

These training requirements apply to those entering residency on or after July 1, 2015.

MINIMUM TRAINING REQUIREMENTS

Four (4) years of approved residency training. This period must include:

1. Three (3) years of core Pediatrics
 - 1.1. A minimum of twenty-one (21) and a maximum of twenty-seven (27) blocks of Pediatrics
 - 1.1.1. Two (2) to six (6) blocks, or longitudinal equivalent, of community/rural Pediatrics
 - 1.1.2. One (1) to four (4) blocks, or longitudinal equivalent, of ambulatory/hospital-based outpatient Pediatrics
 - 1.1.3. Two (2) to four (4) blocks, or longitudinal equivalent, of inpatient ward/clinical teaching unit (CTU) Pediatrics as a junior resident
 - 1.1.4. Two (2) to four (4) blocks, or longitudinal equivalent, of inpatient ward/CTU Pediatrics as a senior resident
 - 1.1.5. One (1) to two (2) blocks, or longitudinal equivalent, of developmental pediatrics
 - 1.1.6. Three (3) to five (5) blocks, or longitudinal equivalent, of newborn care, which must include neonatal resuscitation in the case room, care of the normal newborn, and rotations in level II and level III neonatal units
 - 1.1.7. Two (2) to three (3) blocks in the pediatric intensive care unit (PICU)
 - 1.1.8. One (1) to four (4) blocks in pediatric emergency medicine
 - 1.1.9. A minimum of two (2) and a maximum of (3) blocks, or longitudinal equivalent, in the fields of mental health, adolescent medicine, child maltreatment, and/or social pediatrics
 - 1.2. A minimum of six (6) blocks, or longitudinal equivalent, of training in subspecialty rotations selected from at least six (6) of the following clinical areas, with a maximum of two (2) blocks per clinical area:
 - 1.2.1. Pediatric cardiology
 - 1.2.2. Pediatric clinical immunology and allergy

SPECIALTY TRAINING REQUIREMENTS IN PEDIATRICS (2015)

- 1.2.3. Pediatric complex chronic care
 - 1.2.4. Pediatric endocrinology and metabolism
 - 1.2.5. Pediatric gastroenterology
 - 1.2.6. Pediatric hematology/oncology
 - 1.2.7. Pediatric infectious diseases
 - 1.2.8. Pediatric medical genetics
 - 1.2.9. Pediatric nephrology
 - 1.2.10. Pediatric neurology
 - 1.2.11. Pediatric palliative medicine
 - 1.2.12. Pediatric respirology
 - 1.2.13. Pediatric rheumatology
- 1.3. Up to six (6) blocks of any of the following:
- 1.3.1. Anesthesia, to a maximum of one (1) block
 - 1.3.2. Dermatology, to a maximum of one (1) block
 - 1.3.3. Diagnostic imaging, to a maximum of one (1) block
 - 1.3.4. Surgery/surgical subspecialties, to a maximum of three (3) blocks
 - 1.3.5. Research, to a maximum of three (3) blocks
 - 1.3.6. Electives, to a maximum of three (3) blocks
2. One (1) year of advanced Pediatrics training. This may occur in the following areas, relevant to the objectives of Pediatrics and approved by the Pediatrics program director:
- 2.1. Up to one (1) year further residency in Pediatrics, designed by the resident and program director to reflect the resident's career plans and future practice setting
 - 2.2. Up to one (1) year of clinical residency in any of the subspecialty areas of Pediatrics

NOTES:

A *junior resident* provides patient care, under the supervision of a senior resident and attending physician, as a member of the health care team.

A *senior resident* provides and manages patient care, and supervises and teaches junior trainees, with input and supervision from a staff Pediatrician.

The period of training described in section 1 includes management of hospitalized and ambulatory patients, appropriate experience in pediatric subspecialties, and increasing responsibility, to include a senior supervisory year with responsibility for supervision of more junior trainees, with the resident reporting directly to a staff Pediatrician. This training is to include in-house call in wards, neonatal intensive care units (NICU), and pediatric intensive care units (PICU). This training period must include experience in the care of

patients in all the subspecialties of Pediatrics.

The period of training described in section 2.1. must include graded responsibility and the opportunity to consolidate skills and competencies required for transition to independent practice in Pediatrics. The final year of training must be approved by the director of the residency program and provide the resident with opportunities to meet his/her personal educational/learning objectives related to his/her intended field of practice. Among the clinical activities there should be at least one (1) block, or longitudinal equivalent, as a junior consultant pediatrician (junior attending) where the resident assumes leadership in the education and clinical supervision of junior colleagues, with as much independence as permitted by competence, regulation, law, and hospital policy.

REQUIREMENTS FOR CERTIFICATION

Royal College certification in Pediatrics requires all of the following:

1. Successful completion of a four-year Royal College accredited program in Pediatrics;
2. Participation in a scholarly research, quality assurance, or educational project relevant to Pediatrics; and
3. Successful completion of the certification examination in Pediatrics.

The 4-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.

Revised – Specialty Committee – January 2015

Approved – Specialty Standards Review Committee – May 2015