

Frequently Asked Questions regarding Subspecialty Status in Palliative Medicine

1. Q: Why is it vital to obtain Specialty/Subspecialty status for Palliative Medicine?

A: This has been a priority for the Canadian Society of Palliative Care Physicians (CSPCP) for many years and will bring us into line with other countries. The U.K. has recognized Palliative Medicine as a Specialty since 1987, and Ireland since 1995. It has been a Subspecialty in the U.S. since 2006 and in Australia, South Africa and New Zealand since 2008.

The core arguments for pursuing Subspecialty status are:

- ❖ The focus of hospice palliative care has shifted from primarily care of patients with cancer diagnoses to include those with any chronic or life threatening disease.
- ❖ There is a critical need to provide the most effective care in the most efficient manner to meet the care needs of this expanding population.
- ❖ Specialist care is required to provide complex, holistic management of symptoms to ensure optimal quality of life.
- ❖ There is a demand for education of health care providers regarding hospice palliative/end of life care at all levels but also the need to cultivate the educational expertise to develop and teach curriculum to ensure societal needs are met.
- ❖ Research in palliative medicine is necessary to advance the science and mature the discipline of palliative medicine.
- ❖ Expertise in program development and advocacy is required to ensure all Canadians have access to timely, appropriate hospice palliative care in their preferred setting of care.
- ❖ The one-year of added competence in palliative medicine conjointly accredited by the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC) is no longer adequate for trainees to achieve the competencies required to meet growing societal needs or advance Palliative Medicine as a discipline.

2. Q: What is the current status?

A: After exploring several options at a special meeting of the Conjoint Advisory Committee on Palliative Medicine (AC) in May 2010, the meeting concluded with a unanimous decision to develop a two-year Subspecialty in Palliative Medicine through the Royal College of Physicians & Surgeons of Canada (RCPSC), and in parallel, a one year special designation in Palliative Medicine from the College of Family Physicians of Canada (CFPC). This decision was endorsed at the Annual General Meeting of the CSPCP in June 2010 in St. John's, Newfoundland.

3. Q: Who is leading this work?

A: The CSPCP is the sponsor of the application to the RCPSC for Subspecialty status in Palliative Medicine and of the approach to the CFPC regarding a 'one year special designation'. The Conjoint Advisory Committee on Palliative Medicine (AC), the committee that oversees the current conjoint one-year training program, is assisting the CSPCP in the

process. The AC is co-chaired by Dr. Cori Schroder (CCFP) and Dr. Deb Dudgeon (FRCPS) who are both experienced palliative care physicians, and has representation from:

- ❖ CSPCP Board;
- ❖ CFPC Palliative Care Committee;
- ❖ Royal College (RCPSC); and
- ❖ College of Family Physicians (CFPC).

4. Q: Where does the effort currently stand?

A: The CSPCP application was submitted to the RCPSC Committee on Specialties (COS) in March 2011. The application required naming the base Specialty (-ies) for entry into the two-year RCPSC Subspecialty in Palliative Medicine. After considering the competencies to be achieved over the two-year training period, Internal Medicine and Pediatrics were chosen as the base specialties. The COS expressed support for the proposal recognizing the need for specialists with advanced training in palliative medicine but requested clarification of the routes of entry. The plan is to re-submit the application to the spring 2012 COS meeting. Once the proposed Subspecialty receives “provisional acceptance’ at COS, it moves to a consultation phase before consideration of final approval.

5. Q: What options would remain for other Specialties?

A: The application naming Internal Medicine and Pediatrics as the route of entry was recommended based on the competencies that would be required for the RCPSC trained Palliative Medicine Subspecialist. We also considered that selecting two base Specialties to establish the Subspecialty would provide a solid foundation upon which to build in future. Once the Subspecialty in Palliative Medicine is established, we would explore options for additional training in palliative medicine with other RCPSC Specialties. For some, it may involve consideration of prerequisites to allow access to the two-year Subspecialty. For others, it may be the development of “added skills” achieved through a RCPSC Diploma. In addition, we are advocating for the development of a “special designation” for Palliative Care (e.g. CCFP PC) within the CFPC.

6. Q: What about the Conjoint One-Year of Added Competence? Is that still an option?

A: The conjoint program is not a long term option. At the RCPSC, the program has held an AWC (Accreditation Without Certification) designation which is being phased out. All AWC programs are required to apply for transition to a Specialty, Subspecialty or Diploma within the RCPSC. However, until the transition is formalized, the RCPSC and CFPC will continue to support the conjoint one-year of added competence.

7. Q: Is there a “practice eligible” route? Will palliative care physicians in practice be able to upgrade to the PM Subspecialty status?

A: We are exploring various options in terms of addressing the needs of current practitioners. At this time there is not an option to challenge the exam or to assign subspecialty status to physicians in practice. In the UK and other areas where this has been implemented ways to recognize “practice eligible” physicians was found.

8. Q: What are the next steps?

A: We are in the process of addressing the request by the COS to clarify routes of entry to the proposed Palliative Medicine Subspecialty and wish to consider your views.

9. Q: How can I share my thoughts and participate in the process?

A: The CSPCP will host a webinar for members on Thursday, January 19, 2012 1700-1800 PST (2000 EST) and Wednesday, January 25, 2012 1300 PST (1600 EST). At these meetings you will have an opportunity to express your opinions in dialogue with members of the CSPCP Board and Drs. Schroder and Dudgeon.