



BACKGROUND: PALLIATIVE CARE MEDICAL EDUCATION FEBRUARY 2018

An appropriately trained workforce is required to improve access, quality and consistency of palliative care in Canada

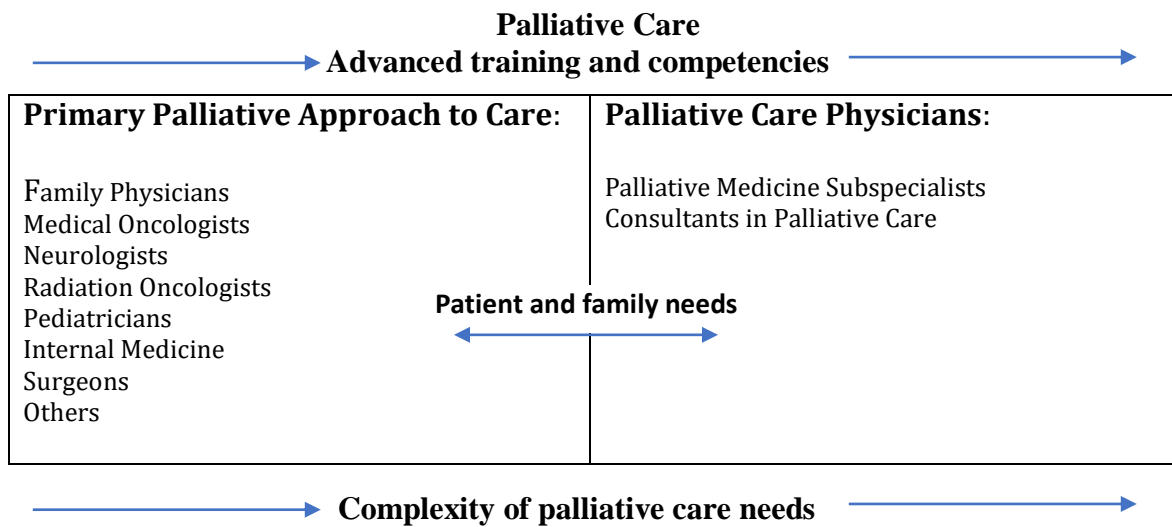
This applies to all health care professions providing a palliative approach in all settings of care, including but not limited to: physicians, nurses, nurse practitioners, pharmacists, social workers, psychosocial spiritual care practitioners, rehabilitation professionals, respiratory therapists, recreation therapists, music therapists, psychologists, and volunteers.

In order to meet the palliative needs of Canadians, palliative care professionals require differing levels of expertise, each with the appropriate training to achieve the required competencies (see Figure 1 & Table 1).

In the case of physicians, “appropriate training” means:

- Basic palliative skills for all physicians to have the ability to provide a palliative approach to care for their patients
- Additional palliative skills for physicians who:
 - a) are a resource for a palliative approach to care to their community of practice
 - b) frequently provide care to patients with end-stage chronic illnesses as part of their practice
- Expert skills for Consultant Physicians in Palliative Care, Palliative Medicine Subspecialists, and palliative medicine educators and researchers.

Figure 1: Palliative Care Expertise and Complexity of Care



Evidence suggests that Canadian physicians are not being adequately trained in palliative care

A 2014 Ipsos Reid Survey commissioned by the Canadian Hospice Palliative Care Association (CHPCA) of General Practitioners, Family Physicians and nurses in Primary Care found that 20-25% of practicing physicians are not very comfortable or not comfortable at all, 50% are only somewhat comfortable and only 25-30% of practicing physicians felt very comfortable providing palliative or end of life care (PEOLC).ⁱ

This same survey also found that only 26% of physicians are very comfortable discussing Advance Care Plans (ACP) with patients, and one-quarter of physicians/nurses across Canada know little or next to nothing about ACP. 67% of physicians indicated that they need more resources and information to have these discussions with their patients.ⁱ

PEOLC education needs to be integrated into all areas of undergraduate and postgraduate curriculum so that it not seen as a separate curricular entity.

Patient contact is critical as part of regular mandatory curriculum: “put the student with the dying patient”. However, only about 10% of Canadian medical schools offer mandatory undergraduate clinical elective opportunities in palliative care. Demand for mandatory postgrad electives further limits undergraduate elective opportunities in schools with limited clinical capacity.ⁱⁱ

Residency opportunities are in short supply and a lack of ability to fund training for qualified applicants is a reality at all medical schools across the country offering enhanced skills training in Palliative Care. For example, at McMaster University in 2017-2018 there were 17 high quality applicants and funding for only 1 position, the

University of Toronto had 20 applicants for only 2-4 positions, and UBC had 10 short-listed applications for only one position.ⁱⁱ

There is need for a national strategy to address issues of under-resourcing, limited manpower, and the urgent need for enhanced educational capacity in PEOLC.

Palliative medicine skills must be taught during initial medical training and specialty training, as well as to physicians who are already in practice

This has been recognized by many organizations including the Canadian Medical Association (CMA). In August 2013, the CMA adopted a resolution requesting “... *that all Canadian faculties of medicine create a curriculum for training in palliative care suitable for physicians at all stages of their medical education and in appropriate settings to the locale in which they practice*”. (DM 5-53)

We need to educate all physicians and patients about areas where evidence overwhelmingly shows that a test, treatment or procedure provides no benefit to a patient, and could even cause harm

The Canadian Society of Palliative Care Physicians has partnered with the CMA on the Choosing Wisely initiative. The recommendations for Palliative Care were released on October 29, 2014, and can be found at <http://www.cspcp.ca/information/statements/>.

CURRENT STATE OF “APPROPRIATE TRAINING” FOR PHYSICIANS

1. Basic palliative care skills for all physicians to ensure a palliative approach to care

Primary palliative care education at the undergraduate level and postgraduate levels is urgently in need of further development. Although national palliative care competencies have been developed for the undergraduate level of training (Educating Future Physicians in Palliative and End of life Care - EFPPEC 2004-2008ⁱⁱⁱ), they have not been integrated into all medical schools’ curricula. In 2017-2018, CSPCP is leading an EFPPEC Refresh project in partnership with AFMC and CHPCA to update these undergrad competencies. All physician trainees should acquire these competencies prior to graduation.

National palliative care competencies have not yet been developed for most postgraduate medical education programs. Palliative care should be a mandatory component of most specialty and subspecialty training programs. Currently, it is not. In the fall of 2017, the CSPCP, in partnership with the Royal College of Physicians and

Surgeons and the College of Family Physicians of Canada, formed a Palliative Approach to Care Education Working Group to develop standardized competencies for all postgraduate non-palliative specialty and subspecialty training programs.

2. Additional palliative care skills for some physicians

Additional intermediate-level skills are required for physicians who frequently care for patients with advanced chronic illnesses, frail seniors, and dementia (e.g., Geriatric Medicine specialists, Care of the Elderly physicians), as well as physicians who serve as a primary palliative care resource to their community of practice.

Additional clinical expertise can be obtained in palliative care through a variety of non-certified, short clinical fellowship programs in palliative care, or through doing additional postgraduate level electives in palliative care during residency training. For those in practice, intermediate-level training courses are available such as the Victoria Hospice's Palliative care: Medical Intensive (PCMI) course.

3. Expert palliative care skills for Consultant Physicians in Palliative Care, Palliative Medicine Subspecialists and palliative care education/research leaders

As in any specialty, expert skills are required for complex situations. Expert skills are also required by those who teach others about complex palliative medicine problems and those who are involved in research to advance our understanding and provide better evidence for palliative medicine.

There are now two certified programs of study for palliative care medicine in Canada:

i) A Certificate of Added Competence in Palliative Care (CAC-PC) can be obtained through the College of Family Physicians of Canada.^{iv} This program is focused on the development of clinical competencies for more complex symptom management in palliative care. This expertise is especially important in smaller communities and care centres where access to a Palliative Medicine Subspecialist may be limited.

ii) Palliative Medicine (FRCPC-PM) is a two-year subspecialty program with multiple routes of entry through the Royal College of Physicians of Surgeons of Canada.^v This program is focused on the development of competencies in providing complex symptom management for all types of end-stage disease and developing academic leadership skills in the areas of program development, education and research in Palliative Medicine.

A summary of “what has been done” and “what still needs to be done” at each level of medical education is provided in the summary table below.

Level	What has been done?	What still needs to be done?
Initial training of physicians Undergraduate Medical education Postgraduate medical education	<ul style="list-style-type: none"> ▪ Competencies for physicians were developed nationally through the Educating Future Physicians in Palliative and End of Life Care (EFPPEC) project in 2004-2008ⁱⁱⁱ ▪ Teams were set up at each school to integrate the competencies into the curricula. Varying degrees of success ▪ EFPPEC Refresh in 2017-2018 ▪ CSPCP Palliative Approach to Care Working Group (PACE WG) formed in fall 2017 to develop national palliative care competencies for non-palliative care postgraduate specialties and subspecialties 	<ul style="list-style-type: none"> ▪ Work together with the AFMC, CMA, Pallium Canada and the medical schools to integrate the EFPPEC competencies into the curricula of all Canadian medical schools ▪ Increase capacity to provide undergraduate clinical placements and other experiential learning opportunities. ▪ CSPCP PACE WG to work together with CFPC & RCPSC to develop national competencies for all postgraduate specialty and subspecialty training programs
Additional palliative skills	<ul style="list-style-type: none"> ▪ several postgraduate programs offer non-certified clinical fellowship programs in palliative care 	<ul style="list-style-type: none"> ▪ CSPCP to create a list of resources of courses and additional training opportunities in palliative care, for both those in practice and those in residency
Specialized training in palliative care medicine	<ul style="list-style-type: none"> ▪ A one year program of Certificate of Added Competence (CAC) in Palliative Care is available through the College of Family Physicians (CCFP-PC)^{iv} ▪ Palliative Medicine is a two-year Subspecialty through the Royal College of Physicians and Surgeons of Canada^v 	<ul style="list-style-type: none"> ▪ Develop the practice eligible routes for the CFPC CAC in Palliative Care and the Royal College Subspecialty in Palliative Medicine. ▪ Increase capacity and funding for palliative residency positions (including CAC and RCPSC programs)
Continuing Medical Education	<ul style="list-style-type: none"> ▪ National conferences - Advanced level ▪ Provincial conferences & training - basic and intermediate levels. Availability varies by province. ▪ Webinars and online courses such as Pallium Canada’s LEAP programs, Canadian Virtual Hospice Methadone program & Cultural Competency 	<ul style="list-style-type: none"> ▪ Mentorship programs ▪ International learning exchanges ▪ Promotion of the CSPCP / Choosing Wisely Canada recommendations for palliative care
All levels	<ul style="list-style-type: none"> ▪ CSPCP / Choosing Wisely recommendations for Palliative care (released 2014) 	<ul style="list-style-type: none"> ▪ Expand availability of online tools and mobile applications ▪ Increase use of technology for provision of education

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References

- i) http://www.hpcintegration.ca/media/55755/CHPCA_The%20Way%20Forward%20Survey_Final%20Report_August2014.pdf
- ii) Canadian Society of Palliative Care Physicians, data collected in 2016
- iii) In 2006-2008, national competencies for physicians were developed through the Educating Future Physicians in Palliative End of Life Care (EFPPEC) project 1. Reference: View the competencies here: https://www.afmc.ca/efppec/docs/pdf_2008_efppec_core_competencies_en.pdf
- iv) In January 2014, the College of Family Physicians of Canada gave approval in principle the awarding of Certificates of Added Competence (CACs) and Special Designations to recognize family physicians who have achieved a recognized level of skill and experience in specific program areas, including palliative care. <http://www.cfpc.ca/CAC/>
- v) October 2013, the Royal College of Physicians and Surgeons recognized palliative care as a two-year sub-specialty with multiple routes of entry: http://www.royalcollege.ca/portal/page/portal/rc/resources/publications/dialogue/vol13_1/council_update