A guide to using palliative care competence frameworks

March 2007

NHS
Education
for
Scotland

Scottish
Partnership
for Palliative Care

Contents

Section 1: Introduction

1.1 Purpose of this guidance

This guidance was produced to support managers, teams and individuals in identifying appropriate palliative care competences for use within their organisation or workplace. The information contained within this document should assist individuals and organisations to use competences to support recruitment, workforce planning and development, role redesign and career progression, and to help them consider the needs of individual practitioners as well as the skill mix required in teams.

More specifically, this guidance is designed to:

- save people time, by assisting them to make use of the palliative care competences and frameworks that are already available

- help people to make sense of and fit in with the national context regarding competences, qualifications and careers

- help people to think through some of the issues that may be involved in identifying appropriate palliative care competences for local use.

1.2 Who is this guidance for?

This document is aimed at individuals involved in providing any kind of palliative care in any setting. It is likely to fulfil different needs for different people, and these may include:

- providing information to managers, human resource professionals, educationalists, teams and individuals about the types of palliative care competences that may be required

- helping individuals to make sense of how their skills, knowledge, experience and development needs fit in with the wider local and national context, including the NHS Knowledge and Skills Framework (KSF) and NHS Careers Framework

- helping managers to think through some of the issues involved in identifying appropriate palliative care competences for teams and individuals within the current national context.

1.3 Structure of the document

The document is structured into five parts:

Section 1: Introduction

An introduction to the purpose and structure of the document.

Section 2: Background

This section explains the background to the production of this guidance, including why and how it was developed.

Section 3: Issues to consider

This section is designed to help you to think through some of the issues that may be involved in identifying appropriate palliative care competences.

Section 4: Competences

This section is designed to help you to think about the kinds of competences that are required by individuals and services providing palliative care. This section should also help you to supplement any locally available competence frameworks, by directing you to a few widely-used existing competence frameworks.

Section 5: Fitting in with the current national context

If you are involved in identifying appropriate palliative care competences for local use you may wish to consider how to fit in with and take advantage of the national context. Section 5 is designed to help you to do this, and includes information about:

- NHS Knowledge and Skills Framework (NHS KSF)

- NHS Scotland Careers Framework (CF)

- Scottish Credit and Qualifications Framework (SCQF)

- Skills for Health (SfH) competence database.

1.4   Limitations of this guidance

Although this guidance is designed to be used by anyone involved in palliative care, it may not fully meet the needs of everyone. While it directs readers to existing competence frameworks, it does not attempt to fill gaps in the competence material available, nor does it judge existing competence frameworks, or offer advice on the best approach to adopt.

This document does not provide guidance on regulatory requirements or standards, and should therefore be read alongside other documents designed for this purpose, including:

- SIGN guidelines, eg SIGN 44 *Control of Pain in Patients with Cancer*

- NHS QIS standards, including Clinical Standards for Specialist Palliative Care (published under CSBS); Best Practice Statement – Management of chronic pain in adults; Best Practice Statement – The Management of Pain in Patients with Cancer; Cancer Standards; Draft Core Standards for Cancer Services (in draft format at time of writing)

- Scottish Executive national care standards for adult services and the supporting document *Making good care better: national practice statements for general palliative care in adult care homes in Scotland* (Scottish Partnership for Palliative Care, 2005)

- professional body requirements for continuing professional development

- any other related statutory or mandatory requirements.

Section 2: Background

This guidance was produced by the Scottish Partnership for Palliative Care, in partnership with NHS Education for Scotland (NES).

2.1 The Scottish Partnership for Palliative Care

The Scottish Partnership for Palliative Care is the national umbrella and representative body for palliative care in Scotland. Its charitable objects are 'to promote, enhance, improve and extend the provision of palliative care services to patients suffering from life-threatening progressive conditions, for the benefit of such people and their families throughout Scotland'. It contributes to national thinking and policy in relation to palliative care, and promotes improvements in service delivery at local level.

2.2 NHS Education for Scotland

NHS Education for Scotland aims to help provide better patient care by designing, commissioning, quality assuring and, where appropriate, providing education, training and lifelong learning for the NHS workforce in Scotland.

2.3 Origins of the work

In 2004 the Scottish Partnership for Palliative Care identified a need to move towards a cohesive approach to, and appropriate accreditation of, palliative care education within Scotland. The Partnership held preliminary discussions with NES and agreed that an appropriate first step towards achieving a coherent approach to palliative care education was to look at palliative care competences and explore the possibility of developing a cohesive approach to these.

2.4 The Palliative Care Competence Frameworks Advisory Group

The Palliative Care Competences Frameworks Advisory Group was established to address this, and the following remit was agreed:

To address the regulatory and quality issues raised by the existing multiplicity of palliative care competence frameworks by encouraging a consistent approach to the development of such frameworks and by providing guidance which will:

- *place existing competence frameworks used in palliative care within the context of the NHS Knowledge and Skills Framework (and potentially of Skills for Health)*
- *identify the key principles underlying and linking existing competence frameworks*
- *be relevant to the provision of palliative care in all care settings and at all levels of need*
- *reflect the multidisciplinary focus of palliative care on quality of life issues and the needs of the individual patient and family*
- *take account of appropriate educational competences and*
- *include a focus on leadership and service development.*

More specifically, the group agreed to produce a guidance document to assist staff at local level to:

- make use of the palliative care competences and frameworks that are already available

- link competence frameworks into the existing national context, including the NHS Knowledge & Skills Framework (KSF), Skills for Health (SfH), the Scottish Credit and Qualifications Framework (SCQF) and the NHS Scotland Careers Framework

- think through some of the issues that may be involved in identifying appropriate palliative care competences for local use.

As well as being of practical assistance, the group felt that this guidance could function as the first step towards addressing the regulatory and quality issues raised by the existing multiplicity of palliative care competence frameworks: by exploring the issues and presenting them together in one place, it should assist the palliative care community to determine future work necessary to develop a cohesive approach to, and appropriate accreditation of, palliative care education within Scotland.

2.5 Process

NES employed a consultant who undertook a scoping exercise of palliative care competence/education frameworks and led the working group in identifying a few well-accepted guides and frameworks to use within the guidance document. A list of the documents reviewed during this process is available at **Appendix 1**.

The group agreed that study of the following documents would provide a sufficiently comprehensive base for its work:

- a guide for the development of Palliative Nurse Education in Europe, European Association for Palliative Care

- RCN Competences Project: A framework for nurses working in specialist palliative care

- Nursing Competences: St Christopher's Hospice

- Skills for Health competence database

- Palliative Care Educational Core Competencies Framework, West of Scotland Managed Clinical Network for Palliative Care.

Appendix 5 provides information about how to access these frameworks.

2.6 National Context

2.6.1 Scottish and UK context

The need to move towards a more cohesive approach is also reflected in work underway at a national level to create a coordinated approach to education, qualifications, competences and career development across the entire UK health sector. Skills for Health, the NHS Knowledge & Skills Framework, the Scottish Credit & Qualifications Framework, and the NHS Scotland Careers Framework are four complementary frameworks which taken together are designed to support recruitment, workforce planning and development, role redesign and career progression.

2.6.2 NHS Education for Scotland

The NES Corporate Plan 2006/2007 places particular emphasis on educational support to underpin the required shift in the balance of care from hospital-centred care towards community-based care. Part of this will be to lead the production of competence-based educational frameworks to support the Kerr Report's unscheduled care recommendations. These competence frameworks will also relate to rural healthcare. NES also plans to develop a national Educational Framework for Cancer Care, and identify educational priorities for cancer care in Scotland.

2.6.3 Future work

Any future work undertaken in the area of palliative care education, accreditation, quality and regulation needs to ensure it fits in with and takes advantage of this national context.

2.7 Terminology

Within the UK health sector and within palliative care competence frameworks, some documents use the term 'competence' and others use the term 'competency'.

The term 'competence' and its plural 'competences', are used within the Knowledge and Skills Framework, the NHS Scotland Careers Framework, and by Skills for Health. Therefore, this document refers to 'competence' and 'competences' to reflect what is seen to be a general move towards this becoming the accepted terminology.

Section 3: Issues to consider

3.1 Aims

If you are considering consulting the competence frameworks set out in Section 4 of this document, it is important to be clear about why you are looking at these documents and what it is you are aiming to achieve. Different projects to develop palliative care competences may have different aims. For example, some projects have focused on identifying education and training needs, while others have had more of a management focus in setting out the minimum requirements for a specific post or reviewing staff performance against particular competences. It is therefore important to be clear about your aims and to draw on appropriate resources for your purpose.

3.2 Levels

It is generally accepted that the knowledge and practical abilities required by an individual will vary depending on a number of factors, including:

- the formal role of the individual (eg nurse, informal carer, doctor, allied health professional)

- the individual's level of responsibility

- the individual's career path

- the individual's role with the patient and the healthcare team

- the type and overall number of patients the individual comes into contact with.

Therefore, when considering palliative care competences, you need to think about ensuring that an individual's competence is appropriate for their role and for the degree of palliative care involvement in their everyday practice.

Sections 3.2.1 and 3.2.2 set out two widely-used approaches to this issue.

3.2.1 Levels of practice

In this approach, competences are mapped to levels of post. For example, the West of Scotland Managed Clinical Network splits competences into five different sections related to professional qualifications/experience:

Level 1/4 – informal carer: administration and ancillary staff; volunteers

Level 5/6 – support worker: health care assistant or social carer

Level 7/8 – qualified nurse or health care professional

Level 9/10 – senior qualified nurse or health care professional

Level 11 – specialist nurse or health care professional and medical staff.

So, one set of palliative care competences would be required by a support worker, and a different set of competences would be required by a qualified nurse. A similar (but not identical) approach is taken by the *St Christopher's Nursing Competences Assessment Framework and the RCN Specialist Palliative Care Nursing Framework.* (See **Section 4** for further information about the West of Scotland MCN, St Christopher's and RCN frameworks. The levels of practice used by the West of Scotland MCN framework are derived from the Scottish Credit and Qualifications Framework (SCQF). See **Section 5** for more information about the SCQF and how this can allow competences to be matched to educational level.)

3.2.2   Levels of involvement

In this approach, competences are mapped to the degree of palliative care involvement that an individual has in their everyday practice. This approach is taken by Skills for Health, where competence is based around patient needs rather than staff roles.

A helpful illustration of this concept is given by the European Association for Palliative Care guide (see **Section 4**), which describes three levels of palliative care education:

Level A – Basic: future health care professionals during their initial training; qualified health care professionals working in a general health care setting who may be confronted with situations requiring a palliative care approach.

Level B – Advanced: qualified health care professionals who either work in specialist palliative care, or in a general setting where they fulfil the role of resource person; qualified health care professionals who are frequently confronted by palliative care situations.

Level C – Specialist: qualified health care professionals who are responsible for palliative care units, or who offer a consultancy service and/or who actively contribute to palliative education and research.

3.2.3   NHS Knowledge and Skills Framework (KSF) gateways

When thinking about the issue of levels, you may also wish to bear in mind the NHS KSF and its requirement for staff to pass through two 'gateways' within each pay band:

• the purpose of the foundation gateway is to check that individuals can meet the basic demands of their posts on that pay band – the foundation gateway review is based on a subset of the full KSF outline for a post

• the purpose of the second gateway is to confirm that individuals are applying their knowledge and skills to consistently meet the full demands of their posts – as set out in the full KSF outline for that post.

(More information about the NHS KSF is available in **Section 5** and **Appendix 2** of this document, or available on the following website: http://www.nhsu.nhs.uk/ksf/index.html)

3.3   National Context

If you are involved in identifying appropriate palliative care competences for local use you may wish to consider how to fit in with and take advantage of the national context. As an individual involved in palliative care provision, you may wish to make sense of how your skills, knowledge, experience and development needs fit in with the wider local and national context.

Diagram 1 (see next page) illustrates how an individual's competences contribute to the achievement of national standards, and **Section 5** contains information to support individuals, teams and organisations to fit in with the national context regarding competences, qualifications and careers, including references to:

- NHS Knowledge and Skills Framework

- NHS Scotland Careers Framework

- Scottish Credit and Qualifications Framework

- Skills for Health competence database.

# Diagram 1: From national standards to individual competences

Scotland/UK

National clinical standards and policies set the standards for good quality services across Scotland and the UK, in all care settings. For example: Care Commission standards, NICE guidelines, NHS QIS standards, SIGN guidelines.
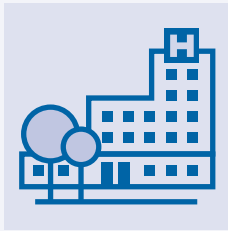
Your organisation

Locally, organisations must ensure that they meet national policies and guidelines and ensure high quality services for patients. This often includes developing additional policies and guidelines at more operational level for staff to follow locally.
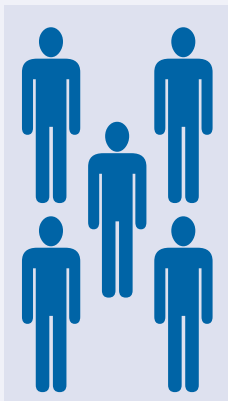
Your team

Organisations must ensure that teams have an appropriate skills mix to meet clinical standards and provide high standards of services to patients. This includes identifying the competences, skills and knowledge required by the team, what skills are already present, and what training is still required. Some competences are generic and will be required by all team members to some extent. Other competences will be more role-specific, and only be required by certain members of the team.
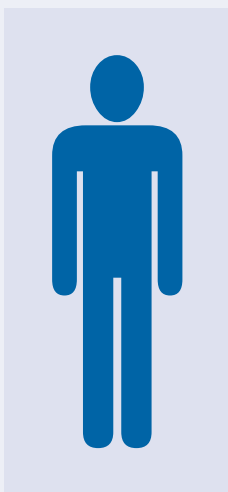
You

Each individual needs to have the necessary skills and knowledge to perform their role effectively and meet patient needs, in the context of the team and the organisation as a whole. Each individual will already possess competences, skills and knowledge, but may also need to acquire further competences in order to meet required standards. Some of these competences will be generic, being required to some extent by all team members, while other competences will be more specific to the individual's role. Existing competences should be mapped against role requirements in order to identify individual training needs.

3.4   Measuring competence

There are different ways of measuring an individual's competence, and if you are involved in identifying appropriate competences you may wish to identify how you plan to measure competence. For example, you may wish to use an assessment format, or a guide to the evidence required to demonstrate competence.

3.5   Categorisation of palliative care competences

There are various ways to approach the grouping of palliative care competences. This guidance is not intended to be prescriptive, but some examples of possible approaches are set out below.

3.5.1   Generic skill areas

This approach involves categorising specific palliative care competences under headings relating to generic skill areas. For example:

- communication skills
- quality issues
- clinical practice
- education and training
- management and leadership
- research and development
- ethical and legal Issues
- grief, loss and bereavement
- spirituality
- rehabilitation/maximising potential
- family care.

3.5.2   Patient journey

This approach involves thinking of specific palliative care competences in terms of aspects of the 'patient journey'. For example:

- diagnosis
- symptom control
- rehabilitation/maximising potential
- living with the condition
- end-of-life phase.

3.5.3 Aspects of interaction

The European Association for Palliative Care document observes that five aspects of interaction in care occur in every day palliative nursing practice, and it is possible to categorise competences under these five aspects:

- with patient

- with family/carer

- with team

- with society

- with health care system.

Section 4: Competences

4.1 Introduction

When thinking about identifying palliative care competences for local use, it is worth remembering that there are many palliative care competence frameworks already in existence. Using or referencing these may save you time.

This section provides a brief summary of the kind of information you can expect to find in a few well-accepted guides and frameworks. This should help you to:

- think about the kinds of competences that are required by individuals and services providing palliative care

- make use of existing competences and frameworks.

(**Appendix 3** contains information on how you can access these five guides and frameworks.)

4.2 European Association for Palliative Care: A guide for the development of palliative nurse education in Europe

Aim

This discussion paper offers key recommendations proposed by a group of European specialist palliative nurse clinicians and educators. It is intended to offer guidelines for the ongoing development of palliative nurse education initiatives. Since education and knowledge are integral aspects of competence, it will be seen that the subject areas covered in the document are similar to the ones that need to be considered when developing a competence framework.

Levels

The document is based on the belief that an individual's level of education should be adapted to the degree of palliative care involvement in their everyday practice, and it describes three different levels of palliative education:

Level A: Basic – future healthcare professionals during their initial training; qualified health care professionals working in a general health care setting, who may be confronted with situations requiring a palliative care approach.

Level B: Advanced – qualified health care professionals who either work in specialist palliative care, or in a general setting where they fulfil the role of resource person; qualified health care professionals who are frequently confronted by palliative care situations (eg oncology, community care, paediatrics and elderly care)

Level C: Specialist – qualified health care professionals who are responsible for palliative care units, or who offer a consultancy service and/or contribute to palliative education and research.

National Context

The document considers the holistic development of Palliative Nurse Education at a European level and does not relate this to the needs of specific countries. It does not intend to offer a curriculum, since the spirit of interdisciplinary cooperation respects the right to culturally sensitive and diverse initiatives, reflecting different palliative care experiences in different European countries.

Measuring competence

Although useful to consider in the context of developing a competence framework, the European document does not provide guidance on how to measure competence as such. However, the section 'Nursing Statements for Clinical Practice' is intended to offer managers and practitioners some guidelines as to reasonable expectations and outcomes following a period of education and training.

Categorisation of competences

The document observes that five aspects of interaction in care occur in every day palliative nursing practice, and acknowledges that a practitioner needs to develop increasing levels of knowledge and skills based on their exposure to the varied dimensions of practice. It categorises aspects of learning under the headings below.

The patient

Includes: observation, evaluation and symptom management; nursing observation; pain; the terminal phase and death.

The patient and family

Includes: the impact of serious illness; communication and systematic approach; terminal phase, death and bereavement.

The interdisciplinary team

Includes: roles, responsibilities, leadership and networking.

Self-awareness – ethical issues

Includes: personal coping in the face of death, dying and bereavement.

Death in Society: palliative care in the Healthcare System

Includes: definitions of medicine and palliative care; epidemiology of non-curable illness; quality of life; informed consent; cultural and spiritual aspects of illness; death and grief; legal aspects of end of life care; organisational aspects; organisation of palliative care at the local, national and international level; palliative care networks; palliative care and quality initiatives.

Training for educators in palliative care

Includes: fundamental principles of adult education; education as specifically applied to palliative care; evaluation of education and training.

Training in palliative care research

Includes: ethical and methodological principles for research in palliative care.

(NB: Unlike the other frameworks contained within this support document, the European document does not claim to be a competence framework, but is a guide for the development of palliative nurse education. This explains why the last two headings 'training for educators in palliative care' and 'training in palliative care research' are included.)

4.3 Royal College of Nursing: A framework for nurses working in specialist palliative care

Aim

The overall aim of this project was to develop the competences required by qualified and unqualified nurses practising within a specialist palliative care environment, including the possibility of adaptation and use within a specialist palliative children's hospice. The framework suggests the minimum standards of care to be delivered by palliative care nurses, and is designed to be a guide to help staff and managers identify training and educational needs.

Levels

Four levels of competence have been identified that correspond to the grading system of the Nursing Midwifery Council (NMC) and with NMC proposals on the development of nursing and the practitioner, specialist and consultant roles:

Level 1: support worker or health care assistant

Level 2: qualified nurse

Level 3: senior qualified nurse

Level 4: specialist nurse.

The competences are cumulative in nature, meaning that level 2 nurses would be expected to achieve their own grade competences, in addition to those of level 1.

Measuring competence

The introduction to the document provides a list of suggestions to guide users on the kind of evidence needed to achieve the competence described within the statements.

Categorisation of competences

Competences are categorised under the following headings:

Communication skills

Includes: the palliative care approach; effective listening and information giving; boundaries of the healthcare assistant (HCA) and patient relationship; confidentiality; multi-professional working; skills, interactions and theoretical models that underpin effective communication; impact of communication approach on wellbeing of patient and carer; patients with complex needs; local, regional and national support groups; patient or user initiatives; disease trajectories and

treatment effects; therapeutic nature of nursing and impact of the nurse and patient relationship; counselling; family dynamics and supporting families in crisis.

Quality Assurance

Includes: needs of palliative care patients; risk assessment; record keeping; policies, procedures and protocols; clinical governance and quality assurance; the need for reflection in maintaining standards; continuous professional development; research and evidence-based practice; ineffectual use of resources; professional and ethical issues surrounding decision-making; policy and strategic initiatives at local, regional and national levels; different approaches to quality specialist palliative care service provision.

Clinical Practice, Job Knowledge and Skill

Includes: Principles of nursing and palliative care practice; factors affecting a patient's wellbeing; reporting on care; symptom control; psychological issues and family dynamics affecting terminally ill people and their carers; multidisciplinary teamwork; using knowledge of advanced illness, palliative care and oncology to inform a comprehensive needs assessment; implications of complex clinical issues; informed and independent decision-making; legal, ethical and professional issues; therapeutic relationships; immediate and long-term impact and outcomes of decisions; using research and audit to determine evidence of best practice.

Education

Includes: journal and library resources; information to enable informed choice; creating a positive learning environment; learning theories; adult learning; coaching and mentoring skills; learning from everyday practice.

Management and Leadership

Includes: the philosophy of the team; assisting new team members; roles within a multidisciplinary team; limitations; clinical governance policy; coordinating all aspects of the clinical area; providing specialist resources to internal and external agencies; continuing professional development; managerial and organisational theory; change management and decision-making; budgeting; political issues; strategic issues; reviewing and negotiating resources.

Research and Development

Includes: guidelines and protocols; care planning; evidence-based practice; clinical governance agenda; constraints, challenges, limitations and ethical dilemmas associated with palliative care research; research process and outcome orientated research methodology; disseminating research findings.

Grief, Loss and Bereavement

Includes: the grieving process; the needs of grieving people; the practicalities of dealing with death and dying; distinguishing between normal and abnormal grief; boundaries of support.

4.4 Nursing Competences: St Christopher's Hospice

Aim

The St Christopher's competence framework was developed by the nursing team at St Christopher's Hospice, with the purpose of aiding the development of health care assistants (HCAs) and registered nurses (RNs). It aims to:

- set out the minimum requirements for nursing posts

- consider performance of individual health care assistants and RNs against specific competences

- assess the ability to do the job

- link training to the process of development.

Each competence is broken down into five sections:

- the knowledge needed for the task

- the skills needed to complete the task

- the evidence needed to show the skills have developed to complete the task

- the measuring tool to show competence

- training plan to support the development of skills.

Levels

Different levels of competence are required depending on the Agenda for Change 'band' of the nurse. Each level builds on the preceding one, meaning that those in band 8 posts should be able to demonstrate the competences and knowledge required of posts at bands 2-7.

National Context

The competences are cross referenced to the NHS Knowledge & Skills framework.

Measuring competence

The document also contains a competence assessment and accompanying guidance to enable the individual and his/her manager to decide whether individual performance meets requirements.

Categorisation of competences

Competences are categorised under six headings which are seen as being essential components of the role:

Clinical practice & leadership

Includes: principles of palliative nursing; pain & symptom management; patient wellbeing; anatomy, physiology and pathology relevant to a range of specific tasks; manual handling; psychology and family dynamics; disease trajectories; co-morbidity; knowledge and understanding of cancer and non-malignant disease, investigatory

procedures, treatment and side effects; policies & procedures governing clinical care; management & leadership; presentation skills; legal, ethical and professional issues; financial benefits; admissions process; partnership and working with other agencies; structure of the primary healthcare team.

Communication

Includes: palliative care approach; barriers to communication; boundaries of the HCA and patient relationship; confidentiality; family dynamics; culture and ethnicity; spiritual and religious needs; computer literacy; emotional impact on families; team dynamics; internal and external support structures for patients and carers; referrals to other professionals and agencies; patients with complex emotional needs; group dynamics; counselling skills; sharing bad news; issues affecting families in crisis; effective presentations; anti-discriminatory practice, negotiation and conflict management; communication within organisations; telephone communication.

Education & Training

Includes: journal and library resources; informed choice; information technology; educational needs of volunteers, visitors and new staff; creating a positive learning environment; coaching and mentoring; professional development; overcoming blocks of learning; learning theories; assessing learning needs; presentation skills; organisational and political issues surrounding education and training, including the statutory requirements; publication of articles and papers.

Grief, Loss & Bereavement

Includes: needs and emotions of grieving people; practicalities of dealing with death and dying; cultural differences; models of grief; tissue/organ donation; normal and abnormal grief; assessment of bereavement risk; local bereavement services; complex relationships; effects on staff.

Management

Includes: nature of the supervisory relationship; communication skills; time management; clinical presentation skills; principles of good management, functions of other departments; need for staff development; managerial and organisational theory; management of change and decision making processes; staff appraisal; interviewing skills; group working; human resources policies; budgeting; local and national issues affecting the development of palliative care; understanding of other services; risk factors involved in lone working.

Quality

Includes: clinical governance; record keeping; rationale for tasks and procedures; reflection to maintain and improve standards; continuing professional development; Code of Professional Conduct; user feedback; constraints and challenges associated with palliative care research; professional and ethical issues surrounding decision making; audit and research process; knowledge of external agencies and their impact; policy and strategic initiatives in palliative care at local, regional and national levels.

4.5   Skills for Health

Although the SfH database does not currently provide a comprehensive list of palliative care competences, it does contain many competences that are relevant to palliative care. Listed below are some SfH competences that you may find useful. For ease of reference, these have been grouped together under the overarching 'framework' heading used to make up their SfH reference number.

All the competences listed below (plus hundreds more) are available at www.skillsforhealth.org.uk You can search the SfH database for relevant competences by typing key words into the electronic search engine on their website. For more information about Skills for Health and how it fits in with the national context, please see **Section 5**.

Allied Health Professional Support (AHP)	**SfH reference**
• Administer nutritional products to individuals	AHP12
• Assist in the assessment of the need for, and the provision of, environmental and social support in the community	AHP25

Chemotherapy (CHEM)	
• Obtain informed consent for clinical interventions, diagnostic investigations and treatment	CHEM10
• Assist the practitioner to implement clinical/therapeutic interventions	CHEM16
• Maintain health and safety in a clinical/therapeutic environment	CHEM17

Clinical Health Skills (CHS)	
• Receive and store medication and products	CHS1
• Assist in the administration of medication	CHS2
• Administer medication to individuals	CHS3
• Identify the individual at risk of skin breakdown & undertake the appropriate risk assessment	CHS4
• Undertake agreed pressure area care	CHS5
• Move and position individuals	CHS6
• Obtain and test specimens from individuals	CHS7
• Insert and secure urethral catheters and monitor and respond to the effects of urethral catheterisation	CHS8
• Undertake care for individuals with urinary catheters	CHS9
• Undertake stoma care	CHS10
• Undertake extended personal care	CHS11

- Undertake treatments and dressings related to the care of lesions and wounds — CHS12

- Undertake wound drainage care — CHS13

- Remove wound closure materials from individuals — CHS14

- Carry out extended feeding techniques to ensure individuals nutritional and fluid intake — CHS17

- Develop and agree treatment plans for individuals — CHS41

Community Matrons (CM)

- Prescribe medication for individuals with a long term condition — CM_A7

Diabetes (Diab)

- Support individuals to communicate using interpreting and translation services — DiabDA3

Emergency, Urgent and Scheduled Care (EUSC)

- Extract excess fluids from an individual — EUSC28

General Health Care (GEN)

- Prepare individuals for clinical/therapeutic activities — GEN4

- Support individuals during and following clinical/therapeutic activities — GEN5

- Support individuals in undertaking desired activities — GEN15

- Contribute to the discharge of an individual into the care of another service — GEN17

Healthcare Science (HSC)

- Promote effective communication for and about individuals — HSC31

- Support individuals in their daily living — HSC27

- Help individuals to eat and drink — HSC214

- Support individuals with their personal care needs — HSC218

- Support individuals who are distressed — HSC226

- Contribute to the care of a deceased person — HSC239

- Support individuals through bereavement — HSC384

- Support individuals through the process of dying — HSC385

- Recognise, respect and support the spiritual well-being of individual — HSC350

- Participate in interdisciplinary team working to support individuals — HSC3100

Older People (OP)

- Monitor individuals diagnosed with stroke — OPS8

- Review and revise individualised care plans with individuals who have had a stroke — OPS9

Public Health Practice (PH)

- Work with individuals and others to minimise the effects of specific health conditions — PH07.07

Supportive and Palliative Care (PSL)

- Communicate significant news to individuals — PSL1

- Set up and renew syringe driver/infusion device for subcutaneous use and deliver treatment — PSL2

- Monitor infusions delivered subcutaneously by a syringe driver/infusion device — PSL3

- Discontinue infusions delivered subcutaneously and remove syringe driver/infusion device — PSL4

- Undertake an assessment or re-assessment of a patient — PSL5

- Develop, sustain and evaluate collaborative working with other organisations — PSL6

- Coordinate and evaluate the delivery of care plans to meet the needs of patients — PSL7

- Develop joint operational policies and care pathways — PSL8

- Implement and evaluate joint operational policies and care pathways — PSL9

- Verify an expected death — PSL10

4.6 Educational Core Competencies Framework, West of Scotland Managed Clinical Network for Palliative Care

Aim

This document was produced by the Education and Training sub-group of the West of Scotland Managed Clinical Network for Palliative Care. It aims to provide guidance on palliative care education by showing current best practice in terms of course content and levels of comptence. It is aimed at those working in either generalist or specialist palliative care roles.

Levels

The document identifies a requirement for different levels of competence depending on the individual's post/role:

Level 1/4 – informal carer: administration and ancillary staff; volunteers.

Level 5/6 – support worker: health care assistant or social carer.

Level 7/8 – qualified nurse or health care professional.

Level 9/10 – senior qualified nurse or health care professional. Degree level studies in palliative care.

Level 11 – specialist nurse or health care professional; medical staff.

National Context

The *Educational Core Competencies Framework* maps levels of competence to the Scottish Credit and Qualifications Framework, and the competences within the framework can be used to underpin Agenda for Change KSF post outlines. The framework can also assist during the appraisal process, since it states the level of knowledge, understanding, skills and behaviour required at each SCQF level, and so can help users to provide evidence that an appropriate level of learning has been achieved.

Measuring competence

The framework identifies the knowledge and understanding, competence skills, and behaviour required for each competence at each level.

Categorisation of competences

The document categorises competences under the following headings:

Rehabilitation

Includes: theory of rehabilitation; definitions of rehabilitation; process of rehabilitation; multi-professional team working and goal setting.

Pain and symptom management related to disease process

Includes: concept of total pain; understanding of pain perception; physiology of pain and other symptoms; assessment of pain and other symptoms; multidisciplinary approach to pain and symptom management; pharmacological/non pharmacological

(including comfort measures); modalities of administering treatment and relieving symptoms; evaluation and treatment plan.

Spirituality

Includes: concept of spirituality; theories of spirituality including spiritual distress and spiritual need; development of spiritual care; multidisciplinary team working in spiritual care.

Quality of Life

Includes: concept of quality of life in palliative care; multi-professional approach, theory and principles; research and development.

Loss, grief and bereavement

Includes: knowledge and understanding of theories of loss, grief and bereavement, including abnormal grief reactions; ability to communicate effectively with the dying, the bereaved and health care professionals; the ability to act as a supervisor/ mentor/resource for staff caring for the bereaved.

End of life care

Includes: assessment; diagnosis of the dying phase; changing care goals from active to palliative care; palliative interventions in end of life care; multi-professional decision making; pain and symptom management – specifically agitation, confusion, respiratory tract secretions, nausea & vomiting, dyspnoea; comfort measures; use of PRN subcutaneous medication; use of syringe drivers; psychological support of patient and family and staff; spiritual support of family around and after time of death.

Ethical and legal issues

Includes: the principles of medical ethics; the processes of ethical decision making; ethical and legal issues relating to artificial nutrition & hydration; resuscitation; end of life planning; euthanasia; opioid analgesics; informed consent; advance directives and truth telling.

Communication skills

Includes: ability to communicate effectively with patients, relatives, other health professionals; use of effective communication to support patients, relatives and healthcare professionals in palliative care; significance of need for excellent communication skills in adopting a palliative approach in facilitating care; knowledge and understanding of theories and concepts underpinning communication and counselling skills; facilitating multidisciplinary teaching of communication skills.

Multidisciplinary team working

Includes: definition of teams; members of the team and their roles, characteristics of effective teams; obstacles to effective team working; leadership and decision making; conflict within teams; staff support.

Section 5: Fitting in with the current national context

5.1   Introduction

If you are involved in identifying appropriate palliative care competences for local use you may wish to consider how to fit in with and take advantage of the national context.

Within Scotland, there are four parallel frameworks which relate to competences, qualifications and careers in the health sector. These four frameworks are complementary, and taken together are designed to support recruitment, workforce planning and development, role redesign and career progression. This section aims to explain how these four frameworks can be used to support workforce planning and the establishment of a flexible workforce, where individuals can more easily transfer competences between different roles and employers.

It is clear that most of these frameworks were designed specifically for the NHS workforce, and that much palliative care is provided outside the NHS. However, given that over the course of their career an individual is likely to move employer several times, the national context is relevant to those providing palliative care in hospices and care homes as well as those working within the NHS.

Though these frameworks are complementary to each other, each has a different focus:

NHS Knowledge & Skills Framework (KSF)	The NHS Knowledge and Skills Framework is one of the three key strands of Agenda for Change. It is a generic framework which defines and describes the knowledge and skills that NHS staff need to apply in their work. It provides a consistent framework on which to base performance review and staff development.
NHS Scotland Careers Framework (CF)	The NHS Scotland Careers Framework is designed to establish a common language for use when referring to NHS job roles. It should also facilitate workforce design and enable staff to transfer job skills and competences from one role to another.
Scottish Credit & Qualifications Framework (SCQF)	The Scottish Credit and Qualifications Framework provides a framework and common language that allows comparison of different types of qualification within Scotland, and the recognition, through credit-rating, of different types of learning.
Skills for Health (SfH) competence database	Skills for Health is the UK Sector Skills Council for Health. SfH has built up a database of very specific competences which can be combined for a range of purposes, including use by those involved in palliative care provision.

More information about these four frameworks can be found on the following websites:

NHS KSF: www.dh.gov.uk and www.e-ksfnow.org

Skills for Health: www.skillsforhealth.org.uk

NHS Scotland Careers Framework: www.skillsforhealth.org.uk/careerframework

Scottish Credit & Qualifications Framework: www.scqf.org.uk

5.2   NHS Knowledge & Skills Framework

The NHS KSF is one of the three key strands of Agenda for Change. It is designed to

- identify the knowledge and skills that individuals need to apply in their post
- help guide the development of individuals
- provide a fair and objective framework on which to base review and development for all staff
- provide the basis of pay progression in the NHS.

The KSF is a generic framework which focuses on application of knowledge & skills. As part of Agenda for Change each NHS job should have a KSF post outline which sets out the knowledge and skills which the post-holder needs to apply to their work.

The NHS KSF focuses on how people need to apply their knowledge and skills to meet the demands of work in the NHS. It does not describe the exact knowledge and skills that people need to develop. More specific standards/competences help to do this as do clear outcomes of learning programmes. The NHS KSF is capable of linking with current and emerging nationally accredited competence frameworks like SfH.

5.3   NHS Scotland Careers Framework

Currently, many job titles are used in the NHS – some jobs share a title but do not cover the same role, and some jobs with different titles cover the same role. The Careers Framework is designed to establish an accepted terminology to describe the levels of responsibility, enabling staff to transfer between employers and better understand how jobs relate to each other.

The Careers Framework describes nine levels of responsibility, from initial entry level jobs through practitioners and advanced practitioners, to more senior staff. Though these nine level descriptions do not necessarily correspond directly to the nine pay bands within Agenda for Change, the Careers Framework is underpinned by the NHS KSF and competences. The Careers Framework is aspirational, and

broad indicative NHS KSF post outlines will lie behind each of the nine levels of the Careers Framework to give an indication of the generic knowledge and skills which might be required at each of the nine CF levels. The idea is that, having worked out where they are on the Careers Framework, staff will be able to take their KSF outlines and build a personal development plan with competences for their current or future level of development.

Although compatible with locally developed competences, the Careers Framework is based on the Skills for Health concept of very specific but transferable competences based around patient pathways and needs rather than staff roles. Staff will be required to use KSF dimensions and levels to start their personal development plans and build on these to link to SfH National Occupational Standards where possible. Where possible, this should be linked to accredited learning mapped to the SCQF.

Using nationally recognised competences and learning means that all staff, not just those with traditional career patterns, should be able to acquire and transfer job skills and competences from one role to another. This will enable them to aspire to new challenges and levels of responsibility. The Framework will also allow staff to transfer more easily across different NHS Boards.

Therefore, if you are developing a local approach to competences/learning, you may wish to think about the transferability and accreditation of competences – will the system you have chosen help staff to plan and develop their careers?

Appendix 2 contains some more detailed information about the steps that need to be taken to link palliative care competences to the KSF, and an example of one approach to this.

5.4 Scottish Credit & Qualifications Framework

The SCQF is intended to help learners and providers of learning to understand how different learning programmes relate to each other. There are many different kinds of Scottish qualifications – Highers, SVQs, HNDs, Degrees and many more. The Framework gives each qualification SCQF credits and a level, to make it easier to compare one with another.

The aim of the SCQF is to:

- assist people to access appropriate education and training over their lifetime to fulfil their potential

- enable employers, learners and the public in general to understand the full range of Scottish qualifications, how they relate to each other and how different types of qualifications can contribute to improving the skills of the workforce.

For example, you may wish to know whether the qualifications/experience that you already have meets the requirements for the job you wish to do, or how to acquire the qualifications you need to do a particular job in the future. First, establish where your qualifications/experience fit on the SCQF, then establish where the qualifications/experience required fit on the SCQF. By comparing the two, you can work out what type of qualification/experience you need to gain. (The 'mapping, tracking and bridging website' includes partially developed electronic tools to help you do this, see: www.scqf.org.uk/college2uni)

In the long term, the SCQF will also assist in making clear the relationships between Scottish qualifications and those in the rest of the UK, Europe and beyond, thereby clarifying opportunities for international progression routes and credit transfer.

Therefore, if you are developing a local approach to competences/learning, you may wish to think about mapping competences to the SCQF in a way similar to the approach taken by the West of Scotland Managed Clinical Network for Palliative Care (see **Section 4** for more information about this framework). Such an approach may enable you to address the transferability and recognition of competences and learning. It is possible to work out where a particular qualification or type of learning fits on the SCQF by following the guidance available on the SCQF website: www.scqf.org.uk/downloads.asp#D109 (see 'level descriptors 2002').

5.5   Skills for Health

Skills for Health (SfH) is the UK Sector Skills Council for Health and the SfH website includes a large database of competences which cover a range of condition specific areas and client group domains. All SfH competences have been developed in collaboration with a wide range of interests across the health sector (NHS, private and voluntary). SfH competences meet the technical criteria laid down by the Scottish Qualifications Agency (SQA) and the Qualifications and Curriculum Authority (QCA, England & Wales) and are applicable throughout the sector across the UK. Education programmes based on SfH competences therefore have the potential to be recognised across the sector UK-wide, and can, if the programme is then SCQF credit-rated, enable recognition of prior learning to gain access to, or gain exemption from some modules of, college and university education provision.

Although the SfH database does not yet provide a comprehensive list of palliative care competences, it does contain many that are relevant to palliative care. (See Section 4.5 for more information.)

There are certain advantages to using SfH competences to build local frameworks:

- All SfH competences have received a level of national accreditation, since they are all recognised as either National Workforce Competences (NWCs) or National Occupational Standards (NOSs). NOSs have been signed off by appropriate education regulatory bodies across the UK. NWCs have been signed off by the SfH Board, and are 'in the queue' to become NOSs. Some nationally recognised qualifications such as Scottish Vocational Qualifications (SVQs) and Higher Education programmes have been designed based on NOSs and NWCs. Information about which education courses are based on SfH competences should be available from the education provider.

- All SfH competences have been mapped to the NHS Knowledge & Skills Framework, and the SfH website includes a tool which allows all SfH competences relating to a particular KSF profile to be found.

- The Skills for Health website includes a multi-criteria based search engine to enable users to find specific competences. These specific competences can be clustered to represent individual roles, the roles shared by teams, the roles of a complete service/department, or the specification of a course/qualification.

5.6 Relationships between frameworks

	Careers Framework	Skills for Health Competences	Knowledge & Skills Framework
Scottish Credit & Qualifications Framework	The Careers Framework is designed to assist in workforce planning, and facilitate the transferability of roles, skills and competences across the NHS. The SCQF supports the transferability of roles, skills and competences, by providing a common language which allows comparison of different types of learning.	All SfH competences are recognised as either National Workforce Competences (NWC) or National Occupational Standards (NOS). NOSs have been signed off by appropriate education regulatory bodies across the UK. NWCs have been signed off by the SfH Board, and are 'in the queue' to become NOSs. NOSs and NWCs both set out the standards of competence that might be expected in a role, and can help to establish the link between the aims and objectives of an organisation, and what individuals need to be able to achieve. Consequently NOSs and NWCs can be used to help to design education, training and qualifications, which can be mapped to the SCQF. Some nationally recognised qualifications such as Scottish Vocational Qualifications and Higher education programmes have been designed based on NOSs and NWCs.	The KSF and the SCQF are not directly related but have close links. The KSF (and its related review process) is essentially about lifelong learning, and so is the SCQF. Within the KSF all NHS staff should have a personal development plan developed jointly with their reviewer. Individual personal development plans can focus on future career development once the individual has shown they can apply the knowledge and skills necessary for their current post. The SCQF supports this by helping in the identification of the appropriate type and level of learning required, especially when formal recognition of this learning is needed (eg a qualification).
Careers Framework		During the development review process, an individual's development needs are identified and linked to competences. If SfH competences are used in this process, the individual's skills should be easily recognised if the individual wishes to move role or employer in the future. The new CF is designed to further facilitate the transferability of roles, skills and competences across the NHS, by providing a common language for defining NHS responsibility levels, thus enabling staff to fully utilise the competences they have to move across traditional role boundaries.	The Careers Framework was launched in October 2006. In the long-term, broad, indicative KSF post outlines will be developed which correspond to each of the CF levels. NHS organisations will be able to use this information to determine where posts and new roles within the service fit into the CF levels. Individuals will be able to compare their post outlines with those on the CF to determine where their post fits on the CF and use this information to plan career development accordingly within the framework.
Skills for Health Competences			KSF post outlines are required to be underpinned by more detailed descriptions of competence for specific areas of work. The NHS KSF is capable of linking with current and emerging nationally accredited competence frameworks like SfH. All SfH competences have already been mapped to the KSF; and the SfH website includes a tool which allows all SfH competences that might relate to a particular KSF profile to be found. KSF and SfH are both built on the notion of very specific but transferable competences based around patient needs rather than staff roles.

Appendix 1: Scoping exercise

NES commissioned Frances Smith, an independent consultant, to undertake a scoping exercise of palliative care competence/education frameworks and lead the working group in identifying a few well-accepted frameworks to use within the guidance document. The documents reviewed during the scoping exercise are listed below:

Australian Government, (October 2003) *Evidence Based Clinical Practice Guidelines in Palliative Care for the Multidisciplinary Team*. The National Palliative Care Program.

Department of Health and Ageing (Australia), (2001) *National Palliative Care Curriculum for Health Professionals*. Department of Health and Ageing (Australia).

European Association for Palliative Care, (November 2003) *A Guide for the Development of Palliative Nurse Education in Europe*.

The Irish Association for Palliative Care, (1993) *Guidelines for the Development of a Palliative Care Service*. The Irish Association for Palliative Care.

Morales-Mann ET and Kaitell CA, (2001) *Problem based learning in a new Canadian Curriculum*. Journal of Advanced Nursing, Vol.33 No 1 Jan 2001 13-19.

NHS Education for Scotland and West of Scotland Cancer Network, (2005) *West of Scotland Cancer Network Multi-professional Strategy for Continuing Professional Development*. NHS Education for Scotland and West of Scotland Cancer Network.

Palliative Care Australia (2003) *Palliative Care Services Provision in Australia: A Planning Guide*. Palliative Care Australia.

Palliative Care Australia, (February 2005) *A Guide to Palliative Care Service Development: A Population based Approach*. Palliative Care Australia.

Palliative Care Australia, (May 2005) *Standards for Providing Quality Palliative Care for all Australians*. Palliative Care Australia.

Royal College of Nursing, (June 2003) *Clinical Governance: an RCN Resource Guide*. Royal College of Nursing.

Royal College of Nursing, (December 2002) *Competencies in Nursing – A Framework for Nurse working in Specialist Palliative Care*. Royal College of Nursing.

Royal College of Nursing, (May 2004) *What a difference a nurse makes: An RCN Report on the benefits of expert nursing to the clinical outcomes in the continuing care of older people*. Royal College of Nursing.

St Christopher's Hospice, (September 2005) *Nursing Competencies: St Christopher's Hospice*. St Christopher's Hospice.

Scottish Executive, (December 1999) *Learning Together. A Strategy for Education, Training and Lifelong Learning for All the National Health Services in Scotland*. Scottish Executive.

Scottish Executive Health Department, (2000) *Clinical Governance*, NHS MEL(2000)29. Scottish Executive Health Department.

Scottish Executive Health Department, (2002) *Fair for All; Working Together Towards Culturally Competent Services, NHS HDL(2002)01*. Scottish Executive Health Department.

Scottish Executive Health Department, (2002) *Spiritual Care in NHS Scotland, NHS HDL(2002)76*. Scottish Executive Health Department.

Scottish Executive Health Department, (2005) *Delivery Through Leadership: NHS Scotland Leadership Development Framework*. Scottish Executive Health Department.

Scottish Executive Health Department, (2005) *Delivery Through Leadership: Leadership Development Plan*. Scottish Executive Health Department.

Skills for Health competence database, www.skillsforhealth.org.uk

South East Scotland Cancer Network, (2006) *Improving treatment and care for cancer patients: South East Scotland Cancer Network Annual Report 2005-2006*.

United Kingdom Central Council for Nurses, (2001) *Lifelong Learning for Registered Nurses*. United Kingdom Central Council for Nurses.

West of Scotland Managed Clinical Network for Palliative Care, (May 2006) *Palliative Care Educational Core Competencies Framework*. West of Scotland Managed Clinical Network for Palliative Care.

Appendix 2: Mapping palliative care competences to the KSF

KSF post outlines

As part of Agenda for Change each NHS job should have a KSF post outline which sets out the knowledge and skills which the post-holder needs to apply to their work. The KSF itself does not describe the exact knowledge and skills that people need to develop. Competences can be used to provide the more detailed descriptions of the knowledge, competences and skills required for the KSF post outline.

The KSF post outline must cover the 6 KSF core dimensions:

- Communication
- Personal & People Development
- Health, Safety and Security
- Service Improvement
- Quality
- Equality and Diversity

The post outline should also cover other dimensions of the job as appropriate. The KSF lists the following 24 specific dimensions, some of which will apply to the job in question, and some of which will not:

- Promotion of Health and Wellbeing and Prevention of Adverse Effects on Health and Wellbeing
- Assessment and Care Planning to Meet Health and Wellbeing Needs
- Protection of Health and Wellbeing
- Enablement to Address Health and Wellbeing Needs
- Provision of Care to Meet Health and Wellbeing Needs
- Assessment and Treatment Planning
- Interventions and Treatments
- Biomedical Investigation and Intervention
- Equipment and Devices to Meet Health and Wellbeing Needs
- Products to Meet Health and Wellbeing Needs
- Environments and Buildings
- Transport and Logistics
- Information Processing
- Information Collection and Analysis
- Knowledge and Information Resources
- Learning and Development
- Development and Innovation
- Procurement and Commissioning

- Financial Management
- Services and Project Management
- People Management
- Capacity and Capability
- Public Relations and Marketing.

Pay gateways

As well as providing a framework on which to base staff review and development, the KSF provides the basis of pay progression in the NHS. At defined points in the pay band (known as 'gateways') decisions are made about pay progression as well as development.

There are two gateways in each of the eight pay bands:

- the foundation gateway – this takes place no later than twelve months after an individual is appointed to a pay band regardless of the pay point to which the individual is appointed
- the second gateway – this is set at a fixed point towards the top of a pay band as set out in the National Agreement.

The purpose of the foundation gateway is to check that individuals can meet the basic demands of their posts on that pay band – the foundation gateway review is based on a subset of the full KSF outline for a post. Its focus is the knowledge and skills that need to be applied from the outset in a post coupled with the provision of planned development in the foundation period of up to 12 months.

The purpose of the second gateway is to confirm that individuals are applying their knowledge and skills to meet consistently the full demands of their posts – as set out in the full KSF outline for that post. Having gone though the second gateway, individuals will progress to the top of the pay band provided they continue to apply the knowledge and skills required to meet the KSF outline for that post. (ref: http://www.nhsu.nhs.uk/ksf/index.html)

Practical example

An example of one approach to mapping palliative care competences to the KSF dimensions to create a KSF post outline is available in appendices 3 and 4. This example illustrates a role profile for a band 5 nurse working in Highland Hospice, illustrating requirements for both the lower and upper gateways. Please note that this example illustrates KSF dimension HWB5 (provision of care to meet health and wellbeing needs) only, and further profiles would be required for other relevant KSF dimensions. Similarly, other staff roles would require their own role profiles.

This example has been included for interest only. More detailed guidance on the NHS KSF is available on the following websites:

www.dh.gov.uk

www.e-ksfnow.org

or by contacting the KSF advisory service:

http://www.nhsu.nhs.uk/ksf/index.html or 08000 150 850

Appendix 3: Practical example 1

HWB5: Provide care to meet individuals health and wellbeing needs lower gateway band 5 nurse

Knowledge	Programme	Competencies/skills	Programme	Completed by
In addition to the knowledge required for Band 3 posts, the RN will: • Understand the concept of personhood. • Be well informed about the implications for care of informed consent and confidentiality and the responsibilities of the nurse. • Have a sound knowledge of normal and disordered physiology, best practice principles and management in relation to palliative care pain and symptom control. • Be familiar with current legislation, Highland Hospice clinical policies, guidelines and procedures in relation to interventions and have worked through the relevant learning packs: – wound care – pressure area care – bowel care – oral care – tracheostomy care – subcutaneous fluid administration – diabetes – oxygen therapy – pain assessment and management – symptom assessment and management		**In addition to the knowledge required for Band 3 posts, the RN will:** 1. Place the person at the centre of health care in a way that meets patient-centered benchmarks and other aspects important to the patient. 2. Obtain informed consent prior to all interventions having addressed any issues that people may have. 3. Undertake general interventions expected of a registered nurse that are consistent with evidence-based practice, hospice clinical policies and guidelines, own scope of practice and legislation, applying skills and knowledge to meet peoples changing needs in relation to: – wound care – pressure area care – bowel care – oral care – tracheostomy care – subcutaneous fluid administration – diabetes – oxygen therapy – pain assessment and management – symptom assessment and management		

Appendix 3 contd.

Knowledge	Programme	Competencies/skills	Programme	Completed by

• Demonstrate a working knowledge of the key specialist interventions, treatments and therapies appropriate to client group being cared for:		4. Undertake specialist interventions, treatments, therapies for the client group in partnership with mentor/clinical supervisor:
		  – Epidural
		  – Paracentesis		

• Know the aetiology of common palliative care emergencies and be familiar with appropriate management strategies:
  – spinal cord compression
  – svc obstruction
  – haemorrhage
  – seizures
  – hypercalcaemia
• Know how to set up and use technical equipment based within the unit.
• Meet the NHS training course requirements in the use of blood transfusions.
		5. Recognise and act on common palliative care emergencies using appropriate management strategies eg;
		  • spinal cord compression
		  • svc obstruction
		  • haemorrhage
		  • seizures
		  • hypercalcaemia
		6. Safely use technological equipment for the purposes of measuring, and monitoring health and providing health care interventions.
		7. Be proficient in the use of blood transfusions.		

• Have a working knowledge of strategies for working with psychological issues and family dynamics affecting dying patients and their carers. • Understands the concept of 'spirituality'.		8. Use a range of nursing strategies to relieve the physical, psychological and spiritual impact of physical and emotional aspects of illness upon individuals and families. 9. Provide spiritual care within the limitations of the role and refer to relevant spiritual leader as appropriate.		

Appendix 3 contd.

Knowledge	Programme	Competencies/skills	Programme	Completed by
• Understand the rationale for commencing the integrated care pathway and be familiar with the ICP documentation.		10. Competently manage the care and record keeping of patients on the integrated care pathway.		
• Be aware of the service provided by other members of the hospice multidisciplinary team and the processes in place for referral.		11. Refer to other members of the multidisciplinary team appropriately and effectively. 12. Liaise with the multi-disciplinary team as appropriate participating in ward rounds, case conferences, and clinical governance mechanisms. 13. Disseminate information about care changes to other members of the team as appropriate.		
• Be familiar with the Highland Hospice management of medicines policy.		14. Administer medicines in line with Highland Hospice medicine policies and procedures +NMC Code of Practice. 15. Provide advice on the pharmacology of commonly used drugs to patients within client group.		
• Have a sound working knowledge of the Highland Hospice intervention and evaluation process.		16. Evaluate outcomes of care using an evidence-base and make alterations in the management plan reflecting the changing clinical situation.		
• Be aware of the assessment procedure conducted in the Day Hospice and be familiar with the referral process.		17. Refer patients appropriately and timeously to the day hospice before discharge.		

Appendix 3 contd.

Knowledge	Programme	Competencies/skills	Programme	Completed by
• Have a basic knowledge of models of grief.		18. Use supportive listening skills to help grieving people.		
• Be aware of the legal requirements and processes for the hospice in reporting death to: – the care commission – the registrar of deaths		19. Report death of the patient to the appropriate departments.		
• Understand the processes involved for families in registering death and arranging funerals.		20. Guide families in the appropriate processes.		

Appendix 4: Practical example 2

HWB5 Provide care to meet individual's health and wellbeing needs Band 5 staff nurse (upper gateway)

Knowledge	Programme	Competencies/skills	Programme	Completed by
In addition to the knowledge required for Band 5 (Lower Gateway) posts, the RN will:		**In addition to the knowledge required for Band 5 (Lower Gateway) posts, the RN will:**		
• Have a 'specialist' knowledge of the aetiology and management of palliative care pain and symptom control.		1. Use a full range of evidence based nursing strategies, specialist interventions, treatments and therapies to relieve the physical, psychological and spiritual impact of illness upon individuals and their families.		
• Fully understand the concept of 'total' pain and the influence of psychosocial aspects on the symptom experience.		2. Ensure patients are cared for in an environment suited to their needs physically, psychologically and socially within the practical constraints of resources.		
• Fully understand the anatomy, physiology and pathology relevant to specific technical nursing tasks in relation to medication and the management of epidural analgesia.		3. Undertake specific technical nursing tasks particularly in relation to drug administration and epidural analgesia and manage them in line with local policies, protocols and procedures.		
• Have a basic knowledge of family theory and family interventions for complex family dynamics.		4. Work sensitively with the family and offer support and information to aid decision making, contribute to interventions related to family dynamics.		

Appendix 4 contd.

Knowledge	Programme	Competencies/skills	Programme	Completed by
• Have an in depth knowledge of pharmacology related to palliative care.		5. Use knowledge of the side-effects and risks associated with implementing pharmacological interventions, treatments, therapies commonly used with client group to ensure safe administration of drugs. 6. Provide advice on the pharmacology of commonly used drugs to patients within client group.		
• Understand the technical, practical and legal requirements for patient centred drug administration.		7. Practice patient centered drug administration in line with local policies, protocols and procedures.		
• Have an in depth knowledge of the physiological and psychological processes of death. • Be fully conversant with the use of the ICP and Highland Hospice policies and procedures for managing death. • Have an in depth knowledge of the Highland Hospice Care planning process.		8. Contribute to discussions with medics re commencement of the care pathway offering sound rationale for decisions taken. 9. Commence the ICP and ensure all documentation is accurately completed. Manage the patient's death in line with best practice guidelines. 10. Take responsibility for developing a suitable plan of care. 11. Act as a key worker in co-ordinating the monitoring and evaluation of care plans to maintain continuity, actioning required changes in consultation with the multi-disciplinary teams e.g. pain assessment, fluid and nutritional input and output.		

Appendix 4 contd.

Knowledge	Programme	Competencies/skills	Programme	Completed by
• Understand the implications of complex clinical issues and decision making in relation to interventions. • Utilise the practice of reflection and the principles of an ethical framework to assist in decision making in complex ethical dilemmas related to the delivery of care.		12. Contribute to decision-making about care delivery and disseminate changes to other members of the team as appropriate. 13. Use reflective practice and ethical principles to participate in critical incident analysis and case study analysis, suggesting topics and taking a lead as appropriate.		
• Understand the process for undertaking a grief counselling risk assessment and referring to the bereavement support counsellor. • Understand the limits of the Highland Hospice bereavement service.		16. Conduct complex day after death meetings and complete documentation, including risk assessment. 17. Make appropriate referrals to other members of the MP team i.e bereavement support counsellor.		
• Have a basic knowledge of the issues facing children affected by loss and useful interactions to facilitate healthy grieving.		19. Support parents by giving practical advice regarding children facing loss. 20. Offer appropriate explanations to children affected by loss. 21. Appropriately include children in discussions about loss. 22. Refer to family support worker appropriately.		

Appendix 5: Five widely used guides and competence frameworks

A Guide for the development of Palliative Nurse Education in Europe European Association for Palliative Care, November 2003
Available from: http://www.eapcnet.org/projects/nursingeducation.asp

Competencies in nursing: A framework for nurses working in specialist palliative care Royal College of Nursing, December 2002
Available from: www.rcn.org.uk/members/downloads/palliative-care.pdf

Nursing Competences: St Christopher's Hospice
Available for sale from St Christopher's Hospice bookshop
e-mail: d.brady@stchristophers.org.uk

Skills for Health competence database
See: http://www.skillsforhealth.org.uk/

Palliative Care Educational Core Competencies Framework West of Scotland Managed Clinical Network for Palliative Care, May 2006
Available at: http://www.palliativecareglasgow.info/
(Follow the link for 'MCN' at the top of the page. On this page, the Educational Core Competencies document is listed under 'Education' at the right hand side.)

Appendix 6: Acknowledgements

NHS Education for Scotland and the Scottish Partnership for Palliative Care would like to express their thanks to the following:

Members of the Competence Framework Advisory Group

Dr David Carroll	Macmillan GP Facilitator, NHS Grampian
Jackie Chaplin	Adviser to Clinical Services, Marie Curie Hospice Glasgow
Prof Frank Clark CBE	Former chairman, Scottish Partnership for Palliative Care (until Oct 2006)
Margaret Colquhoun	Senior Nurse Lecturer, St Columbas Hospice
Erna Haraldsdottir	Head of Education, Strathcarron Hospice
Paula McCormack	Director of Education & Clinical Services, Highland Hospice
Rebecca Patterson	Policy Manager, Scottish Partnership for Palliative Care
Dr Catriona Ross	Consultant in Palliative Medicine, St Andrew's Hospice
Elaine Stevens	Education Manager, The Ayrshire Hospice
Margaret Thomson	Occupational Therapist, NHS Greater Glasgow & Clyde
Patricia Wallace	Director, Scottish Partnership for Palliative Care

Individuals and organisations

European Association for Palliative Care

Royal College of Nursing

St Christopher's Hospice

Scottish Executive Health Department

Skills for Health

West of Scotland Managed Clinical Network for Palliative Care

Karen Adams	Educational Projects Manager (A&C/Ancillary), NHS Education for Scotland
Katie Callaghan	Project Manager, Skill Mapping Training Project for Older People's Services, Falkirk and District Royal Infirmary
Anne Campbell	NHS Knowledge and Skills Framework, Scottish Executive Health Department

Sandra Campbell	Macmillan Nurse Consultant for Cancer & Palliative Care, NHS Forth Valley
Marie Cerinus	Education Project Manager (SCQF), NHS Education for Scotland
Liz Gillies OBE	Director HAI Initiative, NHS Education for Scotland
Maggie Grundy	Programme Director Cancer Care, NHS Education for Scotland
Penny Hansford	Nursing Director, St Christopher's Hospice
Maggie Havergal	Manager for Scotland, Skills for Health
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Frances Smith	Independent Consultant, NHS Education for Scotland