



Canadian Society of Palliative Care Physicians

Terms of Reference:

Palliative Approach to Care Education Working Group (PACE WG)

Purpose

To make recommendations to the CSPCP Board of the core palliative care competencies for non-palliative care specialists and to provide an evidenced-based framework for teaching these competencies.

Canada now has an expectation that all physicians will have basic core competencies in palliative care and a palliative approach to care. Two new training programs have been established to provide advanced education at the secondary and tertiary levels of palliative care competency through the new CFPC Certificate of Added Competence in Palliative Care and the RCPSC Subspecialty in Palliative Medicine. However, there are no clearly defined core palliative competencies or corresponding teaching frameworks for non-palliative care specialists. In order to meet the palliative care needs of Canadians, a primary palliative approach to care needs to be established and integrated into all primary specialties as well as other specialties that will interact with people with life limiting conditions

Goal

Provide a comprehensive description of the core palliative competencies for non-palliative specialty training programs of both the CFPC and Royal College to the CSPCP Board as well as provide models for teaching evidenced-based palliative care to these various trainees.

Role/Deliverables

1. Review literature regarding core competencies for non-PC Specialties.
2. Develop and provide recommended core competencies to the CSPCP board.
3. Provide examples of evidenced-based approaches for teaching palliative care competencies to the various specialty trainees which could be shared nationally.

Chairs

Co-Chairs representing the two colleges will be appointed by the Executive Committee of the CSPCP Board. One Co-chair will represent CFPC and the other Co-Chair will represent RCPSC.

Members

The Working Group will be made up of Palliative Medicine consultants from a mixture of specialty backgrounds (including CFPC and RCPSC) with expertise in postgraduate education, and providing broad regional representation. Representatives from each of the colleges will also be invited to participate.

The working group will be made up of a minimum of one CSPCP board member and 5 – 7 other physicians. These physicians will be CSPCP members in good standing who have submitted an Application to Participate and have been selected by the Selection Committee of the Board (Anne Boyle, Stephanie Connidis, David Henderson, Leonie Herx).

The Selection Committee will assign an initial score to the Application to Participate and then select a mix of Board members and CSPCP members who represent different geographies and work settings; and who bring a variety of relevant expertise.

One education representative from each of the RCPSC and CFPC will be invited to participate.

Term

November 1, 2017 – May 30, 2018.

Probable option to extend for another 6-12 months -- for external validation, consensus building and dissemination.

Due date

The goal is to develop a report by June 2018.

Reporting Structure

Directly to Board, via the Chair

Meetings

At group discretion – Likely to be every 4 weeks by phone with tasks as needed in between.

Administrative Support

CSPCP staff can provide:

- Access to a telecon line and/or GoTo meetings
- Help with scheduling meetings
- Help to create a Survey Monkey poll for members (if desired by the Working Group)

The work group is responsible for its own internal communications (minutes, planning, document writing, etc.)

*Approved by CSPCP Board
September 11, 2017*