

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

Domain-Specific Eligibility Requirements

Palliative Care (PC)

The eligibility requirements listed below are based on the [Residency Training Profile for Palliative Care](#), 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 Palliative Care](#).

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 palliative care (PC) 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 PC, physicians must be regularly engaged in palliative care 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 for those with serious illnesses and their families using counselling and non-pharmacological and pharmacological modalities.

- To qualify for a CAC in PC physicians must provide evidence of experience in all of the following:
 - Assessment and management of pain
 - Assessment and management of nausea, vomiting, and bowel obstruction
 - Assessment and management of breathlessness
 - Assessment and management of delirium
 - Assessment and management of anorexia, cachexia, nutrition, and fatigue
 - Assessment and management of despair and suffering
 - Assessment and management of anxiety and depression
 - Management of grief
 - Goals of care conversations and advance care planning
 - Management of imminent death
 - Implementation of palliative sedation therapy
 - Assessment and management of non-malignant terminal illness
 - Assessment and management of emergencies in palliative care
 - Addressing requests for medical assistance in dying (MAID)

- To qualify for a CAC in PC, 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 PC, physicians are expected to see a minimum of 40 per cent of patients by referral. If the percentage is below 40 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: Function as most responsible physician for patients admitted to palliative care units

CPA 3: Manage palliative care in the home (wherever patients deem home to be)

- To qualify for a CAC in PC, physicians are expected to provide evidence of present or previous work or experience in the following:
 - Home-based palliative care
 - Hospital-based palliative care unit
 - Facilities with dedicated palliative care beds

CPA 4: Collaborate in all levels of care

CPA 5: Provide consultation and peer support

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

CPA 6: Provide administrative, educational, and/or clinical leadership

- To qualify for a CAC in PC, 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 palliative care, if available

CPA 7: Participate in the scholarly aspects of palliative care

- To qualify for a CAC in PC, physicians must provide 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 8: Act as a resource to a community

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

CPA 9: Perform procedures as appropriate (where available)

- To qualify for a CAC in PC, physicians must show how they integrate the following procedures in palliative care, either by personally performing or ordering as appropriate:
 - Ultrasound-guided paracentesis
 - Point-of-care ultrasound
 - Continuous subcutaneous infusions
 - Advanced wound management

CPA 10: Manage professional activities

- To qualify for a CAC in PC, physicians must provide evidence of engaging in PC-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 palliative care in the following

- a) As a provider of advanced-level palliative care for those with serious illnesses, and their families, using counselling and non-pharmacological and pharmacological modalities

- 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 PC-related CPD

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