These training requirements apply to those who begin training on or after July 1st, 2007.

ELIGIBILITY REQUIREMENTS

1. Royal College Certification or enrolment in a Royal College approved training program in Anesthesiology, Emergency Medicine, Internal Medicine, Pediatrics, or Psychiatry (see requirements for these qualifications). All candidates must be certified in their primary specialty in order to be eligible to write the Royal College certification examination in Clinical Pharmacology and Toxicology.

   a) For those entering from Emergency Medicine, Internal Medicine, or Pediatrics:

   Three years of Emergency Medicine, Internal Medicine, or Pediatrics must be completed prior to entry into the Clinical Pharmacology and Toxicology program.

   b) For those entering from Anesthesiology and Psychiatry:

   Four years of Anesthesiology or Psychiatry including a basic clinical year must be completed prior to entry into the Clinical Pharmacology and Toxicology program.

MINIMUM TRAINING REQUIREMENTS

The following are the minimum educational requirements for training in the subspecialty of Clinical Pharmacology and Toxicology. Additional experience may be required by the program director.

The equivalent of at least one year must be spent in clinical work during which time the resident has supervised responsibility for the care of patients and experience in the pharmacotherapy required to manage these patients. Over the years of the program, the resident must be provided with increasing responsibility appropriate to his/her level of competence, in the clinical, laboratory and research aspects of the subspecialty.

2. Two years of approved residency in adult or pediatric Clinical Pharmacology and Toxicology incorporating the principle of graded responsibility, one year of which may be taken concurrently with a year of the base specialty with the joint approval of the program director in the base specialty and the program director in Clinical Pharmacology and Toxicology. This two-year period must include:
a) Twelve months of residency in consultation concerning pharmacotherapy in patients, both adult and children, cared for by a variety of clinical services or disciplines. This twelve-month experience should include the equivalent of:

i. Six months of continuous residency in pharmacotherapy and/or toxicology focused on the resident's entry specialty (see Section 1);

ii. Three months of residency in pharmacotherapy and consultation in one of the other specialties referred to in Section 1;

iii. Three months of residency in pharmacotherapy and consultations in any of the clinical services or disciplines referred to in Section 1 (including the two disciplines identified in Sections 2.a.i and 2.a.ii). This block must clearly extend the range of experience beyond that encountered in Sections 2.a.i and 2.a.ii (for example, to either experience different disciplines, or to address disciplines in distinctly greater depth).

b) Six months in dedicated research. Normally, this research would take place during the second year of the program but planning for the research (hypothesis development, design, ethics review) should begin during the first year.

c) A six-month elective block that is approved by the Program Director that could include one or more of the following components:

i. additional residency in pharmacotherapy and consultation experience in an area which will extend the range or depth of experience in a) or b) above;

ii. experience in the pharmaceutical industry (drug development, regulatory affairs, clinical trials);

iii. experience in community based health care delivery systems; and

iv. experience in government drug regulatory agencies.

NOTES:

Normally, this elective time should be used to enhance the experience gained under a. and b. to satisfy the goals of broad experience across the range of ages. Fragmentation of the experience must be avoided.

At the time of entering the program, the resident should have determined plans regarding practice, teaching and research. The program must provide opportunities for the resident to pursue intensive experience in the clinical pharmacology and toxicology of the resident’s primary specialty. There must also be opportunity for experience of shorter duration in clinical pharmacology and toxicology in other disciplines.

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