

These training requirements apply to those who begin training on or after July 1, 2020.

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

TRANSITION TO DISCIPLINE (TTD)

The purpose of this stage is to establish a solid foundation in the International Classification of Functioning, Disability and Health (ICF) framework, provide an orientation to the Physical Medicine and Rehabilitation (also known as Physiatry) residency program, including the hospital and university environment, and establish the resident's support network. In this stage, residents focus on performing, presenting, and documenting physiatry-focused histories and physical examinations, including generating problem lists based on the ICF framework.

Required training experiences (TTD stage):

1. Clinical training experiences:
 - 1.1. Inpatient rehabilitation unit
 - 1.2. Outpatient physiatry clinic

2. Other training experiences:
 - 2.1. Orientation sessions to the university and hospital policies and procedures, including resident safety
 - 2.2. Orientation sessions to the residency program, including structure of training, Competence by Design, electronic portfolio, entrustable professional activities and training requirements, competence committee structure and functioning, and the faculty advisor/coach over time
 - 2.3. Advanced Cardiac Life Support (ACLS) or equivalent
 - 2.4. Formal instruction in:
 - 2.4.1. Framework of a physiatry consultation, including the ICF framework
 - 2.4.2. Introduction to physiatry-specific emergencies, such as autonomic dysreflexia, baclofen withdrawal, and agitation
 - 2.4.3. Giving and receiving feedback
 - 2.4.4. Approach to transfer of care

Recommended training experiences (TTD stage):

3. Clinical training experiences:
 - 3.1. Psychiatry consultation service
 - 3.2. Attendance at team conferences
 - 3.3. Attendance at family conferences
 - 3.4. Observation of diagnostic and/or treatment sessions provided by other health care professionals, such as physiotherapists and occupational therapists
 - 3.5. After-hours coverage of the psychiatry service

4. Other training experiences:
 - 4.1. Grand rounds in Psychiatry
 - 4.2. Attendance at quality assurance and improvement activities, including morbidity and mortality rounds
 - 4.3. Peer mentorship, such as pairing a junior and senior resident
 - 4.4. Simulation training for transfer of care

FOUNDATIONS OF DISCIPLINE (F)

In this stage, trainees assess and provide initial management of common medical and surgical emergent and urgent issues, including post-operative complications and restrictions. They perform common procedures and interpret investigations. They develop the communication and collaboration skills required to become contributing members of the interprofessional health care team.

Required training experiences (Foundations stage):

1. Clinical training experiences:
 - 1.1. Medical specialty and subspecialty services:
 - 1.1.1. Internal Medicine inpatient service or clinics
 - 1.1.2. Geriatric Medicine,¹ with at least two of the following:
 - 1.1.2.1. Inpatient unit
 - 1.1.2.2. Day hospital
 - 1.1.2.3. Inpatient geriatric rehabilitation unit
 - 1.1.2.4. Outpatient geriatric medicine or geriatric rehabilitation clinic

¹ The geriatric medicine experience should include specific exposure to the following: cognitive evaluations for delirium, dementia, depression; assessment and management of medical co-morbidities; comprehensive geriatric assessment; falls assessment and prevention; bladder incontinence; polypharmacy; immobility; competence/capacity assessment; management of driving; medical assistance in dying (MAID); palliative care; and, post-hip fracture/arthroplasty.

1.1.3. Neurology²

- 1.1.3.1. Inpatient unit
- 1.1.3.2. Outpatient clinic
- 1.1.3.3. Consultation service

1.1.4. Rheumatology³

- 1.1.4.1. Outpatient clinic
- 1.1.4.2. Consultation service

1.2. Surgical services, including any combination of inpatient surgical unit, outpatient surgical clinic, consultation service, or operating room experience

1.2.1. Orthopedic surgery⁴

1.2.2. At least one of the following⁵:

- 1.2.2.1. Urology
- 1.2.2.2. Plastic surgery
- 1.2.2.3. Vascular surgery
- 1.2.2.4. Neurosurgery

1.3. After-hours coverage for medical and surgical services

2. Other training experiences:

2.1. Formal instruction in:

- 2.1.1. Communication skills, including explanation and planning
- 2.1.2. Team dynamics
- 2.1.3. Principles of handover

² The neurology experience should include specific exposure to the following: acute stroke diagnosis and management; secondary stroke prevention; seizure management; diagnosis and management of Parkinson disease and other movement disorders, multiple sclerosis, Amyotrophic Lateral Sclerosis (ALS), acute inflammatory demyelinating polyneuropathy (AIDP), chronic inflammatory demyelinating polyneuropathy (CIDP); and altered mental status diagnosis and management.

³ The rheumatology experience should include specific exposure to diagnosis and management of monoarthropathies and polyarthropathies.

⁴ The orthopedic surgery experience should include specific exposure to the following: post arthroplasty care; post fracture management; and spine care, including traumatic and non-traumatic spinal injury.

⁵ The other surgical service experiences, if selected, should include specific exposure to: urology experience: bladder catheter management; plastic surgery experience: burn management and wound management; vascular surgery experience: limb salvage and immediate post-operative residual limb care; neurosurgery: management of post-op neurosurgical issues; assessing neurovitals; assessing and managing shunt malfunction; imaging review; management of acute acquired brain injury and spinal cord injury; management of brain and spinal cord tumours; carotid endarterectomy; management of agitation; and management of post-traumatic and post-operative seizures.

- 2.1.4. Patient safety and quality improvement
- 2.1.5. Presentation skills
- 2.1.6. Critical appraisal
- 2.1.7. Options for scholarly activity
- 2.1.8. Research methodology and clinical trial design
- 2.1.9. Wellness

- 2.2. Journal club or other critical appraisal activity
- 2.3. Grand rounds in Physiatry

Recommended training experiences (Foundations stage):

- 3. Clinical training experiences:
 - 3.1. Intensive care unit
 - 3.2. Medical imaging
 - 3.3. Family Medicine
 - 3.3.1. Clinical teaching unit
 - 3.3.2. Outpatient clinic
 - 3.4. Emergency medicine⁶
 - 3.5. Cardiology
 - 3.6. Infectious diseases
 - 3.7. Respirology
 - 3.8. Psychiatry⁷
 - 3.8.1. Inpatient unit
 - 3.8.2. Outpatient clinic
 - 3.8.3. Consultation service
 - 3.9. Palliative Medicine
 - 3.10. Pediatrics
 - 3.11. Physiatry
 - 3.11.1. Inpatient rehabilitation unit
 - 3.11.2. Outpatient clinic

⁶ The emergency medicine experience should include specific exposure to the following: acutely ill patients requiring stabilization; acute soft tissue and bony injuries; acute management of multi-trauma.

⁷ The psychiatry experience should include specific exposure to the following: medications for agitation, depression, anxiety, and sleep; assessment of capacity; conversion disorders; and personality disorders.

3.11.3. After-hours coverage of the psychiatry service

4. Other training experiences:

4.1. Simulation training, for procedural skills

4.1.1. Bladder catheterization

4.1.2. Intravenous catheter insertion

4.1.3. Lumbar puncture

4.2. Attendance at quality assurance and improvement activities, including morbidity and mortality rounds

4.3. Formal instruction in communication skills, including special situations such as breaking bad news, and adverse medical events

Optional training experiences (Foundations stage):

5. Clinical training experiences:

5.1. Vascular medicine, inpatient or outpatient

CORE OF DISCIPLINE (C)

In this stage, trainees assess and manage all complex rehabilitation patient populations building on the ICF framework. They recommend and interpret psychiatric procedures and investigations. They lead team and family meetings and manage complex physician-patient and team-based interactions. Trainees conduct a scholarly project, apply patient quality and safety principles as they apply to persons with disabilities, and facilitate the learning of others. They also advocate for persons with disabilities in a variety of contexts. Trainees develop the communication, collaboration, and leadership skills required to be active members of the interprofessional health care team.

Required training experiences (Core stage):

1. Clinical training experiences:

1.1. Psychiatry, across the breadth of psychiatry patient populations

1.1.1. Inpatient rehabilitation unit

1.1.2. Outpatient psychiatry clinic

1.1.3. Psychiatry consultation service

1.1.4. Team meetings

1.1.5. Family meetings

1.1.6. After-hours coverage of the psychiatry service

2. Other training experiences:
 - 2.1. Formal instruction in:
 - 2.1.1. Clinical and biomedical sciences of Physiatry
 - 2.1.2. Communications skills, including challenging situations
 - 2.1.3. Conflict management
 - 2.1.4. Patient safety
 - 2.1.5. Quality assurance and improvement
 - 2.1.6. Research methodology and clinical trial design
 - 2.1.7. Critical appraisal
 - 2.2. Journal club or other critical appraisal activity, relevant to Physiatry
 - 2.3. Grand rounds in Physiatry
 - 2.4. Attendance at quality assurance and improvement activities, including morbidity and mortality rounds
 - 2.5. In-training examinations
 - 2.6. Participation in residency program administration, such as scheduling and organizing activities (e.g., on-call roster, grand rounds, or formal learning activities)

Recommended training experiences (Core stage):

3. Clinical training experiences:
 - 3.1. Physiatry outside of an academic centre (e.g., private practice, community hospital,⁸ worker's compensation, military medicine, long-term care)
 - 3.2. Physiatry outreach clinics
4. Other training experiences:
 - 4.1. Local and/or national scientific conferences relevant to Physiatry
 - 4.2. Simulation training for
 - 4.2.1. Collaboration skill scenarios, such as family and team conferences
 - 4.2.2. Communication skill scenarios, such as breaking bad news
 - 4.2.3. Image-guided and non-image-guided procedures

⁸ Throughout this document, community setting refers to non-tertiary inpatient or outpatient settings.

TRANSITION TO PRACTICE (TTP)

In this stage, trainees manage patients with complex diagnoses and undifferentiated conditions within the ICF framework, and demonstrate leadership, time-management, and advocacy skills in a variety of contexts. This stage also focuses on implementing a plan for lifelong learning and continuing professional development.

Required training experiences (TTP stage):

1. Clinical training experiences:
 - 1.1. Physiatry, with any combination of the following:
 - 1.1.1. Inpatient rehabilitation unit, in the role of junior attending⁹
 - 1.1.2. Senior trainee clinic,¹⁰ including longitudinal care
 - 1.1.3. Consultation service
 - 1.1.4. After-hours coverage, in the role of junior attending
2. Other training experiences:
 - 2.1. Journal club or other critical appraisal activity, relevant to Physiatry
 - 2.2. Grand rounds in Physiatry
 - 2.3. Participation in quality assurance and improvement activities, including morbidity and mortality rounds
 - 2.4. Completion of a scholarly research, education or quality assurance activity
 - 2.5. Provision of teaching
 - 2.5.1. Mentorship and supervision of junior learners
 - 2.5.2. Teaching junior and peer learners
 - 2.5.3. Teaching others, including physicians, other health professionals, and/or the public
 - 2.5.4. Facilitation of academic half-day sessions
 - 2.6. Simulation training for:
 - 2.6.1. Difficult patient-clinician clinical scenarios
 - 2.6.2. Dealing with unusual complications
 - 2.6.3. Preparing third party requests and medical legal reports

⁹ "Junior attending" means that the resident assumes leadership in the education and clinical supervision of junior colleagues, with as much independence as permitted by ability, law and hospital policy.

¹⁰ The senior trainee clinic refers to an outpatient experience wherein the resident has responsibility for patient scheduling, consultative and follow-up patient care with remote supervision, and administrative responsibilities such as shadow billing, clinical documentation, responding to patient requests, and completion of any other documentation or forms.

- 2.7. Meetings with stakeholders and community partners and agencies, such as advocacy groups, patient groups, hospital administration, referring physicians, and therapists
- 2.8. Participation in hospital administration meetings
- 2.9. Participation in shadow billing
- 2.10. Formal meetings with mentor about transition to practice topics, including licensing requirements, malpractice insurance, and remuneration options
- 2.11. Identification of a mentor aligned with individual interest and career path
- 2.12. Canadian Medical Association practice management e-modules
- 2.13. Instruction in financial planning
 - 2.13.1. Disability insurance
 - 2.13.2. Incorporation as a medical professional
 - 2.13.3. Health benefits
 - 2.13.4. Loan repayments
 - 2.13.5. Overhead costs
- 2.14. Formal instruction in physician leadership

Recommended training experiences (TTP stage):

3. Clinical training experiences:
 - 3.1. Physiatry or sports medicine in the community setting or in an underserved area
 - 3.2. Clinical services related to defined learning needs based on individual interest, career plan, community needs and/or competencies
4. Other training experiences:
 - 4.1. Formal instruction in:
 - 4.1.1. Time management
 - 4.1.2. Local labour laws as they pertain to human resources management
 - 4.2. Participation in practice OSCE as an examiner
 - 4.3. Coordination of practice OSCE, to shadow or assist existing organizer

Optional training experiences (TTP stage):

5. Clinical training experiences:

- 5.1. Focused psychiatry practice, e.g., worker's compensation, military medicine, and long-term care

6. Other training experiences:

- 6.1. Observation of court proceedings with an independent medical examination practitioner
- 6.2. Observation of administration activities with faculty advisor, clinician-administrator or clinician-educator, at local, regional, provincial, and territorial, or national level

CERTIFICATION REQUIREMENTS

Royal College certification in Physical Medicine and Rehabilitation requires all of the following:

1. Successful completion of the Royal College examination in Physical Medicine and Rehabilitation; and
2. Successful completion of the Royal College Physical Medicine and Rehabilitation Portfolio.

NOTES

The Physical Medicine and Rehabilitation 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. Physical Medicine and Rehabilitation 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/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 Physical Medicine and Rehabilitation's suggested course of training, for the purposes of planning learning experiences and schedules, is as follows:

- 1-3 blocks for Transition to Discipline
- 12-16 blocks for Foundations of Discipline
- 24-36 blocks for Core of Discipline
- 6-12 blocks for Transition to Practice

Guidance for postgraduate medical education offices

The stages of the Competence Continuum in Physical Medicine and Rehabilitation are generally no longer than:

- 3 blocks for Transition to Discipline
- 16 blocks for Foundations of Discipline
- 36 blocks for Core of Discipline
- 12 blocks for Transition to Practice

**One block is equal to four weeks.*

This document is to be reviewed by the Specialty Committee in Physical Medicine and Rehabilitation by December 2021.

APPROVED – Specialty Standards Review Committee – May 2019