

# End of Life Care Learning Outcomes for:

Unregistered Support Workers

Nursing Associates

Pre-qualifying Students

Registered Professionals in Health & Social Care

## Updated October 2019



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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 ongoing 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 guarantee 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:

1. 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
4. 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:

1. Unregistered Support Workers in Health and Social Care
2. Nursing Associates providing general or specialist palliative care
3. Pre-qualifying health and social work students
4. Registrants providing palliative care approach/general palliative care
5. 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 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, post-qualifying 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

- *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.
- *HEE End of Life Care Learning Outcomes Workplace Development Record*: this enables practitioners to record and demonstrate achievement of the EoLC LOs.
- *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.
- *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.
- *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-learning-outcomes/>

## 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:

- 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.
- 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 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, pre-qualifying 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, 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.

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

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



## 3.0 End of Life Care Learning Outcomes

### 3.1 End of Life Care Learning Outcomes

**Table 2** identifies the EoLC LOs 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.

The 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).

The 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 colour-coded 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 to 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.

**Table 2: End of Life Learning Outcomes for Unregistered Support Workers in Health & Social Care, Nursing Associates, Pre-qualifying students and Registrants Providing Palliative Care Approach, General Palliative Care and Specialist Palliative Care**

Theme of Practice (HEE; 2017; DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2012)	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)	Unregistered Support Worker in Health & Social Care	Nursing Associate	Pre-qualifying students Under supervision	Registrant providing palliative care approach or general palliative care	Registered Practitioner – Specialist Palliative Care	Senior Practitioner – Specialist Palliative Care	Advanced Practitioner – Specialist Palliative Care
<b>1 Clinical Practice/Direct Patient Care</b>	<b>1.1 Communication Skills: The Practitioner will be able to:</b>							
	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.							
	1.1b Develop and maintain communication with people about difficult and complex matters or situations related to end of life care.							
	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.							
	1.1f Work with colleagues to share information appropriately, taking account of issues of confidentiality, to ensure that people receive the best possible care.							
	1.1g Ensure that information is clear, and non-jargonistic, so that it can be fully understood by others.							
	1.1h Demonstrate knowledge of theories and evidence base for communication.							
	1.1i Examine knowledge/research of the importance of breaking bad news and to develop strategies for the skills delivery of bad news.							

<b>Theme of Practice</b> (HEE; 2017; DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2012)	<b>Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life</b> (Skills for Health and Skills for Care, 2014)  <b>Outcomes informed by Speciality Training Curriculum for Palliative Medicine</b> (Joint Royal Colleges of Physicians Training Board, 2014)  <b>Five Priorities for Care</b> (The Leadership Alliance for Care of Dying People 2014)	<b>Unregistered Support Worker in Health &amp; Social Care</b>	<b>Nursing Associate</b>	<b>Pre-qualifying students Under supervision</b>	<b>Registrant providing palliative care approach or general palliative care</b>	<b>Registered Practitioner – Specialist Palliative Care</b>	<b>Senior Practitioner – Specialist Palliative Care</b>	<b>Advanced Practitioner – Specialist Palliative Care</b>
<b>1 Clinical Practice/Direct Patient Care</b>	<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.  1.2b Understand the range of assessment tools, and ways of gathering information including conversation, and know their advantages and disadvantages.  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.  1.2d Undertake/contribute to multi-disciplinary assessment and information sharing, including speaking to colleagues as part of the assessment process, and ensuring that, where information is already available, the person is not asked to provide the same information repeatedly.  1.2e Ensure that all assessments are holistic, including: i. Background information about the person's life ii. Personal strengths, aspirations and priorities iii. Religious or other belief, cultural and lifestyle factors iv. Current physical health and prognosis, including underlying health or other conditions v. Social, occupational, psychological and emotional and spiritual well-being vi. Religion and/or spiritual well-being, where appropriate. vii. Risk and risk management.							

1 Clinical Practice/Direct Patient Care												
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.												
1.2h Communicate with a range of people on a range of matters in a form that is appropriate to them and the situation.												
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.												
1.2j Analyse presentation of illnesses in people with dementia and other common psychiatric and psychological conditions including clinical depression.												
1.2k Analyse theories and evidence relating to the psychological impact and responses to illness and loss, and integrate this knowledge in the assessment and management strategies within clinical practice.												
1.2l Demonstrate knowledge and recognition of psychological responses to illness and skills to assess and manage these in practice including psychological impact of pain and other symptoms, responses to uncertainty and loss, presentation of illness in people with dementia or pre-existing psychological/psychiatric problems, distinction between sadness and clinical depression.												
1.2m Elicit a relevant focused history and holistic assessment from patients with complex end of life care needs/issues and in increasingly challenging situations, including prioritizing the patient's agenda encompassing their beliefs, concerns, expectations and needs.												
1.2n Document and report the history/assessment accurately and synthesize this with relevant clinical examination, establishing a problem list/differential diagnosis (relevant to own professional group) and formulate a management plan that takes account of likely clinical evolution.												
1.2o Communicate effectively, including managing any disagreement, a management plan to the multi-professional team, other services/agencies and the patient applying the principles, guidance and laws regarding ethics and confidentiality.												

<b>Theme of Practice</b> (HEE; 2017; DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2012)	<b>Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life</b> (Skills for Health and Skills for Care, 2014)  <b>Outcomes informed by Speciality Training Curriculum for Palliative Medicine</b> (Joint Royal Colleges of Physicians Training Board, 2014)  <b>Five Priorities for Care</b> (The Leadership Alliance for Care of Dying People 2014)	<b>Unregistered Support Worker in Health &amp; Social Care</b>	<b>Nursing Associate</b>	<b>Pre-qualifying students Under supervision</b>	<b>Registrant providing palliative care approach or general palliative care</b>	<b>Registered Practitioner – Specialist Palliative Care</b>	<b>Senior Practitioner – Specialist Palliative Care</b>	<b>Advanced Practitioner – Specialist Palliative Care</b>
<b>1 Clinical Practice/Direct Patient Care</b>	<b>1.3 Symptom management, maintaining comfort and well being: The Practitioner will be able to:</b>  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.  1.3b Understand the significance of the individual's own perception of their symptoms to any intervention.  1.3c Understand that the underlying causes of a symptom will have an impact upon how care should be delivered.  1.3d Understand the range of therapeutic options available, including drugs, hormone therapy, physical therapies, counselling or other therapies, surgery, community or practical support.  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 <i>addresses the five priorities of care identified by The Leadership Alliance for Care of Dying People (2014)</i> .  1.3f In partnership with others, implement, monitor and review the EoLC plan to <i>address the five priorities of care identified by The Leadership Alliance for Care of Dying People (2014)</i> .  1.3g Be aware of cultural issues that may impact on symptom management.							

<b>1 Clinical Practice/Direct Patient Care</b>	1.3h Demonstrate knowledge, skills and understanding to manage symptoms and other clinical problems secondary to life-limiting progressive disease including: pain, gastro-intestinal symptoms, respiratory symptoms, genitourinary symptoms, musculoskeletal and skin problems, neurological and psychiatric problems, paraneoplastic syndromes, palliative care emergencies, treatment induced symptoms.																					
	1.3i Review and monitor interventions and management plans, including medications and non-medication based interventions, identifying indications, contraindications, side effects, drug interactions and dosage of commonly used drugs communicating appropriately to multi-professional team, patients (and carers).																					
	1.3j Demonstrate knowledge of treatment methods and use of drugs to treat patients with life limiting progressive disease – including relevant national guidelines and protocols, drug formularies in palliative care, legal and ethical issues relating to prescription of controlled drugs, problems of polypharmacy.																					
	1.3k Apply general principles of pharmacodynamics and pharmacokinetics and, for drugs commonly used in palliative and end of life care, explain:  Routes of administration, absorption, metabolism, excretion, half-life, frequency of administration, adverse effects and their management, opioid switching, use of syringe drivers, interactions with other drugs, issues of tolerance addiction, dependence and discontinuation reactions dose adjustment in altered metabolism, organ failure, disease progression and in dying patients.																					

<b>Theme of Practice</b> (HEE; 2017; DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2012)	<b>Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life</b> (Skills for Health and Skills for Care, 2014)  <b>Outcomes informed by Speciality Training Curriculum for Palliative Medicine</b> (Joint Royal Colleges of Physicians Training Board, 2014)  <b>Five Priorities for Care</b> (The Leadership Alliance for Care of Dying People 2014)	Unregistered Support Worker in Health & Social Care	Nursing Associate	Pre-qualifying students Under supervision	Registrant providing palliative care approach or general palliative care	Registered Practitioner – Specialist Palliative Care	Senior Practitioner – Specialist Palliative Care	Advanced Practitioner – Specialist Palliative Care
<b>1 Clinical Practice/Direct Patient Care</b>	<b>1.4 Advance Care Planning: The Practitioner will be able to:</b>  1.4a Demonstrate awareness and understanding of Advance Care Planning, and the times at which it would be appropriate.  1.4b Demonstrate awareness and understanding of the legal status and implications of the Advance Care Planning process in accordance with the provisions of the Mental Capacity Act 2005.  1.4c Show understanding of Informed Consent, and demonstrate the ability to give sufficient information in an appropriate manner.  1.4d Use effective, sensitive communication skills when having Advance Care Planning discussions as part of on-going assessment and intervention.  1.4e Work sensitively with families and friends to support them as the person decides upon their preferences and wishes during the Advance Care Planning process.  1.4f Where appropriate, ensure that the wishes of the individual, as described in an Advance Care Planning statement, are shared (with permission) with other workers.  1.4g When appropriate, know what the Advance Care Planning statement contains, and how this will impact upon a person's care and support.  1.4h Define for own practice/service and provide appropriate supportive, palliative and end of life care in long term conditions in conjunction with patients and other members of the multi-professional team.							



<b>1 Clinical Practice/Direct Patient Care</b>	1.4i Demonstrate knowledge of the principles of rehabilitation in progressive illness and the skills to appropriately initiate rehabilitation for patients with palliative/end of life care needs.																				
	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.																				
	1.4l Analyse seminal and contemporary theories about bereavement including the process of grieving and adjustment to loss.																				
	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.																				

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<b>1 Clinical Practice/Direct Patient Care</b>	<b>1.5 Underpinning Values: The Practitioner will be able to:</b>  1.5a Provide person-centred practice that recognises the circumstances, concerns, goals, beliefs and cultures of the person, their family and friends, and acknowledges the significance of spiritual, emotional and religious support.  1.5b Practice that keeps the person at the centre of multi-agency integrated care and 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 following bereavement.  1.5d Demonstrate awareness of the importance of contributing to the on-going improvement of care and support, participating as appropriate in the evaluation and development, and of involving the people receiving care and support in that process.  1.5e Taking responsibility for one's own learning and continuing professional development, and contributing to the learning of others.							

<b>Theme of Practice</b> (HEE; 2017; DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2012)	<b>Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life</b> (Skills for Health and Skills for Care, 2014)  <b>Outcomes informed by Speciality Training Curriculum for Palliative Medicine</b> (Joint Royal Colleges of Physicians Training Board, 2014)  <b>Five Priorities for Care</b> (The Leadership Alliance for Care of Dying People 2014)	<b>Unregistered Support Worker in Health &amp; Social Care</b>	<b>Nursing Associate</b>	<b>Pre-qualifying students Under supervision</b>	<b>Registrant providing palliative care approach or general palliative care</b>	<b>Registered Practitioner – Specialist Palliative Care</b>	<b>Senior Practitioner – Specialist Palliative Care</b>	<b>Advanced Practitioner – Specialist Palliative Care</b>
<b>1 Clinical Practice/Direct Patient Care</b>	<b>1.6 Knowledge: The Practitioner will be able to:</b>  1.6a Demonstrate awareness of own professional role and boundaries.  1.6b Describe the roles of other practitioners you are working with.  1.6c Explain professional codes of practice or conduct, including the range of common core principles, and their impact on practice.  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.  1.6e Reflect on the impact of own beliefs on their practice.  1.6f Describe approaches to risk assessment, risk management, and risk taking.  1.6g Describe approaches to, and theories of, change, loss and bereavement.  1.6h Describe social models of care and person-centred approaches.  1.6i Analyse the overall approach of person-centred, value-based practice and how this relates to ethics, law and decision-making in palliative and end of life care.  1.6j Use an understanding of the theoretical basis for applied ethics in clinical practice, demonstrate application of these in ethical reasoning and decision-making in palliative and end of life care, with ability to justify own ethical position in relation to palliative care practice.  1.6k Demonstrate understanding of professional and legal frameworks with regard to patient consent, confidentiality, autonomy, advance directives, mental health legislation, organ donation, communicable disease notification, legal aspects related to patients death.							

<b>Theme of Practice</b> (HEE; 2017; DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2012)	<b>Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life</b> (Skills for Health and Skills for Care, 2014)  <b>Outcomes informed by Speciality Training Curriculum for Palliative Medicine</b> (Joint Royal Colleges of Physicians Training Board, 2014)  <b>Five Priorities for Care</b> (The Leadership Alliance for Care of Dying People 2014)	<b>Unregistered Support Worker in Health &amp; Social Care</b>	<b>Nursing Associate</b>	<b>Pre-qualifying students Under supervision</b>	<b>Registrant providing palliative care approach or general palliative care</b>	<b>Registered Practitioner – Specialist Palliative Care</b>	<b>Senior Practitioner – Specialist Palliative Care</b>	<b>Advanced Practitioner – Specialist Palliative Care</b>
<b>2 Leadership &amp; Collaborative Practice</b>	<b>The Practitioner will be able to:</b>  2.1 Discuss the history, philosophy and definitions of palliative care and demonstrate how this knowledge and understanding informs clinical practice and decision-making for all people with life-limiting conditions.  2.2 Outline the components of effective collaboration and team working, including examining theories of teamwork, and implementing these appropriately to own practice/service.  2.3 Demonstrate knowledge of a range of leadership styles and approaches and their applicability to different situations in own practice.  2.4 Demonstrate effective membership of different teams and team settings and develop the leadership skills to lead a team so that they are effective and better able to deliver safe palliative and end of life care.  2.5 Demonstrate knowledge and skills for effective leadership of specialist palliative care service through analysis of relevant national policies, engagement in short and long term strategic planning, encouraging innovation, facilitating effective change management and evaluating impact, knowledge of clinical governance and patient safety.  2.6 Communicate succinctly and effectively with other professionals to promote the continuum of patient care.  2.7 Describe the role, availability of, and indications for, referral of other services to facilitate delivery of palliative and end of life care in any environment (hospice, hospital, care homes, day care and the patient's home).  2.8 Describe the role and availability of specialist psychological/psychiatric services and indications for referral.  2.9 Demonstrate knowledge of bereavement risk assessment, bereavement support and the organization of support services – identifying gaps in service provision and opportunities for service development to strategic partners.							

<b>Theme of Practice</b> (HEE, 2017; DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2012)	<b>Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life</b> (Skills for Health and Skills for Care, 2014)  <b>Outcomes informed by Speciality Training Curriculum for Palliative Medicine</b> (Joint Royal Colleges of Physicians Training Board, 2014)  <b>Five Priorities for Care</b> (The Leadership Alliance for Care of Dying People 2014)	<b>Unregistered Support Worker in Health &amp; Social Care</b>	<b>Nursing Associate</b>	<b>Pre-qualifying students Under supervision</b>	<b>Registrant providing palliative care approach or general palliative care</b>	<b>Registered Practitioner – Specialist Palliative Care</b>	<b>Senior Practitioner – Specialist Palliative Care</b>	<b>Advanced Practitioner – Specialist Palliative Care</b>
<b>3 Improving Quality &amp; Developing Practice</b>	<b>The Practitioner will be able to:</b>  3.1 Work collaboratively at a strategic level with local, regional and national services/organisations to improve access to palliative/end of life services, develop palliative and end of life care practice, and lead change within practice/service delivery.  3.2 Analyse national policies/guidelines for improving palliative and end of life care to inform proposals for the development of own service/organisation.  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.  3.4 Demonstrate use of current best evidence in clinical decision making through knowledge/understanding of research methods and how to evaluate scientific publications using the principles of critical appraisal to distinguish levels of evidence and quality of evidence.  3.5 Explain the processes necessary to initiate, plan, carry out and report/present a project using sound investigative principles such as research study, systematic review, audit, service evaluation or guideline development.  3.6 Contribute to research, audit, service evaluation and guideline development as part of team.  3.7 Lead service improvement/quality improvement programmes within own service drawing on service user feedback/engagement where available/appropriate.  3.8 Undertake the processes necessary to report/present a project, including research study, systematic review, audit, service improvement or guideline development for publication and/or conference presentation.							

<b>Theme of Practice</b> (HEE; 2017; DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2012)	<b>Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life</b> (Skills for Health and Skills for Care, 2014)  <b>Outcomes informed by Speciality Training Curriculum for Palliative Medicine</b> (Joint Royal Colleges of Physicians Training Board, 2014)  <b>Five Priorities for Care</b> (The Leadership Alliance for Care of Dying People 2014)	<b>Unregistered Support Worker in Health &amp; Social Care</b>	<b>Nursing Associate</b>	<b>Pre-qualifying students Under supervision</b>	<b>Registrant providing palliative care approach or general palliative care</b>	<b>Registered Practitioner – Specialist Palliative Care</b>	<b>Senior Practitioner – Specialist Palliative Care</b>	<b>Advanced Practitioner – Specialist Palliative Care</b>
<b>4 Developing Self &amp; Others</b>	<b>The Practitioner will be able to:</b>  4.1 Demonstrate the attitudes and skills to maintain safe, evidence based and competent practice including an understanding of how to maximize own learning through continuing development or postgraduate education and supervision, and knowledge of the principles of adult and life-long learning.  4.2 Deliver an education session to patients, families, professional colleagues at an appropriate level and using a range of teaching aids.  4.3 Through understanding of relevant educational theories and principles, develop the ability to teach to a variety of audiences, assess quality of own teaching, plan and deliver a training programme with appropriate assessments and evaluation of learning.  4.4 Recognise own knowledge and skills and their limitations, effect of personal loss or difficulties – being able to ask for help or hand over to others where necessary.  4.5 Demonstrate support of professional colleagues, recognize the manifestations of stress on self and others, and being aware of where and when to look for support.  4.6 Engage in activities that support openness about death, dying and bereavement with the public. For example Dying Matters Week.							

### 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:

1	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 reviewed and decisions revised accordingly.
2	Sensitive communication takes place between staff and the dying person, and those identified as important to them.
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.
4	The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.
5	An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated 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.
4	Demonstrate how to communicate about dying with the person and those who are important to them.
5	Describe how to assess and act upon the needs of the dying person's family and those important to the person.
6	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 3** 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 3** 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 3: 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**

Theme of Practice (HEE, 2017; DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2012)	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)	Unregistered Support Worker in Health & Social Care	Nursing Associate	Pre-qualifying students Under supervision	Registrant providing palliative care approach or general palliative care	Registered Practitioner – Specialist Palliative Care	Senior Practitioner – Specialist Palliative Care	Advanced Practitioner – Specialist Palliative Care	
<b>1 Clinical Practice/Direct Patient Care</b>	<b>1.1 Communication Skills: The Practitioner will be able to:</b>								
	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 Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2012)	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)	Unregistered Support Worker in Health & Social Care		Pre-qualifying students Under supervision	Registrant providing palliative care approach or general palliative care	Registered Practitioner – Specialist Palliative Care	Senior Practitioner – Specialist Palliative Care	Advanced Practitioner – Specialist Palliative Care
<b>1 Clinical Practice/Direct Patient Care</b>	<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. 1.2e Ensure that all assessments are holistic, including: i. Background information about the person's life ii. Personal strengths, aspirations and priorities iii. Religious or other belief, cultural and lifestyle factors iv. Current physical health and prognosis, including underlying health or other conditions v. Social, occupational, psychological and emotional and spiritual well-being vi. Religion and/or spiritual well-being, where appropriate. vii. Risk and risk management. 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							

<b>Theme of Practice</b> (HEE, 2017; DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2012)	<b>Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life</b> (Skills for Health and Skills for Care, 2014)  <b>Outcomes informed by Speciality Training Curriculum for Palliative Medicine</b> (Joint Royal Colleges of Physicians Training Board, 2014)  <b>Five Priorities for Care</b> (The Leadership Alliance for Care of Dying People 2014)	<b>Unregistered Support Worker in Health &amp; Social Care</b>	<b>Nursing Associate</b>	<b>Pre-qualifying students Under supervision</b>	<b>Registrant providing palliative care approach or general palliative care</b>	<b>Registered Practitioner – Specialist Palliative Care</b>	<b>Senior Practitioner – Specialist Palliative Care</b>	<b>Advanced Practitioner – Specialist Palliative Care</b>	
<b>1 Clinical Practice/Direct Patient Care</b>	<b>1.3 Symptom management, maintaining comfort and well being: The Practitioner will be able to:</b>  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).								

<b>Theme of Practice</b> (HEE, 2017; DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2012)	<b>Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life</b> (Skills for Health and Skills for Care, 2014)  <b>Outcomes informed by Speciality Training Curriculum for Palliative Medicine</b> (Joint Royal Colleges of Physicians Training Board, 2014)  <b>Five Priorities for Care</b> (The Leadership Alliance for Care of Dying People 2014)	<b>Unregistered Support Worker in Health &amp; Social Care</b>	<b>Nursing Associate</b>	<b>Pre-qualifying students Under supervision</b>	<b>Registrant providing palliative care approach or general palliative care</b>	<b>Registered Practitioner – Specialist Palliative Care</b>	<b>Senior Practitioner – Specialist Palliative Care</b>	<b>Advanced Practitioner – Specialist Palliative Care</b>
<b>1 Clinical Practice/Direct Patient Care</b>	<b>1.4 Advance Care Planning: The Practitioner will be able to:</b>  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.							

<b>Theme of Practice</b> (HEE; 2017; DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2012)	<b>Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life</b> (Skills for Health and Skills for Care, 2014)  <b>Outcomes informed by Speciality Training Curriculum for Palliative Medicine</b> (Joint Royal Colleges of Physicians Training Board, 2014)  <b>Five Priorities for Care</b> (The Leadership Alliance for Care of Dying People 2014)	<b>Unregistered Support Worker in Health &amp; Social Care</b>	<b>Nursing Associate</b>	<b>Pre-qualifying students Under supervision</b>	<b>Registrant providing palliative care approach or general palliative care</b>	<b>Registered Practitioner – Specialist Palliative Care</b>	<b>Senior Practitioner – Specialist Palliative Care</b>	<b>Advanced Practitioner – Specialist Palliative Care</b>
<b>1 Clinical Practice/Direct Patient Care</b>	<b>1.5 Underpinning Values: The Practitioner will be able to:</b>  1.5a Provide person-centred practice that recognises the circumstances, 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 following bereavement.							

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<b>1 Clinical Practice/Direct Patient Care</b>	<b>1.6 Knowledge: The Practitioner will be able to:</b> 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.							

<p><b>Theme of Practice</b> (HEE; 2017; DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2012)</p>	<p><b>Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life</b> (Skills for Health and Skills for Care, 2014)</p> <p><b>Outcomes informed by Speciality Training Curriculum for Palliative Medicine</b> (Joint Royal Colleges of Physicians Training Board, 2014)</p> <p><b>Five Priorities for Care</b> (The Leadership Alliance for Care of Dying People 2014)</p>	<p>Unregistered Support Worker in Health &amp; Social Care</p>	<p>Nursing Associate</p>	<p>Pre-qualifying students Under supervision</p>	<p>Registrant providing palliative care approach or general palliative care</p>	<p>Registered Practitioner – Specialist Palliative Care</p>	<p>Senior Practitioner – Specialist Palliative Care</p>	<p>Advanced Practitioner – Specialist Palliative Care</p>
<p><b>3 Improving Quality &amp; Developing Practice</b></p>	<p><b>The Practitioner will be able to:</b></p> <p>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.</p>							

<b>Theme of Practice</b> (HEE; 2017; DH, 2010; NHS Wales, 2010; NHS Scotland, 2008; GMC, 2009; NMC, 2010; HCPC, 2013a,b,c; HCPC, 2012)	<b>Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life</b> (Skills for Health and Skills for Care, 2014)  <b>Outcomes informed by Speciality Training Curriculum for Palliative Medicine</b> (Joint Royal Colleges of Physicians Training Board, 2014)  <b>Five Priorities for Care</b> (The Leadership Alliance for Care of Dying People 2014)	<b>Unregistered Support Worker in Health &amp; Social Care</b>	<b>Nursing Associate</b>	<b>Pre-qualifying students Under supervision</b>	<b>Registrant providing palliative care approach or general palliative care</b>	<b>Registered Practitioner – Specialist Palliative Care</b>	<b>Senior Practitioner – Specialist Palliative Care</b>	<b>Advanced Practitioner – Specialist Palliative Care</b>
<b>4 Developing Self &amp; Others</b>	<b>The Practitioner will be able to:</b>  4.4 Recognise own knowledge and skills and their limitations, effect of personal loss or difficulties being able to ask for help or hand over to others where necessary.  4.5 Demonstrate support of professional colleagues, recognize the manifestations of stress on self and others and being aware of where and when to look for support.							

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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