

**2025**  
**VERSION 1.0**

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

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 specialty of Public Health and Preventive Medicine (PHPM) and the residency program. This includes an orientation to the goals of the educational program and the program's and institution's policies, procedures, protocols, resources, and facilities.*

#### **Required training experiences (TTD stage)**

1. Clinical training experiences:
  - 1.1. Any public health organization
2. Other training experiences:
  - 2.1. Orientation to postgraduate medical education (PGME) and university policies, procedures, and resources, including resident support, mental health and wellness, and professionalism
  - 2.2. Orientation to the program, including the faculty and other residents, policies and procedures, resident wellness resources, learning resources, the PHPM portfolio, and assessment system
  - 2.3. Formal and informal teaching and self-study on introductory topics in PHPM and orientation to relevant public health issues and to the public health system
  - 2.4. Preparation of a personal learning plan
  - 2.5. Initiation of a personal wellness plan

### **Recommended training experiences (TTD stage)**

3. Other training experiences:
  - 3.1. Meeting with academic advisor

### **Optional training experiences (TTD stage)**

4. Other training experiences:
  - 4.1. Establishment of a mentor-mentee relationship for example with a senior resident or faculty mentor

## **FOUNDATIONS OF DISCIPLINE (F)**

*This stage serves two purposes; it provides the resident with clinical experiences as well as the knowledge and skills that they will apply to their future work in PHPM. This includes clinical experiences with a broad range of patients requiring preventive, acute, or chronic care. Residents experience a variety of clinical settings in order to acquire knowledge of health system resources and challenges, as well as the PHPM specialist role within the health system. Residents complete academic course work relevant to public health evidence and public health intelligence, which may include completion of the requirements for a master's degree in a field relevant to PHPM.*

### **Required training experiences (Foundations stage)**

1. Clinical training experiences (see Note 1):
  - 1.1. Community-based primary care clinics
  - 1.2. At least one hospital-based acute care setting
    - 1.2.1. Medical inpatient service, such as a hospitalist, family medicine, internal medicine, pediatrics, or other inpatient service relevant to PHPM,
    - 1.2.2. Emergency department
  - 1.3. A setting that provides care for structurally disadvantaged populations
2. Other training experiences:
  - 2.1. A minimum of two (2) semesters of academic course work, at the graduate level or equivalent, relevant to PHPM, which must include formal instruction on public health evidence and public health intelligence (see Note 2)
  - 2.2. Formal and informal teaching and self-study in the curriculum of PHPM
  - 2.3. Critical appraisal activities, such as journal club

### **Recommended training experiences (Foundations stage)**

#### **3. Clinical training experiences:**

##### **3.1. At least one laboratory setting**

3.1.1. Clinical or medical microbiology laboratory

3.1.2. Public health laboratory

3.2. Internal medicine inpatient ward, which may include a clinical teaching unit (CTU)

3.3. Hospital infection prevention and control service

3.4. Community clinic serving an Indigenous population

3.5. Occupational Medicine

3.6. A clinical service in a northern, rural, or remote setting

3.7. Specialized clinic(s) or generalist practice that provides care specific to

3.7.1. Immigrants, migrants, refugees, and other newcomers to Canada

3.7.2. Sexually transmitted and blood-borne infections (STBBIs)

3.7.3. Travel medicine

3.7.4. Tuberculosis

3.8. Toxicology

3.9. Environmental health

3.10. Clinic for chronic disease prevention and management

#### **4. Other training experiences:**

4.1. Initiation of a scholarly research, quality improvement, or educational project

4.2. Attendance at scientific lectures, meetings, and conferences relevant to PHPM

### **CORE OF DISCIPLINE (C)**

*This stage focuses on the six core functions of public health. Residents experience a variety of settings relevant to PHPM practice and build on the skills and knowledge of the previous stages to demonstrate the core skills of a PHPM specialist, including surveillance, assessment, program planning and evaluation, policy development, and management/leadership across various content areas.*

**Required training experiences (Core stage)**

1. Clinical training experiences:
  - 1.1. PHPM, in a local or regional public health agency, including after-hours coverage (see Note 3)
  - 1.2. At least one laboratory setting (if not completed at Foundations stage)
    - 1.2.1. Clinical or medical microbiology laboratory
    - 1.2.2. Public health laboratory
2. Other training experiences:
  - 2.1. Formal and informal teaching and self-study in the curriculum of PHPM
  - 2.2. Formal instruction in teaching skills
  - 2.3. Media training
  - 2.4. Critical appraisal activities, such as journal club
  - 2.5. Initiation (if not started at Foundations stage) and participation in a scholarly research, quality assurance, or educational project
  - 2.6. Provision of teaching to others

**Recommended training experiences (Core stage)**

3. Clinical training experiences:
  - 3.1. PHPM
    - 3.1.1. Federal, provincial, or territorial public health organization
    - 3.1.2. Northern, rural, or remote public health setting
    - 3.1.3. Occupational health setting
  - 3.2. Individualized training experiences to enhance skills and competencies related to individual interest or career plan within the home institution or in other settings
4. Other training experiences:
  - 4.1. Attendance at scientific lectures, meetings, and conferences relevant to PHPM
  - 4.2. Leadership training courses
  - 4.3. Management training courses

## TRANSITION TO PRACTICE (TTP)

*The focus of this stage is the consolidation of skills required to take on the role of leading a public health service. This stage also focuses on preparation for independent practice, with instruction and experience in areas of administrative and professional responsibility, including implementing a plan for lifelong learning and continuing professional development.*

### Required training experiences (TTP stage)

1. Clinical training experiences:
  - 1.1. PHPM in any setting, in the role of Associate Medical Officer of Health, Medical Officer of Health, or equivalent or as team lead or dyad leader, including after-hours coverage<sup>1</sup>
  - 1.2. Participation in interactions with intersectoral partners or interested parties in the community, or both
2. Other training experiences:
  - 2.1. Formal and informal teaching and self-study in the curriculum of PHPM
  - 2.2. Instruction in practice management topics, such as
    - 2.2.1. Requirements for continuing professional development (CPD)
    - 2.2.2. Career pathways and payment structures
  - 2.3. Completion of a scholarly research, quality assurance, or educational project
  - 2.4. Provision of teaching to others

### Recommended training experiences (TTP stage)

3. Other training experiences:
  - 3.1. Attendance at scientific lectures, meetings, and conferences relevant to PHPM

## CERTIFICATION REQUIREMENTS

Royal College certification in Public Health and Preventive Medicine (PHPM) requires the following:

1. Successful completion of the Royal College examination in PHPM; and
2. Successful completion of the Royal College PHPM Portfolio (see Note 4).

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<sup>1</sup> This role means the resident assumes responsibility for the six core functions of public health, with as much independence as permitted by ability, law, and public health agency policy.

## **NOTES**

1. The clinical experiences in the Foundations stage (section 1) must include experience with
  - the full range of patient age, including perinatal and child health, care of children and adolescents, and care of older adults
  - mental health and addictions
  - chronic and non-communicable diseases
  - infectious and communicable diseases, including vaccine-preventable diseases, tuberculosis, blood-borne infections, sexually transmitted infections, and infections related to travel
  - infection prevention and control
  - preventive health care including immunization, injury prevention, and age-appropriate screening
  - environmental and occupational exposures, including animal exposures
2. The academic course work in the Foundations stage, section 2.1, may lead to an academic degree, such as Master of Science (M.Sc.), Master of Health Science (M.H.Sc.), or Master of Public Health (M.P.H.).
3. The clinical experiences in the Core stage, section 1.1, must include experience with the following:
  - Communicable diseases
  - Chronic and non-communicable diseases
  - Health promotion
  - Perinatal and child health
  - Indigenous health
  - Occupational health
  - Environmental health
  - Emergency preparedness, response, and recovery
4. The Public Health and Preventive 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. Public Health and Preventive Medicine is planned as a five-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 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 Public Health and Preventive Medicine's suggested course of training, for the purposes of planning learning experiences and schedules, is as follows:

- 1 - 4 months in Transition to Discipline
- 21 – 24 months in Foundations of Discipline
- 24 – 30 months in Core of Discipline
- 6 – 12 months in Transition to Practice

### **Guidance for postgraduate medical education offices**

The stages of the Competence Continuum in Public Health and Preventive Medicine are generally no longer than

- 4 months for Transition to Discipline
- 24 months for Foundations of Discipline
- 30 months for Core of Discipline
- 12 months for Transition to Practice
- Total duration of training – 60 months

### **Alternate route to certification**

Training and certification in Public Health and Preventive Medicine concurrent with Family Medicine may be achieved with approval of both program directors; historically this has required a minimum of five years of which at least three years were focused in Public Health and Preventive Medicine. The guidance for stage duration may not apply to this route to certification.

In this route to certification, both the Public Health and Preventive Medicine and Family Medicine programs will have oversight and responsibility for determining the resident's training experiences and learning plan. In addition, the Competence Committees (or equivalent) of the respective program will each be responsible for review of and recommendations about the resident's progress through the training requirements of that

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discipline.

Guidance for residents and programs regarding concurrent training in Public Health and Preventive Medicine and Family Medicine

1. It is preferable that the requirements of the Transition to Discipline stage in Public Health and Preventive Medicine be achieved early in concurrent training.
2. Relevant professional activities and training experiences during Family Medicine will be reviewed on an individual basis by the Public Health and Preventive Medicine program and may be used to document achievement of competence in the clinical aspects of the Foundations stage in Public Health and Preventive Medicine and to create an individualized curriculum for the completion of those requirements.
3. It is required that the Competence Committee in Public Health and Preventive Medicine has access to the resident's assessment data in Family Medicine, in order to make individual determinations of progress on a shared data set.

*This document is to be reviewed by the Specialty Committee in Public Health and Preventive Medicine by December 2027.*

**APPROVED** – Specialty Standards Review Committee – June 2024