

These training requirements apply to those who begin training on or after July 1, 2023.

ELIGIBILITY REQUIREMENTS TO BEGIN TRAINING

Royal College certification in Internal Medicine, Anesthesiology, or Neurology.

OR

Eligibility for the Royal College examination in Internal Medicine, Anesthesiology, or Neurology.

OR

Registration in a Royal College-accredited residency program in Internal Medicine, Anesthesiology, or Neurology. (See requirements for these qualifications.)

A maximum of one year of training may be undertaken during the fourth or final year of residency training in Internal Medicine, Anesthesiology, or Neurology with the joint approval of the program director in the primary specialty and the program director of the adult palliative medicine program.

Entry from other specialties may occur but must follow completion of the primary specialty training and must include the prerequisites of twelve months of clinical medicine-based rotations with a minimum of six months at a senior level¹ designed to allow achievement of competencies in the consultation and care of complex medical patients, interprofessional care, and effective communication skills.

¹ A senior level is when a resident is regularly entrusted with responsibility for direct independent patient care under the supervision of and direct responsibility to a senior subspecialty resident or faculty member.

ELIGIBILITY REQUIREMENTS FOR EXAMINATION²

All candidates must be certified in their primary specialty in order to be eligible for the Royal College examination in Adult Palliative Medicine.

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 Palliative Medicine and the adult palliative medicine residency program. This includes a comprehensive orientation to the settings in which they will work and the goals of the educational program. It also includes formal instruction in some of the basic concepts of Palliative Medicine. Residents participate in the care of inpatients with palliative care needs and spend time with other members of the interprofessional palliative care team to learn about their scope of practice.

Required training experiences (TTD stage):

1. Clinical training experiences
 - 1.1. Palliative Medicine
 - 1.1.1. Inpatient tertiary palliative care unit³ or a service providing consultation to the emergency department and inpatient services within a tertiary or quaternary acute care hospital, or both
 - 1.1.2. Attendance at interprofessional team rounds
 - 1.1.3. Attendance at family meetings
 - 1.1.4. After-hours coverage
2. Other training experiences
 - 2.1. Orientation to the program, including structure, policies, resources (including local resident wellness support), and expectations
 - 2.2. Orientation to the hospital(s), including policies and procedures, information systems, and as applicable, electronic medical records
 - 2.3. Orientation to regular meetings with program director or delegate
 - 2.4. Formal instruction in
 - 2.4.1. Approach to assessment and management of common symptoms
 - 2.4.2. Approach to performance and documentation of the comprehensive palliative medicine consult
 - 2.4.3. Procedures and medicolegal responsibilities at time of death
 - 2.4.4. Regional legal framework(s) regarding power of attorney and substitute decision-makers
 - 2.4.5. Communication skills

² These eligibility requirements do not apply to Subspecialty Examination Affiliate Program (SEAP) candidates. Please contact the Royal College for information about SEAP.

³ A tertiary palliative care unit is a facility providing palliative care for patients with complex needs and their families, typically with a palliative medicine subspecialist as the most responsible physician.

- 2.4.6. Benefits of self-care and self-reflection as a strategy to promote resilience in palliative medicine practice

Recommended training experiences (TTD stage):

3. Clinical training experiences
 - 3.1. Observing patient interactions with other members of the interprofessional team
4. Other training experiences
 - 4.1. Orientation to local community resources
 - 4.1.1. Funeral home(s)
 - 4.1.2. Spiritual care services outside the hospital setting
 - 4.2. Attendance at local and/or institutional resident seminar series
 - 4.3. Critical appraisal activities, such as journal club

FOUNDATIONS OF DISCIPLINE (F)

In this stage, residents build knowledge and skills in the assessment and management of patients with chronic, progressive, and end-stage illnesses with a focus on patients with cancer; this includes managing common symptoms and urgent and emergent presentations. Residents improve their ability to explore the psychological, social, spiritual, existential, and cultural aspects of a patient's and their family's illness experience. By the end of this stage, residents will be able to provide a comprehensive consultation for patients with less complex palliative care needs.

Required training experiences (Foundations stage):

1. Clinical training experiences
 - 1.1. Palliative Medicine
 - 1.1.1. Inpatient tertiary palliative care unit
 - 1.1.2. Service providing consultation to the emergency department and inpatient services within a tertiary or quaternary acute care hospital
 - 1.1.3. Service providing palliative care in the patient's home, including in assisted living and long-term care facilities
 - 1.1.4. Participation at interprofessional team rounds
 - 1.1.5. Participation at family meetings
 - 1.1.6. After-hours coverage
 - 1.2. Medical oncology inpatient service or clinic or both
 - 1.3. Radiation oncology inpatient service or clinic or both
2. Other training experiences

ADULT PALLIATIVE MEDICINE TRAINING EXPERIENCES (2023)

- 2.1. Formal instruction in the basic and clinical sciences of Palliative Medicine
- 2.2. Training in use of point-of-care ultrasound (POCUS) for procedural guidance
- 2.3. Participation in local departmental and divisional educational activities, such as rounds and complex case discussions
- 2.4. Participation in patient safety and quality improvement activities, such as morbidity and mortality rounds, complex case reviews, and death reviews
- 2.5. Critical appraisal activities, such as journal club
- 2.6. Initiation of a scholarly research, quality improvement, program development, or educational project
- 2.7. Identification of a mentor for career guidance
- 2.8. Meeting with program director or delegate, at least three times a year, to address the personal impact of providing care for patients who are suffering and their families

Recommended training experiences (Foundations stage):

3. Clinical training experiences
 - 3.1. Palliative medicine clinic
 - 3.2. Procedure clinic
4. Other training experiences
 - 4.1. Teaching about reflective practice
 - 4.2. Participation in committees relevant to Palliative Medicine, such as the residency program committee

Optional training experiences (Foundations stage):

5. Other training experiences
 - 5.1. Completion of nationally recognized palliative medicine training courses, such as Learning Essential Approaches to Palliative Care (LEAP) or Serious Illness Conversation Guide (SICG)

CORE OF DISCIPLINE (C)

In this stage, residents build knowledge and skills providing care for patients with a greater complexity of illness. This includes patients with a wide variety of chronic, progressive, and end-stage illnesses, and includes advanced pain and symptom management strategies. Residents participate in scholarly activities, clinical and formal teaching, and administrative aspects of palliative medicine service delivery.

Required training experiences (Core stage):

1. Clinical training experiences
 - 1.1. Palliative Medicine
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ADULT PALLIATIVE MEDICINE TRAINING EXPERIENCES (2023)

- 1.1.1. Inpatient tertiary palliative care unit
 - 1.1.2. Service providing consultation to the emergency department and inpatient services within a tertiary or quaternary acute care hospital
 - 1.1.3. Service providing inpatient sub-acute and chronic palliative care, including to community hospitals and hospices
 - 1.1.4. Service providing palliative care in the patient's home, including in assisted living and long-term care facilities
 - 1.1.5. Clinic
 - 1.1.6. Longitudinal clinic
 - 1.1.7. Leadership of interprofessional team rounds
 - 1.1.8. Leadership of family meetings
 - 1.1.9. After-hours coverage
 - 1.2. Pediatric Palliative Medicine
 - 1.3. At least four of the following organ- or system-specific services for patients with advanced disease
 - 1.3.1. Chronic kidney disease
 - 1.3.2. Dementia and/or frailty
 - 1.3.3. Heart failure
 - 1.3.4. Infectious diseases that alter life
 - 1.3.5. Liver disease
 - 1.3.6. Neurologic disorders
 - 1.3.7. Respiratory disease
 2. Other training experiences
 - 2.1. Formal instruction in the basic and clinical sciences of Palliative Medicine
 - 2.2. Training in use of POCUS for procedural guidance (if not completed at Foundations)
 - 2.3. Participation in local departmental and divisional educational activities, such as rounds and complex case discussions
 - 2.4. Participation in patient safety and quality improvement activities, such as morbidity and mortality rounds, complex case reviews, and death reviews
 - 2.5. Participation in divisional, departmental, or health administration committees
 - 2.6. Critical appraisal activities, such as journal club
 - 2.7. Ongoing work on a scholarly research, quality improvement, program development, or educational project
 - 2.8. Provision of clinical supervision and teaching for junior learners
 - 2.9. Provision of formal teaching for a variety of audiences, which may include medical students, junior residents, peers, other health care professionals, and the public
 - 2.10. Regular meetings with a mentor
 - 2.11. Meeting with program director or delegate, at least three times a year, to address the personal impact of providing care for patients who are suffering and their families
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Recommended training experiences (Core stage):

3. Clinical training experiences
 - 3.1. Service providing palliative medicine care to vulnerable, remote, or rural populations
 - 3.2. Procedure clinic
 - 3.3. Psychiatry
 - 3.4. Services providing psychosocial and/or spiritual care, including grief counselling

4. Other training experiences
 - 4.1. Attendance at the annual Advanced Learning in Palliative Medicine conference (ALPM)
 - 4.2. Completion of leadership development courses or training
 - 4.3. Provision of teaching about reflective practice for junior learners
 - 4.4. Self-directed reflective practice

Optional training experiences (Core stage):

5. Clinical training experiences
 - 5.1. Addictions medicine
 - 5.2. Anesthesia
 - 5.3. Chronic pain
 - 5.4. Emergency medicine
 - 5.5. Family medicine
 - 5.6. Geriatric medicine inpatient ward, inpatient consult service, and/or clinic
 - 5.7. Intensive care unit
 - 5.8. Physiatry
 - 5.9. Sexual medicine

6. Other training experiences
 - 6.1. Attendance at local, national, or international meetings or conferences relevant to Palliative Medicine
 - 6.2. Participation in regional, provincial, and/or national leadership committees relevant to clinical care, health administration, research, or other aspects of Palliative Medicine
 - 6.3. Participation in an online palliative medicine subspecialty exam preparation course

TRANSITION TO PRACTICE (TTP)

The focus of this stage is the integration of medical expertise with leadership in the clinical, operational, and administrative aspects of running the palliative medicine service. Residents lead family and interprofessional meetings, coordinate and optimize patient care with the health care team, and support the well-being of individual team members and the interprofessional team as a whole. The resident will also prepare for the demands of independent practice, including practice management and continuing professional development.

Required training experiences (TTP stage):

1. Clinical training experiences
 - 1.1. Palliative Medicine, in the role of junior attending⁴
 - 1.1.1. Inpatient tertiary palliative care unit
 - 1.1.2. Service providing consultation to the emergency department and inpatient services within a tertiary or quaternary acute care hospital
 - 1.1.3. Leadership of interprofessional team rounds
 - 1.1.4. Leadership of family meetings
 - 1.1.5. After-hours coverage
2. Other training experiences
 - 2.1. Formal instruction in
 - 2.1.1. Practice management, including
 - 2.1.1.1. Requirements and processes for licensure
 - 2.1.1.2. Financial planning
 - 2.1.1.3. Financial management and billing
 - 2.1.2. Continuing professional development requirements and the use of MAINPORT ePortfolio
 - 2.2. Participation in local departmental and divisional educational activities, such as rounds and complex case discussions
 - 2.3. Participation in patient safety and quality improvement activities, such as morbidity and mortality rounds, complex case reviews, and death reviews
 - 2.4. Participation in divisional, departmental, or health administration committees
 - 2.5. Critical appraisal activities, such as journal club
 - 2.6. Presentation of a completed scholarly research, quality improvement, program development, or educational project
 - 2.7. Provision of clinical supervision and teaching for junior learners

⁴ "Junior attending": the resident assumes responsibility for patient care, and leadership in the education and clinical supervision of junior colleagues, with as much independence as permitted by ability, law, and hospital policy.

- 2.8. Provision of formal teaching for a variety of audiences, which may include medical students, junior residents, peers, other health care professionals, and the public
- 2.9. Regular meetings with a mentor
- 2.10. Meeting with program director or delegate, at least three times a year, to address the personal impact of providing care for patients who are suffering and their families
- 2.11. Practical experience working with a leader in administrative, research or educational activities

Recommended training experiences (TTP stage):

3. Clinical training experiences
 - 3.1. Palliative Medicine
 - 3.1.1. Service providing inpatient sub-acute and chronic palliative care, including to community hospitals and hospice
 - 3.1.2. Service providing palliative care in the patient's home, including in assisted living and long-term care facilities
 - 3.1.3. Clinic
 - 3.1.4. Longitudinal clinic
4. Other training experiences
 - 4.1. Completion of an audit of one's own practice

CERTIFICATION REQUIREMENTS

Royal College certification in Adult Palliative Medicine requires all of the following:

1. Certification in a primary specialty;
2. Successful completion of the Royal College examination in Palliative Medicine; and
3. Successful completion of the Royal College Palliative Medicine Portfolio.

NOTES

The Adult Palliative 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. Adult Palliative Medicine is planned as a 2-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 [and/or overlap training], 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 Palliative Medicine's suggested course of training, for the purposes of planning learning experiences and schedules, is as follows:

- 1-2 months in Transition to Discipline
- 5-7 months in Foundations of Discipline
- 12-15 months in Core of Discipline
- 3-4 months in Transition to Practice

Guidance for postgraduate medical education offices

The stages of the Competence Continuum in Adult Palliative Medicine are generally no longer than:

- 2 months for Transition to Discipline
- 7 months for Foundations of Discipline
- 15 months for Core of Discipline
- 4 months for Transition to Practice

Total duration of training – 2 years

This document is to be reviewed by the Specialty Committee in Palliative Medicine by JANUARY 31, 2026.

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