



BC Centre for
Palliative Care
**Physician & NP
competencies**
Adapted Dec. 2024



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This Framework was adapted from the Palliative Care Competence Framework,¹ with the permission of Ireland Health Service Executive and The Nova Scotia Palliative Care Competency Framework,² with the permission of the Nova Scotia Health Authority.

Physician and Nurse Practitioner – specific competencies were adapted with permission from The Canadian Society of Palliative Care Physicians. Educating Future Physicians in Palliative and End of Life Care (EFPEC): Palliative Care Competencies for Undergraduate Medical Students in Canada.⁵ The language was adapted to apply to practicing physicians rather than medical students, modified slightly for a B.C. context and categorized into domains. At the request of B.C. physicians, the competencies for Generalist-ALL practice include the relevant CanMEDS roles, in brackets after each domain.⁶

The physician-specific competencies are also line with the scope of practice for B.C. Nurse Practitioners⁷. Nurse Practitioners have reviewed these competencies and have determined them to be applicable to their practice in addition to the discipline- specific competencies for nurses. Therefore, NPs should refer to both these Physician/NP – specific competencies and the Nurse – specific competencies.

In November of 2024, this document was updated with permission. The names of the domains were adapted to align with *The Canadian Interdisciplinary Palliative Care Competency Framework*,¹⁷ and the B.C. content has been re-organized into Domains 1-11. Domain 12, Virtual Care, was not included in the original B.C. document so competency statements have been adopted from the Canadian Framework. All modified and new language is identified by **bold** text and an asterisk *. The competency statements within the other domains are unchanged from 2019 and will be adapted in the future.

A reference list is available within the BC Centre for Palliative Care: Inter-professional palliative competency framework (2024).

DOMAIN 1: PRINCIPLES OF A PALLIATIVE APPROACH TO CARE* (MEDICAL EXPERT, SCHOLAR)

GENERALIST - ALL¹

Describes a palliative approach to care

Describes models of end-of-life care

Describes the principles and models of palliative care and hospice care.

Identifies when to initiate a palliative approach to care across various diagnoses and care settings.

Describes and identifies patients who would benefit from a palliative care approach early in their illness trajectory.

Describes common trajectories of functional decline.

Describes the benefits of an early collaborative palliative approach to care.

Discusses inter-professional collaboration in palliative and end-of-life care as a fundamental concept.

Describes diverse societal perspectives on dying and death

¹Competencies for Physicians and NPs have only been determined for the Generalist-ALL category. More work needs to be done to adapt nation-wide documents for the Enhanced-SOME and Specialist-FEW to the B.C. context, and this work was outside of the scope of this project.

DOMAIN 2: CULTURAL SAFETY AND HUMILITY (HEALTH ADVOCATE, PROFESSIONAL)

GENERALIST - ALL

Demonstrates sensitivity to cultural/religious considerations and to indigenous, LGBTQ2S, and vulnerable / marginalized people, in addressing palliative and end-of-life care needs

Discusses potential differences between people, cultures and religions in palliative and end-of-life care, including attitudes towards dying and death, communication, truth-telling and autonomy.

Demonstrates respect for differing family structure, roles and cultural issues when sharing information and arriving at decisions, including treatment care plans.

Describes an approach to defining palliative and end-of-life care needs in indigenous, LGBTQ2S, and vulnerable/marginalized people, as well as various cultural and religious issues in palliative and end-of-life care.

DOMAIN 3: COMMUNICATION (COMMUNICATOR)

SPECIFIC OBJECTIVES

Communicates effectively with patients, families and other caregivers

Communicates information about the illness effectively including bad news

Identifies the specific issues that may interfere with communication of news or bad news to dying patients and their families.

Describes an approach to the communication of information about the illness, including bad news.

Demonstrates an ability to communicate bad news with a palliative care patient and his/her family.

Describes an approach to discussing prognosis with patients facing a life-limiting illness, and their families.

Discusses issues of truth-telling for patients with palliative care needs, including the influence of cultural issues.

Leads effective meetings with patients and their families

Describes the role of family meetings with a patient with palliative care needs and their families.

Participates in family meetings with patients with palliative care needs, their family and the inter-professional team.

Describes how personal concerns about caring for patients and families at the end of life and/or personal experiences of death and dying influence patient-physician/NP communication.

Educates patients and family about end-of-life care issues and pain and symptom management

DOMAIN 4: OPTIMIZING* COMFORT AND QUALITY OF LIFE (MEDICAL EXPERT)

GENERALIST - ALL

Demonstrates a patient and family centered and inter-professional approach to assessing pain and other symptoms in patients with advanced and progressive illness.

Discusses patient and family education regarding self-management techniques for controlling pain and other symptoms

Describes and recognizes “total pain”, where physical, psychological, social, emotional and spiritual concerns each contribute to the pain experience.

Completes a palliative care assessment

Addresses and manages pain and other symptoms in patients with advanced illnesses (cancer and non-malignant disease)

Assesses pain and symptoms effectively by conducting a thorough pain history, appropriate physical exam and relevant investigations

Discusses issues in identifying and treating pain and other symptoms across the spectrum of developmental, cognitive and physical abilities.

Describes standardized tools for pain assessment.

Discusses appropriate/relevant investigations of pain and other symptoms.

Describes the effect of the physician’s or NP’s personal experiences and beliefs on the assessment and management of pain and other symptoms.

Outlines the WHO approach to the management of cancer pain.

Utilizes adjuvant modalities and medications for pain management in patients with palliative care needs

Describes the use of adjuvant medications in pain management.

Describes the potential role for chemotherapy, radiation therapy, surgery and procedures, and interventional analgesia in the management of pain and other symptoms.

DOMAIN 4: OPTIMIZING* COMFORT AND QUALITY OF LIFE (MEDICAL EXPERT) cont'd

Assesses and manages other common symptoms in advanced illness including fatigue, cachexia and anorexia constipation, dyspnea, nausea and vomiting, delirium, anxiety and depression

Describes the prevalence and impact of major symptoms in patients with palliative care needs.

Systematically assesses symptoms in patients with palliative care needs and participates in the evidence-based holistic and inter-professional management of these symptoms.

Describes the potential role for chemotherapy, radiation therapy, other oncological therapies, surgery, and interventional procedures in the management of symptoms.

Monitors the efficacy of treatment plans for pain and other symptoms

Describes the role of the patient, family and inter-professional care team in monitoring treatment plans.

Applies techniques for the assessment of pain and other symptoms on a longitudinal basis and identify opportunities to modify the management strategy according to effectiveness, side-effects, patient preferences and the stage of disease.

Discusses the role of other team members in assessing and managing pain.

Proposes evidence-based opioid therapies, including effective prescribing, titration, breakthrough dosing and prevention of side-effects

Describes how pharmacokinetics & pharmacodynamics impact the choice of opioids, including patient-specific considerations such as age, weight, frailty, prior exposure, and renal and hepatic function.

Describes common side effects of opioids & an approach to their management that includes anticipation & prevention of side effects.

Describes and manages patient and family concerns or myths about opioids at the end of life.

Explains the concepts of tolerance, physical dependence, & addiction as they relate to the use of opioids in palliative care.

Identifies potential risk factors for opioid use disorder, including topics such as abuse, addiction and/or diversion.

Describes safe storage of opioids, responsible prescribing and disposal.

DOMAIN 4: OPTIMIZING* COMFORT AND QUALITY OF LIFE (MEDICAL EXPERT) cont'd

Discusses routes of opioid administration.

Describes and explains an appropriate prescription for an opioid naïve patient including breakthrough dosing.

Describes appropriate approaches to opioid titration for patients with palliative care needs.

Identifies and describes strategies to manage opioid-induced neurotoxicity vs. overdose.

Participates in the appropriate care for the pediatric patient with palliative care needs and their family

Demonstrates an understanding of pediatric palliative care which can start at diagnosis (including antenatal diagnosis) and continue throughout the life of the child (alongside acute care interventions) and into bereavement for the family.

Describes the differences between pediatric and adult palliative care.

Describes the multidisciplinary and inter-professional approach to care which benefits the child and family when life-threatening illness is present.

Describes elements of support to families in deciding the best treatment option(s), including non-intervention, for their child and demonstrates the ability to respect the choice(s) made.

Identifies the challenges (societal, professional and personal) which arise when caring for a dying child.

Manages the care needs of a pediatric dying patient, communicating with and supporting their family members, liaising with pediatric specialists when needed

Addresses psychosocial and spiritual needs

Describes the psychosocial and spiritual issues that a dying patient and their family may experience.

Assesses the psychosocial and spiritual needs of a dying patient and their family.

Develops and proposes a care plan to address psychosocial and spiritual issues in collaboration with other disciplines

Describes the incidence and diagnosis of depression and other mood disturbances in a patient with palliative care needs.

Describes the features of dignity conserving care.

DOMAIN 4: OPTIMIZING* COMFORT AND QUALITY OF LIFE (MEDICAL EXPERT) cont'd

Attends to multi-dimensional sources of suffering

Describes the elements of suffering in end-of-life care for patients, families and caregivers

Identifies issues contributing to suffering in patients requiring palliative and end-of-life care and their families/caregivers.

Describes a supportive approach to suffering

Describes a supportive approach to addressing multi-dimensional sources of suffering in patients with palliative care needs and their families/caregivers.

DOMAIN 5: CARE PLANNING AND COLLABORATIVE PRACTICE (COLLABORATOR, LEADER)

GENERALIST - ALL

Collaborates as a member of an inter-professional team

Participates in appropriate care for the dying patient and their family

Describes the complementary roles of physicians, NPs and other formal caregivers in end-of-life

Assists in the development of an inter-professional care plan to meet the psychosocial and spiritual needs of a patient with palliative care needs and their family.

Assists in the development and discussion of goals of care, including discussing and developing advance directives with patients with palliative care needs and their families.

Describes local resources in palliative care and hospice care and participates in the appropriate utilization of these resources.

Discusses the important supporting role the physician or NP has in the management of dying patients and their families in community care.

Develops a person-centred, holistic symptom management plan

Keeps adequate medical records

Identifies the components of a holistic inter-professional record of a patient with palliative care needs and records the physician's or NP's components.

Describes the role of the physician or NP in providing end-of-life care.

Describes the key roles of other professionals in caring for a person at the end of life.

Demonstrates awareness that the care and decision-making provided by physicians, NPs, and other team members may be influenced by their ongoing experiences of loss, both personal and professional.

Demonstrates an inter-professional care approach with formal and informal teams

Demonstrates appropriate referral, consultation and communication with the other disciplines and professionals involved in caring for patients with palliative care needs.

DOMAIN 5: CARE PLANNING AND COLLABORATIVE PRACTICE (COLLABORATOR, LEADER) cont'd

Discusses the importance of routine, inter-professional monitoring of the treatment care plan for patients with palliative care needs.

Demonstrates the ability to communicate the perspective of the physician's or NP's discipline and elicit those of other professionals while providing palliative and end-of-life care.

Identifies the components of a holistic, inter-professional management plan for a patient with palliative care needs.

Contributes effectively to the holistic inter-professional management plan for a patient with palliative care needs.

DOMAIN 6: LAST DAYS AND HOURS*

GENERALIST - ALL

Manages the care needs of a dying patient, communicating with and supporting their family members

Identifies signs of approaching death.

Describes common signs of the natural dying process.

Describes how to prepare and educate the patient, family and caregivers when death approaches, and care of the body after death.

Lists common medications used for control of symptoms in the dying phase.

Describes the steps needed to pronounce a patient's death and to complete a certificate confirming death.

DOMAIN 7: LOSS, GRIEF AND BEREAVEMENT (PROFESSIONAL, HEALTH ADVOCATE)

GENERALIST - ALL

Assesses psychosocial and spiritual issues in end-of-life care including grief

Describes the impact of developmental stage and cognitive functioning on the understanding of death and manifestations of grief.

Describes the features of anticipatory grief, normal grief and atypical grief as defined by current Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria, including risk factors for atypical grief.

DOMAIN 8: SELF-CARE

GENERALIST - ALL

Demonstrates self-awareness and self-care in caring for terminally ill patients

Demonstrates self-awareness and self-care in caring for terminally ill patients

Self-assesses personal attitudes and beliefs in caring for dying patients and their families

Identifies common factors contributing to personal and professional stress in caring for patients who are dying, and their families.

Identifies and demonstrates use of effective strategies to cope with personal and professional stress that arises in caring for patients who are dying, and their families.
personal and professional stress that

DOMAIN 9*: PROFESSIONAL AND ETHICAL PRACTICE (PROFESSIONAL)

GENERALIST - ALL

Addresses end-of-life decision-making and planning using a basic bioethical and legal framework

Describes an approach to addressing ethical issues.

Describes different ways that patients and families cope with illness and death.

Determines, records and implements goals of care through effective communication with patients, families and other caregivers

Describes the hierarchy for Substitute Decision Making for a patient who lacks capacity.

Participates with the health care team to assist the patient, and if appropriate, the Substitute Decision Maker (SDM) or family, in the development of a treatment care plan in alignment with the goals of care, collaborating with other team members and using appropriate resources.

Demonstrates awareness of personal fears and attitudes towards dying and death and how to access a support system.

Discusses how personal attitudes may potentially impact the care provided to a dying patient and their family.

Discusses the importance of the physician/NP-patient relationship in end-of- life decision making.

Discusses common ethical issues at the end of life such as decision making, withdrawing or withholding therapy, and resuscitation orders.

Describes the practical clinical application of the principles of medical ethics in palliative and end-of-life care.

Proposes Advance Care Plans, including developing and discussing Advance Directives with patients and families, in accordance with B.C. regulations

Describes the components of advance care planning in patients with palliative and end-of-life care needs.

Describes the role of SDMs in palliative and end-of-life care planning.

DOMAIN 9*: PROFESSIONAL AND ETHICAL PRACTICE (PROFESSIONAL) cont'd

Distinguishes between Medical Assistance in Dying (MAiD), palliative sedation and withholding and withdrawing therapy, in accordance with B.C. regulations and terminology

Describes an approach to responding to suffering expressed by patients and families.

Describes an approach to respond to a patient's or family's request for hastened death.

Identifies why patients at the end of life may request MAiD.

Discusses withholding and withdrawing of therapies such as artificial hydration, artificial nutrition, renal support and ventilation and the differences between these and MAiD.

Discusses some of the moral and cultural issues raised when MAiD is requested or advocated.

Discusses how to avoid prolongation of the dying process while respecting the goals of care.

Discusses the role of palliative sedation therapy (sedation for refractory symptoms at the end of life), its ethical implications, and how it differs from MAiD.

DOMAIN 10: EDUCATION, EVALUATION, QUALITY IMPROVEMENT AND RESEARCH*

GENERALIST - ALL

Participate in continuing education opportunities for maintenance of competency in palliative approach to care.*

Participate in cultural safety training opportunities, especially any that are specific to underserved populations. *

Where available, participate in regionally specific training.*

Participate in First Nations, Inuit, and Métis cultural safety training opportunities. Where available, participate in regionally specific training.*

Keep up-to-date on current evidence base for provision of palliative approaches to care.*

Participate in cultural safety training opportunities with the intention of improving the quality of palliative care, in particular for underserved populations, including for First Nations, Inuit, and Métis.*

Contribute to the evaluation of the quality of palliative care and the effectiveness of the palliative care system, as related to own practice.*

Evaluate continuously for gaps in the provision of care toward people seeking palliative care and their designated family or caregiver(s).*

Participate, as appropriate, in research activities on improving palliative care delivery.*

Keep up to date on current and emerging research in palliative care delivery.*

DOMAIN 11: ADVOCACY*

GENERALIST - ALL

Identify, and where possible, address barriers for availability and accessibility of palliative care, including but not limited to: geography, stigma associated with receiving palliative care, lack of recognition of people who would benefit, availability of community resources, and availability of specialized palliative care services.*

Identify and work in partnership with allies among underserved populations to address the inequities in their access to palliative care. *

Identify, and where possible, address barriers for availability and accessibility of palliative care specific to First Nations, Inuit, and Métis.*

Identify opportunities to advocate for improving the health and well-being of persons with palliative care needs.*

Advocate for culturally safe practices that are free of racism and discrimination.*

DOMAIN 12: VIRTUAL CARE*

GENERALIST - ALL

Identify people who would be suitable to be assessed by virtual care modalities in the palliative care context.*

Recognize equity challenges to accessing and receiving virtual care including geography, finances, disabilities, language, availability of, and familiarity with technology.*

Deliver virtual care as per standards of Accreditation Canada.*

Adapt a variety of information and communication techniques to deliver a person-centered palliative approach to care virtually.*

Utilize assessment tools for remote monitoring of palliative care symptoms, including Edmonton Symptom Assessment System (ESAS) tools, to deliver care virtually.*



*All British Columbians affected by serious illness
will have equitable access to compassionate,
person-centred care and resources.*