

Effective for residents who enter training on or after July 1, 2022.

DEFINITION

Female Pelvic Medicine and Reconstructive Surgery (FPMRS, also known as Urogynecology) is a branch of Obstetrics and Gynecology (OBGYN) concerned with the study of female pelvic floor disorders, including the investigation, diagnosis, medical and surgical management of:

- Urinary incontinence and obstructed urinary voiding
- Pelvic organ prolapse
- Fecal incontinence and obstructed defecation
- Pelvic fistulas including genitourinary and low rectovaginal
- Pelvic pain due to pelvic floor muscle hypertonicity/myofascial pain
- Painful bladder syndrome
- Sexual dysfunction due to pelvic floor disorders

FPMRS PRACTICE

Narrative description of (sub)specialty practice, including a synthesis of the work of the discipline, setting of practice, unique approach, patient population, team, and resources, as relevant.

Upon completion of training, a fellow is expected to be a competent subspecialist in FPMRS capable of assuming independent practice in the subspecialty. The fellow must acquire a working knowledge of the theoretical basis of the subspecialty, including its foundations in the basic medical sciences and research. The fellow must build on OBGYN surgical competencies and acquire skills to independently perform subspecialty-specific surgeries and manage patients with rare, recurrent or refractory pelvic floor diseases.

Only candidates certified by the Royal College of Physicians and Surgeons of Canada in Obstetrics and Gynecology may be eligible for certification in FPMRS.

Graduates must demonstrate the requisite knowledge, skills, and attitudes for effective patient-centred care and service to a diverse population. In all aspects of specialist practice, they must be able to address issues of gender, sexual orientation, age, culture, ethnicity and ethics in a professional manner. They are expected to collaborate with other subspecialties for pelvic floor health, and work within a multidisciplinary and allied health team for best pelvic floor health care.

ELIGIBILITY REQUIREMENTS TO BEGIN TRAINING

Royal College certification in Obstetrics and Gynecology

OR

Eligibility for the Royal College examination in Obstetrics and Gynecology

ELIGIBILITY REQUIREMENTS FOR EXAMINATION¹

All candidates must be Royal College certified in their primary specialty of Obstetrics and Gynecology in order to be eligible for the Royal College examination in FPMRS.

FPMRS COMPETENCIES

1. Medical Expert

Definition:

As *Medical Experts*, FPMRS subspecialists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Key and Enabling Competencies FPMRS subspecialists are able to:

1. Practise medicine within their defined scope of practice and expertise

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of pelvic medicine and surgery
- 1.3. Apply knowledge of the clinical and biomedical sciences relevant to female pelvic medicine and surgery
 - Describe the embryology and anatomy of the urogenital tract, gastrointestinal tract and pelvis including vascular and neurologic supply to all organs, retroperitoneal spaces and contents, bony structures, endopelvic connective tissue, muscles of the abdominal wall, pelvis and lower back, and the continence mechanisms of the urethra and anus
 - Explain anatomic and functional relationships of various organ systems in the female pelvis and how they impact symptoms of pelvic floor disorders
 - Describe the physiology of the urogenital tract, gastrointestinal tract and pelvis including the neurologic pathways and anatomical factors that modulate vaginal, bladder, and bowel function, as well as the impact of hormonal changes
 - Demonstrate knowledge of specific risk factors of pregnancy and childbirth, including operative vaginal birth, obstetric anal sphincter injury and pelvic floor muscle avulsion on the development of pelvic floor disorders
 - Demonstrate knowledge of related infectious bladder conditions –

¹ These eligibility requirements do not apply to Subspecialty Examination Affiliate Program (SEAP) candidates. Please contact the Royal College for information about SEAP.

asymptomatic bacteriuria, acute cystitis, acute urethritis, persistent and recurrent urinary tract infections, effect of pregnancy on urinary tract infections and effect of urinary tract infections on pregnancy, impact of coitus on urinary tract infections.

- Etiology
- Natural history
- Prevention
- Evaluation
- Treatments
- Describe the risks incurred by women with pelvic floor disorders, including but not limited to: skin breakdown, infection, (uro)sepsis, sexual dysfunction, mood disorders
- Describe effects of menopause on the female pelvic floor
- Describe therapeutic and surgical techniques of procedures relevant to FPMRS including:
 - Indications, contraindications
 - Evidence-based immediate and long term success rates of primary and secondary procedures
 - Intraoperative complications and their detection, techniques for prevention, as well as management
 - Postoperative immediate and long-term complications and their detection, techniques for prevention, as well as management
- Demonstrate knowledge of urinary incontinence (stress, urgency, overflow, mixed, other) and obstructed voiding
 - Risk factors (predisposing, inciting, decompensating)
 - Natural history
 - Prevention
 - Evaluation
 - Non-surgical treatments
 - Surgical treatments
- Demonstrate knowledge of pelvic organ prolapse:
 - Risk factors (predisposing, inciting, decompensating)
 - Natural history
 - Prevention
 - Evaluation
 - Non-surgical treatments
 - Surgical treatments
- Demonstrate knowledge of fecal incontinence and obstructed defecation
 - Risk factors (predisposing, inciting, decompensating)
 - Natural history
 - Prevention
 - Evaluation
 - Non-surgical treatments
 - Surgical treatments
- Demonstrate knowledge of pelvic fistulas including genitourinary and low rectovaginal
 - Etiology
 - Natural history
 - Prevention
 - Evaluation
 - Treatments
- Demonstrate knowledge of pelvic floor muscle hypertonicity/myofascial pain as

- it relates to the pelvic floor
 - Etiology
 - Natural history
 - Prevention
 - Evaluation
 - Treatments
 - Demonstrate knowledge of painful bladder syndrome
 - Etiology
 - Natural history
 - Evaluation
 - Treatments
 - Demonstrate knowledge of female sexual function and response
 - Evaluation and treatment of female sexual dysfunction in the context of concurrent pelvic floor disorders
- 1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
- 1.5. Carry out professional duties in the face of multiple competing demands
- 1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in FPMRS practice

2. Perform a patient-centred clinical assessment and establish a management plan

- 2.1. Prioritize issues to be addressed in a patient encounter
- 2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
- Take a specific history that will elicit symptoms attributable to pelvic floor disorders and their interactions
 - Establish clinical type, duration and severity of pelvic floor disorders, using criteria, definitions and standard terminology established by the International Continence Society (ICS), the International Urogynecology Association (IUGA) and the CSPM (Canadian Society of Pelvic medicine)
 - Characterize sexual symptoms related to pelvic floor disorders, including but not limited to coital incontinence
 - Elicit a complete list of all prior relevant therapies and the response to each
 - Evaluate co-existing environmental factors or diseases that may have an important bearing on selection and response to treatment
 - Evaluate past medical, obstetrical and surgical histories as they relate to current symptoms
 - Evaluate all current medications, including over the counter self-treatment, and their possible contribution to pelvic floor symptoms
 - Recognize challenges in ambulation as possible contributors to bathroom or limitations to surgical positioning

- Use standard prospective voiding diaries, pad tests and condition specific and/or quality of life surveys and scales
- Perform a focused physical examination:
 - o Evaluate the abdomen for hernias, organomegaly, tenderness, masses
 - o Evaluate the status of other organs, including the nervous system, and their possible effects on function
 - o Evaluate the anatomic support of all vaginal compartments individually using the Pelvic Organ Prolapse Quantification system (POPQ) at rest and with Valsalva; correctly use a split speculum
 - o Evaluate the vulvar epithelium for irritative sequelae of pelvic floor disorders (such as contact dermatitis from urinary incontinence); document the angle of healed perineal tear/episiotomy and look for dovetailing; evaluate sensory deficits and perineal reflexes; perform Q-tip test for provoked vestibulodynia
 - o Evaluate the hormonal status of the vaginal epithelium
 - o Evaluate pelvic floor muscle strength (standard grading), tone, defects and hypercontraction
 - o Perform manoeuvres to evaluate suitability for a pessary fitting (such as vaginal length, introital length, width of vaginal vault)
 - o Perform manoeuvres to demonstrate stress urinary incontinence, bladder neck mobility and latent stress urinary incontinence assessment
 - o Perform bimanual examination to rule out pelvic masses
 - o Perform digital rectal examination and evaluate perianal disease (such as skin tags, anal fissures, hemorrhoids) and anal sphincter strength, tone, defects and hypercontraction; evaluate non-relaxing puborectalis; differentiate between rectocele and enterocele on rectovaginal exam.
- Select medically appropriate investigations in a resource-effective and ethical manner
 - o Office evaluations of urine dip, urine culture, post-void residual, vulvo-vaginal, endometrial and bladder biopsies as appropriate
 - o Pre-operative evaluation for likelihood of increased morbidity and mortality from the surgical experience (including but not limited to anesthesia complications, medical complications, increased risk of hemorrhage, risk of delirium, risk of poor wound healing)
 - o Assessment for risk factors leading to increased risk of surgical failure, including medical frailty and comorbidities.

2.3. Establish goals of care in collaboration with patients and their families², which may include slowing disease progression, treating symptoms, achieving cure, improving function, balancing quality of life issues and palliation

² Throughout this document, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

2.4. Establish a patient-centred management plan

3. Use preventive and therapeutic interventions effectively

3.1. Demonstrate appropriate and timely application of preventive interventions relevant to FPMRS, including but not limited to:

- 3.1.1. Pelvic floor exercise/physiotherapy
- 3.1.2. Treatment of urogenital hypo-estrogenic states
- 3.1.3. Lifestyle factors such as smoking cessation, limitation of caffeine, weight loss, avoidance of constipation, fluid intake management
- 3.1.4. Postpartum counselling and subsequent childbirth counselling after obstetric anal sphincter injury

3.2. Implement a management plan in collaboration with a patient and the patient's family

4. Demonstrate appropriate and timely application of non-operative therapeutic interventions relevant to FPMRS:

- 4.1. Selection and individual fitting of vaginal pessaries, both supportive and space-occupying
- 4.2. Management of pessary-related complications
- 4.3. Arranging supportive home care as indicated
- 4.4. Weight loss
- 4.5. Bladder drills, timed voiding, prompted voiding and other behavioral management
- 4.6. Pelvic floor exercise via vaginal cones, biofeedback and/or electrical stimulation
- 4.7. Pharmacologic management of urinary incontinence, overactive bladder, infections, fecal incontinence, pelvic and urogenital pain syndromes.
- 4.8. Pelvic physiotherapy for pelvic floor muscle strengthening, trigger point release, dysfunctional micturition or defecation

5. Plan and perform procedures and therapies for the purpose of assessment and/or management

- 5.1. Determine the most appropriate procedures or therapies
- 5.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 5.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources
- 5.4. Perform procedures, both diagnostic and therapeutic, in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances

MANDATORY PROCEDURES (FPMRS fellow to perform competently and independently by graduation)

- OFFICE-BASED PROCEDURES:
 - Intramuscular trigger point injections for pelvic floor hypertonicity
- ENDOSCOPY:
 - Diagnostic cystoscopy
 - Ureteric stents for verification of ureteric patency and ureter localization
 - Intravesical injections (ex botulinum toxin for refractory overactive bladder)
 - Paraurethral injections (ex bulking agent for stress urinary incontinence)
 - Placement of suprapubic catheter
 - Cystoscopic management of foreign material
- MAJOR SURGERY:
 - Hysterectomy (vaginal, open abdominal, laparoscopic) in the context of concomitant pelvic reconstruction)
 - Anterior colporrhaphy (primary, repeat, graft-augmented)
 - Paravaginal repair (native, augmented, vaginal, open abdominal, laparoscopic)
 - Posterior colporrhaphy (primary, repeat, graft-augmented)
 - Perineal body reconstruction
 - Enterocele repair (vaginal, open abdominal, laparoscopic)
 - Apical (vaginal vault) prolapse repair
 - Uterosacral vault suspension (vaginal, open abdominal, laparoscopic)
 - Sacrospinous vault suspension
 - Sacrocolpopexy (open abdominal, laparoscopic)
 - Manchester-Fothergill operation
 - Vaginal closure procedures with and without uterine preservation (colpocleisis)
 - Hysteropexy (sacrospinous, uterosacral, sacrohysterocolpopexy, graft-augmented (vaginal, open abdominal, laparoscopic)
 - Surgical management of graft-related complications and exposures (vaginal, open abdominal, laparoscopic) including complete excision
 - Surgical management of stress urinary incontinence
 - Midurethral slings
 - Autologous slings (fascia lata, rectus fascia)
 - Retropubic urethropexy (open abdominal, laparoscopic)
 - Periurethral bulking injections
 - Surgical repair of intraoperative incidental cystotomy
 - Surgical management of obstructed voiding or other sling complications (urethrolisis, sling division or removal)
 - Surgical management of urethral diverticulum

- Surgical management of urogenital fistula (vaginal and abdominal approaches)
- Martius graft
- Lower pelvic abdominal ureterolysis (open abdominal, laparoscopic) for identification of the ureter during abdominal suspension procedures such as sacrocolpopexy
- Lysis of adhesions (open abdominal, laparoscopic)
- Surgical management of low rectovaginal fistula
- Surgical management of anal sphincter injury (primary, secondary)

ADDITIONAL RELEVANT PROCEDURES (FPMRS fellow to describe principles of these procedures and indications for referral to other specialties as necessary. Independent operative competence in these procedures is not a requirement of the FPMRS subspecialty)

- Transgender surgery
- Robotic surgery
- Vaginal procedures
 - Creation of neovagina
- Urinary procedures
 - Placement of an artificial urinary sphincter
 - Vesicotomy or supravescical urinary diversion
 - Augmentation cystoplasty
 - Urethral closure
 - Ureteric reimplantation
- Colorectal procedures
 - Colonoscopy and sigmoidoscopy
 - Bowel resection
 - Colostomy
 - Rectopexy
 - Gracilis or other muscle transposition
- Neurologic procedures
 - Peripheral nerve evaluation (PNE) trial
 - Sacral nerve stimulation implantation
 - Posterior tibial nerve stimulation
 - Presacral neurectomy

5.5 Describe the indications for and principal investigations in the evaluations of fecal incontinence, anal sphincter injury, pelvic floor muscle injury/avulsion, mesh complications and gastrointestinal fistula including but not limited to:

- 1.1. - Endoscopy such as anoscopy, proctosigmoidoscopy, and colonoscopy
- 1.2. - Anal manometry
- 1.3. - Anorectal sensory assessment
- 1.4. - Defecography or evacuation proctography
- 1.5. - Endoanal ultrasound
- 1.6. - Transvaginal ultrasound for levator avulsion and mesh localization
- 1.7. - Other imaging techniques such as: fluoroscopy, magnetic resonance imaging, fistulography, and other bowel imaging studies for transit time

6. Establish plans for ongoing care and, when appropriate, timely consultation

- 6.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation

7. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

- 7.1. Recognize and respond to harm from health care delivery, including patient safety incidents
- 7.2. Adopt strategies that promote patient safety and address human and system factors

2. Communicator

Definition:

As *Communicators*, FPMRS subspecialists form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

Key and Enabling Competencies FPMRS subspecialists are able to...

3. Establish professional therapeutic relationships with patients and their families

- 3.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
- 3.2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 3.3. Recognize when the perspectives, values, or biases of patients, patients' families, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
- 3.4. Respond to a patient's non-verbal behaviours to enhance communication
- 3.5. Manage disagreements and emotionally charged conversations
- 3.6. Adapt to the unique needs and preferences of each patient and to the patient's clinical condition and circumstances

4. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families

- 4.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
- 4.2. Provide a clear structure for and manage the flow of an entire patient encounter
- 4.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent

5. Share health care information and plans with patients and their families

- 5.1. Share information and explanations that are clear, accurate, and timely, while assessing for patient and family understanding
- 5.2. Disclose harmful patient safety incidents to patients and their families

6. Engage patients and their families in developing plans that reflect the patient's health care needs and goals

- 6.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
- 6.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
- 6.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health

7. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy

- 7.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
- 7.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 7.3. Share information with patients and others in a manner that enhances understanding and that respects patient privacy and confidentiality

8. Collaborator

Definition:

As *Collaborators*, FPMRS subspecialists work effectively with other health care professionals to provide safe, high-quality, patient-centred care.

Key and Enabling Competencies: FPMRS subspecialists are able to...

1. Work effectively with physicians and other colleagues in the health care professions

- 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
- 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions

2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts

- 2.1. Show respect toward collaborators
- 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture

3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care

- 3.1. Determine when care should be transferred to another physician or health care professional
- 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care

9. Leader

Definition:

As *Leaders*, FPMRS subspecialists engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

Key and Enabling Competencies: FPMRS subspecialists are able to...

1. Contribute to the improvement of health care delivery in teams, organizations, and systems

- 1.1. Apply the science of quality improvement to systems of patient care
- 1.2. Contribute to a culture that promotes patient safety
- 1.3. Analyze patient safety incidents to enhance systems of care
- 1.4. Use health informatics to improve the quality of patient care and optimize patient safety

2. Engage in the stewardship of health care resources

- 2.1. Allocate health care resources for optimal patient care
- 2.2. Apply evidence and management processes to achieve cost-appropriate care

3. Demonstrate leadership in health care systems

- 3.1. Demonstrate leadership skills to enhance health care
- 3.2. Facilitate change in health care to enhance services and outcomes

4. Manage career planning, finances, and health human resources in personal practice(s)

- 4.1. Set priorities and manage time to integrate practice and personal life
- 4.2. Manage personal professional practice(s) and career
- 4.3. Implement processes to ensure personal practice improvement

10. Health Advocate

Definition:

As *Health Advocates*, FPMRS subspecialists contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

Key and Enabling Competencies: FPMRS subspecialists are able to...

1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment

- 1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources
- 1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours
- 1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients

2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner

- 2.1. Work with a community or population to identify the determinants of health that affect them
- 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities

- 2.3. Contribute to a process to improve health in the community or population they serve

11.Scholar

Definition:

As *Scholars*, FPMRS subspecialists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

Key and Enabling Competencies: FPMRS subspecialists are able to...

1. Engage in the continuous enhancement of their professional activities through ongoing learning

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

2. Teach students, residents, the public, and other health care professionals

- 2.1. Recognize the influence of role modelling and the impact of the formal, informal, and hidden curriculum on learners
- 2.2. Promote a safe and respectful learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
- 2.4. Plan and deliver learning activities
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

3. Integrate best available evidence into practice

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 3.4. Integrate evidence into decision-making in their practice

4. Contribute to the creation and dissemination of knowledge and practices applicable to health

4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care

- Critically analyze current literature and experimental design
- Describe if the research design is appropriate to answer the study question
- Evaluate whether there were clear definitions of research terms used
- Evaluate the reliability and reproducibility of observations
- Evaluate clarity, objectivity and internal consistency of findings
- Evaluate methods of analysis and their appropriateness to the data
- Verify whether conclusions were justified by the findings and relevant to the hypothesis
- Suggest revisions to the experimental design

4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and vulnerable populations

4.3. Contribute to the work of a research program

- Conduct a systematic search for evidence
- Consistently quote up to date studies relevant to FPMRS
- Identify knowledge gaps, pose a relevant research question and design an appropriate study to answer it
- Identify aims, null hypothesis, primary and secondary objectives, primary and secondary outcome measures relevant to the study
- Understand advantages and disadvantages of various types of studies including but not limited to case control, cohort, retrospective and randomized
- Determine sample size and appropriate statistical tests
- Identify sources of bias and study limitations
- Build a database and participate in data collection and analysis, ensuring data quality and safety
- Arrive at appropriate conclusions given the study design
- Disseminate the findings of a study via both presentation and peer-reviewed publication to various stakeholders, including but not limited to colleagues, supervisors, trainees, patients, administration, law makers and funding agencies
 - One local university-based (such as academic day) or one national presentation of original research required
 - One or more manuscript submission and/or publication in peer-reviewed journals recommended

- Engage various granting agencies to supply funds for research
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

12. Professional

Definition:

As *Professionals*, FPMRS subspecialists are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Key and Enabling Competencies: FPMRS subspecialists are able to...

- 1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards**
 - 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
 - 1.2. Demonstrate a commitment to excellence in all aspects of practice
 - 1.3. Recognize and respond to ethical issues encountered in practice
 - 1.4. Recognize and manage conflicts of interest
 - 1.5. Exhibit professional behaviours in the use of technology-enabled communication
- 2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care**
 - 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
 - 2.2. Demonstrate a commitment to patient safety and quality improvement
- 3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation**
 - 3.1. Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice
 - 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
 - 3.3. Participate in peer assessment and standard setting

4. Demonstrate a commitment to physician health and well-being to foster optimal patient care

- 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
- 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
- 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

Template document:

Revised – Office of Specialty Education – January 2017

Revised – Specialty Standards Review Committee – September 2017; November 2017; January 2018; September 2018; April 2019; May 2019; June 2019; August 2019; November 2019; December 2019; November 2020; March 2021