ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Practice Eligibility Route to Certification for Subspecialists (PER-sub)

PALLIATIVE MEDICINE

Application for Practice Eligibility Route to Certification for Subspecialists (PER-sub)

Candidates pursuing this route to the subspecialty examination must meet the eligibility criteria & belong to one of the two Cohorts.

Eligibility Criteria

a. Royal College certification in a primary specialty **or** certification by the College of Family Physicians of Canada (CFPC) ***(please note that this criteria applies to Palliative Medicine only)***

b. Proof of a valid, unrestricted license to practice in Canada

c. A scope of practice that meets the criteria set as determined by the discipline's specialty committee

d. Attestation by 2 referees of the physician's scope and quality of his/her practice
   - *At least one physician referee must be a Department Chair/Chief or supervisor.*

e. Registration in the Royal College Maintenance of Certification Program (MOC) **or** the CFPC Maintenance of Certification Program (Mainpro+) ***(please note that this criteria applies to Palliative Medicine only)***

Cohort 1 *(5 years or more of practice in Palliative Medicine in Canada)*

- The last two years of practice must have been in a continuous practice location in Canada
- Applicants must have at least 0.75 FTE practice in Palliative Medicine in any combination of administration/teaching/clinical/research in each of the 5 years of practice

Cohort 2 *(1 – 5 years of practice in Palliative Medicine in Canada)*

- The last year of practice must have been in a continuous practice location in Canada
- Applicants must have at least 0.75 FTE practice in Palliative Medicine in any combination of administration/teaching/clinical/research in each of the 1 - 5 years of practice

Confirmation of successful completion of training in at least one of the following:

- Two years of training in Palliative Medicine in Canada. Training must be registered with a Canadian university postgraduate medical education office.
  OR
- Proof of ACGME accredited training that is equivalent in length to the requirements as set out in the subspecialty's Specialty Training Requirements (STR).
  OR
- For palliative physicians not trained in Canada or the United States, comprehensive training or experience in Palliative Medicine to be evaluated by the subspecialty committee on an individual basis

*****Those with training and practice outside of the specified requirements may be considered by the Specialty Committee on a case by case basis*****

PLEASE NOTE: **All applicants (cohort 1 and cohort 2)** who begin practice in Palliative Medicine on or after July 1, 2023 must provide confirmation of successful completion of training in Palliative Medicine as outlined under cohort 2.

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Practice Eligibility Route to Certification for Subspecialists (PER-sub)

PALLIATIVE MEDICINE

Please send your completed forms to:	
Postal address: Royal College of Physicians and Surgeons of Canada Credentials Unit 774 Echo Drive Ottawa, ON K1S 5N8	**Email:** persub@royalcollege.ca **Fax:** 613-730-3707

Please attach the following documents to your application:	
☐	Copy of your CV
☐	Proof of licensure in a Canadian province
☐	Proof of training in Palliative Medicine as well as details of the training rotations if applicable
☐	For those certified by the College of Family Physicians of Canada (CFPC): - A copy of your Medical Degree in English or French (any degrees in a foreign language must be translated into English or French and must be certified as a true translation) - Proof of certification from the College of Family Physicians of Canada

Photocopies or electronic copies/scans are acceptable

Important Information:

- The **deadline** to submit your application for certification via the Practice Eligibility Route for Subspecialists is August 31st of the year before you wish to be examined.
  - ➢ Click here for a list of current assessment fees
  - ➢ Should you submit your application after the deadline, you will be subject to a non-refundable late penalty fee

- Please ensure that you have reviewed the criteria before submitting your application

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Route: Practice Eligibility Route to Certification for Subspecialists (PER-Sub)

Form A: PERSONAL DETAILS

IMPORTANT NOTES

- You will receive email confirmation that your application has been received.
- The Royal College will remain in contact with you via email. Please ensure that we have your current email address on file.
- Applications will be reviewed in the sequence in which they are received. This process will take several months.
- You will be contacted directly if we require any additional information.

Subspecialty:_____	**Exam Year:** _____

PERSONAL DETAILS

1. Identification

Title: ☐ Dr. ☐ Dr ☐ Dre	Sex: ☐ Male ☐ Female
Language: ☐ English ☐ French	Date of Birth: __ __ / __ __ / __ __ DD MM YY
Surname:	
Given Name:	Middle Name:
Royal College ID (if applicable):	

2. Contact Information

☐ Home Address ☐ Business Address

Street no. and name:		Apt no:
City:	Province:	Postal Code:
☐ Home phone ☐ Business phone ☐ Cell phone		☐ Home phone ☐ Business phone ☐ Cell phone
☐ Home email ☐ Business email		☐ Home email ☐ Business email

CONTACT INFORMATION

Web: www.royalcollege.ca
Phone: 1-800-267-2320
Fax: 613-730-3707
Email: persub@royalcollege.ca

Mail: 774 Echo Drive
Ottawa, ON
K1S 5N8

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Route: Practice Eligibility Route to Certification for Subspecialists (PER-sub)

Form B: CREDIT CARD AUTHORIZATION FORM

CREDIT CARD AUTHORIZATION FORM

ONE TIME USE ONLY

I authorize the Royal college to charge the non-refundable assessment fee to my credit card for the amount indicated.

NAME OF APPLICANT:_____
(PLEASE PRINT)

Amount $ ☐

Mastercard _____ Visa_____ American Express_____

Card Number:_____

Expiry Date (MM/YY): _____ / _____

CVV: _____

Cardholder's name:

_____
(PRINT CLEARLY)

Cardholder's signature:

☐

***Please note:The Royal College will charge the credit card in Canadian dollars.*

Royal College use only

ID number: _____

Specialty Name:_____

Specialty Code:_____

Financial Rev Code: _____

Agent initials:_____

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Route: Practice Eligibility Route to Certification for Subspecialists (PER-sub)

Form C: DECLARATION

DECLARATION – FORM C

All personal, biographical and academic information relating to your training is confidential and is provided for the recognized legitimate use by the officers and staff of the Royal College.

The Royal College may receive and exchange any and all information, which may be requested relative to my training history, credentialing, examination eligibility, scope and competencies in practice from my Chief of Staff, Head of Department or any other supervisor to whom I report in a Canadian institution; the Medical Regulatory Authority in the Canadian province in which I practice; and any and all institutions where I undertook my postgraduate medical education training.

I understand that any misinformation in this application or in any document at any time, provided by me in support of my application, may lead to refusal of my application or withdrawal of eligibility previously granted.

I agree to abide by the decisions of the Royal College of Physicians and Surgeons of Canada.

Signature _____ Date _____

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Practice Eligibility Route to Certification for Subspecialists (PER-Sub)

Form D: Current scope of practice

Palliative Medicine

Definition of a scope of practice:

1. Every physician's scope of practice is unique
2. A physician's scope of practice is determined by the patients the physician cares for, the procedures performed, the treatment provided, and the practice environment.
3. A physician's ability to perform competently in his or her scope of practice is determined by the physician's knowledge, skills and judgement, which are developed through training and experience in that scope of practice.

All fields are mandatory in order for an application to be reviewed

Identification	
Surname	
Given name	

1) How many years have you been practicing in Palliative Medicine? (Excluding training)

2) Describe your work as a Palliative Medicine specialist		
a) Describe your work as a Palliative Medicine specialist in a typical week:		
Practice settings	FTE	# of hours per week
Clinical		
Administration		
Research		
Teaching		
b) How many new consults and how many follow-up assessments in Palliative Medicine do you see in a typical week?		
Consults per week		
Follow ups per week		

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Practice Eligibility Route to Certification for Subspecialists (PER-Sub)

Form D: Current scope of practice

Palliative Medicine

c) Describe the frequency and extent to which your Palliative Medicine practice involves the following: participation in an inter-professional health care team; goals of care discussions; decision making; coordinating care within and/or across settings of care. (MAXIMUM 500 words)

d) If there have been any changes over the last five years in your career in Palliative Medicine, please explain (may include parental leaves, leaves of absence from clinical practice, changes in practice location, etc.)

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Practice Eligibility Route to Certification for Subspecialists (PER-Sub)

Form D: Current scope of practice

Palliative Medicine

3. Describe your clinical practice and the care settings in which you practice Palliative Medicine. For Cohort 1 (5 years or more of practice in Palliative Medicine in Canada), you must have spent at least 0.75FTE in Palliative Medicine in each of the last 5 years. For Cohort 2 (1 - 5 years of practice in Palliative Medicine in Canada), you must have spent at least 0.75FTE in Palliative Medicine in each of the 1 - 5 years. (MAXIMUM 500 words)

4. Complete the tables below to further outline your Palliative Medicine clinical practice:

a) Provide an estimated breakdown of your clinical practice, listing the most common diseases and symptoms managed. Give the approximate percentage of patients seen in each category.

Diseases (e.g. cancer, heart failure, ALS)		% of total number of patients seen
1.		
2.		
3.		
4.		
5.		

Symptoms (e.g. delirium, dyspnea, pain)		% of total number of patients seen
1.		
2.		
3.		
4.		
5.		

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Practice Eligibility Route to Certification for Subspecialists (PER-Sub)

Form D: Current scope of practice

Palliative Medicine

b) Briefly describe your involvement in providing Palliative Medicine across the following practice settings, including both direct and indirect patient care.	
Practice setting	**Description**
a) Ambulatory Care	
b) Inpatient Acute Tertiary/Quaternary Setting as a Consultant	
c) Inpatient Acute Tertiary/Quaternary Setting as the Most Responsible/Attending Physician	
d) Subacute or chronic palliative care (inpatient unit or hospice) as a Consultant	
e) Subacute or chronic palliative care (inpatient unit or hospice) as the Most Responsible/ Attending Physician	
f) Home-based palliative care	
g) Other	

c) In the table below, please indicate which of the following procedures/skills you performed or appropriately delegated in the past year:		
Procedure	**Number performed**	**Number delegated**
Thoracentesis		
Paracentesis		
Subcutaneous access		
Continuous ambulatory delivery device		
Mucosal atomization device		

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Practice Eligibility Route to Certification for Subspecialists (PER-Sub)

Form D: Current scope of practice

Palliative Medicine

d) Indicate which of the following existing interventions you manage/co-manage:	
☐	Biliary drainage tubes
☐	Chest tubes
☐	Cough assist devices
☐	Enteric feeding tubes
☐	Epidural, intrathecal, regional blocks
☐	Implantable cardiac defibrillators
☐	Long term IV lines
☐	Non-invasive ventilation
☐	Renal and bladder drainage tubes
☐	Tracheostomy tubes
☐	Venting gastrostomy tubes
☐	Ventricular peritoneal shunts

5. Describe your involvement in non-clinical Palliative Medicine specialist activities for each of the following categories (MAXIMUM 200 WORDS for each of a to d)

a) Palliative Medicine Teaching (may include formal teaching settings as well as interactions with patients and families, other health professionals or the public):

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Practice Eligibility Route to Certification for Subspecialists (PER-Sub)

Form D: Current scope of practice

Palliative Medicine

b) Palliative Medicine Administration and Leadership:

c) Palliative Medicine Research and Scholarly Activities (may include critical appraisal, continuing professional development, personal learning projects, quality improvement initiatives, practice audits):

d) Palliative Medicine Advocacy (may include individual patient and family advocacy, policy development, public health, and community outreach activities):

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Route: Practice Eligibility Route to Certification for Subspecialists (PER-sub)

Form E: REFEREE VERIFICATION (RV) - Palliative Medicine

Please provide the names of individuals who have knowledge of your professional practice. They will be contacted and asked to provide feedback on your practice.
At least one physician referee must be a Department Chair/Chief or supervisor.
A release of information form for each of your referees must be appended to this form (see Form F).

Applicant Identification:
Surname:
Given name:

A: Identification of Referee #1

☐ DEPARTMENT CHAIR/CHIEF OR SUPERVISOR

Title/ Position: ☐ Dr. ☐ Dr ☐ Dre

Name:

Contact Information for Referee #1

Street no. and name		Apt no.	
City	Province	Country	Postal Code

Telephone	Fax	E-mail
ext.( )		

B: Identification of Referee #2

Title/ Position: ☐ Dr. ☐ Dr ☐ Dre

Name:

Contact Information for Referee #2

Street no. and name		Apt no.	
City	Province	Country	Postal Code

Telephone	Fax	E-mail
ext.( )		

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Route: Practice Eligibility Route to Certification for Subspecialists (PER-sub)

Form F: RELEASE OF INFORMATION FOR REFEREE

AUTHORIZATION FOR RELEASE OF INFORMATION FOR REFEREE

From:

Please print your name

To: Royal College of Physicians and Surgeons of Canada

I, THE ABOVE-NAMED PHYSICIAN, HEREBY AUTHORIZE:

Name of Referee

To release any and all information which may be requested relative to my training history, credentialing and examination eligibility. You may furnish copies of any and all records in my file. This authorization shall continue until revoked by me in writing. A photocopy of this authorization shall serve in its stead.

Dated at:

City and Province / Territory

Dated:

(Day) (Month and Year)

Applicant's signature

Applicant's name

Witness signature

Witness' name

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Route: Practice Eligibility Route to Certification for Subspecialists (PER-sub)

Form G: PRACTICE AND TRAINING DETAILS

Identification:		
Surname:		
Given name:		
CURRENT PRACTICE DETAILS		
Subspecialty:		
What date did you start practicing in the subspecialty listed above: __ __ / __ __ *Do not include fellowship training* MM YY		
What date did you start practicing in the subspecialty in Canada: __ __ / __ __ MM YY		
What percentage of time do you spend practicing the in the subspecialty listed above: _____%		
Additional Comments:		
POSTGRADUATE MEDICAL EDUCATION HISTORY *Only complete if you have less than five years in practice.*		
Training in the subspecialty of:		
☐ Residency ☐ Fellowship ☐ Other *(please specify):*		
Start of training date:	End of Training date:	Total # months =
Name of institution:		
Attach proof of completion of training document (e.g. diploma, transcript)		
Any additional training/experience relevant to the subspecialty:		
Training in the subspecialty of:		
Residency ☐ Fellowship ☐ Other ☐ *(please specify):*		
Start of training date:	End of Training date:	Total # months =
Name of institution:		
Attach proof of completion of training document (e.g. diploma, transcript)		

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Practice Eligibility Route to Certification for Subspecialists (PER-sub)

CURRICULUM VITAE (CV) – Cover Page

*Please attach your Curriculum Vitae (CV) behind this cover page

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Practice Eligibility Route to Certification for Subspecialists (PER-sub)

Provincial License – Cover Page

*Please attach a copy of your license to practice behind this cover page

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Practice Eligibility Route to Certification for Subspecialists (PER-sub)

Documentation of Subspecialty Training – Cover Page

*If you have been in subspecialty practice for less than 5 years, please attach official documentation of your subspecialty training behind this cover page