

**2009**

*These training requirements apply to those who begin training on or after July 1, 2009.*

**This document is to be read in conjunction with the Objectives of Training (OTR) in Psychiatry, which specifies the content, breadth and depth of knowledge, and skill in the context of CanMEDS goals and objectives.**

## **MINIMUM TRAINING REQUIREMENTS**

**Sixty (60) months of approved residency training. This period must include:**

### **1. Twelve (12) Months PGY 1 / Basic Clinical Training**

One (1) year of basic clinical residency, under the direction of academic departments of Psychiatry, the majority of which must be completed before Section 2 begins. This training year must be a broadly based medical experience *relevant to Psychiatry* with core elements in Medicine, Pediatrics, Family Medicine, Neurology (neuroimaging is strongly recommended), Emergency Medicine and Psychiatry. The basic clinical year (PGY-1) is integrated with the subsequent years of psychiatric training. Psychiatry rotations or electives in Psychiatry may contribute to the completion of core requirements or the acquisition of longitudinal components of training under Section 2 or 3.

The year will be composed of 13 four-week blocks and must include:

1.1. 7 to 9 blocks of core training composed of:

- 1.1.1. Three (3) blocks of Internal Medicine, Family Medicine, and /or Pediatrics (the entire 3 blocks may be taken in Internal Medicine or Family Medicine or in any combination of the 3 but only 1 block in Pediatrics is permitted). An Endocrinology experience is strongly recommended
- 1.1.2. One (1) block of Neurology and 1 block of neuroimaging or 2 blocks of Neurology (a neuroimaging experience is strongly recommended)
- 1.1.3. One (1) block of Emergency Medicine
- 1.1.4. One (1) to three (3) blocks of Psychiatry that preferably include clinical experience in emergency Psychiatry and in shared or collaborative psychiatric care. If more than 1 block of Psychiatry is taken, it must contribute to the core experience of general Psychiatry and must be approved by the residency program director

- 1.2. Two (2) to four (4) blocks of selective training drawn from Geriatric Medicine, Pediatrics, Obstetrics and Gynecology, General Surgery, Internal Medicine, Neurology, neuroimaging, Family Medicine, Palliative Care, Psychiatry or research. No more than 2 blocks may be selected in any one area, except for Psychiatry which will be limited to one block
- 1.3. One (1) block of elective training drawn from any medical or surgical rotation, including research

## **2. Twenty Four (24) months (PGY-II, PGY-III) / Junior Residency**

The PGY II and PGY III years encompass basic and foundational training with a focus on the role of the psychiatrist practicing across the life span in a variety of practice settings. Patients with developmental delay across the life span, with or without comorbid psychiatric disorder, must be included. The settings must include **accredited** hospital-based and ambulatory care placements and should provide exposure to continuous care with mandatory periods as follows:

- 2.1. Twelve (12) months of general adult Psychiatry. Roughly equal time must be spent working with patients in ambulatory and general hospital inpatient settings (preferably concurrently). The twelve months can be offered in one continuous block or two 6 month blocks
- 2.2. Six (6) months devoted to the psychiatric care of children, adolescents and their families. This experience must be structured to include exposure to all developmental levels and ages and in a variety of clinical settings. The six months can be offered in one continuous block or two 3 month blocks
- 2.3. Six (6) months *devoted to the psychiatric care of the elderly and their families* in a variety of clinical settings. The six months can be offered in one continuous block or two 3 month blocks.

Rotations in child, adult and geriatric Psychiatry may occur in each of the PGY II and PGY III years

## **3. Twenty four (24) months (PGY-IV, PGY-V) / Senior Residency**

During this period the resident assumes more leadership in the education and supervision of junior colleagues while consolidating and further developing career track interest through electives and selectives, including research. Electives and selectives must be acceptable to the Psychiatry residency program and to the Royal College of Physicians and Surgeons of Canada, and must occur during the Psychiatric residency.

The resident will be able to apply a systems approach to psychiatric practice and patient care and develop competence in the maintenance of certification. Evaluation for certification is by RCPSC examination. The trainee will be provided with opportunities to consolidate the Roles of Communicator, Collaborator, Manager, Advocate, Professional and Scholar in the course of the following experiences.

## *SPECIALTY TRAINING REQUIREMENTS IN PSYCHIATRY (2009)*

The PGY IV and PGY V years serve to consolidate the role of Medical Expert, including the attainment of proficiency in a range of treatment modalities and promote independent consultant practice across the life span and must include:

- 3.1. Twelve (12) months providing complex care to the expected volume and variety of adult patients in general psychiatric practice that includes:
  - 3.1.1. Supervised experience in Consultation and Liaison Psychiatry (Psychosomatic Medicine) in a specific rotation no less than the equivalent of 3 months and no more than the equivalent of 6 months duration in which the experience is with medically and surgically ill patients
  - 3.1.2. Collaborative/shared care with family physicians, specialist physicians and other mental health professionals. This may be undertaken as a discrete rotation of no less than 2 months, or incorporated as a longitudinal experience of no less than the equivalent of 2 months duration
  - 3.1.3. Supervised experience in severe and persistent mental illness and its rehabilitation. Rotations of no less than 3 and no more than 6 months are acceptable. This may be undertaken in a Forensic Psychiatry rotation (Psychiatry and the law). An experience with a community-based support team, such as an Assertive Community Treatment Team, or equivalent, is strongly recommended
- 3.2. Six (6) months of selectives preferably in one content area but may be comprised of two content areas with experiences of no less than 3 months each. Content areas are limited to child and adolescent Psychiatry, geriatric Psychiatry, Psychiatry and the law, Psychosomatic Medicine, psychiatric research, the psychotherapies, addictions, developmental disabilities and Psychiatry in rural and/or remote locations
- 3.3. Six (6) months of electives in any aspect of training relevant to contemporary psychiatric practice, including research approved by the residency training committee. The elective may consist of an approved rotation in Internal Medicine, Neurology or other branch of medicine relevant to psychiatry. More than 1 practice area may be chosen but the duration of any experience must not be less than 2 months each

For residents interested in training at other centres, the selective and elective may contain six months of approved residency relevant to the objectives of Psychiatry, at an approved health care facility or university

**NOTES: CONCURRENT AND LONGITUDINAL TRAINING**

**A. Mandatory Horizontal Rotations**

**Concurrent and longitudinal training occurring within the 60 months of residency training must include:**

1. Longitudinal care of patients (and their families) with a severe and persistent (defined by disability and duration) psychotic and/or severe and persistent bipolar illness. This must be comprised of no less than 2 hours per month of supervised direct patient care over at least one year, and optimally 2 years (24-48 hours). This must be documented and assessed using a separate In-Training Evaluation Report (ITER).
2. Training in empirically supported psychotherapeutic approaches sufficient to meet the Objectives of Training in Psychiatry. This must involve no less than 32 weeks or 8 months of the PGY II-V experience. The experience must be longitudinal and is inclusive of patient hours, supervision and structured learning activities. The psychotherapies may focus on children and adolescents, adults, the elderly, families and groups. Training in empirically supported psychotherapeutic approaches must be documented and evaluated separately from other rotations.

In addition to seminars or structured learning activities which are sufficient for basic knowledge, working knowledge is attained by the resident participating as an observer or co-therapist while proficiency is attained by the resident acting as the primary therapist and engaging in supervision one hour per week.

Apart from insight-oriented psychotherapies that may require distinct and dedicated time coincident with a rotation, training in the psychotherapies should be concurrent with the resident's regular rotation duties and demonstrate an integration of knowledge and skill in concert with their daily clinical duties. The acquisition of psychotherapy competence in general should integrate with and enhance training in the companion clinical rotation or horizontal component whose time it shares. Further competencies can be obtained through additional course work, electives, or supervision during or following residency.

3. Supervised experience in the treatment of patients with addictions in a variety of settings. This experience must be undertaken as a discrete rotation of no less than 1 month, or incorporated as a longitudinal experience (at any time during PGY II-V) of no less than the equivalent of 4 weeks duration. This must be documented and evaluated separately from other rotations, and a Learning Portfolio or log should be maintained and reviewed by the Program Director.

**B. Optional or Acceptable Horizontal Rotations**

In addition to the use of mandatory horizontal components as noted above, the training may flexibly accommodate competency development through longitudinal components present throughout the five years of residency training. Any one of these

## *SPECIALTY TRAINING REQUIREMENTS IN PSYCHIATRY (2009)*

experiences should be designed to integrate with and enhance training in the companion clinical rotation or horizontal component whose time it shares. Longitudinal training issues are identified in clinical skills, administration, research, education and include but are not limited to:

1. Research (Scholar)
2. Psychotherapies (Medical Expert)
3. Education (Scholar/Communicator)
4. Administration and Leadership (Manager)

The equivalent of up to one day per week may be devoted to these additional experiences on approval by the residency training committee. This must be documented and evaluated separately from other rotations.

In exceptional circumstances (for example a research opportunity that might otherwise not be available later in training due to funding or timing circumstances) a case may be made to allow residents up to one year of a rotational experience earlier than outlined using combined elective and selective time, provided that the developmental progression of the subsequent education sequences are maintained. These matters must be reviewed by the Program Director with the Specialty Committee prior to approval.

### **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 (RCPSC) have created an agreement that accepts the credentials of applicants to each other's examinations. For an ABPN certificant to be eligible to sit the RCPSC 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
3. If trained in the United States, the applicant must have completed four years in a Psychiatry program accredited by the Accreditation Council for Graduate Medical Education (ACGME) and one year of specialty experience

**REVISED - 2009**