



BC Centre for  
Palliative Care  
Physician & NP  
competencies

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This Framework was adapted from the Palliative Care Competence Framework,<sup>1</sup> with the permission of Ireland Health Service Executive and The Nova Scotia Palliative Care Competency Framework,<sup>2</sup> 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.<sup>5</sup> 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.<sup>6</sup>

The physician-specific competencies are also line with the scope of practice for B.C. Nurse Practitioners<sup>7</sup>. 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.

\*See the [BC Centre for Palliative Care: Inter-professional palliative competency framework](#) for a detailed reference list and the Nurse-specific competencies.



## Discipline-specific competencies

The discipline-specific competencies have been formatted into tables, to allow the reader to see the Core Competencies, which are identical for every discipline, alongside competencies for each category of FEW, SOME and ALL. The competencies are separated into the eight domains.

Health-care providers (HCPs) are expected to demonstrate the competencies only as appropriate for their professional scope of practice, organizational policies, and specific job and role descriptions. Individual practice will range from novice to expert within each category.



## DOMAIN 1: PRINCIPLES OF PALLIATIVE CARE AND PALLIATIVE APPROACH (MEDICAL EXPERT, SCHOLAR)

CORE-COMMON TO ALL DISCIPLINES	GENERALIST - ALL <sup>1</sup>
Describes key elements of palliative care and a palliative approach.	<b>Describes a palliative approach to care</b>
	Describes models of end-of-life care
	Describes the principles and models of palliative care and hospice care.
Identifies people who would benefit from a palliative approach.	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 people as holistic beings (i.e., with physical, emotional, psychosocial, sexual and spiritual aspects).	
Identifies who the family is for the person and includes family in care.	
Describes the role and function of the inter-professional team in palliative care.	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

<sup>1</sup>Competencies 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)

CORE - COMMON TO ALL DISCIPLINES	GENERALIST - ALL
Incorporates the uniqueness of each person, family and community into all aspects of care.	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.
Builds relationships by listening without judgement and being open to learning from others.	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.
Practices self-reflection to understand personal and systemic biases.	
Advocates for culturally safe practices that are free of racism and discrimination.	

## DOMAIN 3: COMMUNICATION (COMMUNICATOR)

CORE - COMMON TO ALL DISCIPLINES	SPECIFIC OBJECTIVES
Provides emotional support to the person and family from diagnosis to bereavement.	<b>Communicates effectively with patients, families and other caregivers</b>
	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.
Asks the person and family what is important to them and, with permission, shares that information with the inter-professional team.	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: COMFORT AND QUALITY OF LIFE (MEDICAL EXPERT)

CORE - COMMON TO ALL DISCIPLINES	GENERALIST - ALL
Provides holistic, person-centred care.	Demonstrates a patient and family centered and inter-professional approach to assessing pain and other symptoms in patients with advanced and progressive illness.
Supports people in self-management of their life-limiting condition(s), involving the family as appropriate.	Discusses patient and family education regarding self-management techniques for controlling pain and other symptoms
Incorporates comfort and quality of life, as defined by the person, as a key focus of care.	Describes and recognizes “total pain”, where physical, psychological, social, emotional and spiritual concerns each contribute to the pain experience.
Identifies issues affecting quality of life and collaborates with the inter-professional team to develop and implement a care plan.	Completes a palliative care assessment
	<b>Addresses and manages pain and other symptoms in patients with advanced illnesses (cancer and non-malignant disease)</b>
	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

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

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.
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.



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

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.
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.
<b>Manages the care needs of a dying patient, communicating with and supporting their family members</b>
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.
<b>Participates in the appropriate care for the pediatric patient with palliative care needs and their family</b>
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.

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

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.

### **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)

CORE - COMMON TO ALL DISCIPLINES	GENERALIST - ALL
	<b>Collaborates as a member of an inter-professional team</b>
Anticipates, identifies and addresses supportive care needs of the person and family.	<b>Participates in appropriate care for the dying patient and their family</b>
	Describes the complementary roles of physicians, NPs and other formal caregivers in end-of-life
Collaborates with the inter-professional team, person and family to ensure care plans are consistent with goals of care, preferences and advance care plans (ACPs), which may change throughout the life-limiting condition(s).	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: LOSS, GRIEF AND BEREAVEMENT (PROFESSIONAL, HEALTH ADVOCATE)

CORE - COMMON TO ALL DISCIPLINES	GENERALIST - ALL
Identifies grief as a common response to loss with multifaceted aspects that affect how it is experienced.	Assesses psychosocial and spiritual issues in end-of-life care including grief
Supports people and their families in their unique ways of grieving.	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 7: PROFESSIONAL AND ETHICAL PRACTICE (PROFESSIONAL)

CORE - COMMON TO ALL DISCIPLINES	GENERALIST - ALL
<p>Identifies and addresses ethical and/or legal issues in collaboration with the inter-professional team.</p>	<p><b>Addresses end-of-life decision-making and planning using a basic bioethical and legal framework</b></p>
	<p>Describes an approach to addressing ethical issues.</p>
	<p>Describes different ways that patients and families cope with illness and death.</p>
	<p>Determines, records and implements goals of care through effective communication with patients, families and other caregivers</p>
	<p>Describes the hierarchy for Substitute Decision Making for a patient who lacks capacity.</p>
	<p>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.</p>
	<p>Demonstrates awareness of personal fears and attitudes towards dying and death and how to access a support system.</p>
	<p>Discusses how personal attitudes may potentially impact the care provided to a dying patient and their family.</p>
	<p>Discusses the importance of the physician/NP-patient relationship in end-of- life decision making.</p>
	<p>Discusses common ethical issues at the end of life such as decision making, withdrawing or withholding therapy, and resuscitation orders.</p>
	<p>Describes the practical clinical application of the principles of medical ethics in palliative and end-of-life care.</p>
	<p>Proposes Advance Care Plans, including developing and discussing Advance Directives with patients and families, in accordance with B.C. regulations</p>
	<p>Describes the components of advance care planning in patients with palliative and end-of-life care needs.</p>
	<p>Describes the role of SDMs in palliative and end-of-life care planning.</p>

## DOMAIN 7: 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 8: SELF-CARE

CORE - COMMON TO ALL DISCIPLINES	GENERALIST - ALL
<p>Reflects on, and addresses, own well-being.</p>	<p><b>Demonstrates self-awareness and self-care in caring for terminally ill patients</b></p>
	<p>Demonstrates self-awareness and self-care in caring for terminally ill patients</p>
	<p>Self-assesses personal attitudes and beliefs in caring for dying patients and their families</p>
	<p>Identifies common factors contributing to personal and professional stress in caring for patients who are dying, and their families.</p>
<p>Supports colleagues as they address personal well-being in relation to challenges and complexities of this work.</p>	<p>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.</p>





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