

These training requirements apply to those who begin training on or after July 1, 2021.

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

TRANSITION TO DISCIPLINE (TTD)

The purpose of this stage is to confirm the knowledge and skills achieved in medical school, with a focus on conducting a pediatric-oriented history and physical examination and communicating a specific patient-centred plan. Residents will receive comprehensive orientation to the program, the clinical environment, and the university, and to the resources that will help guide their training.

Required training experiences (TTD stage):

1. Clinical training experiences

1.1. Pediatrics

- 1.1.1. Inpatient general pediatric service, which may be a clinical teaching unit (CTU) or equivalent in the community¹ setting
- 1.1.2. One or more of the following pediatric outpatient or inpatient services:
 - 1.1.2.1. Inpatient general pediatric service (CTU or equivalent in the community setting), with different patient population or setting than that in item 1.1.1
 - 1.1.2.2. Clinic, general and/or specialized
 - 1.1.2.3. Emergency department
- 1.1.3. After-hours coverage of the inpatient general pediatric service

2. Other training experiences

- 2.1. Orientation to the program, the clinical environment, and the university
- 2.2. Formal instruction in
 - 2.2.1. Patient safety, including handover and infection prevention and control
 - 2.2.2. Recognition and management of common medical emergencies
- 2.3. Completion of a Neonatal Resuscitation Program (NRP) course, or local equivalent

¹ "Community" refers to an inpatient or outpatient setting outside of the academic health centre.

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

Recommended training experiences (TTD stage):

3. Other training experiences
 - 3.1. Formal instruction in
 - 3.1.1. Obtaining an age-specific history and physical examination
 - 3.1.2. Writing orders, including intravenous fluids, medications/prescriptions, nutritional needs, investigations, and monitoring requirements
 - 3.1.3. Teaching skills

FOUNDATIONS OF DISCIPLINE (F)

The purpose of this stage is to gain experience with pediatric patients across the full range of ages, common conditions, and settings. During this stage, residents will perform patient assessments, and initiate, communicate, and document management plans for common pediatric presentations. In addition to providing care to toddlers, school-age children, and youth, they will provide neonatal care, including initiating resuscitation at low-risk deliveries. Residents will teach medical students and team members, as well as patients and families, particularly with respect to preventive health care. They will perform common procedures and coordinate transitions of care.

Required training experiences (Foundations stage):

1. Clinical training experiences
 - 1.1. Pediatrics, including after-hours coverage
 - 1.1.1. Inpatient general pediatric service (CTU or equivalent in the community setting)
 - 1.1.2. Clinic, general and/or specialized
 - 1.1.3. Delivery room
 - 1.1.4. Level I and II neonatal care unit or equivalent
 - 1.1.5. Emergency department (if not completed previously)
 - 1.2. At least one and no more than four of the following specialized pediatric services, which may include inpatient and outpatient care:
 - 1.2.1. Adolescent medicine
 - 1.2.2. Cardiology
 - 1.2.3. Clinical immunology and allergy
 - 1.2.4. Critical care medicine
 - 1.2.5. Developmental pediatrics
 - 1.2.6. Endocrinology and metabolism
 - 1.2.7. Gastroenterology
 - 1.2.8. Hematology/oncology
 - 1.2.9. Infectious diseases
 - 1.2.10. Medical genetics
 - 1.2.11. Nephrology

- 1.2.12. Neurology
 - 1.2.13. Palliative care
 - 1.2.14. Respiriology
 - 1.2.15. Rheumatology
2. Other training experiences
 - 2.1. Formal instruction in
 - 2.1.1. The basic and clinical sciences of Pediatrics
 - 2.1.2. Research methodology and the conduct of scholarly activity
 - 2.1.3. Teaching skills and supervision of junior learners
 - 2.2. Critical appraisal activity, such as journal club
 - 2.3. Simulation-based training focused on procedural and clinical skills, tailored to individual needs
 - 2.4. Development of a proposal for a scholarly project

Recommended training experiences (Foundations stage):

3. Clinical training experiences
 - 3.1. Pediatrics in the community setting
 - 3.2. Any surgical service providing pediatric care
4. Other training experiences
 - 4.1. Completion of a pediatric trauma course

Optional training experiences (Foundations stage):

5. Clinical training experiences
 - 5.1. Dermatology
 - 5.2. Pediatric anesthesiology
 - 5.3. Medical imaging

CORE OF DISCIPLINE (C)

The main focus of the Core of Discipline stage is to strengthen the skills required to practise as a competent pediatrician. Residents will advance through this stage with a progressively increasing level of autonomy, managing children with any degree of disease complexity, including acute critical illness, and patients requiring episodic or longitudinal care. They will engage effectively with patients and families, communicating difficult or sensitive issues, including mental health, behavioural, and developmental concerns, as well as child maltreatment and neglect. They will manage patients in a variety of settings, including inpatient, outpatient, acute care in the emergency department, and after-hours. They will effectively lead interprofessional teams, supervise junior learners, provide consultation services to other disciplines, and transition the care of complex patients.

Required training experiences (Core stage):

1. Clinical training experiences²

1.1. Pediatrics

- 1.1.1. Inpatient general pediatric service (CTU or equivalent in the community setting) in role of team lead
- 1.1.2. Clinic, general and/or specialized
- 1.1.3. High-risk delivery room
- 1.1.4. Level III neonatal intensive care unit (NICU)
- 1.1.5. Pediatric intensive care unit (PICU)
- 1.1.6. Emergency department
- 1.1.7. Consultation to the emergency department and inpatient services
- 1.1.8. Child maltreatment pediatrics
- 1.1.9. Community setting, including outpatient clinic
- 1.1.10. Rural or remote setting
- 1.1.11. After-hours coverage, including inpatient services, NICU, and PICU

1.2. Mental health inpatient or outpatient service for children and youth

1.3. At least four of the following specialized pediatric services, which may include inpatient and outpatient care:

- 1.3.1. Adolescent medicine
- 1.3.2. Cardiology
- 1.3.3. Clinical immunology and allergy
- 1.3.4. Complex chronic care
- 1.3.5. Developmental pediatrics
- 1.3.6. Endocrinology and metabolism
- 1.3.7. Gastroenterology
- 1.3.8. Hematology/oncology
- 1.3.9. Infectious diseases
- 1.3.10. Medical genetics
- 1.3.11. Nephrology
- 1.3.12. Neurology
- 1.3.13. Palliative care
- 1.3.14. Respiriology
- 1.3.15. Rheumatology

² Required training experiences in Core stage section 1 are intended to provide sufficient experience in the full range and complexity of conditions relevant to Pediatrics, as well as the full pediatric age range. Therefore, this must include patients with a broad range of presentations and conditions, including those related to the cardiac, respiratory, endocrine, gastrointestinal, immune, renal, musculoskeletal, hematologic, and nervous systems, as well as patients with cancer and infectious disease. This must also include patients with developmental concerns, adolescent patients, and patients receiving palliative care.

2. Other training experiences
 - 2.1. Formal instruction
 - 2.1.1. Basic and clinical sciences of Pediatrics
 - 2.1.2. Complex chronic care and palliative care
 - 2.1.3. Communication skills, including conflict resolution, breaking bad news, communicating in a culturally competent and patient-centred fashion, and effective electronic communication
 - 2.1.4. Cultural sensitivity
 - 2.1.5. Advocacy at the population and system level
 - 2.1.6. Patient safety and quality improvement
 - 2.1.7. Ethics and medico-legal issues
 - 2.2. Recertification in NRP and PALS, or local equivalent
 - 2.3. Participation in quality improvement and patient safety initiatives, including morbidity and mortality rounds
 - 2.4. Provision of formal and informal teaching of junior learners
 - 2.5. Critical appraisal activity, such as journal club
 - 2.6. Completion of a scholarly project

Recommended training experiences (Core stage):

3. Clinical training experiences
 - 3.1. Longitudinal clinic in Pediatrics³
 - 3.2. Participation in NICU or PICU transport
 - 3.3. Any surgical service providing pediatric care (if not already completed at Foundations stage)
 - 3.4. Individualized and/or enhanced skills acquisition related to individual interest, career plan, and/or community needs, within the home institution or in other settings
4. Other training experiences
 - 4.1. Simulation training for procedural skills
 - 4.2. Instruction in communication using an interpreter
 - 4.3. Participation in hospital or educational committees, or other administrative responsibilities

Optional training experiences (Core stage):

5. Clinical training experiences
 - 5.1. Dermatology
 - 5.2. Pediatric anesthesiology
 - 5.3. Medical imaging

³ *It is highly recommended to begin the longitudinal clinic experience in the Core stage to allow for adequate longitudinal experience during residency.*

TRANSITION TO PRACTICE (TTP)

This stage is an opportunity for residents to refine and enhance their skills as independent medical decision-makers, and to prepare for the next stage of their career as a pediatrician. During this stage, residents integrate their prior learning to provide comprehensive pediatric care in any practice setting for common, complex, acute, and chronic patient presentations on an episodic or longitudinal basis. They will address complex issues such as supportive care for pediatric patients with life-limiting conditions. Residents will learn the principles of practice management and participate in a system-level safety or quality improvement initiative.

Required training experiences (TTP stage):

1. Clinical training experiences
 - 1.1. Pediatrics
 - 1.1.1. Inpatient general pediatric service (CTU or equivalent in the community setting) in role of junior consultant⁴ pediatrician
 - 1.1.2. Clinic, general and/or specialized
 - 1.1.3. Longitudinal clinic in Pediatrics
 - 1.1.4. Consultation to the emergency department and inpatient services
 - 1.1.5. Level I, II, and/or III neonatal care
 - 1.1.6. Community setting
 - 1.1.7. After-hours coverage, which may include call from home
2. Other training experiences
 - 2.1. Formal instruction in resource stewardship
 - 2.2. Participation in quality improvement and patient safety initiatives, including morbidity and mortality rounds
 - 2.3. Development of a personal learning plan

Recommended training experiences (TTP stage):

3. Clinical training experiences
 - 3.1. Pediatric complex chronic care, if not already completed
4. Other training experiences
 - 4.1. Formal instruction in
 - 4.1.1. Legal aspects of transition to adult care, including issues related to long-term disability, capacity, and power of attorney
 - 4.1.2. Practice management
 - 4.1.2.1. Human resources practices, including hiring and performance management
 - 4.1.2.2. Financial aspects, including billing

⁴ "Junior consultant" means that the resident assumes responsibility for patient care and for clinical supervision and education of other learners, with as much independence as permitted by competence, law, and hospital policy.

- 4.2. Participation in hospital or educational committees or other administrative responsibilities
- 4.3. Provision of teaching for the general public and other health care professionals on topics related to Pediatrics

Optional training experiences (TTP stage):

5. Clinical training experiences
 - 5.1. Dermatology
 - 5.2. Pediatric anesthesiology
 - 5.3. Medical imaging

CERTIFICATION REQUIREMENTS

Royal College certification in Pediatrics requires all of the following:

1. Successful completion of the Royal College examination in Pediatrics; and
2. Successful completion of the Royal College Pediatrics Portfolio.

NOTES:

The Pediatrics 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. Pediatrics is planned as a 4-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

In order to ensure experience in the breadth of Pediatrics, including its subspecialty domains, the Specialty Committee in Pediatrics recommends:

- *A limited number of specialized pediatrics services in the Foundations stage so as not to detract from the focus on the experience in general pediatrics.*
- *Experience in at least six different specialized pediatric services throughout the Foundations and Core stage of the Competence Continuum, in order to promote the teaching and learning that a focused experience with specialized supervisors can provide.*
- *No more than two blocks in any one specialized pediatric service within the first three stages of the Competence Continuum, in order to promote experience in a variety of domains.*

PEDIATRICS TRAINING EXPERIENCES (2021)

The Royal College Specialty Committee in Pediatrics' suggested course of training, for the purposes of planning learning experiences and schedules, is as follows:

2-3 blocks in Transition to Discipline

10-11 blocks in Foundations of Discipline

27-32 blocks in Core of Discipline

7-10 blocks in Transition to Practice

**One block is equal to 4 weeks*

Guidance for postgraduate medical education offices

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

3 blocks for Transition to Discipline

11 blocks for Foundations of Discipline

32 blocks for Core of Discipline

10 blocks for Transition to Practice

Total duration of training – 4 years

**One block is equal to 4 weeks*

This document is to be reviewed by the Specialty Committee in Pediatrics by December 31, 2022.

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