

# End of Life Care Learning Outcomes for:

Unregistered Support Workers
Nursing Associates
Pre-qualifying Students
Registered Professionals in Health & Social Care

## Sub-sets for:

'One Chance to Get it Right Priorities of Care' and HEE Mandatory or Priority EoLC Education and Training

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Developing people for health and healthcare



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### 1.0 Overview

#### 1.1 Background

The End of Life Care (EoLC) Learning Outcomes (LOs) for unregistered support workers, Nursing Associates, pre-qualifying students, and registered health and social care professionals were proposed by an expert group to improve the standards of EoLC delivered across the Yorkshire and Humber region.

The EoLC LOs were produced in the context of on-going national policies and recommendations for EoLC including:

- Department of Health (DH) (2008) The End of Life Care Strategy which stipulates that 'ensuring that health and social care staff at all levels have the necessary knowledge, skills and attitudes related to care for the dying will be critical to the success of improving end of life care';
- The Royal College of Physicians (2014)
  who highlight that EoLC needs to be
  embedded in training curricula at all levels
  and for all staff groups. EoLC should also
  be included in induction programmes, in
  continuing professional development and in
  appraisal systems;
- The Leadership Alliance for the Care
  of Dying People (2014) who state that
  'the alliance intends that those who
  fund, commission or provide training
  for health and care staff should use the
  'desired characteristics' it has developed
  to help them develop specifications for
  specific training, education, professional
  development and learning packages that
  include care in the last few days of life;
- National Palliative and End of Life
   Care Partnership (2015) Ambitions for
   Palliative and End of Life Care: Ambition
   five identifies that 'Only well-trained,
   competent and confident staff can bring

professionalism, compassion and skill to the most difficult and intensely delicate physical and psychological caring. It is clear, knowledgeable, responsive and confident professional judgement that is the best quarantee of good care'.

#### 1.2 Evaluation

As part of the development and testing of the EoLC LOs there have been 2 pilots of their use in clinical practice, a mapping exercise by higher education institutions against current pre-qualifying programmes and an expert group workshop to scrutinise the LOs. Learning from these pilots and exercises was used to develop the final version of the EoLC LOs.

The evaluation from the piloting and testing was very positive, demonstrating:

- The EOLC LO's are flexible enabling them to be tailored to individual job/professional roles
- 2. Evidence may be used towards professional revalidation
- **3.** Learning/development related to the LO's is achievable within current workloads
- The EoLC LOs can assist organisations with succession planning, service and staff/ career development
- 5. The EoLC LOs can inform pre-qualifying and post-qualifying curriculum development.

#### **1.3 Aim**

The EoLC LOs aim to enhance the delivery of the palliative care approach, general palliative care and specialist palliative care by focusing on five staff groups:

- Unregistered Support Workers in Health and Social Care
- Nursing Associates providing general or specialist palliative care
- Pre-qualifying health and social work students
- Registrants providing palliative care approach/general palliative care
- Registrants providing specialist palliative care

## 1.4 End of Life Care Learning Outcomes Recommendations

The Framework defines the EoLC LOs to be demonstrated by the different workforce groups and should be used as part of education provision and workforce development to support improvements in the delivery of high quality EoLC.

It is recommended that the EoLC LOs are used to:

- Provide a common language for EoLC LOs to enable consistency and sustainability in EoLC education and training and for professionals to demonstrate learning that can to be transferred across settings and organisations;
- Provide individual practitioners/ professionals with clarity about the EoLC LOs required to deliver high quality EoLC that can support their professional

- development, career progression and, where required, revalidation;
- Assist workplace/clinical educators to facilitate unregistered support workers, Nursing Associates, and registrants to engage in the delivery of palliative and EoLC and to develop their knowledge and skills in the appropriate EoLC LOs to deliver high quality care;
- Provide clinical services clarity to ensure staff meet the appropriate EoLC LOs for unregistered support workers, Nursing Associates, registrants and practitioners delivering specialist palliative care, which can be used to develop education and training programmes and individual professional development objectives;
- Assist higher education institutions providing pre-qualifying, post-qualifying and postgraduate programmes to design and map curricula and ensure teaching, learning and assessment strategies offer students the opportunities to develop and demonstrate their knowledge and skills in palliative and EoLC within higher education and workplace settings;
- Facilitate HEE to promote workplace learning opportunities, pre-qualifying, postqualifying and postgraduate programmes and to commission programmes that deliver the EoLC LOs required by the workforce to deliver high quality EoLC.

## 1.5 Publications available as part of this initiative

- 1. HEE End of Life Care Learning Outcomes: this document includes the complete EoLC LOs colour coded for the different workforce groups, the sub-set to meet the learning objectives in One Chance to Get it Right, and the sub-set identified for mandatory or priority EoLC education and training.
- 2. HEE End of Life Care Learning Outcomes
  Workplace Development Record: this
  enables practitioners to record and
  demonstrate achievement of the EoLC LOs.
- 3. HEE End of Life Care Learning Outcomes
  Mapping Tool for Higher Education
  Institutions and Clinical Education
  Providers to map pre-qualifying, continuing
  professional development, undergraduate
  and postgraduate education to the EoLC
  LOs.
- 4. HEE End of Life Care Learning Outcomes
  Sub-sets for One Chance to Get it Right
  and for mandatory or priority EoLC
  education and training: this document
  details a sub-set of the EoLC LOs identified
  to meet the learning objectives in One
  Chance to Get it Right (The Leadership
  Alliance for the Care of Dying People, 2014)
  and a sub-set of EoLC LOs identified by
  HEE as the most appropriate to be included
  in the provision mandatory or priority EoLC
  education and training.
- 5. HEE End of Life Care Learning Outcomes Mapping to Skills for Health Competences: Mapping of the EoLC LOs against Skills for Health Competences for practitioners providing specialist palliative care.

Available at: https://leedspalliativecare.org.uk/ professionals/education-training/eolc-learningoutcomes/

## 2.0 Framework for the development of the End of Life Care Learning Outcomes

In developing the EoLC LOs, a framework was created informed by the national policy context for palliative and EoLC. In addition, to promote consistent role titles and level of practice published guidelines for the education/clinical standards of pre-qualifying students and Registrants to deliver this care, alongside career structures and guidance for advanced level practice were used.

**Table 1** provides the Framework and summarises the key definitions, guidelines and guidance including:

- Defining the context of palliative and EoLC delivery as the palliative care approach, general palliative care and specialist palliative care. It is recognised that an unregistered support worker, Nursing Associate or registrant's level of engagement in the delivery of palliative/ EoLC is dependent on their clinical setting/ role. It is recommended that unregistered support workers, Nursing Associates, prequalifying students and registrants have, as a minimum, the knowledge and skills to contribute to the delivery of the palliative care approach and, where required, general palliative care (Gamondi 2013a, 2013b).
- Utilising a national Career Framework (Skills for Health, 2010) to propose a consistent approach to defining role level and title for unregistered support workers, Nursing Associates, pre-qualifying students and registrants in nursing, allied health and social work professions. The Career Framework for Health (Skills for Health, 2010) describes nine levels of 'roles' grouped according to their level of complexity and responsibility and the level of experience and knowledge necessary to carry them out. It should, however, be noted that the nine levels relate to a practitioner's level of practice and does not automatically read across from Agenda for Change (AfC) pay bands.

- Identifying the four key themes of professional practice as defined by UK Departments of Health and Professional, Statutory and Regulatory Bodies (PSRBs) (NMC, GMC, HCPC) for achievement at the point of registration, for consolidation, continuing professional development (CPD) and for career progression.
- Aligning the academic level and workplace/ clinical experience required to meet the EoLC LOs and progress through the Career Framework and its associated levels.

Table 1: Summary of Definitions, Guidelines and Guidance: Framework for the development of the EoLC Learning Outcomes

Context of Palliative/End of Life Care	Role Title/Level (Skills for Health 2010; DH 2010)	(HEE, 2017; DH, 20	Themes of Practice           (HEE, 2017; DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2009;           NMC, 2010; HCPC, 2013a,b,c; HCPC, 2012)	f Practice 10; NHS Scotland, 13a,b,c; HCPC, 201	2008; GMC, 2009; 2)	Academic level and workplace preparation (Gamondi, 2013a,b; DH, 2010; Skills for Health, 2010)
(Gamondi, 2013a, b)		Clinical/direct patient care	Leadership/ Collaborative Practice	Improving quality & developing practice	Developing self & others	
Palliative care approach	Level 8: Consultant Practitioner	Consolidation & continuing development	Consolidation & continuing development	Consolidation & continuing development	Consolidation & continuing development	Masters/Doctoral level Workplace learning/experience
General palliative care OR Specialist palliative care	Level 7: Advanced Practitioner Level 6: Senior Practitioner	focused on clinical/direct patient care	focused on leadership & collaborative practice	focused on improving quality & developing practice	focused on developing self & others	Postgraduate level (Masters, Postgraduate Diploma, Postgraduate Certificate, Modules) Continuing professional development Workplace learning/experience
	Level 5: Registered Practitioner					Undergraduate level (minimum) Continuing professional development Workplace learning/experience
	Level 4: Nursing Associate					Foundation degree level Continuing professional development Workplace learning/experience
	Levels 2-4 Unregistered Support Worker					NVQ/Skills for Care Units Workplace learning/experience Continuing development
Palliative care approach	New Registrant	Achievement of P	Achievement of Professional Education Standards for Registration	ion Standards for	Registration	Pre-qualifying Undergraduate level (minimum) Workplace learning/experience

## 3.0 Sub-sets of the End of Life Care Learning Outcomes

## 3.1 End of Life Care Learning Outcomes

EoLC LOs have been developed for:

- Unregistered Support Workers in Health and Social Care;
- Nursing Associate;
- Pre-qualifying students (practicing 'under supervision');
- Registrants providing palliative care approach, general palliative care and specialist palliative care.

A complete list of the EoLC LOs is available in the document 'HEE End of Life Care Learning Outcomes'. This document focuses on a subset of the EoLC LOs aimed at meeting the learning objectives identified in the publication One Chance to Get it Right (The Leadership Alliance for Care of Dying People 2014) and a sub-set recommended by HEE for mandatory or priority EoLC Education and Training.

All EoLC LOs are aligned to and/or informed by:

- Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life (Skills for Health and Skills for Care, 2014);
- Core Competencies in Palliative Care published by the European Association of Palliative Care (EAPC) (Gamondi, 2013a; 2013b);
- Specialty Training Curriculum for Palliative Medicine (Amendments 2014) (Joint Royal Colleges of Physicians Training Board, 2014);
- Five Priorities of Care (The Leadership Alliance for Care of Dying People, 2014).

All EoLC LOs are organised using the four key themes of clinical/professional practice:

- Clinical/ direct patient care;
- Leadership and collaborative practice;
- Improving quality and developing practice;
- Developing self and other.

Specific EoLC LOs are identified and colourcoded for each of the workforce groups:

- Unregistered Support Workers in Health and Social Care providing palliative care approach, general or specialist palliative care (Levels 2-4 of Skills for Health (2010) Career Framework) (Orange);
- Nursing Associates providing palliative care approach, general or specialist palliative care (Levels 4 of Skills for Health (2010) Career Framework) (Pale green);
- Pre-qualifying students undertaking professional programmes in Physiotherapy, Occupational Therapy, Nursing, Radiography, Social Work and Medicine to contribute to the delivery of the palliative care approach at the point of registration (Turquoise);
- All Registrants in Physiotherapy,
   Occupational Therapy, Nursing,
   Radiography, Social Work and Medicine
   (Levels 5-8 of Skills for Health (2010)
   Career Framework) who provide palliative
   care approach or general palliative care
   (Purple);
- Registrants in Nursing, Allied Health and Social Work practicing at Registered (Green), Senior (Red) or Advanced (Blue) practitioner levels\* (Levels 5-7 of Skills for Health (2010) Career Framework) who provide specialist palliative care\*\*.

\*The role titles used are aligned with the Career Framework for Health (Skills for Health, 2010).

\*\* Medicine has an established career pathway and speciality training curriculum for palliative medicine (Joint Royal Colleges of Physicians Training Board, 2014).

For **all** the workforce groups identified, the EoLC LOs may be achieved through pre-qualifying programmes, continuing professional development, work-based learning opportunities as well as formal or academic study.

The EoLC LOs for Registrants providing specialist palliative care have been designed to enable Registered (RP), Senior (SP) and Advanced (AP) Practitioners to consolidate and acquire skills, competence and knowledge to meet current health service agendas in palliative and end of life care and to support the future professional requirements for career progression to Senior and Advanced Practitioner levels aligned to UK national frameworks for advanced level practice. The EoLC LOs promote Registrants to engage in postgraduate level education/learning in order to deepen and enhance their individual practice through the acquisition, extension and critical appraisal of their palliative and end of life care knowledge and skills, and to contribute to the professional, evidence-base and service advancement of their specialty. For Registrants providing specialist palliative care and working towards, or at, an advanced level of practice, the DH (2010:6), EAPC (Gamondi, 2013a,b) and HEE (2017) indicate that this would be achieved through extensive clinical and practice experience and following completion of a master's level education/ learning or its equivalent' (HEE, 2017; DH, 2010:6).

Organisational commitment will be required to facilitate induction, consolidation and on-going development of the knowledge and skills related to the EoLC LOs with the goal of improving end of life care within the organisation (NEoLCP, 2009a,b).

In the absence of a locality wide minimum standard for end of life knowledge and skills for the workforce, implementation of the EoLC LOs may assist clinical service/ education leads and commissioners to develop a benchmark and role descriptors to identify education/training requirements and shortcomings across each workforce group.

## 3.2 HEE End of Life Care Learning Outcomes Sub-sets for One Chance to Get it Right (The Leadership Alliance for Care of Dying People 2014) and for mandatory or priority EoLC Education and Training

'One Chance to Get it Right' (The Leadership Alliance for Care of Dying People 2014) identifies the following five priorities to improve care in the last few days and hours of life:

- The possibility that a person may die within the next few days or hours is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly
- 2 Sensitive communication takes place between staff and the dying person, and those identified as important to them.

reviewed and decisions revised accordingly.

- 3 The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.
- The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.
- An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, coordinated and delivered with compassion.

One Chance to Get It Right also identifies the following 9 learning objectives (2014:103) to be included in education and training programmes to support the implementation of the five priorities:

- 1 Describe how to assess and act upon the needs of a dying person: physical, psychological, emotional, social, spiritual, cultural and religious.
- 2 Explain how to address the dying person's comfort, specifically in relation to food fluids and symptoms.
- 3 Discuss how to approach and implement individualised care planning including shared decision-making.
- Demonstrate how to communicate about dying with the person and those who are important to them.
- Describe how to assess and act upon the needs of the dying person's family and those important to the person.
- Describe the importance of, and act upon, maintaining own and team resilience through reflective practice and clinical supervision.
- 7 Demonstrate understanding of how Mental Capacity Act should be applied when the dying person lacks capacity.
- 8 Demonstrate understanding of the impact of loss and grief, including how to support individuals who are bereaved.
- 9 Describe how to recognise that dying may be imminent, assess reversibility, make appropriate decisions and plans for review, and communicate uncertainty.

**Table 2** identifies a sub-set of the EoLC LOs that have been identified by clinicians and EoLC education facilitators/academics to meet the learning objectives within One Chance to Get it Right.

**Table 2** also identifies those EoLC LOs shaded in **GREY** that meet the learning objectives within One Chance to Get it Right **AND** HEE considers should be included in any Mandatory or Priority EoLC Education and Training.

Table 2: End of Life Learning Outcomes to meet Five Priorities of Care Learning Objectives (The Leadership Alliance for Care of Dying People 2014) and for inclusion in any Mandatory or Priority EOLC Education and Training

Advanced Practitioner – Specialist Palliative Care					
Senior Practitioner – Specialist Palliative Care					
Registered Practitioner – Specialist Palliative Care					
Registrant providing palliative care approach or general palliative care					
Pre-qualifying students Under supervision					
Nursing Associate					
Unregistered Support Worker in Health & Social Care					
Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life (Skills for Health and Skills for Care, 2014)  Outcomes informed by Speciality Training Curriculum for Palliative Medicine  (Joint Royal Colleges of Physicians Training Board, 2014)  Five Priorities for Care  (The Leadership Alliance for Care of Dying People 2014)	1.1 Communication Skills: The Practitioner will be able to:	1.1a Communicate with a range of people on a range of matters in a form that is appropriate to them and the situation recognising need to talk openly and honestly.	1.1c Present information in a range of formats, including written and verbal, as appropriate to the circumstances.	1.1d Listen to individuals, their families and friends about their concerns related to the end of life and provide information and support.	1.1e Work with people, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of death, dying and bereavement and recognising that their priorities and ability to communicate may vary over time.
Theme of Practice (HEE; 2017; DH, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2013a	1 Clinical	Practice/Direct Patient Care			

Advanced Practitioner – Specialist Palliative Care						
Senior Practitioner – Specialist Palliative Care						
Registered Practitioner – Specialist Palliative Care						
Registrant providing palliative care approach or general palliative care						
Pre-qualifying students Under supervision						
Nursing Associate						
Unregistered Support Worker in Health & Social Care						
Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life (Skills for Health and Skills for Care, 2014)  Outcomes informed by Speciality Training Curriculum for Palliative Medicine (Joint Royal Colleges of Physicians Training Board, 2014)  Five Priorities for Care (The Leadership Alliance for Care of Dying People 2014)	<b>1.2 Assessment and Care Planning: The Practitioner will be able to:</b> 1.2a Work in a person-centred way, listening to and taking account of the wishes of the person and their carers. Recognise people as experts in their own lives.	1.2c Assess pain and other symptoms in ways appropriate to your role, including using assessment tools, pain history, appropriate physical examination and relevant investigation. Know when to refer concerns to specialist colleagues.	<ul> <li>1.2e Ensure that all assessments are holistic, including: <ol> <li>Background information about the person's life</li> <li>Personal strengths, aspirations and priorities</li> <li>Religious or other belief, cultural and lifestyle factors</li> <li>Current physical health and prognosis, including underlying health or other conditions</li> <li>Social, occupational, psychological and emotional and spiritual well-being</li> <li>Religion and/or spiritual well-being, where appropriate.</li> </ol> </li> <li>Risk and risk management.</li> </ul>	1.2f Ensure that the needs of carers, including children and young people, are taken into account and that carer support and, where appropriate, assessments are offered	1.2g In partnership with others, review assessments to take account of changing needs, priorities and wishes and ensure information about changes is properly shared	1.2i Explain the scientific basis and clinical manifestations of disease processes that are life limiting and integrate this knowledge in the assessment, diagnosis and management of patients with life limiting, progressive disease commonly encountered within own practice
Theme of Practice (HEE; 2017; DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2013a,b,c; HCPC, 2012)	1 Clinical Practice/Direct Patient Care					

Advanced Practitioner – Specialist Palliative Care				
Senior Practitioner – Specialist Palliative Care				
Registered Practitioner – Specialist Palliative Care				
Registrant providing palliative care approach or general palliative care	:0			
Pre-qualifying students Under supervision	e able t			
Nursing Associate	er will k			
Unregistered Support Worker in Health & Social Care	ractition			
Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life (Skills for Health and Skills for Care, 2014)  Outcomes informed by Speciality Training Curriculum for Palliative Medicine  (Joint Royal Colleges of Physicians Training Board, 2014)  Five Priorities for Care	1.3 Symptom management, maintaining comfort and well being: The Practitioner will be able to:	1.3a Be aware that symptoms have many causes, including the disease itself, its treatment, a concurrent disorder, including depression or anxiety, or other psychological or practical issues.	1.3e In partnership with others, including the individual, their family and friends, develop an EoLC plan which balances disease-specific treatment with other interventions and support that meet the needs of the individual and addresses the five priorities of care identified by The Leadership Alliance for Care of Dying People (2014).	1.3f In partnership with others, implement, monitor and review the EoLC plan to address the five priorities of care identified by The Leadership Alliance for Care of Dying People (2014)
Theme of Practice (HEE; 2017; DH, 2010; NHS Scotland, 2008; GMC, 2010; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2013a,b,c; HCPC, 2013	1 Clinical	Practice/Direct Patient Care		

Advanced Practitioner – Specialist Palliative Care				
Senior Practitioner – Specialist Palliative Care				
Registered Practitioner – Specialist Palliative Care				
Registrant providing palliative care approach or general palliative care				
Pre-qualifying students Under supervision				
Nursing Associate				
Unregistered Support Worker in Health & Social Care				
Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life (Skills for Health and Skills for Care, 2014)  Outcomes informed by Speciality Training Curriculum for Palliative Medicine  (Joint Royal Colleges of Physicians Training Board, 2014)  Five Priorities for Care	1.4 Advance Care Planning: The Practitioner will be able to:	1.4j Demonstrate knowledge and skills to provide optimal care for the dying patient and their family including: recognition of the dying phase, assessment of the dying patient, assessment of required care and medications, management of symptoms in the dying phase, psychological care of the family, recognition and engagement with ethical dilemmas in the dying phase and appropriate use of relevant/required end of life care documentation	1.4k Demonstrate knowledge of major cultural and religious customs which relate to delivery of palliative and end of life care, dying and bereavement	1.4m Integrate knowledge and understanding of bereavement theories and services to prepare individuals for bereavement, to anticipate/recognize risk in bereavement and to support the acutely grieving person/family
Theme of Practice (HEE; 2017; DH, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2013, HCPC, 2013a,b,c; HCPC, 2013a,b,c; HCPC, 2013a,b,c; HCPC, 2012)	1 Clinical	Practice/Direct Patient Care		

Theme of Practice (HEE; 2017; DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2010; HCPC, 2013a,b,c; HCPC, 2013a,b,c; HCPC, 2013a,b,c; HCPC, 2013 Patient Care	Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life  (Skills for Health and Skills for Care, 2014)  (Skills for Health and Skills for Care, 2014)  Palliative Medicine  (Joint Royal Colleges of Physicians Training Board, 2014)  Five Priorities for Care  (The Leadership Alliance for Care of Dying People 2014)  1.5 Underpinning Values: The Practitioner will be able to:  concerns, goals, beliefs and cultures of the person, their family and friends, and acknowledges the significance of spiritual, emotional and religious support.  1.5c Practice that is sensitive to the support needs of the family and friends, including children and young people, both as part of end of life care, and		Nursing Associate	Pre-qualifying students Under supervision	Registrant providing palliative care approach or general palliative care	Registered Practitioner – Specialist Palliative Care	Specialist Palliative Care  Senior Practitioner –	Advanced Practitioner –
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Theme of Practice	Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life			Pi				
(HEE; 2017;	(Skills for Health and Skills for Care, 2014)			re-qua	re ap <sub>l</sub>	_		
Wales, 2010; NHS Scotland, 2008;	Outcomes informed by Speciality Training Curriculum for Palliative Medicine	red Sup th & So	sing Ass	alifying er super	providi proach o	red Praci	r Practii ist Pallia	ed Prac ist Pallia
2010; HCPC, 2013a b.c. HCPC	(Joint Royal Colleges of Physicians Training Board, 2014)			stude	or ger			
2012)	Five Priorities for Care							
	(The Leadership Alliance for Care of Dying People 2014)	er			/e			
1 Clinical	1.6 Knowledge: The Practitioner will be able to:							
Practice/Direct Patient Care	1.6d Explain relevant legislation and guidance, for example, the Mental Capacity Act (2005) and the Mental Health Act (2007) as they relate to end of life care							
	1.6g Describe approaches to, and theories of, change, loss and bereavement.							

Theme of Practice (HEE; 2017;	Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life (Skills for Health and Skills for Care, 2014)	Unregister	Unde	care app			
Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC,	Outcomes informed by Speciality Training Curriculum for Palliative Medicine (Joint Royal Colleges of Physicians Training Board, 2014)	ing Associat red Support \ th & Social C	alifying stude er supervisio	providing pa proach or ger Iliative care	red Practition st Palliative (	r Practitione st Palliative	ed Practition st Palliative (
2012)	Five Priorities for Care	Vorke	n				
	(The Leadership Alliance for Care of Dying People 2014)	, ,		е			
3 Improving	The Practitioner will be able to:						
Quality & Developing Practice	3.3 Critically appraise own and other clinical practice to identify strategies to improve/enhance palliative and end of life care for individual patients and their carers						

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#### **End of Life Care Learning Outcomes for:**

**Unregistered Support Workers** 

**Nursing Associates** 

Pre-qualifying Students

Registered Professionals in Health & Social Care

Sub-sets for 'One Chance to Get it Right Priorities of Care' and

HEE Mandatory or Priority EoLC Education and Training