

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

The final year of training/Transition to Practice stage in Psychiatry may be undertaken concurrently with training for certification in Child and Adolescent Psychiatry or Geriatric Psychiatry.

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

TRANSITION TO DISCIPLINE (TTD)

The focus of this stage is orientation and introduction of new trainees to the Psychiatry program and institution(s), including policies, procedures, protocols, resources, and facilities. During this stage trainees will perform psychiatric interviews and mental status examinations in low complexity patients, formulate preliminary diagnostic impressions to inform management of mental health concerns, and communicate clinical encounters appropriately.

Required training experiences (TTD stage):

1. Clinical training experiences
 - 1.1. Any psychiatric clinical setting and/or simulated psychiatry experience(s)
2. Other training experiences
 - 2.1. Orientation to Competence By Design
 - 2.2. Orientation to the CanMEDS Roles
 - 2.3. Orientation to program, postgraduate and institutional policies, procedures, protocols, and resources
 - 2.4. Orientation to provincial associations, including resident associations and resources
 - 2.5. Formal instruction in
 - 2.5.1. Psychiatric interviewing
 - 2.5.1.1. Mental status examination
 - 2.5.2. Clinical documentation
 - 2.5.3. Risk assessment, including for suicide and/or violence
 - 2.5.4. De-escalation techniques, including management of agitated patients and non-violent crisis intervention

- 2.5.5. Institutional policies (specific to each institution), including consent
- 2.5.6. Introduction to legislation relevant to Psychiatry, including involuntary treatment and hospitalization, child welfare, and personal health information privacy and access to information
- 2.5.7. Introduction to diagnostic classification system(s) for psychiatric disorders
- 2.5.8. Introduction to phenomenology
- 2.5.9. Introduction to advocacy, including concepts of stigma, marginalization, and vulnerability
- 2.5.10. The local health care system, including community resources
- 2.5.11. Physician wellness
- 2.5.12. Professionalism
 - 2.5.12.1. Cultural awareness
 - 2.5.12.2. Social media training, including professional use of smart technology

FOUNDATIONS OF DISCIPLINE (F)

The focus of this stage is the development of the skills and knowledge required to manage medical presentations relevant to Psychiatry, perform psychiatric assessments referencing a biopsychosocial approach, develop basic differential diagnoses, implement management plans for patients of low to medium complexity, and perform risk assessments informing acute safety plans. Trainees at this stage will also perform critical appraisal and are expected to present on relevant psychiatric literature.

Required training experiences (Foundations stage):

- 1. Clinical training experiences
 - 1.1. Psychiatry
 - 1.1.1. Adult outpatient
 - 1.1.2. Adult inpatient
 - 1.1.3. Emergency, including after-hours coverage
 - 1.2. Medical inpatient service, including units supervised by an internal medicine specialist or family medicine hospitalist, or a medical service within a psychiatry facility
 - 1.2.1. After-hours coverage of the medical service
 - 1.3. Neurology
 - 1.4. Emergency medicine
 - 1.5. At least three of the following, in any care setting
 - 1.5.1. Addictions
 - 1.5.2. Community psychiatry
 - 1.5.3. Consultation liaison psychiatry
 - 1.5.4. Family medicine
 - 1.5.5. General internal medicine or other medical subspecialty
 - 1.5.6. Geriatric medicine

- 1.5.7. Palliative care
- 1.5.8. Pediatrics
- 2. Other training experiences
 - 2.1. Formal instruction in
 - 2.1.1. Differentiating normal versus disease states
 - 2.1.2. Neuroscience, including impact of developmental trauma
 - 2.1.3. Phenomenology
 - 2.1.4. Diagnostic classification system(s) for psychiatric disorders
 - 2.1.5. Commonly used diagnostic and symptom related rating scales
 - 2.1.6. History of Psychiatry
 - 2.1.7. Legislation related to medico-legal requirements of mental health care and delivery, including capacity and mandatory reporting
 - 2.1.8. Etiology, diagnosis, treatment, and natural course of major psychiatric disorders, including substance use and withdrawal
 - 2.1.9. Biopsychosocial formulation
 - 2.1.10. Principles of psychopharmacology
 - 2.1.11. Principles of psychotherapy
 - 2.1.11.1. Supportive skills, including emotional awareness
 - 2.1.12. Risk assessment
 - 2.1.13. Safety training, including de-escalation practices
 - 2.1.14. Developing foundations of physician-patient relationships
 - 2.1.15. Psychiatric interviewing skills
 - 2.1.15.1. Communication and its impact
 - 2.1.16. Clinical documentation
 - 2.1.17. Handover
 - 2.1.18. Conflict management
 - 2.1.19. Team dynamics
 - 2.1.20. Advocacy for special populations, including those who are marginalized¹ and/or vulnerable
 - 2.1.21. Principles of patient safety and quality assurance and improvement
 - 2.1.21.1. Principles of Plan-Do-Study-Act (PDSA)
 - 2.1.22. Principles of critical appraisal and literature review
 - 2.1.23. Ethics
 - 2.1.24. Professionalism, including self-management and interpersonal interactions, identity, and continuing education
 - 2.1.25. Disclosure of medical error

¹ "Marginalized populations" are populations with decreased access to the social determinants of health that are essential to good mental health and recovery from mental illness. Examples include those excluded on the basis of: race; ethnic or cultural origin; age; gender; sexuality; economic or housing status; and mental or physical illness and/or disability.

2.1.26. Physician wellness

2.2. Completion of one successful structured assessment of a clinical encounter (STACER)

Recommended training experiences (Foundations stage):

3. Clinical training experiences

3.1. Endocrinology

3.2. Family medicine

3.3. General internal medicine

3.4. Geriatric medicine

3.5. Palliative care

3.6. Pediatrics

3.7. Delivery of psychotherapeutic treatments, including

3.7.1. Cognitive behavioural therapy

3.7.2. Family or group therapy

3.7.3. Psychodynamic therapy

3.7.4. Other evidence-based psychotherapies

4. Other training experiences

4.1. Longitudinal mentorship opportunities

4.2. Participation in quality improvement (QI) rounds

4.3. Scholarly activity, including research, quality assurance, or education.

4.4. Formal instruction in regulatory college complaints policies and processes

Optional training experiences (Foundations stage):

5. Clinical training experiences

5.1. Child and adolescent psychiatry

5.2. Geriatric psychiatry

5.3. Longitudinal psychiatry clinic

5.4. Neuroradiology

5.5. Sleep medicine

5.6. Subspecialty services of internal medicine

5.7. Delivery of interpersonal psychotherapy

5.8. Motivational interviewing

6. Other training experiences

6.1. Advanced cardiovascular life support (ACLS) re-certification

6.2. Management of adverse events, including patient suicide

CORE OF DISCIPLINE (C)

The focus of this stage is to build on the skills and knowledge of the previous stages to conduct psychiatric assessments, develop biopsychosocial formulations, and provide comprehensive management for psychiatric patients across the lifespan, including emergent situations in psychiatric care. During this stage trainees integrate the principles and skills of psychotherapy, neurostimulation, and psychopharmacology into patient care. In addition, residents will be responsible for teaching others and applying relevant legislation and legal principles to clinical practice.

Required training experiences (Core stage):

1. Clinical training experiences
 - 1.1. Psychiatry
 - 1.1.1. Geriatric psychiatry
 - 1.1.1.1. At least two of the following settings: inpatient, day hospital, long-term care, or outpatient
 - 1.1.2. Child and/or adolescent psychiatry
 - 1.1.2.1. At least two of the following settings: inpatient, outpatient, residential, day hospital, or school
 - 1.1.3. Consultation liaison psychiatry
 - 1.1.4. Electroconvulsive therapy (ECT), including delivery
 - 1.1.5. Delivery of psychotherapeutic treatments (if not completed in the Foundations stage), including
 - 1.1.5.1. Cognitive behavioural therapy
 - 1.1.5.2. Psychodynamic therapy
 - 1.1.5.3. Family or group therapy
 - 1.1.5.4. One other evidence-based psychotherapy
 - 1.1.6. Longitudinal patient care, including patients with severe mental illness
 - 1.1.7. Care of special populations (integrated into other experiences or as discrete experiences), including patients with
 - 1.1.7.1. Addictions
 - 1.1.7.2. Forensic history
 - 1.1.7.3. Severe mental illness
 - 1.1.7.4. Concurrent psychiatric diagnoses
 - 1.1.7.5. Developmental disorders, including intellectual disability and autism spectrum disorders
 - 1.1.8. After-hours coverage for psychiatry and/or one of its subspecialties, including psychiatry emergency and inpatient unit

2. Other training experiences
 - 2.1. Formal instruction in
 - 2.1.1. Psychiatric interviewing
 - 2.1.2. Neurostimulation
 - 2.1.3. Psychopharmacology
 - 2.1.4. Psychotherapy in those areas not completed in the Foundations stage
 - 2.1.5. Therapeutic tools and techniques for specific developmental stages, including preschool and those with intellectual developmental disabilities
 - 2.1.6. Therapeutic tools and techniques specific to older adults
 - 2.1.7. Advocacy
 - 2.1.8. Culturally safe practice
 - 2.1.9. Teaching
 - 2.1.9.1. Bedside
 - 2.1.9.2. Formal
 - 2.1.9.3. Supervision of junior learners
 - 2.1.10. Ethics
 - 2.1.11. Legislation related to mental health care, including mandatory and discretionary reporting
 - 2.1.12. Professionalism
 - 2.2. Supervision of junior learners
 - 2.3. Completion of two successful STACERs
 - 2.4. Participation in QI rounds
 - 2.5. Scholarly activity, including research, quality assurance, or education

Recommended training experiences (Core stage):

3. Clinical training experiences
 - 3.1. Psychiatry
 - 3.1.1. Community settings, including rural, remote, and/or telehealth
 - 3.1.2. Day hospital
 - 3.1.3. Emergency psychiatry
 - 3.1.4. Forensic psychiatry and/or correctional setting
 - 3.1.5. Shared/collaborative care
 - 3.1.6. Delivery of psychotherapeutic treatments
 - 3.1.6.1. Dialectical behaviour therapy
 - 3.1.6.2. Family or group therapy
 - 3.1.6.3. Interpersonal psychotherapy (IPT)
 - 3.1.6.4. Motivational interviewing
 - 3.1.6.5. Long-term psychodynamic psychotherapy (if not the modality of the required experience)

4. Other training experiences
 - 4.1. Participation in
 - 4.1.1. Review board hearing (may be done by simulation)
 - 4.1.2. Mock trial and/or simulation experience in malpractice/negligence and/or provincial licensing authority disciplinary matters
 - 4.2. Formal instruction in
 - 4.2.1. Principles of practice management
 - 4.2.2. Development of a curriculum vitae (CV)
 - 4.2.3. Management of adverse events, including patient suicide
 - 4.2.4. Principles of lifelong learning
 - 4.2.5. Regulatory college complaints policies and processes

Optional training experiences (Core stage):

5. Clinical training experiences
 - 5.1. Delivery of psychotherapeutic treatment
 - 5.1.1. Emotion-focused therapy
 - 5.1.2. Mindfulness
 - 5.1.3. Acceptance and commitment therapy
 - 5.1.4. Electronic therapies (i.e., e-therapy)
 - 5.2. Participating in third party assessments (e.g., for court, insurance)

TRANSITION TO PRACTICE (TTP)

The focus of this stage is the consolidation of skills required to function at a junior consultant level², including management of the clinical and administrative aspects of psychiatric practice, supervising trainees, and planning for future practice.

Required training experiences (TTP stage):

1. Clinical training experiences
 - 1.1. Any psychiatric service or practice at a junior consultant level
 - 1.2. After-hours coverage for psychiatry or one of its subspecialties
2. Other training experiences
 - 2.1. Formal instruction in
 - 2.1.1. Conflict resolution
 - 2.1.2. CV development
 - 2.1.3. Lifelong learning, including orientation to the Royal College's MAINPORT web

² "Junior consultant" 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.

application

- 2.1.4. Regulatory college complaints policies and processes
- 2.1.5. Management of adverse events, including patient suicide (if not completed in Core)
- 2.1.6. Professionalism
- 2.1.7. Practice management
- 2.1.8. Social media training
- 2.1.9. Team dynamics

Recommended training experiences (TTP stage):

- 3. Clinical training experiences
 - 3.1. Clinical leadership and administrative aspects of psychiatric/medical practice
 - 3.1.1. Leading a clinical service
 - 3.1.2. Management of the business aspects of practice
- 4. Other training experiences
 - 4.1. Participation in a project evaluating costs of patient treatment in different settings
 - 4.2. Participation in a quality improvement initiative

CERTIFICATION REQUIREMENTS

Royal College certification in Psychiatry requires all of the following:

- 1. Successful completion of the Royal College examination in Psychiatry; and
- 2. Successful completion of the Royal College Psychiatry Portfolio.

NOTES:

The Psychiatry 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.

TERMS OF AGREEMENT WITH THE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

The American Board of Psychiatry and Neurology (ABPN) and the Royal College of Physicians and Surgeons of Canada have an agreement that accepts the credentials of applicants to each other's examinations. For an ABPN certificant to be eligible to sit the Royal College Psychiatry examination, the applicant must

- 1. *Have attained certification by the ABPN in Psychiatry;*
- 2. *Possess an unrestricted license to practice medicine in the United States or Canada; and*
- 3. *Have completed four years in a Psychiatry program accredited by the Accreditation Council for Graduate Medical Education (ACGME) and one year of specialty experience.*

MODEL DURATION OF TRAINING

Progress in training occurs through demonstration of competence and advancement through the stages of the Competence Continuum. Psychiatry is planned as a 5-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 Psychiatry's suggested course of training, for the purposes of planning learning experiences and schedules, is as follows:

- 1-3 months in Transition to Discipline*
- 20-23 months in Foundations of Discipline*
- 23-26 months in Core of Discipline*
- 10-14 months in Transition to Practice*

Guidance for postgraduate medical education offices

The stages of the Competence Continuum in Psychiatry are generally no longer than

- 3 months for Transition to Discipline*
- 23 months for Foundations of Discipline*
- 26 months for Core of Discipline*
- 14 months for Transition to Practice*
- Total duration of training – 5 years*

This document is to be reviewed by the Specialty Committee in Psychiatry by December 31, 2021.