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

This applies to all health care professions in all settings of care, including physicians, nurses, nurse practitioners, pharmacists, social workers, spiritual care practitioners, rehabilitation professionals, respiratory therapists, recreation therapists, music therapists, and psychologists. Appropriate training is also required for volunteers.

In the case of physicians, “appropriate training” means
- Basic palliative skills for all physicians including general practitioners, family physicians and non palliative care specialists
- Enhanced skills for physicians who
  a) are palliative consultants;
  b) frequently care for patients with chronic illnesses; and/or
  c) frequently care for frail seniors
- Expert skills for palliative medicine specialists and palliative medicine educators.

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 found that only 25 to 30% of Canadian family physicians say they are “very comfortable” providing palliative or end-of-life care. 50% say they are “somewhat comfortable”, and the remainder say the are “not very comfortable” or “not comfortable at all”\textsuperscript{i}
- A survey conducted in 2011 indicated that 10 of 17 medical schools in Canada had fewer than 10 hours of palliative care in their curriculum\textsuperscript{ii}
- Palliative care teaching hours at some medical schools are being reduced
- Residencies and rotations in palliative care are limited
  - There is only capacity to accept approximately 10-25% of requests for undergraduate clinical placements
  - Resident opportunities are in short supply. For example, there were 20 applicants in Toronto for 2-4 residencies
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

Basic palliative skills for all physicians

Palliative medicine education at the undergraduate level and postgraduate levels is urgently in need of further development. Although national palliative care competencies have been developed, they have not been integrated into all medical schools’ curricula.

Palliative care should be a mandatory component of most specialty and subspecialty training programs. Currently, it is not.

Enhanced skills for some physicians

Enhanced 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 MDs). In communities and care settings that do not have palliative medicine specialists, it is important for some physicians to have enhanced skills so they can serve as “go-to” people for their communities.

In the future, family physicians will have access to a new credential -- a Certificate of Added Competence in palliative care.

Palliative medicine specialists require expert skills

As in any specialty, expert skills are required for complex situations. Expert skills are also required by those who educate other on the principles and practice of palliative care. In acknowledgement of the level of expertise required, Palliative Care has recently become recognized as a two-year subspecialty, through multiple routes of entry.
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.

<table>
<thead>
<tr>
<th>Level</th>
<th>What has been done?</th>
<th>What still needs to be done</th>
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| Initial training of physicians     | § Competencies for physicians were developed nationally through the Educating Future Physicians in Palliative and End of Life Care (EFPPEC) project in 2004-2008<sup>iii</sup>  
§ Teams were set up at each school to integrate the competencies into the curricula. Varying degrees of success | § Work together with the 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. |
| Undergraduate Medical education    |                                                                                     |                                                                                             |
| Specialized and semi-specialized training | § Palliative medicine will become a two-year subspecialty through the Royal College of Physicians and Surgeons of Canada<sup>iv</sup>  
§ Family physicians who have achieved a recognized level of skill and experience in palliative care will be awarded Certificates of Added Competence (CACs) and Special Designations through the College of Family Physicians of Canada<sup>v</sup> | § Develop and implement the plans for the palliative care subspecialty and CAC  
§ Increase capacity for palliative care residencies |
| Continuing Medical Education       | § National conferences - Advanced level  
§ Provincial conferences & training - Basic and semi-specialized levels. Availability varies by province  
§ Webinars and online courses under development | § Mentorship programs  
§ International learning exchanges  
§ Promotion of the CSPCP / Choosing Wisely Canada recommendations for palliative care |
| All levels                         | § CSPCP / Choosing Wisely recommendations for Palliative care (released 29 October 2014 | § Expand availability of online tools and mobile applications  
§ Increase use of technology for provision of education |

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References


ii Survey conducted by Dr. Serge Daneault, University of Montreal, 2011.

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


v 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/uploadedFiles/Directories/Sections/SIFP%20Progress%20Update%20(FINAL%20ENG%20July%202013).pdf