training, such as Learning Essential Approaches to Palliative Care (LEAP) or Serious Illness Conversation Guide (SICG) courses

CORE OF DISCIPLINE (C)

In this stage, residents build knowledge and skills providing care for children with a greater complexity of illness. This includes children with a wide variety of chronic, progressive, and life-threatening illnesses, and includes advanced pain and symptom management strategies. Residents participate in scholarly activities, clinical and formal teaching, and administrative aspects of palliative medicine service delivery.

Required training experiences (Core stage):

1. Clinical training experiences
 - 1.1. Palliative Medicine
 - 1.1.1. Service providing care
 - 1.1.1.1. Within a tertiary or quaternary pediatric acute care hospital, including consultation to inpatient services, clinics, and the emergency department
 - 1.1.1.2. In a pediatric hospice or community hospital setting
 - 1.1.1.3. In the child's home

- 1.1.2. Leadership of interprofessional team rounds
- 1.1.3. Leadership of family meetings
- 1.1.4. After-hours coverage

- 1.2. Adult palliative medicine in any setting
- 1.3. Pediatric neuromotor clinic and/or pediatric rehabilitation service
- 1.4. Pediatric respirology home ventilation program
- 1.5. Service providing antenatal consultation

- 2. Other training experiences
 - 2.1. Formal instruction in the basic and clinical sciences of Palliative Medicine
 - 2.2. Participation in local departmental and divisional educational activities, such as rounds and complex case discussions
 - 2.3. Participation in patient safety and quality improvement activities, such as morbidity and mortality rounds, complex case reviews, and death reviews
 - 2.4. Participation in divisional, departmental, or health administration committees
 - 2.5. Critical appraisal activities, such as journal club
 - 2.6. Ongoing work on a scholarly research, quality improvement, program development, or educational project
 - 2.7. Provision of clinical supervision and teaching for junior learners
 - 2.8. Provision of formal teaching for a variety of audiences, which may include medical students, junior residents, peers, other health care professionals, and the public
 - 2.9. Regular meetings with a mentor
 - 2.10. Meeting with program director or delegate, at least three times a year, to address the personal impact of providing care for children who are suffering and their families

Recommended training experiences (Core stage):

- 3. Clinical training experiences
 - 3.1. Child and adolescent psychiatry clinic
 - 3.2. Genetics clinic
 - 3.3. Metabolic diseases clinic
 - 3.4. Pediatric complex care service
 - 3.5. Pediatric gastroenterology/complex nutrition service
 - 3.6. Pediatric neurology clinic
 - 3.7. Pediatric transplant service
 - 3.8. Services providing psychosocial and/or spiritual care

- 4. Other training experiences
 - 4.1. Training in use of POCUS

- 4.2. Attendance at the annual Advanced Learning in Palliative Medicine conference (ALPM)
- 4.3. Completion of leadership development courses or training
- 4.4. Provision of teaching about reflective practice for junior learners
- 4.5. Self-directed reflective practice

Optional training experiences (Core stage):

5. Clinical training experiences
 - 5.1. Neonatal intensive care unit
 - 5.2. Pediatric intensive care unit
 - 5.3. Service providing palliative medicine care to vulnerable, remote, or rural populations
 - 5.4. Pediatric palliative medicine at another institution
6. Other training experiences
 - 6.1. Attendance at local, national, or international meetings or conferences relevant to Palliative Medicine
 - 6.2. Participation in regional, provincial, and/or national leadership committees relevant to clinical care, health administration, research, or other aspects of Palliative Medicine
 - 6.3. Participation in an online palliative medicine subspecialty exam preparation course

TRANSITION TO PRACTICE (TTP)

The focus of this stage is the integration of medical expertise with leadership in the clinical, operational, and administrative aspects of running the palliative medicine service. Residents lead family and interprofessional meetings, coordinate and optimize patient care with the health care team and support the well-being of individual team members and the interprofessional team as a whole. The resident will also prepare for the demands of independent practice, including practice management and continuing professional development.

Required training experiences (TTP stage):

1. Clinical training experiences
 - 1.1. Palliative Medicine, in the role of junior attending⁴
 - 1.1.1. Service providing care
 - 1.1.1.1. Within a tertiary or quaternary pediatric acute care hospital, including consultation to inpatient services, clinics, and the emergency department

⁴ "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.

- 1.1.1.2. In a pediatric hospice or community hospital setting
- 1.1.1.3. In the child's home

- 1.1.2. Leadership of interprofessional team rounds
- 1.1.3. Leadership of family meetings
- 1.1.4. After-hours coverage

- 2. Other training experiences
 - 2.1. Formal instruction in
 - 2.1.1. Practice management, including
 - 2.1.1.1. Requirements and processes for licensure
 - 2.1.1.2. Financial planning
 - 2.1.1.3. Financial management and billing
 - 2.1.2. Continuing professional development requirements and the use of MAINPORT ePortfolio
 - 2.2. Participation in local departmental and divisional educational activities, such as rounds and complex case discussions
 - 2.3. Participation in patient safety and quality improvement activities, such as morbidity and mortality rounds, complex case reviews, and death reviews
 - 2.4. Participation in divisional, departmental, or health administration committees
 - 2.5. Critical appraisal activities, such as journal club
 - 2.6. Presentation of a completed scholarly research, quality improvement, program development, or educational project
 - 2.7. Provision of clinical supervision and teaching for junior learners
 - 2.8. Provision of formal teaching for a variety of audiences, which may include medical students, junior residents, peers, other health care professionals, and the public
 - 2.9. Regular meetings with a mentor
 - 2.10. Meeting with program director or delegate, at least three times a year, to address the personal impact of providing care for patients who are suffering and their families
 - 2.11. Practical experience working with a leader in administrative, research, or educational activities

Recommended training experiences (TTP stage):

- 3. Other training experiences
 - 3.1. Completion of an audit of one's own practice

CERTIFICATION REQUIREMENTS

Royal College certification in Pediatric Palliative Medicine requires all of the following:

1. Certification in a primary specialty;
2. Successful completion of the Royal College examination in Palliative Medicine; and
3. Successful completion of the Royal College Palliative Medicine Portfolio.

NOTES

The Specialty Committee in Palliative Medicine recommends that the program monitor the volume of a resident's clinical experiences to ensure that the resident has sufficient experience providing care for children and families in their own home, whether via home visits or through virtual care technologies.

The Pediatric Palliative 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. Pediatric Palliative 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 (and/or overlap training), 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 Palliative Medicine's suggested course of training, for the purposes of planning learning experiences and schedules, is as follows:

- 1-2 months in Transition to Discipline
- 5-7 months in Foundations of Discipline
- 12-15 months in Core of Discipline
- 3-4 months in Transition to Practice

Guidance for postgraduate medical education offices

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

- 2 months for Transition to Discipline
- 7 months for Foundations of Discipline
- 15 months for Core of Discipline
- 4 months for Transition to Practice

Total duration of training – 2 years

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