Subspecialty Training Requirements in Pediatric Emergency Medicine

2013

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VERSION 1.2

These training requirements apply to those who begin training on or after July 1, 2013.

ELIGIBILITY REQUIREMENTS

Royal College certification in Pediatrics or Emergency Medicine, or enrolment in a Royal College approved training program in these areas (see requirements for these qualifications). All candidates must be certified in their primary specialty in order to be eligible to write the Royal College certification examination in Pediatric Emergency Medicine.

MINIMUM TRAINING REQUIREMENTS

1. Pediatric Emergency Medicine training consists of twenty-six (26) blocks, thirteen (13) blocks of which may be undertaken concurrently with one of the specialties listed above, with the joint approval of the program director in the base specialty and the program director of the Pediatric Emergency Medicine program. Mandatory rotations must be completed in a Royal College accredited program or equivalent. This period must include:
    - 1.1. Thirteen (13) blocks of Pediatric Emergency Medicine rotations in a pediatric emergency department setting. Scheduling must allow a minimum of five (5) blocks in each year to ensure that residents are given increasing professional responsibility, under appropriate staff supervision
    - 1.2. Training in leadership and administration equivalent to one (1) day per month over one (1) year (equal to one half (0.5) block) is required and could be accomplished longitudinally through the Pediatric Emergency Medicine rotations
    - 1.3. Two (2) blocks, or longitudinal equivalent, of research/scholarly project development
    - 1.4. Residents with a background in **Pediatrics** must have the following seven (7) blocks' duration of rotations or equivalent training (at the PGY3 level or above), as deemed appropriate by the program director:
        - 1.4.1. Adult/general Emergency Medicine (1 block)
        - 1.4.2. Trauma (1 block)
        - 1.4.3. Toxicology (0.5 block*) or equivalent longitudinal experience

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1.4.4. Emergency medical services (0.5 block*) or equivalent longitudinal experience

1.4.5. Pediatric anesthesia (1 block)

1.4.6. Pediatric Critical Care Medicine (1 block)

1.4.7. Pediatric orthopedic surgery (1 block)

1.4.8. Plastic Surgery (0.5 block)

1.4.9. Pediatric diagnostic imaging (0.5 block*) or equivalent longitudinal experience

OR

1.5. Residents with a background in **Emergency Medicine** must have the following seven (7) blocks' duration of rotations or equivalent training (at the PGY3 level or above), as deemed appropriate by the program director:

1.5.1. Neonatal-Perinatal Medicine (1 block)

1.5.2. Pediatric Critical Care Medicine (1 block)

1.5.3. General Pediatrics (1 block, can be inpatient/outpatient mix)

1.5.4. Toxicology (0.5 block*) or equivalent longitudinal experience

1.5.5. Emergency medical services (0.5 block*) or equivalent longitudinal experience

1.5.6. Pediatric anesthesia (1 block)

1.5.7. Pediatric orthopedic surgery (1 block)

1.5.8. Plastic Surgery (0.5 block)

1.5.9. Pediatric diagnostic imaging (0.5 block*) or equivalent longitudinal experience

If experience in these areas has been acquired in previous training, the program director has the discretion to substitute other Pediatric Emergency Medicine electives.

1.6. Minimum equivalent of two (2) blocks of selectives. Optional subspecialty rotations may be made available to augment the learning obtained in the emergency department and to ensure that all educational objectives are met. These rotations will be individualized depending on the experience of the resident. This training may be chosen from any of the following:

1.6.1. Child protection

1.6.2. Pediatric and/or adolescent gynecology

1.6.3. Sport and exercise medicine

1.6.4. Adolescent medicine

1.6.5. Pediatric surgery

1.6.6. Human patient simulation/medical education

1.6.7. Neurosurgery

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1.6.8. Ophthalmology

1.6.9. Pediatric dermatology

1.6.10. Child and adolescent psychiatry

1.7. A maximum of one and one-half (1.5) blocks of selectives chosen from the lists in 1.4. or 1.5., or electives as approved by the program director

NOTES:

- One (1) block = four (4) weeks; one (1) year = thirteen (13) blocks
- No more than four (4) blocks can be spent outside the home program
- * Longitudinal rotations: these rotations lend themselves to longitudinally acquired experience, i.e., exposure throughout both years of training. If done as a block, the minimum number of weeks is stated, although this can be lengthened at the discretion of the program director.
- It is highly recommended that protected time for research/scholarly project development is incorporated into the resident's schedule.

REQUIREMENTS FOR CERTIFICATION:

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

1. Royal College certification in Pediatrics or Emergency Medicine;

2. Successful completion of a 2-year Royal College accredited program in Pediatric Emergency Medicine;

3. Successful completion of program-defined objectives for a scholarly project related to any aspect of the subspecialty of Pediatric Emergency Medicine, including research, educational, or creative professional activity (such as quality improvement, advocacy, or health promotion). Ideally, this project would lead to a presentation or publication that would permit peer review in a setting outside the resident's own centre. This may include research protocol development, development of an educational curriculum for a specific course or group, or presentation of continuous quality improvement activities or other protocol development; and

4. Successful completion of the certification examination in Pediatric Emergency 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.

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