

## MEMORANDUM

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**To:** Provincial and Territorial Ministries of Health  
Postgraduate Deans and Deans of Faculties of Medicine  
Postgraduate Managers  
Royal College Specialty Committee Chairs  
National Specialty Societies  
Royal College committees (Assessment Committee, Accreditation Committee, Credentials Committee, Committee on Specialties)  
Resident Doctors of Canada (RDoC)  
Fédération des médecins résidents du Québec (FMRQ)  
Le Collège des médecins du Québec (CMQ)  
The College of Family Physicians of Canada (CFPC)  
Provincial and Territorial Medical Associations  
The Federation of Medical Regulatory Authorities of Canada (FMRAC)  
Medical Council of Canada (MCC)  
Canadian Resident Matching Service (CaRMS)  
HealthCareCAN

**From:** Jason R. Frank, Director, Specialty Education, Strategy and Standards, Office of Specialty Education

**Subject:** Discipline Recognition: Areas of Focused Competence (AFC)

**Date:** July 08, 2020

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Recognizing the importance of communications with our stakeholders and transparency in committee decision-making, the Royal College is issuing this memo to notify you that the Committee on Specialty Education (CSE) formally approved three new Areas of Focused Competence (AFC) during their spring 2020 meeting. These disciplines are:

- Antimicrobial Stewardship;
- Consultation-Liaison Psychiatry; and,
- Pediatric and Perinatal Pathology

This update includes the results of the national consultations conducted for all three of these applications during winter 2020, as well as the resulting decisions made by the Committee on Specialties (COS) and the CSE at their recent spring 2020 meetings.

### Background

An AFC is an area of specialty medicine that addresses a legitimate societal and patient population need that was unmet by the system of primary and subspecialty disciplines. AFCs are akin to clinical fellowship training in that they are equivalent to one to two years of



additional training beyond certification in one's primary or subspecialty area. However, unlike clinical fellowships which differ across training sites, AFC programs offer national standards for training in a discipline, as well as stewardship via the establishment of a Royal College AFC Specialty Committee.

The approval process for an AFC application consists of a two-part review by the COS, the latter part of which consists of a national consultation of stakeholders. Final approval of an AFC is delegated to the CSE.

### Three Newly-Recognized AFCs

The Office of Specialty Education received applications for the recognition of Antimicrobial Stewardship, Consultation-Liaison Psychiatry, and Pediatric and Perinatal Pathology in fall 2019. Since then, the COS has deliberated on each application's educational merits and assessed, based on specific criteria, its optimal configuration in specialty medicine, and has weighed both the benefits and concerns articulated by stakeholders. The results of the national consultations and the Part I and Part II decisions of the COS are summarized below and in the appendices.

Discipline name	Definition of new discipline	Key benefits cited in national consultations and during committee deliberations
<b>Antimicrobial Stewardship</b>	Antimicrobial stewardship refers to the appropriate use of antimicrobials. It is a broad area which is relevant to medical specialties that care for all patients with or without infections. Within the field of infectious diseases, physicians are notably aware of the issues related to the misuse of antimicrobials which include: antimicrobial resistance, adverse effects of drugs, and excess costs to the health care system and to patients for outpatient therapy. Physicians with advanced training in antimicrobial stewardship will be well equipped to make a major impact on reducing antimicrobial misuse by developing comprehensive antimicrobial stewardship programs.	<ul style="list-style-type: none"><li>• Broad support from existing fellowship programs, coupled with clear societal need for standardized training.</li><li>• Improved patient safety and quality of care for patients who require antimicrobials.</li><li>• An increased number of experts available to forge research, and assume leadership and advisory roles.</li><li>• The opportunity to increase capacity for the discipline in general, including the number of experts, increased awareness of antimicrobial resistance, and an expansion in the types of practice settings.</li></ul>
<b>Consultation Liaison Psychiatry</b>	Consultation-liaison psychiatry is the area of focused competence concerned with providing psychiatric assessment and management of complex medically ill	<ul style="list-style-type: none"><li>• That consultation-liaison psychiatry bridges the gap between physical and mental health, which is important as there are currently</li></ul>



	patients. Consultation-liaison psychiatrists are involved in the care of three major patient groups: 1) complex medically ill patients with psychiatric disorders complicating their medical care/quality of life; 2) complex medically ill patients who develop psychiatric disorders during the course of treatment for a medical/surgical condition; and 3) patients with somatic symptom and related disorders with a focus on bodily symptoms who present for medical care. Consultation-liaison psychiatry care is provided by psychiatrists who focus on the impact of and interaction between psychiatric disorders and medical co-morbidities.	poor outcomes for patients with comorbid psychiatric and medical conditions. <ul style="list-style-type: none"><li>• The potential to increase the number of experts in this area, combined with demonstrated need across the country.</li><li>• Standardized training and care.</li><li>• The opportunity to increase capacity and to produce experts capable of leading interdisciplinary teams.</li></ul>
<b>Pediatric and Perinatal Pathology</b>	Pediatric and perinatal pathology is the branch of surgical and autopsy pathology specifically focused on diseases of the newborn, infant, child and adolescent; perinatal pathology focuses on placental pathology, in utero stillbirths, and recurrent pregnancy losses.	<ul style="list-style-type: none"><li>• Standardized training and increased capacity for training positions.</li><li>• Improved patient care, as well enhanced organization and coordination of care.</li><li>• Retention of Canadian specialists in this area.</li></ul>

### Next Steps

The first step toward operationalization of new disciplines involves the organization of a working group to oversee the initial stages of implementation prior to the appointment of an AFC committee. The working group will be responsible for finalizing the standards documents, including the summative portfolio, and the appointment of the AFC committee to oversee the discipline.

If you have any questions or concerns, I invite you to contact me or my office at 1-800-668-3740 or by email at [cos@royalcollege.ca](mailto:cos@royalcollege.ca).

Sincerely,

Jason R. Frank, MD, MA (Ed), FRCPC  
Director, Specialty Education, Strategy and Standards  
Office of Specialty Education

# APPENDIX A – Antimicrobial Stewardship

## Response Rates

Stakeholder	Response Rate	In favour	Neutral	Not in favour	Uncertain
Ministries of Health	0/13 (0%)	-	-	-	-
Deans of Medicine	1/17 (6%)	1/1 (100%)	-	-	-
Postgraduate Deans	6/17 (35%)	5/6 (%)	-	1/6 (%)	-
Specialty Committee Chairs	26/66 (39%)	18/26 (%)	6/26 (%)	2/26 (%)	-
National Specialty Societies*	0/2 (0%)	-	-	-	-
Resident Associations	1/2 (50%)	-	-	-	1/1 (%)
Sister Colleges/National Organizations†	1/7 (%)	-	1/1 (100%)	-	-
Provincial/Territorial Medical Associations‡	1/12 (8%)	-	-	-	-
Medical Regulatory Authorities	0/14 (0%)	-	-	-	-
Fellowship Directors	1/1 (100%)	1/1 (100%)	-	-	-
<b>TOTAL (solicited)</b>	<b>37‡/152 (24%)</b>	<b>25/36 (69%)</b>	<b>7/36 (19%)</b>	<b>3/36 (8%)</b>	<b>1/36 (3%)</b>
Unsolicited	1	1/1 (100%)	-	-	-

\* Association of Medical Microbiology and Infectious Diseases (AMMI); Antimicrobial Stewardship and Resistance Committee of AAMI

† CMQ, CFPC, HealthCareCAN, MCC, CaRMS, CHW, Canadian Pharmacists Association

‡ One Provincial/Territorial Medical Association responded that they did not feel that they had the relevant expertise to provide a judgement on the application



## Thematic Summary

In the open-text responses, the following benefits of recognition were raised:

Theme	Subtheme	Sources					
		Deans and Postgraduate Deans	Specialty Committee Chairs	National Organizations	Resident Organizations	Fellowship Directors	Unsolicited
Capacity-building	Increased number of experts in this area	X	X	X	X		
	Increased expertise and understanding of antimicrobial resistance issues		X	X			
	Recognition would legitimize expertise in this important discipline	X	X				X
	Increased awareness of the discipline and prescribing patterns	X	X				
	Potential for experts to practice in non-tertiary centres		X				
Patient care	Improved public health and patient safety through a standardized approach to antimicrobial stewardship	X	X	X	X	X	
	Decreased risk of new antibiotic-resistant organisms and cases of c.diff	X	X				
	Improved prescription of antibiotics across many specialties	X	X				
Standardized training and care	Standardized training programs and content		X			X	
	Definition of scope of practice and role of specialists within the health care system		X			X	
Leadership	Promote Canadian leadership in antimicrobial stewardship						X
	Create leaders in multi-disciplinary teaching and research on antimicrobial stewardship		X	X	X		X
	Leadership in hospitals and in non-clinical settings (public health, government bodies, nursing homes, etc.)	X	X				
	Develop specialists who are able to lead a standardized approach to antibiotic stewardship	X	X	X	X	X	
Other	Creation of this AFC would help hospitals meet the AMR requirement from Accreditation Canada	X	X				
	Reduce health care costs / efficient use of resources		X				



In the open-text responses, the following considerations and challenges of recognition were raised:

Theme	Subtheme	Sources					
		Deans and Postgraduate Deans	Specialty Committee Chairs	National Organizations	Resident Organizations	Fellowship Directors	Unsolicited
Access to specialists	Smaller communities also need to access this expertise		X				
	Specialists will most likely work in tertiary and academic centres		X		X		
	Recognition should not deter physicians in other specialties from pursuing an interest in antimicrobial stewardship		X				
	Physicians who already hold this expertise should be recognized		X	X			
Relationship with Infectious Diseases and Medical Microbiology	Entry routes should be broadened to include specialists outside of ID and MM (particularly general internists, pediatricians, and surgeons)		X				
	Expertise is already provided by existing specialists in Infectious Diseases and Medical Microbiology		X		X		
	Another configuration (e.g., inclusion of additional competencies in existing subspecialties) may be a more useful solution to increase expertise		X	X			
	AFC could potentially increase the workload of existing specialists		X				
Resistance to change	Change management will be an obstacle in terms of prescribing practices	X	X				
	Detract from existing approaches to antimicrobial resistance		X				
Program implementation considerations	There may be limited positions for diplomates		X				
	Difficulties obtaining funding to support the training		X			X	X
	Potentially a small number of candidates	X	X				
	Trans-provincial collaboration may be necessary to provide all training requirements	X					
Other	There is no guarantee of employment in Quebec			X			
	AFCs should be created in areas where fellowships already exist	X					



# APPENDIX B – Consultation-Liaison Psychiatry

## Response Rates

Stakeholder	Response Rate	In favour	Neutral	Not in favour	Uncertain
Ministries of Health	3/13 (23%)	3/3 (100%)	-	-	-
Deans of Medicine	3/17 (18%)	3/2 (100%)	-	-	-
Postgraduate Deans	7/17 (41%)	6/7 (86%)	1/7 (14%)		-
Specialty Committee Chairs	7/8 (88%)	7/7 (100%)	-		-
National Specialty Societies*	4 <sup>‡</sup> /7 (57%)	2/3 (67%)	-	-	1/3 (33%)
Resident Associations	1/2 (50%)	1/1 (100%)	-	-	-
Sister Colleges/National Organizations <sup>†</sup>	1/6 (17%)	-	1/1 (100%)	-	-
Provincial/Territorial Medical Associations	1 <sup>‡</sup> /12 (8%)	-	-	-	-
Medical Regulatory Authorities	1/14 (7%)	1/1 (100%)	-	-	-
Fellowship Directors	2/4 (50%)	2/2 (100%)	-	-	-
<b>TOTAL (solicited)</b>	<b>29<sup>‡</sup>/101 (29%)</b>	<b>24/27 (29%)</b>	<b>2/27 (7%)</b>	<b>0/27 (0%)</b>	<b>1/27 (4%)</b>
Unsolicited	3	2/3 (67%)	-	1/3 (33%)	-

\* Canadian Academy of Child and Adolescent Psychiatry, Canadian Academy of Geriatric Psychiatry, Canadian Geriatrics Society, Canadian Paediatric Society, Canadian Psychiatric Association, Canadian Society of Internal Medicine, Canadian Association of Psychosomatic Medicine

† CMQ, CFPC, HealthCareCAN, MCC, CaRMS, CHW

‡ One Provincial/Territorial Medical Association and one National Specialty Society responded that they did not feel that they had the relevant expertise to provide a judgement on the application



## Thematic Summary

In the open-text responses, the following benefits of recognition were raised:

Theme	Subtheme	Sources								
		Ministries of Health	Deans and Postgraduate Deans	Specialty Committee Chairs	National Specialty Societies	National Organizations	Resident Organizations	MRAS	Fellowship Directors	Unsolicited
Access to specialists	Increased access to consultation-liaison psychiatrists	X	X			X	X			X
	Telehealth is already included in the draft CTR, which will increase access to consultation-liaison psychiatrists	X								
	Consultation-liaison psychiatrists exist in both tertiary centres and community practices		X		X					
	There is currently a significant need for consultation-liaison psychiatrists in multiple jurisdictions	X	X				X			
Increase knowledge and awareness of this discipline	The scope of practice is distinct from general psychiatrists			X						
	Validation of the specific expertise of consultation-liaison psychiatrists	X		X					X	
	Increased awareness of overlap between medical and psychiatric illnesses		X	X						
	Increased research and scholarship in this area		X		X	X			X	
Standardization of training and practice	Standardized curriculum and clearly defined scope of practice	X	X	X	X				X	X
	Develop formal training for specialists		X	X	X			X	X	X
	Ensure a minimum standard of training	X	X		X					
	Standardization of care		X							
Improved patient care	Optimize care for a distinct patient population intended to lead to better outcomes	X	X		X					
	Support integrated and coordinated care of patients	X	X		X		X		X	
	Better understanding of drug interactions for complex patients			X						
	Advocacy for patients with co-morbidities		X							
Interdisciplinary care	Leadership and capacity building amongst other specialists and non-physicians		X		X	X				







# APPENDIX C – Pediatric and Perinatal Pathology

## Response Rates

Stakeholder	Response Rate	In favour	Neutral	Not in favour	Uncertain
Ministries of Health	0/13 (0%)	-	-	-	-
Deans of Medicine	2/17 (12%)	1/2 (50%)	-	1/2 (50%)	-
Postgraduate Deans	7/17 (41%)	3/7 (43%)	3/7 (43%)	1/7 (14%)	-
Specialty Committee Chairs	3/8 (37.5%)	3/3 (100%)	-	-	-
National Specialty Societies*	3/6 (50%)	3/3 (100%)	-	-	-
Resident Associations	1/2 (50%)	1/1 (100%)	-	-	-
Sister Colleges/National Organizations†	2/7 (29%)	1/2 (50%)	1/2 (50%)	-	-
Provincial/Territorial Medical Associations‡	1/12 (0%)	-	-	-	-
Medical Regulatory Authorities	0/14 (%)	-	-	-	-
Fellowship Directors	1/1 (100%)	1/1 (100%)	-	-	-
<b>TOTAL (solicited)</b>	<b>20‡/96 (21%)</b>	<b>13/18 (68%)</b>	<b>4/19 (21%)</b>	<b>2/19 (11%)</b>	<b>0/18 (0%)</b>
Unsolicited	1	1/1 (100%)	-	-	-

\* Canadian Association of Pathologists, Canadian College of Medical Geneticists, Canadian Pediatric Society, The Society of Obstetricians and Gynaecologists of Canada, Canadian Association of Gastroenterology (Pediatric Committee), Pediatric Pathology Society

† CMQ, CFPC, HealthCareCAN, MCC, CaRMS, CHW, Pediatric Oncology Group of Ontario, C17 Council

‡ One Provincial/Territorial Medical Association responded that they did not feel that they had the relevant expertise to provide a judgement on the application



## Thematic Summary

In the open-text responses, the following benefits of recognition were raised:

Theme	Subtheme	Sources							
		Deans of Medicine	Postgraduate Deans	Specialty Committee Chairs	National Specialty Societies	Sister Colleges/ National Organizations	Resident Organizations	Fellowship Directors	Unsolicited
Increased supply	Increased supply of highly-trained pathologists in Canada		X	X		X			
	Encourage pathologists to remain in Canada (versus moving to the US)		X						
Patient Care	Improved accuracy of diagnoses		X		X				
	Develop specialist expertise in pediatric diseases			X	X				
	Provide optimal care in pediatric and perinatal pathology		X			X	X		
	Improved organization of care delivery								X
	Scope of practice would be complementary to expanding areas of Pediatrics practice			X					
Educational Rationale	Recognition of an established area of practice		X	X	X				
	Standardization of competencies in this discipline		X	X		X			
	Increased number of training positions in this area							X	
	Create national minimum standards of care		X		X				
Leadership	Provide leadership in this area					X			
	Increased education and research in this area	X							
Employment	Designation will circumvent need for potential applicants to sit the American Board exam							X	
	Specialists are able to function as a consultant in any pediatric hospital setting		X						
	Recognition would help overcome recruitment and retention issues for Canadian pathologists in this area		X	X					



In the open-text responses, the following considerations and challenges of recognition were raised:

Theme	Subtheme	Sources							
		Deans of Medicine	Postgraduate Deans	Specialty Committee Chairs	National Specialty Societies	Sister Colleges/ National Organizations	Resident Organizations	Fellowship Directors	Unsolicited
Small specialty and low case load	Low case volume in comparison to Anatomical or General Pathology			X	X				
	Very few specialists needed in this area	X	X						
	Likely a small number of trainees		X						X
	Foreign trainees may need to fill training positions in the short-term								X
Relationships with existing specialists	Potential for misunderstanding that placental pathologists should still be able to practice without this designation			X					
	Potential misunderstanding that designation is complementary to and should not replace Forensic Pathology in pediatric cases			X					
Resource and funding concerns	Training may need to be concentrated in several centres to gain case volume to develop competence		X						
	Funding for training will likely be difficult to secure		X						
	There may be difficulties recruiting the manpower necessary to provide training		X						
Employment	Designation will not guarantee employment in Quebec					X			
	Ability to practice may be limited to urban settings		X						
	It will likely be a challenge to obtain PEMS in Quebec		X						
	Service will likely only be in tertiary care centres but specialists are also needed outside these areas		X	X			X		
	Difficulties likely convincing hospitals that expertise in this area is necessary			X					