

In-Practice Certification Route to Certificates of Added Competence (CAC)

Domain-Specific Eligibility Requirements

Care of the Elderly (COE)

The eligibility requirements listed below are based on the [Residency Training Profile for Care of the Elderly](#), which includes the Practice Narrative and the Core Professional Activities (CPAs), and they are further mapped to the [Priority Topics and Key Features for the Assessment of Competence in Care of the Elderly](#).

The application is built as a portfolio and applicants are required to provide concrete examples to prove that their scope of practice and contribution to care of the elderly (COE) justifies the awarding of the CAC.

All applicants must have a licence to practise family medicine independently in a province or territory of Canada, hold Certification in the College of Family Physicians of Canada (CCFP), and remain a member in good standing with the CFPC throughout the review of their application.

To qualify for a CAC in COE, physicians must be regularly engaged in care of the elderly practice and demonstrate they have practised without restriction for the four-year period (approximately 400 hours per year) immediately prior to the application submission date. The most recent two years in practice must be in Canada.

CPA 1: Provide advanced-level care and consultation for issues commonly seen in older adults that affect health, physical and cognitive function, and independence.

- To qualify for a CAC in COE physicians must provide evidence of experience in all of the following:
 - Assessment and management of medical conditions in the elderly
 - Assessment and management of cognitive impairment
 - Appropriate prescribing in the elderly
 - Assessment and management of falls and mobility issues
 - Integration of the frailty continuum/spectrum in all aspects of care
 - Assessment of decision making and capacity
 - Advance care planning and goals of care
 - End-of-life care
 - Assessment and management of depression/anxiety in the elderly
 - Assessment and management of delirium in the elderly
 - Assessment and management of urinary incontinence in the elderly
 - Identification of driving issues in the elderly and reporting for assessment
- To qualify for a CAC in COE, physicians are expected to spend a minimum of 30 per cent of their current practice in this domain of care. If the percentage is below 30 per cent,

applicants will be asked to explain why and the Peer Review Committee will make a decision based on an applicant's specific context and circumstances.

- To qualify for a CAC in COE, physicians are expected to be doing regular comprehensive geriatric assessments as part of their practice. If the percentage of practice spent doing comprehensive geriatric assessments is below 20 per cent, applicants will be asked to explain why and the Peer Review Committee will make a decision based on an applicant's specific context and circumstances.
- To qualify for a CAC in COE, physicians are expected to see a minimum of 20 per cent of patients by referral. If that percentage is below 20 per cent, applicants will be asked to explain why and the Peer Review Committee will make a decision based on an applicant's specific context and circumstances.

CPA 2: Provide care for older adults in a range of settings

- To qualify for a CAC, physicians must provide evidence of present or previous work or experience in many of the following (if available in their community):
 - Outpatient care
 - Supportive/assisted living
 - Care in the home
 - Long-term care
 - Hospital (e.g., rehabilitation, acute care, post-acute hospital facility, emergency department)

CPA 3: Collaborate in all levels of care

- To qualify for a CAC in COE, physicians must provide evidence of being a:
 - Resource to colleagues
 - Consultant and source of referral to colleagues
 - Member of an interprofessional team

CPA 4: Provide administrative, educational, and/or clinical leadership

- To qualify for a CAC in COE, physicians must provide evidence of:
 - Acting as a leader within an interprofessional team and/or a [Patient's Medical Home](#) (PMH)
 - Teaching in the domain of care or acting in an educational leadership role
 - Providing administrative leadership in care of the elderly, if available

CPA 5: Participate in the scholarly aspects of care of the elderly

- To qualify for a CAC in COE, physicians must offer evidence of:

- Involvement in education (e.g., providing continuing professional development (CPD) and/or teaching, which may include undergraduate and/or postgraduate students and interprofessional groups)
- Involvement in research, if applicable
- Involvement in quality improvement initiatives (in their practice, institution, and/or region)

CPA 6: Act as a resource to a community

- To qualify for a CAC in COE, physicians must provide evidence of advocacy at one or more of the following levels: individual patient, community, system

CPA 7: Manage professional activities

- To qualify for a CAC in COE, physicians must provide evidence of engaging in COE-related CPD. They are required to complete a minimum of 75 credits in the five-year cycle.

Referee letters

Letters from four referees are required:

- At least two referees must be family physicians who are members in good standing with the CFPC
- At least two referees must be actively practising and/or teaching in the domain of care for which the CAC application is based
- At least one referee must be an active CAC holder in the domain of care for which the CAC application is based
- One referee must be a colleague with a comprehensive practice to whom the applicant acts as a resource/consultant
- One referee must be an interprofessional team member with whom the applicant works
- All referees must have known the applicant for at least two years in a professional capacity
- Referees cannot be relatives of the applicant or have any conflicting interests with those of the applicant

Referees will be asked to provide evidence about the impact the applicant has on COE in the following:

- a) As a provider of advanced-level care and consultation for issues commonly seen in older adults that affect health, physical and cognitive function, and independence
- b) As a resource to family medicine colleagues and a member of an interprofessional team
- c) As a clinical, educational, and/or administrative leader
- d) As a leader and participant in scholarly activities, including continuous quality improvement, research, and in the provision of CPD

- e) As a resource to their community, engaged in advocacy on one or multiple levels: for their own patients, for patients in the community, and/or for system-level health
- f) As a continuous learner who is engaged in COE-related CPD

Please refer to the [IPCR Application instructions package – Care of the Elderly](#) for instructions and detailed information.