Canadian Society of Palliative Care Physicians

Annual General Meeting
Standing Committee Reports
& External Committee Reports

June 2\textsuperscript{nd}, 2017

The Westin Edmonton
Edmonton, AB
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Standing Committee Reports

President’s Report: Annual General Conference 2017
Submitted by: Dr. David Henderson, President

This last year has been a historic time in Palliative Care in Canada.

The Royal College of Physicians and Surgeons of Canada has approved and developed a Sub-Specialty program in Palliative Medicine with fellows starting in July 2017.

Medical Assistance in Dying (MAiD) became law in Canada. Although we do not consider MAiD to be part of palliative care, it has had a huge impact on the environment in which we practice. It has also created an opportunity to advocate that palliative care should be as much of a right for Canadians as MAiD.

Bill C–277, An Act providing for the development of a framework on palliative care in Canada, was introduced and is working its way through the parliamentary system so far with unanimous approval.

Your Society has been involved with these and many other initiatives with the goal of advancing Palliative Care in Canada. I would like to take this opportunity to let you know who is on your board and some of the great work and dedication that has risen the profile and relevance of the Canadian Society of Palliative Care Physicians. This society has been blessed with outstanding members and boards since its inception and this last year is not an exception. These are just a few things your board has been doing for you. Traveling from west to east we start with:

Pippa Hawley (Vancouver) chaired the working group which developed the foundation for the report How to Improve Palliative Care in Canada: http://www.cspcp.ca/wpcontent/uploads/2016/11/Final-Report-How-to-Improve-Palliative-Care-in-Canada-FINAL-Nov-2016.pdf. Pippa is an active member of the Communications Committee and the Vetting Committee, and she led development of the Lexicon.

Anna Voeuk (Edmonton) became co-chair of CPD and has been extensively involved in the behind the scenes work on our conference and the Master Class at the International Congress on Palliative Care in Montreal.

Leonie Herx (Calgary) has continued as co-chair of CPD as well as your Treasurer. She has been very involved with the Sub-Specialty program developments especially the Pediatric side as well.


Stephen Singh (Brantford) has chaired our communication committee and has brought old dogs like me into the social media world. Stephen also represents us on the CFPC Palliative Care working group and represented us at the CMA AGM: http://www.cspcp.ca/category/e-briefs/, http://www.cspcp.ca/cspcp-success-at-cma-annual-general-council/


Stephanie Conndis (Kingston/Halifax) is an executive Board member in her role as Secretary. She is a member of the Staffing Model working group as well as being the CSPCP representative on the Canadian Hospice Palliative Care Association (CHPCA) ACP national task group, observer and contributor on the CFPC Palliative Care Program committee and delegate at the Royal College National specialty societies summit meetings.
Bruno Gagnon (Quebec City) is the research lead on the Board. He is a member of the Assessment of Educational Capacity project team and participates in judging of abstracts. He is helping to forge a new link with our colleagues in Quebec.

Susan MacDonald (St. John’s) is our out-going past president. She has been crucial to the evolution of the society serving as treasurer prior to taking on the presidency. Susan has brought with her a calm humorous voice that was extremely helpful during some of our trying times. Susan will be missed on the board but we know she will always be there when we need her.

David Henderson (Truro). In my role as President I worked with our Board and staff to achieve all of the work above. I am the primary contact for the media and I represented the CSPCP many meetings with government and other organizations. Reports on key meetings are located in the Members Area of our web site.

MEMBERS (across the country) We are so fortunate to have members from all across the country and Palliative Care work settings to help lead the charge. Many members have volunteered and worked on various work groups in many capacities. Many more have volunteered to help and we try to send as much as possible out to membership for input and advice. The names are too many to mention in this report but you will find them in detailed reports in the AGM package, on our web site, and in newsletters.

What has allowed us to do the work of the Society is the great team work and dedication pulled together by your staff.

Michelle Veer (Surrey) is your Administrative Assistant. Michelle works part time for the society but always seems to be at her computer with an answer as soon as we ask a question. Our website has never looked better with Michelle keeping it updated to the best of our abilities to provide up to date information for you.

Kim Taylor (Vernon) our Executive Director (part time) is worth her weight (actually my weight) in gold. She has grown connections across the country with key partners and consistently makes us all look good. Kim keeps us focused and prepared for all meetings. Kim understands our mission and vision and truly believes in it, going above and beyond on so many occasions.

There is much work left to do but we have a very dedicated Society that will continue to insist this country provide exceptional palliative care to all Canadians. WE can lead the way.

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Treasurer’s Report
Submitted by: Dr. Leonie Herx, Treasurer

The Board and Executive Director of CSPCP have continued to work hard at ensuring the work of the Society stays within our budget. We have kept up the momentum of the past few years, accomplishing more than ever, and ended 2016 with a surplus as predicted to members.

For the 2017-2018 year, we are continuing to prioritize the work of the Society in keeping with our Vision, Mission and Goals. This year we are projecting less revenue from the annual conference (each year it is getting more challenging to find sponsorship) and overall less income for the Society. In order to continue the important work CSPCP is doing, we will be able to use a portion of the 2016 surplus monies towards the 2017 budget while putting the remainder into investments and building a stronger financial base for the organization.

Excerpt from 2016 Engagement Report (full report is provided separately in the AGM package)

Statement of Revenues and Expenditures, Year Ended December 31, 2016 (unaudited)
Statement of Changes in Net Assets, Year Ended December 31, 2017

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
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<tbody>
<tr>
<td>REVENUE</td>
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<tr>
<td>Conference registration</td>
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<td>Membership dues</td>
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<td>Royalties</td>
<td>-</td>
<td>969</td>
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<td>EXPENSES</td>
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<td>Awards</td>
<td>3,791</td>
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<td>Board meetings and conferences</td>
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<td>Committees (projects)</td>
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<td>Consulting fees</td>
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<td></td>
<td>321,596</td>
<td>309,379</td>
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<td>EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR</td>
<td>$33,360</td>
<td>$11,495</td>
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Statement of Changes in Net Assets, Year Ended December 31, 2017

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
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<tbody>
<tr>
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<tr>
<td>NET ASSETS - BEGINNING OF YEAR</td>
<td>$63,373</td>
<td>$51,878</td>
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<tr>
<td>Excess of revenue over expenses</td>
<td>33,360</td>
<td>11,495</td>
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<tr>
<td>NET ASSETS - END OF YEAR</td>
<td>$96,733</td>
<td>$63,373</td>
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</table>

Thank you to the nominating committee for 2017: Dr. Leonie Herx, Dr. Anna Voeuk and Dr. Susan MacDonald.

The CSPCP relies on volunteers. We couldn’t accomplish nearly as much as we do without the myriad of talents and wealth of hard work of our Board, Committee members and other volunteers.

Board election

This year, seven (7) members have graciously put their names forward for election or re-election for the Board: Drs. Anne Boyle, Stephanie Conidis, Bruno Gagnon, Debra Gowan, David
Henderson, Ebru Kaya, and Stephen Singh. Six (6) positions for Directors-at-large are available due to the expiry of terms for Drs. Anne Boyle, Stephanie Conndis, Bruno Gagnon, David Henderson, Susan MacDonald, and Stephen Singh. The election will take place at the CSPCP Annual General Meeting (AGM) on Friday, June 2, 2017.

Appointment of Officers

In accordance with Bylaw #36 and in compliance with the Not For Profit Corporations Act, the newly-elected 2016-17 Board will select people for vacant Officer positions. The Officer positions are:

- President
- President Elect or Past President (depending on the year)
- Treasurer
- Secretary

Dr. David Henderson will continue in his role as President for 2017-18; however, he needs to be re-elected as a Director in order to maintain voting privileges on the Board. The President-Elect will be chosen by the Board within 30 days after the AGM.

Directors-at-large who will continue for the 2017-2018 term:
* Dr. Leonie Herx (current Treasurer)
* Dr. Monica Branigan
* Dr. Pippa Hawley
* Dr. Anna Voeuk

Thank you for helping the CSPCP be the vibrant and dynamic voice of Palliative Care Physicians in Canada.

Yours sincerely,
Nominating Committee of the Canadian Society of Palliative Care Physicians

Dr. Susan MacDonald, Past-President
Dr. Leonie Herx
Dr. Anna Voeuk

Awards Committee Report
Submitted by: Dr. Paul Daeninck, Chair

The Awards Committee was struck in 2015 to develop the requirements for and adjudicate the awards presented by the CSPCP. Our committee consists of 3 people; myself as chair, Dr. Albert Kirshen from the University of Toronto and Dr. Noush Mirhosseini from the University of Alberta.

After considerable discussion this fall, the TOR for the Eduardo Bruera Award in Palliative Medicine was amended to focus on one area of excellence annually, with that area rotating between the following:

- 2017 - Education
- 2018 - Program administration
- 2019 - Research
- 2020 - Clinical palliative medicine
- 2021 - International palliative medicine

This year’s deserving winner is Dr. Alan Taniguchi from McMaster University in Hamilton. His highly commended work in both the Undergraduate and Postgraduate (Fellowship) spheres was cited by the nominators as examples of his dedication as an educator.
The Lifetime Achievement Award winner this year is Dr. Bernard Lapointe from McGill University in Montreal. Bernard has had a long and illustrious career in Palliative Care, starting with his care for those with HIV and AIDS in the 1980s, a Founding member of the CSPCP and then taking on the leadership of the biannual International Congress growing it into the present stellar Palliative Care meeting for all. Since 2009, he has held the Eric M. Flanders Chair in Palliative Medicine at McGill University. We continue to honour those pathfinders who paved the way for us as a clinical discipline and as an organization.

The Humanitarian Award attracted several exemplary nominations, making the committee’s deliberations a pleasant challenge. We have chosen Dr. Susan Burgess from Vancouver as this year’s deserving winner. We hope to see an ongoing interest in this award, as our members branch out to deliver palliative care in underserviced areas and/or with an international focus.

Congratulations to all our winners and thank you to those members who contributed to the nomination process. I also want to again thank my fellow committee members for their generous work and time contribution this year, as well as the support of Kim Taylor and Michelle Veer.

Respectfully submitted,
Paul Daeninck, MD, MSc, FRCPC

Undergraduate Education Committee Report
Submitted by: Dr. Anne Boyle, Chair

Committee membership
We would like to thank the following individuals for their tireless support and promotion of undergraduate medical education every day: Drs Sarah Burton MacLeod, Margaret Cottle, Pippa Hawley, Russell Lofts, Jeff Dempster, Lucie Baillargeon, Paul Daeninck, Tim Hiebert, Donald Ginsberg, Alan Taniguchi, Susan MacDonald, Serge Daneault, Andrew Knight, Kathy Simpson, Shirley Bush, Craig Goldie, Alana Kilmury, Carl Bromwich, Risa Bordman, Donna Spaner, Valerie Schulz and Srini Chari. We meet 2-4 times/yr with ongoing work in between meetings.

Goals
- Evaluate the demand and capacity for undergraduate electives at all 17 Canadian Medical schools using a standardized electives tracking sheet.
- Support undergraduate representatives from the Canadian faculties of medicine to champion PEOLC curriculum changes within their programs
- Engage partner organizations to help influence and champion curriculum change
- Continue to analyze the extent to which nationally-accepted competencies for educating future physicians in palliative end of life care (EFPPEC) are incorporated into current medical school curricula
- Bring to realization the Undergraduate Narrative Medicine Award
- Support educators and students in their ability to address suffering and how to respond to patients in need
- Advocate with the Board of the CSPCP for improved funding and support for PEOLC education

Actions to Achieve these Goals
- All 17 Canadian medical schools reps attempted to track undergraduate elective offerings using a standard tracking form. We have agreed to continue to track this information for 2017-18 to attempt to improve capacity for undergraduate clinical electives and to provide data to further the work of the Assessment of Educational Capacity project team
- We continue to reach out and work with Pallium Canada, AFMC, CMA, CHPCA, The Medical Council of Canada, Canadian Virtual Hospice, CPAC and all levels of government. Members of the undergraduate education committee continue to support the Medical Council on their exam writing committees and new volunteers are being sought for this to ensure palliative end of life care and the palliative approach become part of the evaluation of all learners.
A new project is underway in conjunction with CHPCA and AFMC to review and refresh the competencies to comply with current Canadian legislation and to make the changes necessary to prepare students for competency based evaluations.

We launched the new Undergraduate Narrative Award and received many excellent submissions. Congratulations to UBC student Jenny McCormack (winner), Diana Kim (UBC – honorable mention) and Shannon Chun (Queen’s University – honorable mention) and to Pallium Canada for sponsoring the cash prize. Each year the award also recognizes a palliative care physician who has shown an enduring commitment to the integration of the arts and humanities into the practice of palliative medicine. This year’s honouree is Dr. Pippa Hall from the University of Ottawa.

Thank you to all entrants and to the 2016 judging committee: Margaret Cottle (CSPCP Undergraduate Education Committee), Pippa Hall (Honoree, U. of Ottawa), Carol-Ann Courneya (Advisor), Paul Daeninck (CSPCP Awards Committee), and Barbara Sibbald (CMAJ).

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### Members

<table>
<thead>
<tr>
<th>Name</th>
<th>University</th>
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<tbody>
<tr>
<td>James Downar</td>
<td>Chair, University of Toronto (interim)</td>
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<tr>
<td>Leonie Herx</td>
<td>Past Chair</td>
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<tr>
<td>Charlie Chen</td>
<td>University of British Columbia</td>
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<tr>
<td>Jacqueline Hui</td>
<td>University of Calgary</td>
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<td>Sarah Burton-MacLeod</td>
<td>University of Alberta</td>
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<tr>
<td>Christian LaRiviere</td>
<td>University of Manitoba</td>
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<tr>
<td>Anita Singh</td>
<td>University of Western Ontario</td>
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<tr>
<td>Alan Taniguchi</td>
<td>McMaster University</td>
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<tr>
<td>Niren Shetty</td>
<td>University of Toronto</td>
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<td>Ingrid Harle</td>
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<td>Donald Ginsberg</td>
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<td>Samir Azzaria</td>
<td>University of Laval</td>
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<tr>
<td>Erin Gorman Corsten</td>
<td>Dalhousie University</td>
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### Postgraduate Education Report

Submitted by: Dr. James Downar, Chair

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### Focus in past 12 months:

1. Committee members have been preparing for the new Royal College subspecialty training program in many different ways:
   a. By exploring the interest in creating a new subspecialty program at their university, and how that would be organized in relation to a 1-year added competency program with the CCFP. Many universities have now confirmed that they will be able to offer both programs starting in 2018 or 2019. Others have been unable to secure support for the new program.
   b. We shared applications to help each other best figure out how to meet the training requirements set out by the Royal College.
   c. We developed a national matching system similar to CaRMS for the fall 2016 match in order to harmonize the application process and ensure fairness for the applicants. In the future, all programs will be part of the CaRMS medicine subspecialty match (MSM).
2. We worked to coordinate application deadlines and offer days for the Year of Added Competency (YAC) programs to ensure fairness to programs and applicants. We learned valuable lessons from this process, and these lessons will be applied in the future.
3. We continue to organize a series of quarterly high-quality academic half-day webinars for Palliative Care trainees across the country.
4. We reached out to have ad hoc committee representation from universities that do not currently have a palliative care residency program (Northern Ontario School of Medicine, Memorial, Saskatchewan, Sherbrooke)

**Major Goals for 2016-17:**
1. We will continue to collaborate and share subspecialty application documents and ideas for meeting training requirements, in order to reduce the work involved in completing the application, and will ensure a high standard of training, and facilitate the process of applying so that all centres will be able to start training subspecialists as soon as possible.
2. We will be tracking the availability of elective slots for off-service postgraduate trainees to receive palliative care training at each site. This will be part of a broader effort by the CSPCP to monitor the ability of our subspecialty to meet the palliative care training needs of the medical community.

**Continuing Professional Development Committee**
Submitted by: Dr. Leonie Herx, Chair

*CSPCP 13th Annual Advanced Learning in Palliative Medicine Conference, Edmonton June 1-3, 2017*

**Local Conference Co-chairs:**
- Ingrid deKock MBChB, DA(SA)
  Edmonton, AB
- Mehrnoush Mirhosseini, MD, CCFP (PC)
  Edmonton, AB

**CSPCP CPD Co-Chairs:**
- Leonie Herx MD PhD CCFP(PC)
  Calgary, AB
- Anna Voeuk MD CCFP(PC)
  Edmonton, AB

**Planning Committee:**
- Yoko Tarumi MD
  Edmonton, AB
- Lawrence Lee MD, CCFP(PC)
  Edmonton, AB
- Sarah Burton-Macleod MD, CCFP(PC)
  Edmonton, AB
- Rebekah Gilbert MBBS
  Edmonton, AB

**Support Staff:**
- Kim Taylor, CSPCP Executive Director
- Michelle Veer, CSPCP Administrative Assistant

This year’s Advanced Learning in Palliative Medicine Conference is being held in Edmonton, Alberta. The theme is “Compassion, Innovation, Collaboration... Making a Difference”. We have four keynote speakers including Dr. Charles Von Gunten, Dr. Robin Fainsinger, Serena Lewis, and Dr. Eduardo Bruera. The conference begins with a CSPCSP Special Session focused on education and capacity building in palliative care in Canada. We have also partnered with Dr. Frank Myslik to put together a specialized pre-conference Point of Care Ultrasound Workshop for palliative care physicians wanting to gain or refresh competencies in thoracentesis and paracentesis. We hope to offer this specialized training on an annual basis if possible.

Thank you to the entire conference planning committee for the hard work, creativity and input into the planning and execution of the conference in Edmonton. A special thank you to our CSPCP support
staff, Kim Taylor, Executive Director, and Michelle Veer, Administrative Assistant, for making the conference possible. Kim and Michelle spend large proportions of their time supporting the conference programming and have been instrumental in the success and growth of the ALPM.

This year we also have a new conference planning secretariat, Intertask Conferences. Intertask has a wealth of experience with planning national meetings and they have been working with us to streamline and improve much of our planning processes, including the development of a new website for online registration. Thank you to Leeanne Akehurst and Blair Tyron for their expertise and support.

For future conferences, CSPCP has decided to form a new Conference Planning Committee and a call to the CSPCP membership has been sent out to recruit interested and skilled members. In the past, the planning committee has been formed from local members in the host city/palliative care program who work together with the CSPCP CPD Chair(s) and conference planning administrative staff. This has worked well for us and we get to showcase the wonderful talent of these host programs. The downside is that we are limited to holding our conferences in larger cities where we have many members to help with organizing and executing the conference, and also means that each year the majority of the planning committee changes over. We hope this new approach will allow us more flexibility for location and with continuity of the planning members for 3 years or more, that we can build an even better ALPM conference for our members! We expect to have the new Committee in place in time for the Edmonton conference so we can begin planning the 2018 ALPM.

21st International Congress on Palliative Care – Montreal, October 18-21, 2016

Clinical Master Class Co-chairs: Dr. David Henderson and Dr. Leonie Herx

The theme for last year’s Clinical Master Class at the 21st International Congress on Palliative Care was “Update on Palliative Modalities for Managing Cancer Patients”. The Master Class was extremely well-received and had its highest attendance to date! Topics covered included: Newer Generation Palliative Treatments of Malignancies – Dr. Paul Daeninck; Palliative Rehabilitation – Dr. Thomas Jagoe; What’s New in Palliative Pain Management – Dr. Henrique Parsons; Cachexia – Dr. Eduardo Bruera; and Malignant Bowel Obstruction – Dr. Mellar Davis.

Planning is already underway for the 22nd International Congress on Palliative Care in 2018 and CSPCP has again been invited to host the Clinical Master Class. Dr. Leonie Herx and Anna Voeuk will Co-Chair.

Respectfully submitted,
Dr. Leonie Herx
CPD Committee Co-Chair

Dr. Anna Voeuk
CPD Committee Co-Chair

Communications & Membership Committee
Submitted by: Dr. Stephen Singh & Kim Taylor, Co-Chairs

The past year has been an incredible success for the CSPCP! Given the scope of many of the national tasks we are taking on, the Communications and Membership Engagement Committee has expanded its role. We are now involved not only with communicating news to members, but also with broadcasting our statements to the general Canadian public, media representatives, and politicians.

Our presence on social media is growing rapidly. We now have hundreds of followers on both Facebook (Facebook.com/CSPCPSCMSP/) and Twitter (@CSPCP_SCMSP). Our messages routinely reach audiences in the thousands. Media representatives and politicians follow us on social media and help to share our announcements with our key decision-makers. The CSPCP has emerged as a well-respected voice in palliative care on social media.
We used our strong media and social media presence to help advocate for various causes throughout the year. To name but a few:

- Support of the Vulnerable Persons Standard, and advocacy for a right to high quality palliative care, as Canada rolled out legislation for Medical Assistance in Dying
- Strong support of Bill C-277, An Act providing for the development of a framework on palliative care in Canada
- Successful advocacy at the CMA General Council, at which three palliative care motions were passed
- Strong position statement on access to opioids for patients requiring palliative care, and advocacy provincially so that palliative care prescribers will continue to have access to high strength opioids
- Publicizing our two most recent advocacy efforts, “How to Improve Palliative Care in Canada” and “The Economics of Palliative Care”

Every step of the way, we have kept our membership apprised of our goings-on. We continue to release our quarterly e-Briefs and to send emails on timely topics. We are grateful to the hard work of Dr. Saneea Abboud for her diligent work with the “Local Heroes” section.

We have welcomed many members to two new working groups that have been created: Opioid Safety, and Staffing Model. We thank our members for your interest and hard work!

Our membership numbers continue to grow as well! At present, we are approximately five hundred members strong.

Thank you to our Communications Committee members for helping us achieve our work this year: Dr. Saneea Abboud, Dr. Catriona Aparicio, Dr. Marc Clark, Dr. Pippa Hawley, Dr. Stephen Singh, Ms. Kim Taylor.

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**External Committee Reports & Memberships**

**Royal College of Physicians and Surgeons of Canada: Working Group in Palliative Medicine**

*Submitted by: Dr. Deb Dudgeon & Dr. Cori Schroder*

The Working Group in Palliative Medicine was dissolved in April 2016 having completed its mandate: both adult Palliative Medicine and pediatric Palliative Medicine document suites approved; applications for accreditation of programs posted on the Royal College website.

A Specialty Committee in Palliative Medicine (SCPM) was established to develop criteria for the Practice Eligible Route (PER), review program applications, and oversee the standards of the subspecialty. Deb Dudgeon is Chair, Leonie Herx is Co-Chair, and Dave Henderson is the CSPCP representative for the SCPM. An inaugural meeting was held by teleconference June 7, 2016.

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**Royal College of Physicians and Surgeons of Canada: Specialty Committee in Palliative Medicine**

*Submitted by: Dr. David Henderson*

I represented CSPCP on the Royal College Specialty Committee in Palliative Medicine. The committee worked on the requirements for programs to apply to offer the new sub-specialty, and also reviewed applications for new programs.

We have also begun work to develop the guidelines and application for a practice eligible route to sit the Subspecialty exam. A call for the exam committee members was also sent out and the new examination committee formed with an initial exam-writing workshop planned for June.
College of Family Physicians of Canada: Palliative Care Focused Practice Committee (Communities of Practice)
Submitted by: Dr. Stephanie Connidis (observer)

Committee Members
Dr. Mireille Lecours, PEI – Chair, Dr. Carmen Johnson, SK/MB, Dr. Grace Ma, QC, Dr. Mehrnoush Mirhosseini, AB, Dr. Stephen Singh, ON, Dr. Stephanie Connidis, NS - representing the Canadian Society of Palliative Care Physicians (CSPCP)

College of Family Physicians of Canada (CFPC) Staff
Dr. Allan Grill, Physician Advisor, CPFM, Ms. Lily Oeur, Manager, Practice Support Programs
Mr. André Girouard, CPFM Coordinator

The CFPC has a number of Communities of Practice of which the Palliative Care Program Committee is one. The goal of the program is to represent the interests of all CFPC members providing Palliative Care, including those for whom this is part of their broad scope family practice and those with a special interest or focused practice. Their website is located on http://www.cfpc.ca/PalliatCareComm/

As the CSPCP representative I have strived to increase the collaboration and knowledge between our organizations. Together, there is a great deal we do to build capacity and develop a better understanding of the work, education and support needed by family physicians practicing Palliative Care in Canada.

This Committee collaborated with the National ACP Task Group to create an infographic on ACP for family physicians and this was included in the 2016 FMF Welcome kit. It continues to collaborate on ACP initiatives with the Task Group and, together with the CSPCP and Pallium Canada, has signed an MOU of commitment to collaborate.

The committee understands the need to clearly identify the providers of Palliative Care in order to build strong, educated networks of physicians across Canada. There were over 460 Certificates of Added Competence (CAC) in Palliative Care (PC) awarded to Family Physicians and likely many other physicians without this designation who provide Palliative Care. The CFPC and CSPCP will work together to identify family physicians doing this work. In addition, 2019 will also see graduates of the RCPSC subspecialty in Palliative Medicine. We can pro-actively work toward building, maintaining and sustaining networks with ongoing collaboration between our organization and both colleges.

The CSPCP and CFPC provide opportunities to share resources and the advantages of engagement, such as reduced rates for the Journal of Palliative Medicine to CSPCP members. We have requested that we participate as a voting member on the CFPC Palliative Care program committee in the future to further strengthen our commitment.

Respectfully submitted,

Dr. Stephanie Connidis

College of Family Physicians of Canada: Certificate of Added Competency Committee
Submitted by: Dr. David Henderson

The CFPC CAC committee completed its work reviewing all applicants for the CAC in Palliative Care as well as other areas of focus with added competency.

All Physicians were notified if they satisfied the requirements to achieve this designation. Those who did not will have an opportunity to apply through a practice eligible route still to be established. This
certification will be awarded to all physicians completing the year of added competency moving forward. This designation will hopefully be used in the development of credentialing processes for consultants in Palliative Care in Canada to ensure a minimum level of education and competency for all consultants. This working group has disbanded.

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**Conjoint Advisory Committee**  
Submitted by: Drs. Paul Daeninck and Dori Seccareccia

Both the Royal College of Physicians and Surgeons of Canada and College of Family Physicians of Canada support the continuation of the 13 fully accredited conjoint Palliative Medicine programs across Canada until the Royal College implements its two-year subspecialty program in Palliative Medicine starting July 1, 2017. At that time, the CFPC will continue the one-year Program of Added Competence in Palliative Care, for which it has started to award certificates of added competence (CAC).

The Advisory Committee on Palliative Medicine met on May 11, 2016 and discussed the future of the present committee once the conjoint program separates in July 2017. All members acknowledged the value that this collaborative committee has had to both organizations and were interested in continuing to work together after separation of the postgraduate education programs. It was recognized that the present committee, which has been integral to the assessment of curriculum, training and accreditation now requires re-configuring. It was recommended that new Terms of Reference be drafted to reflect the overall purpose and reporting structure of a new entity that does not revolve around the oversight of training programs. This process will be taken on by the co-chairs (Drs. Seccareccia and Daeninck), and shared with the committee upon completion.

The committee felt that it is now more important than ever to foster a conjoint spirit in the field and also re-confirmed its connection with the CSPCP, the national specialty society representing palliative medicine practitioners.

It was also discussed that until June 2017, there will continue to be accreditation surveys of universities having conjoint programs, so the committee will remain active in its present form until June 30, 2017. Two Palliative Medicine programs were reviewed last year, and they were both fully accredited with no ongoing concerns.

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**CMA Annual Assembly (August 2016)**  
Submitted by: Dr. Dave Henderson & Dr. Stephen Singh

The Canadian Society of Palliative Care Physicians was active on your behalf at the Canadian Medical Association 149th Annual General Council in Vancouver.

Our Motion GM 5-7 was passed: "The Canadian Medical Association acknowledges that palliative and end-of-life care has public health implications."

We also put together a video for a motion that made it to the Consent Agenda regarding promotion of standardization of prescription monitoring programs across Canada to ensure consistent, appropriate, and safe access to opioids. Please see the video here: [https://youtu.be/5bST3IF-mzI](https://youtu.be/5bST3IF-mzI)

Two other motions put forward by the Ontario delegation that the CSPCP supported that were also passed:

Motion GM 5-8: "The Canadian Medical Association recognizes that an assessment for eligibility for medical assistance in dying is distinct from a formal consultation for palliative care."
Motion GM 5-9: "The Canadian Medical Association supports Bill C-277, An Act providing for the development of a framework on palliative care in Canada."

Thank you all for your support as we continue to advocate for you nationally.

CHPCA: Quality End of Life Coalition of Canada
Submitted by: Kim Taylor, Executive Director, CSPCP

The Quality End of Life Care Coalition of Canada (QELCCC) is comprised of over member organizations that work together to advance palliative care in Canada, under the able leadership of CHPCA. Kim Taylor represents the CSPCP on the Advocacy Committee.

The Advocacy Committee was very active in 2016-17. Key deliverables were successful submission of a motion on palliative care to the Great Healthcare Debate (which made the Top 10), a letter to provincial health ministers to include palliative care in Health Accord discussion, advocated for adoption of Bill C-277, conducted a survey sponsored by Health Canada about how The Way Forward is being utilized, participated in National ACP Day, National Caregiver Day, National Hospice Palliative Care Week, and a month-long campaign: Hospice Palliative Care FIRST.

In the coming year the committee will continue to influence the national dialogue about palliative care and to educate decision makers about the integrated palliative approach to care. Key activities:

- Develop and promote “asks” for the provinces regarding how to spend federal funds that are earmarked for homecare, palliative care and mental health
- Participate in the 2017 Carers Canada campaign
- Develop a position statement on including bereavement in the Carers benefit
- Promote Speak Up resources with federal MPs

Many of the QELCCC advocacy committee member organizations are using CSPCP’s documents as part of their advocacy work. The view the CSPCP as leaders in palliative care advocacy in Canada. In fact, the QELCCC honoured CSPCP President Dr. David Henderson with the Honourable Sharon Carstairs Palliative Care Award of Excellence in Advocacy in January 2017!

CHPCA: National ACP Task Group
Submitted by: Dr. Stephanie Connidis

The National Advance Care Planning Task Group is comprised of individuals representing a spectrum of disciplines, including health care, law, ethics, research and national non-profit organizations. The group is engaged in the development of a national framework and implementation of Advance Care Planning in Canada.

As the CSPCP representative I participated in monthly teleconferences, fostered collaboration between organizations with aligned mission and vision positions, and worked on the development of educational materials for family physicians.

Here is an example of initiatives and work done this year:

The CSPCP has signed a MOU “ACP commitment to collaborate” in partnership with the National ACP task group (CHPCA), the College of Family Physicians of Canada (CFPC) and Pallium Canada to support the work done for Advance Care Planning in Canada.
Earlier this year I participated in a collaborative effort between the CFPC Palliative Care Community of Practice Program Committee and ACP in Canada to develop an ACP info-graphic for family physicians. This was included in the 2016 Family Medicine Forum (FMF) welcome kit.

As part of the working group, we are also developing ACP videos for inclusion in waiting rooms on the College’s C-Network along with the creation of a PowerPoint presentation that could be used with community groups.

Resources are available through the www.advancecareplanning.ca website or the url: http://us5.campaign-archive2.com/?u=2092b474a46d129f11faa98b7&id=31c7fc4e93&e=59669529fc

Advance Care Planning Day (April 16th): The Speak Up Campaign is part of a larger initiative – Advance Care Planning in Canada. The CSPCP encouraged members to access information provided by The Speak Up Campaign to facilitate conversations and participation in Advance Care Planning. The National Online Workbook is now bilingual. The workbook and short video for patients are available on the www.myspeakupplan.ca site

Other initiatives and partnerships to be aware of:

- **Prostate Cancer Canada (TrueNTH Project)** The TrueNTH workbook for men with prostate is now available for download and in print format. The TrueNTH online portal is now available.

- **Canadian Partnership Against Cancer (CPAC)** and CHPCA/ACP are working with four provincial jurisdictions (Manitoba, Newfoundland & Labrador, Nova Scotia, and Prince Edward Island) to assist them with implementation of ACP/Goals of Care policies, tools and programs.

It has been a pleasure to serve on this task group on your behalf.

Respectfully submitted,

Dr. Stephanie Connidis

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CHPCA: MAiD Working Group
Submitted by: Drs. Susan MacDonald and David Henderson

The CHPCA working group on MAiD has been focusing on helping palliative care providers understand their role in this new world of legalized MAiD.

One project is a question and answer guide still in the works that has the working title:

**Palliative Care and Medical Assistance in Dying (MAiD) in Canada**
How will they co-exist?

*Guidance for Health Care Professionals and Volunteers in the Hospice Palliative Care and other settings.*

CHPCA has also made the statement that MAiD is not part of Palliative Care in their national documents.

Members include:
Dr. Chris Vadeboncoeur, Dr. David Henderson, Maryse Bouvette RN CHPCN®, Lorraine Gerard ED. BCHPCA, Carla Carlson LLB., Stephen Claxton and Sharon Baxter.

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Palliative Care Matters Steering Committee
Submitted by: Dr. David Henderson

I had the pleasure of representing CSPCP on the steering committee for Palliative Care Matters. The work of the steering committee led to The Palliative Care Matters Consensus Development Conference which took place from Monday, November 7 to Wednesday, November 9, 2016 at the Ottawa Marriott Hotel.

Consensus Statement
The consensus statement, “Palliative Care Matters: How Canada’s Health System Needs to Change”, is available for download on the conference website at www.palliativecarematters.ca/home.

The consensus statement is still under evaluation which includes tracking social media as well as conference outcomes.

Interim evaluation results:
- 110 attended the conference
- 339 individuals/groups watched through live streaming in many countries
- 1016 archived videos have been viewed
- 8000 facebook
- 90,000 twitter
- Strong social media presence
- Approx 100,000 Canadians learned about Palliative Care Matters
- People who attended the conference were generally positive about the event.

Members of the Steering Committee include:
Co-chair: Karen Macmillan, Senior Operating Officer and Executive Lead for Palliative Care, Covenant Health
Co-chair: Fred Horne, former Alberta Minister of Health (2011-2014)

- Sébastien Audette, President, Accreditation Canada International
- Sharon Baxter, Executive Director, Canadian Hospice and Palliative Care Association
- Jeff Blackmer, Vice-President, Medical Professionalism, Canadian Medical Association Office of Ethics
- Heather Bryant, Vice-President, Cancer Control, Canadian Partnership Against Cancer
- J. David Henderson, President-Elect, Canadian Society of Palliative Care Physicians
- Anya Humphrey, Family/Patient Advocate
- Shelly Jamieson, CEO, Canadian Partnership Against Cancer
- Maria Judd, Senior Director, Canadian Foundation for Healthcare Improvement
- Tammy Moore, CEO, ALS Society of Canada
- John Ruetz, President & CEO, Catholic Health Sponsors of Ontario
- Stephen Samis, Vice-President of Programs, Canadian Foundation for Healthcare Improvement
- Marcel Saulnier, Associate ADM, Strategic Policy Branch, Health Canada
- Shirlee Sharkey, President & CEO, Saint Elizabeth Health Care
- Anne Sutherland Boal, CEO, Canadian Nurses Association
- Kathryn Todd, Vice-President, Research, Innovation & Analytics, Alberta Health
- Russell Williams, Chair, Canadian Frailty Network
- Jewel Buksa, Project Manager, Palliative Care Matters, BUKSA Strategic Conference Services

Working Groups
CSPCP: Staffing Model Working Group
Submitted by: Co-Chairs: Drs. David Henderson and Anne Boyle

The goal of the working group is to provide a systematic way for programs to determine the staffing that is required to provide consistent access to high-quality palliative care across Canada.

Background:
The CSPCP is frequently asked workforce-related questions such as “How many palliative care physicians do we need, now and in the future?”, “How many people with a Certificate of Added Competence?”, “How many with subspecialist qualifications?”.

The answer is not simple, and it depends on how palliative care service delivery is structured in each area of Canada. However, we have drafted a model for integrated palliative care delivery that we believe is a good starting point as a practical tool to plan staffing and to determine the needs for palliative care medical education.

The Working Group will review the draft model and help to validate it and/or refine it with as much supporting evidence as possible. We anticipate future phases to consult with other professions, finalize the model, and disseminate it broadly in collaboration with other partners.

Working group members:
Co-Chairs: David Henderson, Anne Boyle
Members: Aleco Alexiadis, Doris Barwich, Stephanie Connidis, Leonie Herx, David Lysecki, Anyharan Sinnarajah.
Assessment of Educational Capacity Working Group
Submitted by: Dr. Anne Boyle and Kim Taylor, Executive Director

Project Team:
Kim Taylor, Fabienne Jolicoeur, Bruno Gagnon, James Downar and Anne Boyle

The CSPCP promotes access to high quality palliative care for all Canadians through advocacy, partnerships, research, and physician education.

To improve access to palliative care and meet the needs of society, all disciplines - including medicine - must be adequately trained in palliative end of life care. There must also be sufficient academic capacity to provide this training.

Members of the Undergraduate Education Committee and Postgraduate Education Committee of the CSPCP know that for physician education, demand for palliative care electives and residency positions exceeds capacity. Additionally, there are groups of learners who would benefit from palliative care elective experiences who are currently not even requesting them. In short, we know that our current palliative care training capacity is well below what it needs to be.

The Educational Capacity Group is working with the undergraduate and post graduate committees to collect and report national data on the current state of clinical Palliative Care training in Canada and we will monitor progress over time. By quantifying the gaps and projecting the future need, we can make a case for bolstering academic teaching capacity for palliative medicine throughout Canada.

In addition, the project team is working closely with the Canadian Partnership Against Cancer to characterize the state of palliative care medical education in Canada.

The Assessment of Educational Capacity project is conducted in collaboration with Canada’s 17 medical schools. The project is supported in part by grants from Purdue Pharma and Innovative Medicines Canada.

Access to Palliative Care Working Group
Submitted by: Dr. Pippa Hawley, Chair

The Working Group on Access to Palliative Care (WG) was struck shortly after the 2016 AGM to advocate for palliative care physicians and their patients regarding the inequitable availability of palliative care across the country which had received media attention as part of the discussion around legalization of Medical Assistance in Dying, with particular regard to the renegotiation of the Federal-Provincial Heath Accord. The WG was formed with the goal of achieving a balance between urban and rural practice settings; covering the breadth of the country; including physicians from family medicine and specialist backgrounds; and ensuring representation from those caring for populations known to have especially poor access to palliative care, including children and the homeless. There were more applicants than would have been practical to have had participate, and many excellent applicants were not able to be included. We hope that these members apply to participate in other working groups in future.

The WG prepared a draft document for the Board. The report entitled “How to improve palliative care in Canada: a call to action for federal, provincial, territorial, regional and local decision-makers” was subsequently released in November 2016 and widely circulated to the media, federal politicians and to our partner organizations. It can be read in both official languages on the CSPCP website at: http://www.cspcp.ca/information/reports-publications/.

A follow-up document entitled “Palliative Care: a vital service with clear economic, health and social benefits” was also released by the Board in February 2017. This report focused specifically on the economic arguments for expansion of access to palliative care which was a part of the full report. Both reports have been well-received and we believe have been helpful in informing the Government and other stakeholders as we move forward with health care reform.
The Opioid Safety Working Group was formed to develop practical recommendations on how to improve opioid safety in the context of Palliative Care. These will support the CSPCP 2016 Position Statement on Access to Opioids for Patients Requiring Palliative Care. Through a fair and inclusive process, the group is hoping to provide a reasonable reflection of CSPCP members thoughts regarding safety measures, safe prescribing, opportunities to reduce misuse or diversion, and education. The hope is to provide a written summary describing the above items. We wish to thank the following members of the group for their time and commitment: Jenny Lau, Brian Kerley, David Henderson, Pippa Hawley, Ed Fitzgibbon, William Eaton, Michael Downing, Chantal Chris and Anne Boyle. We also wish to acknowledge the support of Kim Taylor and Michelle Veer.