

These training requirements apply to those who begin training on or after July 1, 2023.

ELIGIBILITY REQUIREMENTS TO BEGIN TRAINING

Royal College certification in Pediatrics or Emergency Medicine.

OR

Eligibility for the Royal College examination in Pediatrics or Emergency Medicine.

OR

Registration in a Royal College-accredited residency program in Pediatrics or Emergency Medicine. (See requirements for these qualifications.)

ELIGIBILITY REQUIREMENTS FOR EXAMINATION¹

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

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 Pediatric Emergency 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.

Required training experiences (TTD stage):

1. Clinical training experiences
 - 1.1. Pediatric emergency department

¹ *These eligibility requirements do not apply to Subspecialty Examination Affiliate Program (SEAP) candidates. Please contact the Royal College for information about SEAP.*

2. Other training experiences
 - 2.1. Orientation to the program, including policies, resident resources, program portfolios, learning resources, and assessment system
 - 2.2. Orientation to the hospital, including policies, admitting and discharge processes, care protocols, code activations, and information systems
 - 2.3. Orientation to the emergency department, including the roles of other health professionals working in the department
 - 2.4. Orientation to the longitudinal curriculum in physician wellness
 - 2.5. Formal instruction in topics related to patient and personal safety
 - 2.5.1. Approach to a violent patient or caregiver
 - 2.5.2. Infection prevention and control protocols, including personal protective equipment use
 - 2.5.3. Radiation safety protocols

Recommended training experiences (TTD stage)

3. Other training experiences
 - 3.1. Completion of an Advanced Trauma Life Support (ATLS) course, or equivalent
 - 3.2. Completion of a Pediatric Advanced Life Support (PALS) course, or equivalent

FOUNDATIONS OF DISCIPLINE (F)

The focus of this stage is to develop the knowledge and skills required to assess and manage uncomplicated patient presentations and provide initial resuscitation and management of critically ill or injured patients. During this stage, residents will perform patient assessments, initiate management plans, and work effectively with the interprofessional health care team.

Required training experiences (Foundations stage):

1. Clinical training experiences
 - 1.1. Pediatric emergency department
2. Other training experiences
 - 2.1. Simulation-based education for the initial assessment and management of acutely ill and critically ill patients
 - 2.2. Critical appraisal activities, such as journal club
 - 2.3. Initiation of a scholarly project, including identification of a topic and establishment of a supervisor

Recommended training experiences (Foundations stage):

3. Other training experiences
 - 3.1. Formal instruction in
 - 3.1.1. Point-of-care ultrasound (POCUS)
 - 3.1.2. Minor emergency procedures
 - 3.2. Completion of an Advanced Trauma Life Support (ATLS) course, or equivalent

- 3.3. Completion of a Pediatric Advanced Life Support (PALS) course, or equivalent

Optional training experiences (Foundations stage):

4. Clinical training experiences
 - 4.1. Adult or general emergency department
 - 4.2. Pediatric anesthesiology
 - 4.3. Orthopedic surgery, with a focus on the assessment and management of pediatric patients
 - 4.4. Plastic surgery, with a focus on the assessment and management of pediatric patients

CORE OF DISCIPLINE (C)

The focus of this stage is the acquisition of the skills and knowledge required to diagnose and manage the wide breadth of patient presentations encountered in the pediatric emergency department. In addition to patient assessment and management, residents perform the procedures of Pediatric Emergency Medicine, liaise effectively with emergency medical services and consulting inpatient services, and coordinate ongoing patient care by facilitating access to community resources and arranging follow-up services. Residents also take on more responsibility for teaching junior learners and engaging in scholarly activities.

Required training experiences (Core stage):

1. Clinical training experiences
 - 1.1. Pediatric emergency department
 - 1.2. Emergency medical services (EMS) experience, including observation of prehospital care
 - 1.3. Orthopedic surgery, with a focus on the assessment and management of pediatric patients, if not already completed
 - 1.4. Pediatric anesthesiology, if not already completed
 - 1.5. Pediatric intensive care unit/pediatric critical care unit
 - 1.6. Plastic surgery, with a focus on the assessment and management of pediatric patients, if not already completed
 - 1.7. POCUS
 - 1.8. General or adult emergency medicine (Pediatrics entry route only, if not already completed)
 - 1.9. Medical toxicology (Pediatrics entry route only)
 - 1.10. Trauma care (Pediatrics entry route only)
 - 1.11. General pediatrics (Emergency Medicine entry route only)
 - 1.12. Level III neonatal intensive care unit (Emergency Medicine entry route only)
2. Other training experiences
 - 2.1. Completion of a Neonatal Resuscitation Program (NRP) course, or equivalent, if not completed during entry route training
 - 2.2. Formal instruction in:

- 2.2.1. Basic and clinical sciences of pediatric emergency medicine
- 2.2.2. POCUS
- 2.2.3. Quality improvement and patient safety
- 2.2.4. Leadership and administration
- 2.2.5. Medicolegal aspects of care
- 2.2.6. Career planning

- 2.3. Simulation-based education for
 - 2.3.1. Procedural skills
 - 2.3.2. Communication
 - 2.3.3. Management of common and complex clinical scenarios

- 2.4. Participation in quality improvement and patient safety initiatives, including morbidity and mortality rounds
- 2.5. Provision of formal instruction for other learners
- 2.6. Regular participation in a committee relevant to the residency program or the department
- 2.7. Advancement of the scholarly project

Recommended training experiences (Core stage):

- 3. Clinical training experiences
 - 3.1. Pediatric medical imaging

- 4. Other training experiences
 - 4.1. Formal instruction in:
 - 4.1.1. Procedural skills
 - 4.1.2. Best practices for effective debriefing
 - 4.1.3. Medical education
 - 4.1.4. Outreach and advocacy
 - 4.2. Attendance at conferences relevant to Pediatric Emergency Medicine
 - 4.3. Administrative resident role, with responsibilities including scheduling of other learners on rotation

Optional training experiences (Core stage):

- 5. Clinical training experiences
 - 5.1. Adolescent medicine
 - 5.2. Child and adolescent psychiatry
 - 5.3. Child maltreatment pediatrics
 - 5.4. Dermatology, with a focus on the assessment and management of pediatric patients
 - 5.5. Global child health

- 5.6. Pediatric and/or adolescent gynecology
 - 5.7. Ophthalmology, with a focus on the assessment and management of pediatric patients
 - 5.8. Sports and exercise medicine, with a focus on the assessment and management of pediatric patients
 - 5.9. Medical education
 - 5.10. Outpatient pediatric subspecialty clinics
 - 5.11. Clinics serving new immigrants and refugees
6. Other training experiences
 - 6.1. Participation in and/or leadership of a quality improvement project
 - 6.2. Individualized and/or enhanced skills acquisition related to individual interest, career plan, and/or community needs, within the home institution or in other settings

TRANSITION TO PRACTICE (TTP)

The focus of this stage is the consolidation of skills required to manage individual patient care across the breadth of pediatric emergency medicine presentations as well as manage the flow of the pediatric emergency department while providing high-quality care and supervising learners. This includes priority and time management, stewardship of emergency department resources, and liaison with pre-hospital services. Residents have greater responsibility for leading quality improvement and educational activities and planning for their continued professional development.

Required training experiences (TTP stage):

1. Clinical training experiences
 - 1.1. Pediatric emergency department in the role of junior attending²
2. Other training experiences
 - 2.1. Formal instruction in:
 - 2.1.1. Patient complaint management
 - 2.1.2. Practice management
 - 2.1.2.1. Remuneration and finances
 - 2.1.2.2. Medicolegal aspects of practice
 - 2.1.3. Healthcare governance
 - 2.2. Completion of a scholarly project

² Definition of "junior attending": 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

Recommended training experiences (TTP stage):

3. Other training experiences
 - 3.1. Regular participation in a committee relevant to the residency program or the department

CERTIFICATION REQUIREMENTS

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

1. Royal College certification in Emergency Medicine or Pediatrics;
2. Successful completion of the Royal College examination in Pediatric Emergency Medicine; and
3. Successful completion of the Royal College Pediatric Emergency Medicine Portfolio.

NOTES:

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

- 2-4 weeks in Transition to Discipline*
- 3-6 months in Foundations of Discipline*
- 12-18 months in Core of Discipline*
- 2-6 months in Transition to Practice*

Guidance for postgraduate medical education offices

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

4 weeks for Transition to Discipline

6 months for Foundations of Discipline

18 months for Core of Discipline

6 months for Transition to Practice

Total duration of training – 2 years

This document is to be reviewed by the Specialty Committee in Pediatric Emergency Medicine by JANUARY 30, 2025.

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