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## Title

*Canadian Certificates of Added Competency in Palliative Care: A pan-Canadian qualitative study of roles and impact*

## Priority 1 (Research Category)

Palliative and end-of-life care

## Presenters

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## Abstract

Context: Since 2015, the College of Family Physicians of Canada's Certificates of Added Competence (CAC) program has included enhanced skill certification in Palliative Care (PC) to support the scope of Family Medicine services available to patients and communities.

Objective: To describe the ways in which family physicians with a CAC in palliative care contribute within their communities, the factors that influence the models in which these physicians work, and the perceived impacts of this work.

Study Design: Secondary unconstrained content analysis of qualitative data from a multiple case study on the role and impacts of family physicians with a CAC.

Population: Six family medicine practices across Canada, between September 2018 and June 2019.

Data Source: Interviews with PC and generalist physicians, trainees, and administrators, which included discussion of the PC role, associated with these cases.

Outcome Measure: Qualitative descriptions of the models of care, factors influencing the way PC physicians work, and their impacts in the community.

Results: Twenty-one participants (nine PC physicians, five generalist family physicians, two residents, five physicians with enhanced skills in other domains) contributed data. PC physicians enhanced the workforce to meet palliative care needs in communities. PC physicians worked in various models, ranging from maintaining and enhancing their own family practice through to working exclusively as a PC physician. In the latter case, PC physicians worked in a collaborative model with other physicians by providing consultations to other physicians, co-managing patients (shared care), or assuming care of the patient as the main provider (transfer of care). PC physicians intentionally built capacity among their

colleagues, with some activities not being remunerated. Funding models and other structures favoured the PC physician taking over care.

Conclusion: PC physicians with added competency facilitate comprehensive care of people until the end of life, through direct patient care models and by building capacity among others. Remuneration models should support system capacity and relationships that enable family physicians to provide primary palliative care, especially outside the transfer of care model.