A Review of Palliative Care Competence Frameworks

Prepared for

The Palliative Care Competency Framework
Development Project Steering Group
Summary

The Health Service Executive (HSE) Palliative Care Programme Briefing Document (2012) identified the development of a Palliative Care Competence Framework as a key objective for the coming year. The framework will support managers, teams and individuals in identifying appropriate palliative care competences for use within their organisation or workplace.

The Health Service Executive’s Palliative Care Programme convened a Project Steering Group to support, guide and oversee the development of the palliative care competency framework. The steering group comprises members from the Health Service Executive (HSE), All Ireland Institute of Hospice and Palliative Care (AIIHPC), the Irish Association for Palliative Care (IAPC) and the Irish Hospice Foundation (IHF).

The purpose of this project is to develop a Palliative Care Competency Framework for healthcare professionals working in various healthcare settings. The framework will provide for core competences in palliative care whilst also detailing individual competences for each health and social care discipline. This framework will inform academic curricula and professional development programs, and so will enhance the care of people with life limiting illness, fostering greater inter-professional and inter-organizational collaboration in palliative care provision.

At the first meeting of the Project Steering Group (April 25th 2012), AIIHPC agreed to undertake a review of available international palliative care competence frameworks. The purpose of the review was to consider frameworks already in use in other jurisdictions in order to make an appropriate and informed recommendation to the Project Steering Group.

A number of palliative care competence frameworks from the UK, US, Canada, Australia and Northern Ireland were reviewed and summarised. All frameworks reviewed identified domains of competence with specific indicators for each. Many of the frameworks reviewed failed to indicate how the framework could inform curriculum development or support continued professional development and life-long learning in the clinical environment. There was a lack of any reference to Tuning Competences in frameworks reviewed from other European states.

The Palliative Care Competency Framework should reflect a move to standardisation of undergraduate and postgraduate education in Europe and how this relates to the development of competence through Tuning Competences. Tuning Competences provide a guide for attainment of knowledge, skills and attributes for practice in the health and social care professions.

Tuning competences would be used in the context of developing a clear framework for evidence-based, safe and effective palliative care for generalist and specialist practitioners irrespective of place of practice.

In conclusion we recommend that the Palliative Care Competence Framework should be developed in line with Tuning Competences, which provide flexibility and autonomy to develop both core and discipline specific competences for generalist and special palliative.
Background

In 1999 the Bologna Declaration was signed and became the primary document used by signatory countries to establish a general framework for modernisation and reform of European higher education.

A number of objectives were identified as key to establish the European area of higher education in order to:

- Adopt a system of easily readable and comparable degrees to increase employability of European citizens
- Adopt a system based on two cycles – undergraduate and postgraduate
- Establish a system of credits – European Credit Transfer System (ECTS) – where credits would not only be accrued through academic awards but also through experiential learning
- Promote mobility for students, teachers, researchers
- Promote European co-operation in quality assurance
- Promote European dimensions in higher education, with particular regard to curricular development, inter-institutional co-operation and the integration of study, training and research.

In order to provide a concrete approach to implement the Bologna Process, a university driven project entitled Tuning Educational Structures was developed. The Tuning approach consists of a methodology to design or redesign, develop, implement and evaluate programmes of study for both undergraduate and postgraduate education cycles. The Tuning process has been validated through testing across several continents (Gonzalez & Wagenaar 2007).

Tuning can also serve as a platform to develop reference points at subject level in order to make programmes of studies comparable, compatible and transparent (Gonzalez & Wagenaar 2007). The reference points are expressed as learning outcomes and competences. Learning outcomes are statements of what it is a learner is expected to know and understand and be able to demonstrate once a learning event has taken place. Learning outcomes tend to specify the requirements needed to obtain an award. Tuning advises that learning outcomes be expressed in terms of level of competence that is to be obtained by the learner. Competences represent a dynamic combination of knowledge, skills abilities and ethical values. All educational programmes should foster the development of competences recognising that some competences are generic while others may be subject-area related (specific to a field of study) or indeed discipline specific.

Tuning distinguishes three types of generic competences:

- Instrumental competences – demonstrated by cognitive, methodological, technological and linguistic abilities
- Interpersonal competences – demonstrated social skills and abilities to interact and cooperate
- Systematic competences – demonstrated abilities and skills to show understanding, sensibility and knowledge; and to demonstrate the use of acquired instrumental and interpersonal competences

Tuning Competences allow flexibility and autonomy in the construction of curricula, underpinned by a common language used to describe what curricula are trying to achieve. So too Tuning Competences are useful in the context of developing a clear framework for evidence-based, safe and effective palliative care for generalist and specialist practitioners irrespective of place of practice.

**Competence Framework Development**

Competence assessment has evolved and been influenced by the learning taxonomy devised by Bloom (1984). Competence development takes into account the incremental nature of knowledge attainment for skills based on experience and education. It also provides a basis for the development of clinical knowledge and career progression in health and social care.

In a number of jurisdictions the development of competence frameworks has been influenced by the publication of a number of key documents:

The *NHS Cancer Plan (2000)* – determined a ‘strategic direction development of a national, high quality, uniform and equitable cancer service’ (Becker, 2007:14)

The *RCN Core Competency Framework (2003)* – attempted to bring together a uniform framework for cancer nursing across four levels of practitioner and a wide variety of skills

The *Canadian Hospice Palliative Care Nursing Standards of Practice (2009)* – defined the standard of care that can be expected by all persons receiving HPC nursing and looked to guide, support and promote the provision of further education and training

The *National Association for Social Workers Standards for Palliative & End of Life Care (2004) (US)* - standards were designed to enhance social workers’ awareness of the skills, knowledge, values, methods and sensitivities needed to work effectively with clients, families, health care providers, and the community when working in end of life situations

The *Royal Australian College of General Practitioners Curriculum for Australian General Practice (2011) (Australia) Palliative Care* – Sets out the training outcome of
the five domains of general practice including details of learning outcomes across the GP professional life

The Education Future Physicians in Palliative and End of Life Care (EFPPEC) Canada (2006) – details palliative and end of life care undergraduate curriculum which was developed to integrate end of life competencies into existing curriculum. The curriculum was approved on a Pan-Canadian basis by the 17 faculties of medicine.

Educators have attempted to define the notion of competence for many years, but there is still a lack of consensus about a standard definition for competence (Becker, 2007). Competence standards do exist for pre-registration education and the proposed Palliative Care Competence Framework can assist health and social care programme co-ordinators in the updating and further development of curricula. In the context of continuing professional development legislation now exists to ensure the maintenance of professional competence for health and social care professionals. However in some instances the legislation has specified a lead in period, so that statutory bodies have time to develop systems to support the maintenance of professional competence. Post-graduate education in Palliative Care can also be informed by the proposed Palliative Care Framework, which can provide guidance on the knowledge, attitudes and skills needed to provide palliative care in particular contexts and settings and at specialist level.

A number of Palliative Care Competence Frameworks and tools have been developed in different jurisdictions. These are presented below (Table 1). Summaries of frameworks that are deemed to be the most useful in the context of developing a framework for Ireland are provided (shaded in Table 1).
## COMPETENCE FRAMEWORKS FROM VARIOUS JURISDICTIONS
(Those shaded are summarised in greater detail below)

<table>
<thead>
<tr>
<th>Name of Framework</th>
<th>Country of Origin</th>
<th>Does the Framework have an Interdisciplinary focus?</th>
<th>Is competency clearly defined?</th>
<th>Is the scope of the competency framework clear?</th>
<th>How is the competency framework used?</th>
<th>Are domains and indicators used?</th>
<th>Is the framework linked to curriculum?</th>
<th>Is the framework linked to CPD?</th>
<th>Has the framework been validated?</th>
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<tbody>
<tr>
<td>1 Interdisciplinary</td>
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<tr>
<td>1.1 Supportive &amp; Palliative care network Multi-Disciplinary Education Work Strand - A Framework for Generalist and Specialist Palliative and End of Life Care Competency (NiCan 2008)</td>
<td>Northern Ireland</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>Details competences for general &amp; specialist practitioners and includes 360° pro-forma &amp; competence statements to be used by individual and within teams etc.</td>
<td>✅</td>
<td>✅</td>
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<tr>
<td>1.2 Palliative &amp; End of Life Care Competency Assessment Tool (NiCan 2011)</td>
<td>Northern Ireland</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>Includes competency assessment tool to be used by self and within teams for 3 tiers of practitioners (infrequently provide PC through to specialist PC)</td>
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<tr>
<td>1.3 A Guide to using palliative care competence frameworks – Scottish Partnership for Palliative Care March (2007)</td>
<td>Scotland</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>Provides guidance on using a number of competence frameworks but does not contain a list competences</td>
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<td>1.4 Fulfilling Lives, Rehabilitation In Palliative Care. The National Council for</td>
<td>UK</td>
<td>✅</td>
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<td>Details the competences a specialist rehabilitation professionals requires in</td>
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<td>Palliative Care (2000)</td>
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<tr>
<td>1.5 The Commission on End of Life Care, Final Report (2002) (Minnesota)</td>
<td>US</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Provides Framework which details five guiding principles including guidance on role of providers (no assessment tools)</td>
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<td>1.6 Education Competency Framework – Specialist Palliative Care Teams (Sunderland NHS)</td>
<td>UK</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Details 4 levels of PC professionals + includes 11 competences with knowledge / skills indicators listed below each level</td>
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<td>2 Medicine</td>
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<tr>
<td>2.1 Hospice &amp; Palliative Medicine Competencies Project – Toolkit of Assessment Methods (AAHPM 2010)</td>
<td>US</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Include competence statements, toolkit of assessment methods (i.e. chart review, self / peer / team / attending review, multi choice exam etc.) &amp; master assessment table.</td>
<td>✓</td>
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<td>2.2 The Royal Australian College of General Practitioners Curriculum for Australian General Practice (2011) – Palliative Care</td>
<td>Australia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Details the training outcomes in the five domains of general practice and includes learning outcomes</td>
<td>✓</td>
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<td>2.3 Educating Future Physicians in Palliative and End of Life Care (EFPPPEC) (2006) Canada</td>
<td>Canada</td>
<td>√ Medicine</td>
<td>√</td>
<td>√</td>
<td>Details palliative and end of life care undergraduate curriculum including six overarching competences with related enabling competencies. Also includes teaching and evaluating competences</td>
<td>√</td>
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<tr>
<td>3 Nursing &amp; Health Care Assistants</td>
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<td>A) Nurses</td>
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<tr>
<td>3.1 A framework for nurses working in specialist palliative care – Competencies Project (Royal College of Nursing, 2002)</td>
<td>UK</td>
<td>√ Nursing</td>
<td></td>
<td></td>
<td>Details competence for four separate levels of practice (Support worker / HC Assistant, Qualified Nurse, Senior Qualified Nurse &amp; Specialist Nurses) including required knowledge, skill and behaviours to be demonstrated. Also details range of evidence which could be used to</td>
<td>√</td>
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<tr>
<td>3.2 A National Professional Development Framework for Palliative Care Nursing in Aotearoa New Zealand (2008)</td>
<td>New Zealand</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Includes definition of four tiers of nurses (all, many, some and few), lists core competences for all nurses linked to Nursing Council competency and Speciality PC competences for Registered Nurses along with practice indicators to enable assessment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>3.3 National Education Framework Cancer Nursing - National Professional Development Framework for Cancer Nursing (2008)</td>
<td>Australia</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Includes definition of four tiers of nurses (all, many, some and few), lists core capabilities linked to Australian Nursing and Midwifery Council’s entrance standards and lists competency standards for specialist cancer nurses linked to performance criteria</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>3.4 Competency Standards for Specialist Palliative Care Nursing Practice</td>
<td>Australia</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Details five domains with 12 competency standards. Also lists 'cues' which detail how assess</td>
<td>Yes</td>
<td>Yes</td>
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<td>3.5 Palliative Care Nurse Practitioner Candidacy Overview - Northern Health (2009)</td>
<td>Australia</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Details project to develop Palliative Care Nurse Practitioner Candidate, includes competences, links to education programme (MA Nursing), development of learning plan and supervision methods</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>3.6 Peaceful Death: Recommended Competencies and Curricular Guidelines for End-of-Life Nursing Care (American Association of Colleges of Nursing)</td>
<td>US</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Developed for end of life and lists competences and methods in which nursing schools can teach content (i.e. courses on health assessment / pharmacology etc.) but no assessment tools</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>3.7 The Principles and Practice of Palliative Care Nursing and Palliative Care Competencies for Canadian Nurses (2009)</td>
<td>Canada</td>
<td>Yes</td>
<td>Yes</td>
<td>?</td>
<td>Details general &amp; specialist competences, but no assessment tools etc.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>3.8 Hospice Palliative Care Nursing Certification Examination – List of assumption and competencies (2008)</td>
<td>Canada</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Suite of documents providing detailed guidance on assumptions and values, standards and competences required to achieve Hospice Palliative Care Nursing Standard. Also details competence to be assessed via Hospice Palliative Care Nursing Certification. Includes case studies demonstrating specific competences</td>
<td>✓</td>
<td>✓</td>
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<td>Canadian Hospice Palliative Care Nursing Standards of Practice (2009)</td>
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<td>Exam Blueprint and Speciality Competencies (2009)</td>
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<td>Canadian Hospice Palliative Care Nursing Competencies Case Examples (2010)</td>
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<td>3.9 End of Life Care Competency Framework for health and social support workers and nursing staff in hospitals and the community and palliative care clinical nurse specialists – St Christopher’s (2012)</td>
<td>UK</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Details three domains with separate competence for the different levels of professionals. Also includes self / manager assessment tool</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>3.10 Education Competency Framework – Nurses working in Specialist Palliative Care</td>
<td>UK</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Details 4 levels of PC nurses and includes 7 overarching</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>(Sunderland NHS)</td>
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<td>competences with associated knowledge, skills and behaviour broken down for different levels. Includes guidance on assessment and methods for gathering evidence</td>
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<tr>
<td>3.11 A Strategy and Education Framework for Nurses Caring for People with Cancer in Ireland (2012)</td>
<td>Ireland</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Contains domains of competence for generalist nurses, clinical nurse specialist and advanced nurse practitioners, along with related behavioural indicators</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>B) Health Care Assistants including Health &amp; Social Care Workers (see also 3.9)</td>
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<td>3.12 Hospice and Palliative Nursing Assistant Competencies (Hospice and Palliative Nurses Association 2002 &amp; 2009)</td>
<td>US</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Lists core competences but includes no further detail re assessment tools etc.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>3.13 Common core competences and principles for health and social care workers working with adults at the end of life – To support</td>
<td>UK</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Details five competences with related knowledge, skills and understanding. Also lists principles which underpin</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>the National End of Life Strategy (2009)</td>
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<td></td>
<td>competence. No assessment tools</td>
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<tr>
<td>3.14 Social Care (Adults, England) Knowledge set for end of life care (revised edition, 2010)</td>
<td>UK</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Read in conjunction with above document, details common core competencies and related learning outcomes, also details linkages to national qualification</td>
<td></td>
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</tr>
<tr>
<td>3.15 Developing end of life care practice: a guide to workforce development to support social care and health workers to apply to common core principles and competences for end of life care (2012)</td>
<td>UK</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Update from above 2009 publication and details competence, values and knowledge. Also signposts to relevant assessments / qualifications (health and social care (HSC) QCF units.</td>
<td></td>
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<td>3.16 Palliative care Competencies for Personal Support Workers in Long Term Care</td>
<td>Canada</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>One page document including headline information on Competences, no assessment tool</td>
<td></td>
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<td>4 Social Work</td>
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<tr>
<td>4.1 National Association for Social Workers Standards for</td>
<td>US</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Details 11 standards and includes related</td>
<td></td>
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<tr>
<td>Name of Framework</td>
<td>Country of Origin</td>
<td>Does the Framework have an Interdisciplinary focus?</td>
<td>Is competency clearly defined?</td>
<td>Is the scope of the competency framework clear?</td>
<td>How is the competency framework used?</td>
<td>Are domains and indicators used?</td>
<td>Is the framework linked to curriculum?</td>
<td>Is the framework linked to CPD?</td>
<td>Has the framework been validated?</td>
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<td>Palliative &amp; End of Life Care (2004)</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>knowledge base, skills, understanding and interventions</td>
<td></td>
<td></td>
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<td>4.2 Palliative Care Social Work Competency Pathway - Californian Hospice and Palliative Care Association</td>
<td>US</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>One page document which details the competences required to receive a low, medium and high score via a Palliative Assessment Tool (tool not included). Competences are based around four theses (i.e. pain management &amp; symptom relief)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4.3 Canadian Social Work Competencies for Hospice Palliative Care: A Framework to Guide Education and Practice at the Generalist and Specialist Levels (2008)</td>
<td>Canada</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Details 11 competencies with related attitudes / values, knowledge and skills detailed. No assessment tool</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>4.4 Social Work Competencies – Centre to Advance Palliative Care</td>
<td>US</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>One page document detailing overview of competencies including assessment and interventions, no assessment</td>
<td>Yes</td>
<td>Yes</td>
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</table>
Summary of Key Competence Frameworks (shaded sections in Table)

1. Interdisciplinary Palliative Care Competence Frameworks
1.1 Supportive & Palliative care network Multi-Disciplinary Education Work Strand - A Framework for Generalist and Specialist Palliative and End of Life Care Competency (NICan, 2008)

The framework was developed by the NICaN Education Work Strand, a multidisciplinary group representative of Generalist and Specialist Palliative Care education and service provision across sectors and settings. The framework is aimed at all members of the multidisciplinary team involved in the provision of generalist, specialist palliative and end of life care across all settings and sectors. The document contains statements of competence for Generalist and Specialist Palliative Care professionals, linked to knowledge and skills required:

Generalist Palliative Care Competency Statements:
1. Undertake a Holistic Assessment of the patient with palliative or end of life care needs, and those who matter to them, in collaboration with the interdisciplinary team
2. Interpret clinical data to inform diagnosis and decision making in palliative or end of life care
3. Develop, implement and evaluate a management plan to meet identified needs in palliative or end of life care
4. Apply appropriate judgement to inform pharmacological and non-pharmacological management, in meeting the Palliative and End of life care needs of the patient
5. Recognise the limitations of one’s own expertise in Palliative and end of life care and indications for onward referral to Specialist Palliative Care or other appropriate disciplines and agencies
6.1 Use open and sensitive Communication with patients and those who matter to them, to facilitate expression of needs including those of diverse cultural groups and those with special needs in palliative and end of life care
6.2 Use effective Communication in interdisciplinary teamwork
7. Be able to identify spiritual and religious needs of patients and those who matter to them, receiving palliative and end of life care and how they may be addressed
8. Identify the range of Grief responses to appropriately assess and support those dealing with loss and bereavement in palliative and end of life care
9. Collaborate with others in the use of an ethical framework which guides decision making in the context of palliative and end of life care
10. Participate in education and learning to improve outcomes for patients with generalist palliative and end of life care needs
11. Contribute to audit, evaluation and research in order to improve practice in palliative and end of life care
12. Recognise the need for support for self and others in palliative and end of life care and utilise appropriate support systems

13. Be able to care for the patient’s body after death, respecting any wishes expressed by the family, taking into account any legal, cultural/religious or health and safety requirements in palliative and end of life care

**Specialist Palliative Care Competency Statements**

1. Undertake a Holistic Assessment of the patient with complex needs in palliative and end of life care and those who matter to them, in collaboration with the interdisciplinary team

2. Critically analyse complex clinical data and information to inform diagnosis and decision making in specialist palliative and end of life care

3. Develop, implement and evaluate a management plan using evidence based practice to meet complex needs in specialist palliative and end of life care

4. Apply appropriate clinical judgement to direct pharmacological and non-pharmacological management, in meeting the complexity of the patient’s symptoms in specialist palliative and end of life care

5. Recognise the limitations of one’s own expertise in specialist palliative and end of life care and indications for onward referral to more appropriate disciplines and agencies

6. Develop therapeutic relationships to enable complex discourse with patients and those who matter to them, to facilitate expression of needs including those from diverse cultural groups and those with special needs in specialist palliative and end of life care

7. Utilise a wide range of skills to discern assess and address the complex spiritual and religious needs of patients and those who matter to them in specialist palliative and end of life care

8. Identify the range of Grief responses to appropriately assess and management those dealing with Bereavement in specialist palliative and end of life care, including complicated Grief

9. Collaborate with others in the use of an Ethical Framework which guides decision making in the context of specialist palliative and end of life care

10. Deliver education and undertake study at an advanced level using various methodologies to improve outcomes in specialist palliative and end of life care

11. Actively participate in and use of audit, practice development and research to improve the evidence based for specialist palliative and end of life care

12. Contribute to local, regional and national agendas to influence practice and policy in specialist palliative and end of life care

13. Recognise the need for support for self and others in specialist palliative and end of life care and utilise appropriate support systems
14. Be able to care for the patient’s body after death in specialist palliative and end of life care, respecting any wishes expressed by the family, taking into account any legal, cultural / religious or health and safety requirements.

The framework also provides guidance on assessment methods and potential evidence which could be produced to show competence achievement.

1.2 Palliative & End of Life Care Competency Assessment Tool (NICan, 2011)

The Competency Assessment Tool was developed by a multi-disciplinary group who practice within the Health & Social Care Trusts, the independent and voluntary sector. The tool includes a list of competency domains with associated competencies related to the care and management of patients with palliative and end of life care needs:

1 Overarching values and knowledge
   1.1 Developing self and others
   1.2 Ethical understanding
   1.3 Audit, research and practice development
   1.4 Support of self and others
   1.5 Leadership

2 Communication skills
   2.1 Open and sensitive communication
   2.2 Teamwork
   2.3 Understanding grief

3 Assessment and care planning
   3.1 Holistic assessment
   3.2 Informed decision making
   3.3 Develop, implement and evaluate a management plan
   3.4 Appropriate referral

4 Symptom management, maintaining comfort and wellbeing
   4.1 Symptom management

5 Advance care planning
   5.1 Care of the patient after death

The framework includes a definition of the different tiers of practice:

Tier 1 – Infrequently provide palliative and end of life care as part of role
Tier 2 – Commonly to frequently provide palliative and end of life as part of role
Tier 3 – Specialist practitioner in palliative and end of life
The assessment tool questionnaire enables the assessment of Tier 2 and Tier 3’s competence in delivering above competencies.

1.3 A Guide to using palliative care competence frameworks – Scottish Partnership for Palliative Care March (2007)

The guide was produced to support managers, teams and individuals in identifying appropriate palliative care competences for use within their organisation or workplace. The guide summarises the following competence frameworks:

- A Guide for the development of Palliative Nurse Education in Europe European Association for Palliative Care, November 2003
- Competencies in nursing: A framework for nurses working in specialist palliative care Royal College of Nursing, December 2002
- 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, May 2006

It also provides guidance on the qualification frameworks for different levels of palliative care professionals.
2. Palliative Care Competence Frameworks for Medicine

2.1 Hospice & Palliative Medicine Competencies Project – Toolkit of Assessment Methods (AAHPM 2010) & Hospice & Palliative Medicine Core Competencies (v2.3, 2009)

The HPM core competencies report details the headline core competencies for medics:

1. Patient and family care
2. Medical knowledge
3. Practice based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. Systems based practice

The core competencies are also broken down into detailed competencies.

The HPM Toolkit of Assessment Methods document details how the above competencies can be assessed and measured. The document identifies two assessment methods per competency and includes details of attending physician assessment, fellow self-assessment, chart review, multiple choice exams etc. the document also contains links to other document including the ‘Master Assessment table’ which summarises the sub competencies, methods and tools.

2.2 The Royal Australian College of General Practitioners Curriculum for Australian General Practice (2011) – Palliative Care

The report details the training outcomes of the following five domains of general practice:

1. Communication skills and the patient-doctor relationship
2. Applied professional knowledge and skills
3. Population health and the context of general practice
4. Professional and ethical role
5. Organisational and legal dimensions

It also lists the learning objectives across the GP professional life for the same five domains for medical students, prevocational doctors, and vocational registrars and for Continuing Professional Development.

2.3 Educating Future Physicians in Palliative and end of Life Care (EFPPEC) (2006) Canada

The report details palliative and end of life care undergraduate curriculum which was developed to integrate end of life competencies into existing curriculum. The curriculum was approved on a Pan-Canadian basis by the 17 faculties of medicine. The document includes five over-arching competencies:
Medical Expert / Skilled Clinical Maker

1. When graduating from medical school, students will be able to address and manage pain and symptoms.

2. When graduating from medical school, students will be able to address psychosocial and spiritual needs.

Manager

3. When graduating from medical school, students will be able end of life decision making and planning using basic bioethical and legal framework.

4. When graduating from medical school, students will be able to communicate effectively with patients, families, and other care givers.

Collaborator

5. When graduating from medical school, students will be able to collaborate as a member of an interdisciplinary team.

Health advocate

6. When graduating from medical school, students will be able to attend to suffering.

The document details enabling competencies and they will relate to the curriculum which will assist the medical student to achieve the competency. Teaching and evaluating competencies are also included.
3. Palliative Care Competence Frameworks for Nurses and Health and Social Care Workers

A  Nurses

3.1 A framework for nurses working in specialist palliative care – Competencies Project (Royal College of Nursing, 2002)

Supported and resourced by the Royal College of Nursing (RCN), the framework was developed by an action group of hospice nurse managers and educationalists working in the practice area of specialist palliative care. The framework lists four levels of competency, which correlate with the current UK grading system:

Level 1: Support worker or health care assistant
Level 2: Qualified nurse
Level 3: Senior qualified nurse
Level 4: Specialist nurse

The report details seven competency areas:
1. Communication skills
2. Quality assurance
3. Clinical practice, job knowledge and skill
4. Education
5. Management and leadership
6. Research and development
7. Grief, loss and bereavement

The report specifies the necessary knowledge, skills and behaviour for each competency area and for each of the four levels. It also details the range of evidence which could be collected to demonstrate the competence.

3.2 A National Professional Development Framework for Palliative Care Nursing in Aotearoa New Zealand (2008)

This National Professional Development Framework was developed by the Palliative Care and Cancer Nurses Education Group (PCNEG) and it is part of a national initiative to improve the delivery of palliative care in New Zealand. The report includes a model which describes nurses’ varying contributions to palliative care:

- All nurses – demonstrate core competencies in palliative care
- Many nurses – demonstrate the ability to apply core competencies in palliative care at a more advanced level in specific practice contexts
Some nurses – demonstrate the ability to practise according to the competency standards for specialist palliative care nurses

Few nurses – Demonstrate the ability to apply the competency standards for specialist palliative care nurses at an advanced level or in extended practice roles

The report also lists four domains of nursing practice:

- **Domain 1: Professional responsibility** – competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement, and being accountable for one’s own actions and decisions, while promoting an environment that maximises clients’ safety, independence, quality of life and health.

- **Domain 2: Management of nursing care** – competencies related to client assessment and managing client care, which are responsive to clients’ needs, and which are supported by nursing knowledge and evidence-based practice.

- **Domain 3: Interpersonal relationships** – competencies related to interpersonal and therapeutic communication with clients, other nursing staff and inter-professional communication and documentation.

- **Domain 4: Inter-professional health care and quality improvement** – competencies to demonstrate that, as a member of the health care team, the nurse evaluates the effectiveness of care and promotes a nursing perspective with the inter-professional activities of the team.

The report includes tables which summarise the core palliative care competencies and the Nursing Council competency for each of the four domains. It also includes details of the speciality palliative care competencies for registered nurses for each of the four domains, along with practice indicators.

### 3.4 Competency Standards for Specialist Palliative Care Nursing Practice

This framework provides a set of competency standards for specialist palliative care nursing practice. The document provides a description of five domains with related competency standards. It also lists cues which highlight the knowledge, skills or behaviour which demonstrate competence.

**Domain 1: Therapeutic Relationship**

Competency Standard 1: Sensitively establishes, maintains and adapts effective therapeutic partnerships with individuals with life-limiting illnesses, their caregivers and family according to individual needs, circumstances and preferences.

Competency Standard 2: Demonstrates respect for uniqueness and individual autonomy, when responding to the individual’s experiences and response to dying and bereavement.
Competency Standard 3: Negotiates mutually agreed goals of care within a therapeutic environment, and facilitates person centred decision making to promote optimal outcomes for individuals with life limiting disease, their caregivers and family.

Competency Standard 4: Recognises the effects of the intimate and intense nature of caring for individuals with a life limiting disease, their caregivers and family has on the self and other members of the team, and responds effectively.

**Domain 2: Complex supportive care**

Competency Standard 5: Demonstrates advanced palliative care knowledge and skills in meeting the multiple, complex care needs of individuals with life-limiting illnesses, their caregivers and family, across the continuum of care including bereavement, and in the context of an interdisciplinary approach to care.

**Domain 3: Collaborative Practice**

Competency Standard 6: Demonstrates advanced skills in collaborating with individuals, their caregivers and family, other nurses and members of the health care team to promote optimal palliative care outcomes.

Competency Standard 7: Builds the capacity of nurses, other health team members and the wider community to understand and respond to complex palliative care health and support needs for individuals, their caregivers, and family.

**Domain 4: Leadership**

Competency Standard 8: Actively participates in professional activities that promote the continuing development of quality palliative care.

Competency Standard 9: Actively participates in policy and service development activities that contribute to the delivery of quality palliative care.

Competency Standard 10: Applies an advanced understanding of contemporary legal, ethical and professional standards relevant to the provision of quality palliative care services in the delivery and development of palliative care services.

**Domain 5: Improving Practice**

Competency Standard 11: Creates and sustains processes which support a positive culture of continuous critical inquiry in the provision of palliative care.

Competency Standard 12: Demonstrates an on-going, high level commitment to critical reflection and continuous professional development as a specialist palliative care nurse.
3.8 Hospice Palliative Care Nursing Certification Examination (List of assumption and competencies 2008); Canadian Hospice Palliative Care Nursing Standards of Practice (2009); Exam Blueprint and Speciality Competencies (2009); Canadian Hospice Palliative Care Nursing Competencies Case Examples (2010)

The Canadian suite of documents includes nine overarching competencies:

1. Care of the Person and Family
2. Pain Assessment and Management
3. Symptom Assessment and Management
4. Last Days/Hours/Imminent Death Care
5. Loss, Grief and Bereavement Support
6. Inter-professional /Collaborative Practice
7. Education
8. Ethics and Legal Issues
9. Professional Development and Advocacy
   • Professional Growth and Self-Care
   • Research and Evaluation
   • Advocacy

The reports also provide a detailed breakdown of the specific hospice palliative nurse competencies.

The suite of documents also includes an exam blueprint for the CAN Hospice Palliative Care Nursing Certification Exam and a document on nursing standards. The case studies document also provides practice case examples for each of the headline competences.

3.9 End of Life Care Competency Framework for health and social support workers and nursing staff in hospitals and the community and palliative care clinical nurse specialists – St Christopher’s (2012)

The competency framework was developed by St Christopher’s in collaboration with the Modernisation Initiative (MI). A working group was formed with representatives from Southwark and Lambeth PCTs, Guy’s and St Thomas’ and the King’s College Hospital. Southwark Adult Social Care also contributed. The aim was to create a dynamic, user friendly competency framework that accommodates the relationship between specialist and generalist practice in acute and community settings.

The framework includes an underpinning philosophy and seven key principles. The framework extends from health and social care support workers at Level 1 to specialist
nurses at Level 4 and is cross referenced to the NHS Knowledge and Skills framework (KSF) (DoH, 2004) with specific emphasis on role in end of life care.

The framework is divided into three dimensions:

- Communication skills (including Advance Care Planning)
- Assessment and Care Planning
- Symptom Management and Maintaining Comfort & Well Being

It includes tables which summarise the knowledge, attitudes, skills and competence for each level of practice. It also includes a self / manager assessment tool to guide assessment on each dimension.

3.10 Education Competency Framework – Nurses working in Specialist Palliative Care (Sunderland NHS)

The purpose of the framework is to support all nurses working in specialist palliative care in their professional development which effectively should improve the patient care experience. It indicates minimum standards that should be adopted within the palliative care team in Sunderland.

Four levels of competency have been identified that correlate with the current grading system and with proposals from the Nursing and Midwifery Council (NMC) on the development of nursing and the practitioner, specialist and consultant roles.

**Level 1:** Support worker, auxiliary or health care assistant

**Level 2:** Qualified Nurse.

**Level 3:** Experienced qualified nurse

**Level 4:** Senior Qualified Nurse.

The report includes 6 competencies:

1. Communication Skills
2. Quality Assurance
3. Clinical practice, job knowledge and skills
4. Education
5. Management & Leadership
6. Research & Development

The report then breaks down the required knowledge, competency skills and behaviour for each level of practice for each competency.
3.11 A Strategy and Education Framework for Nurses Caring for People with Cancer in Ireland (2012)

The report contains domains of competence for generalist nurses, clinical nurse specialist and advanced nurse practitioners, along with related behavioural indicators:

Generalist Nurse competencies in cancer control:
• Professional and Ethical Practice
• Holistic Approaches to Care and Integration of Knowledge
• Interpersonal Relationships
• Organisation and Management of care
• Personal & Professional Development

Clinical Nurse Specialist competencies in cancer control:
• Clinical Focus
• Patient Client Advocacy
• Education & Training
• Audit & Research
• Consultancy

Advanced nurse practitioners competencies in cancer control:
• Autonomy in Clinical Practice
• Expert Practice
• Professional and clinical leadership
• Research

B Health Care Assistants including Health & Social Care Workers

3.13 Common core competences and principles for health and social care workers working with adults at the end of life – To support the National End of Life Strategy (2009)

The document reflects the work that was undertaken up to 2009 to develop workforce competences and core principles as they relate to end of life care. The framework includes four main dimensions of competence:

1. Communication Skills
2. Assessment and Care Planning
3. Symptom management, maintaining comfort and well being
4. Advance Care Planning
5. Overarching values and knowledge
The report then goes on to list the specific competence under each main dimension. The document includes seven guiding principles and provides examples of organisations that have developed end of life training programmes etc.

3.14 Social Care (Adults, England) Knowledge set for end of life care (2010), Skills for Care (part of the sector skills council – Skills for care and Development)

The document provides guidance on knowledge sets, which are sets of key learning outcomes for specific areas of work within adult social care. They are designed to improve consistency in the underpinning knowledge learnt by the adult social care workforce in England. The document includes a number of key competence themes:

1. Overarching values, principles & knowledge
2. Communication
3. Assessment and Care Planning
4. Symptom management, maintaining comfort and wellbeing
5. Advance care planning

It also lists the common core competence and the related learning outcomes

3.15 Developing end of life care practice: a guide to workforce development to support social care and health workers to apply to common core principles and competences for end of life care (2012)

This guidance has been developed to ensure that workers involved in supporting someone who is at the end of their life are properly trained to be able to undertake their work effectively and appropriately. The document summarises the core competences for effective delivery of end of life care, which were developed as part of the Department of Health’s 2008 End of Life Care Strategy.

The document includes a framework of competences, values in:

1. Communication skills
2. Assessment and care planning
3. Advance care planning
4. Symptom management: maintaining comfort and wellbeing
5. Overarching values, principles & knowledge

The document includes tables summarising the links between end for life care core competences, values and knowledge to the social care Common Induction Standards and to health and social care (HSC) QCF units. The document also includes an end of life care practice scenario.
4. Palliative Care Competence Frameworks for Social Work

4.1 National Association for Social Workers Standards for Palliative & End of Life Care (2004)

The standards are designed to enhance social workers’ awareness of the skills, knowledge, values, methods, and sensitivities needed to work effectively with clients, families, health care providers, and the community when working in end of life situations. The document details 11 standards with related knowledge base, skills, understanding and interventions:

Standard 1  Ethics and Values
Standard 2  Knowledge
Standard 3  Assessment
Standard 4  Intervention/Treatment Planning
Standard 5  Attitude/Self-Awareness
Standard 6  Empowerment and Advocacy
Standard 7  Documentation
Standard 8  Interdisciplinary Teamwork
Standard 9  Cultural Competence
Standard 10  Continuing Education
Standard 11  Supervision, Leadership and Training

4.3 Canadian Social Work Competencies for Hospice Palliative Care: A Framework to Guide Education and Practice at the Generalist and Specialist Levels (2008)

A national task group of social work practitioners and educators came together to identify competencies that are essential to social work practice in HPC. The document is a comprehensive, descriptive document which outlines the competencies for social work practice and education in HPC. The competencies are as follows:

1. Advocacy
2. Assessment
3. Care Delivery
4. Care Planning
5. Community Capacity Building
6. Evaluation
7. Decision Making
8. Education & Research
9. Information Sharing
10. Interdisciplinary Team
11. Self Reflective Practice

Each competency is described according to the values, knowledge, and skills significant to it.
Review Group Recommendations

‘The purpose of a competence framework is to make clear and explicit the precise knowledge and skills that are needed in order to provide care’ (Becker, 2007:18). A competence framework can assist education and service providers to develop curricula for health and social care professions which provides clinically relevant and standardised content for both generalist and specialist programmes of study. At an individual level, a competence framework can assist the practitioner to assess their own knowledge of palliative care and identify their own learning and education needs.

The HSE Palliative Care Programme Briefing Document (2012) identified the development of a Palliative Care Competence Framework as a key objective for the coming year. The framework will support managers, teams and individuals in identifying appropriate palliative care competences for use within their organisation or workplace. This review considered a number of various competence frameworks and identified that each have their own particular strengths, e.g. clearly identified domains and indicators. The review also noted that there was a lack of clarity about how the frameworks could inform curriculum development and support continuing professional development and life-long learning.

The proposed framework should reflect the current move to standardisation of undergraduate and postgraduate education in Europe and its relationship to the development of competence through Tuning Competences. The Tuning Competences provide a guide for attainment of knowledge, skills and attributes for practice in the health and social care professions.

The proposed Palliative Care Competence Framework should reflect Tuning Competences and identify core competences for palliative care through the development of key domains and indicators. The framework should also identify discipline specific competences for health and social care professionals working beyond generalist palliative care up to and including specialist palliative care, taking account of existing requirements and guidance for specialist training. The development of discipline specific competences can be informed by exiting competence frameworks identified in this review.

The Palliative Care Competence Framework needs to be written in jargon-free and readable language in order to be focussed and relevant to everyday practice and level of palliative care being provided. The Palliative Care Competence Framework should distinguish between core competences (what all will need) and discipline specific competences (what many, some or few will need) (Figure 1).

The Review Group recommends that the Palliative Care Competence Framework be developed in line with Tuning Competences to guide the formulation of both core and discipline specific competences for Palliative Care, with the key Palliative Care Competence Frameworks identified in this report informing the development of specific domains of competence and indicators.
<table>
<thead>
<tr>
<th>ALL</th>
<th>Demonstrate knowledge of core competences in palliative care</th>
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</thead>
<tbody>
<tr>
<td>Many</td>
<td>Demonstrate a deeper knowledge, understanding and application of core competences in palliative care</td>
</tr>
<tr>
<td>Some</td>
<td>Demonstrate knowledge of specialist palliative care relevant to their practice setting</td>
</tr>
<tr>
<td>Few</td>
<td>Demonstrate specialist palliative care competences at an advanced level or in expanded roles</td>
</tr>
</tbody>
</table>

*Figure 1: Competence Framework Model – adapted from Australian Model for Nursing in Cancer Control*
References

http://www.radcliffe-oxford.com/books/samplechapter/0568/02_Foyle_D1-1b2ab8e0rdz.pdf


http://www.hse.ie/eng/about/Who/clinical/natclinprog/briefingdoc.pdf


References for Competence Frameworks

Interdisciplinary

Supportive & Palliative care network Multi-Disciplinary Education Work Strand - A Framework for Generalist and Specialist Palliative and End of Life Care Competency (NICan 2008)

Palliative & End of Life Care Competency Assessment Tool (NICan 2012) – Awaiting publication

http://www.palliativecarescotland.org.uk/content/publications/A_guide_to_using_palliative_care_competenceFrameworks.pdf


33
The Commission on End of Life Care, Final Report, January 2002 (Minnesota Partnership to Improve End of Life Care)

Education Competency Framework – Specialist Palliative Care Teams (Sunderland NHS)

**Medicine**

Hospice & Palliative Medicine Competencies Project – Toolkit of Assessment Methods (AAHPM 2010)

Hospice & Palliative Medicine Core competencies v2.3 2009 (Includes links to a range of assessment tools)

The Royal Australian College of General Practitioners Curriculum for Australian General Practice 2011 – Palliative Care
http://www.racgp.org.au/Content/NavigationMenu/educationandtraining/Trainingcurriculum/23Palliative
care.pdf

Education Future Physicians in Palliative and end of Life Care (EFPPEDC) 2006 Canada

**Nursing and Health and Social Care**

**Nurses**

A framework for nurses working in specialist palliative care – Competencies Project (Royal College of Nursing 2002)

A National Professional Development Framework for Palliative Care Nursing in Aotearoa New Zealand (2008)


Competency Standards for Specialist Palliative Care Nursing Practice

Palliative Care Nurse Practitioner Candidacy Overview - Northern Health 2009
Peaceful Death: Recommended Competencies and Curricular Guidelines for End-of-Life Nursing Care (American Association of Colleges of Nursing)
http://www.aacn.nche.edu/elnec/publications/peaceful-death

The Principles and Practice of Palliative Care Nursing and Palliative Care Competencies for Canadian Nurses (2009)

Hospice Palliative Care Nursing Certification Examination – List of assumption and competencies (2008)
http://www.chpca.net/media/7511/Canadian_HPC_Nursing_Assumptions_and_Competencies.pdf

Canadian Hospice Palliative Care Nursing Standards of Practice (2009)
http://www.chpca.net/media/7505/Canadian_Hospice_Palliative_Care_Nursing_Standards_2009.pdf

Exam Blueprint and Speciality Competencies 2009

Canadian Hospice Palliative Care Nursing Competencies Case Examples 2010

End of Life Care Competency Framework for health and social support workers and nursing staff in hospitals and the community and palliative care clinical nurse specialists – St Christopher’s 2012

Education Competency Framework – Nurses working in Specialist Palliative Care (Sunderland NHS)

A Strategy and Education Framework for Nurses Caring for People with Cancer in Ireland (2012)

Health Care Assistants and Health and Social Care Workers
Hospice and Palliative Nursing Assistant Competencies (Hospice and Palliative Nurses Association 2002 & 2009)
http://www.hpna.org/default.aspx

Common core competences and principles for health and social care workers working with
adults at the end of life – To support the National End of Life Strategy 2009
http://www.endoflifecareforadults.nhs.uk/publications/corecompetencesguide

Social Care (Adults, England) Knowledge set for end of life care (revised edition, 2010), Skills for Care (part of the sector skills council – Skills for care and Development
http://www.endoflifecareforadults.nhs.uk/publications/knowledge-set-for-eolc

Developing end of life care practice: a guide to workforce development to support social care and health workers to apply to common core principles and competences for end of life care 2012

Palliative care Competencies for Personal Support Workers in Long Term Care

Social Work
National Association for Social Workers Standards for Palliative & End of Life Care – 2004

Palliative Care Social Work Competency Pathway - California Hospice and Palliative Care Association
http://www.calhospice.org/included/docs/education/9B_NFQSCompetencies_%20Social%20Work.pdf

Canadian Social Work Competencies for Hospice Palliative Care: A Framework to Guide Education and Practice at the Generalist and Specialist Levels 2008
http://www.chpca.net/media/7889/SW_Competencies_CHPCA.pdf

Social Work Competencies – Centre to Advance Palliative Care
http://www.capc.org/
APPENDIX 1

GENERIC TUNING COMPETENCES

TUNING distinguishes generic and subject specific competences. The generic competences are transferable and prepare all students for their future role in society in terms of employability and citizenship (Gonzalez & Wagenaar 2007).

The TUNING competences are described as reference points for the development of curricula. They allow flexibility and autonomy in curriculum design. They are also relevant to on-going professional development, as they are overarching statements and competence will continue to be developed throughout one’s career.

The generic competences developed in the TUNING project are:
1. Ability for abstract thinking, analysis and synthesis
2. Ability to apply knowledge in practical situations
3. Ability to plan and manage time
4. Knowledge and understanding of the subject area and understanding of the profession
5. Ability to communicate both orally and through the written word in native language
6. Ability to communicate in a second language
7. Skills in the use of information and communications technologies
8. Ability to undertake research at an appropriate level
9. Capacity to learn and stay up-to-date with learning
10. Ability to search for, process and analyse information from a variety of sources
11. Ability to be critical and self-critical
12. Ability to adapt to and act in new situations
13. Capacity to generate new ideas (creativity)
14. Ability to identify, pose and resolve problems
15. Ability to make reasoned decisions
16. Ability to work in a team
17. Interpersonal and interaction skills
18. Ability to motivate people and move toward common goals
19. Ability to communicate with non-experts of one’s field
20. Appreciation of and respect for diversity and multiculturality
21. Ability to work in an international context
22. Ability to work autonomously
23. Ability to design and manage projects
24. Commitment to safety
25. Spirit of enterprise, ability to take initiative
26. Ability to act on the basis of ethical reasoning
27. Ability to evaluate and maintain the quality of work produced
28. Determination and perseverance in the tasks given and responsibilities taken
29. Commitment to the conservation of the environment
30. Ability to act with social responsibility and civic awareness
31. Ability to show awareness of equal opportunities and gender issues
APPENDIX 2

MEDICINE SPECIFIC TUNING COMPETENCES

The Tuning Project (Medicine) - Learning Outcomes/Competences for Undergraduate Medical Education in Europe (2008). Cumming & Ross (Edinburgh, The University of Edinburgh)
http://www.tuning-medicine.com

LEVEL 1
Graduates in medicine will have the ability to:
• carry out a consultation with a patient
• assess clinical presentations, order investigations, make differential diagnoses, and negotiate a management plan
• provide immediate care of medical emergencies, including First Aid and resuscitation
• prescribe drugs
• carry out practical procedures
• communicate effectively in a medical context
• apply ethical and legal principles in medical practice
• assess psychological and social aspects of a patient's illness
• apply the principles, skills and knowledge of evidence-based medicine
• use information and information technology effectively in a medical context
• apply scientific principles, method and knowledge to medical practice and research
• promote health, engage with population health issues and work effectively in a health care system

LEVEL 2 (the relevant Level 1 outcomes are shown in bold parenthesis)
Graduates in medicine will have the ability to:
‘Carry out a consultation with a patient’
• take a history
• carry out physical examination
• make clinical judgements and decisions
• provide explanation and advice
• provide reassurance and support
• assess the patient's mental state

‘Assess clinical presentations, order investigations, make differential diagnoses, and negotiate a management plan’
• recognise and assess the severity of clinical presentations
• order appropriate investigations and interpret the results
• make differential diagnoses
• negotiate an appropriate management plan with patients and carers
• provide care of the dying and their families
• manage chronic illness

‘Provide immediate care of medical emergencies, including First Aid and resuscitation’
• recognise and assess acute medical emergencies
• treat acute medical emergencies
• provide basic First Aid
• provide basic life support and cardio-pulmonary resuscitation according to current European guidelines
• provide advanced life support according to current European guidelines
• provide trauma care according to current European guidelines

‘Prescribe drugs’
• prescribe clearly and accurately
• match appropriate drugs and other therapies to the clinical context
• review the appropriateness of drug and other therapies and evaluate potential benefits and risks
• treat pain and distress

‘Carry out practical procedures’
• measure blood pressure
• venepuncture
• cannulation of veins
• administer IV therapy and use infusion devices
• subcutaneous and intramuscular injection
• administer oxygen
• move and handle patients
• suturing
• blood transfusion
• bladder catheterisation
• urinalysis
• electrocardiography
• basic respiratory function tests

‘Communicate effectively in a medical context’
• communicate with patients
• communicate with colleagues
• communicate in breaking bad news
• communicate with relatives
• communicate with disabled people
• communicate in seeking informed consent
• communicate in writing (including medical records)
• communicate in dealing with aggression
• communicate by telephone
• communicate with those who require an interpreter

‘Apply ethical and legal principles in medical practice’
• maintain confidentiality
• apply ethical principles and analysis to clinical care
• obtain and record informed consent
• certify death
• request autopsy
• apply national and European law to clinical care

‘Assess psychological and social aspects of a patient’s illness’
• assess psychological factors in presentations and impact of illness
• assess social factors in presentations and impact of illness
• detect stress in relation to illness
• detect alcohol and substance abuse, dependency
• ‘Apply the principles, skills and knowledge of evidence-based medicine’
• apply evidence to practice
• define and carry out an appropriate literature search
• critically appraise published medical literature

‘Use information and information technology effectively in a medical context’
• keep accurate and complete clinical records
• use computers
• access information sources
• store and retrieve information

‘Ability to apply scientific principles, method and knowledge to medical practice and research’
• no specified level 2 outcomes

‘Promote health, engage with population health issues and work effectively in a health care system’
• provide patient care which minimises the risk of harm to patients
• apply measures to prevent the spread of infection
• recognise own health needs and ensure own health does not interfere with professional responsibilities
• conform with professional regulation and certification to practise
• receive and provide professional appraisal
• make informed career choices
• engage in health promotion at individual and population levels

Professional Attributes
• probity, honesty, ethical commitment
• commitment to maintaining good practice, concern for quality
• critical and self-critical abilities, reflective practice
• empathy
• creativity
• initiative, will to succeed
• interpersonal skills

Professional Working
• ability to recognise limits and ask for help
• capacity to deal with uncertainty and adapt to new situations
• ability to lead others
• ability to work autonomously when necessary
• ability to solve problems
• ability to make decisions
• ability to work in a multidisciplinary team
• ability to communicate with experts in other disciplines
• capacity for organisation and planning (including time management)

The Doctor as Expert
• capacity for analysis and synthesis
• capacity to learn (including lifelong self-directed learning)
• capacity for applying knowledge in practice
• ability to teach others
• research skills

THE Global Doctor
• appreciation of diversity and multiculturality
• understanding of cultures and customs of other countries
• ability to work in an international context
• knowledge of a second language
• general knowledge outside medicine
Competences associated with professional values and the role of the nurse
1. Ability to practise within the context of professional, ethical, regulatory and legal codes, recognising and responding to moral/ethical dilemmas and issues in day to day practice.
2. Ability to practise in a holistic, tolerant, non-judgmental, caring and sensitive manner, ensuring that the rights, beliefs and wishes of different individuals and groups are not compromised.
3. Ability to educate, facilitate, support and encourage the health, wellbeing and comfort of populations, communities, groups and individuals whose lives are affected by, ill death, distress, disease, disability or death.
4. Awareness of the different roles, responsibilities and functions of a nurse.
5. Ability to adjust their role to respond effectively to population/patient needs. Where necessary and appropriate is able to challenge current systems to meet population/patient needs.
6. Ability to accept responsibility for his/her own professional development and learning, using evaluation as a way to reflect and improve upon on his/her performance and to enhance the quality of service delivery.

Competences associated with nursing practice and clinical decision making
7. Ability to undertake comprehensive and systematic assessments using the tools/frameworks appropriate to the patient/client taking into account relevant physical, social, cultural, psychological, spiritual and environment factors.
8. Ability to recognise and interpret signs of normal and changing health/ill health, distress, or disability in the person (assessment/diagnosis).
9. Ability to respond to patient/client needs by planning, delivering and evaluating appropriate and individualised programmes of care working in partnership with the patient/client, their carers, families and other health/social workers.
10. Ability to critically question, evaluate, interpret and synthesis a range of information and data sources to facilitate patient choice.
11. Ability to make sound clinical judgments to ensure quality standards are met and practice is evidence based.

Ability to appropriately use a range of nurse skills, interventions/activities to provide optimum care.
12. Ability to maintain patient/client dignity, advocacy and confidentiality (using nursing skills, interventions/activities to provide optimum care).

13. Ability to practice principles of health and safety, including moving and handling, infection control; essential first aid and emergency procedures; (using nursing skills, interventions/activities to provide optimum care).

14. Ability to safely administer medicines and other therapies; (using nursing skills, interventions/activities to provide optimum care).

15. Ability to consider emotional, physical and personal care, including meeting the need for comfort, nutrition, personal hygiene and enabling the person to maintain the activities necessary for daily life; (using nursing skills...).

16. Ability to respond personals' needs through the life span and health/illness experience e.g. pain, life choices, revalidation, invalidity or when dying; (using nursing skills, interventions/activities to provide optimum care).

17. Ability to inform, educate and supervise patient/carers and their families. (using nursing skills, interventions/activities to provide optimum care).

Knowledge and cognitive competences
18. Knowledge of and ability to apply theories of nursing and nursing practice.
19. Knowledge of and ability to apply natural and life sciences.
20. Knowledge of and ability to apply social, health and behavioural science.
21. Knowledge of and ability to apply ethics, law and humanities.
22. Knowledge of and ability to apply technology and health care informatics.
23. Knowledge of and ability to apply international and national policies.
24. Knowledge of and ability to apply problem solving and decision making.
25. Knowledge of and ability to apply principles of research an enquiry.

Communication and interpersonal competences (including technology for communication)
26. Ability to communicate effectively (including the use of technology): with patients, families and social groups, including those with communication difficulties.
27. Enables patients and their carers to express their concerns and worries and can respond appropriately e.g. emotional, social, psychological, spiritual or physical.
28. Ability to appropriately represent the patient/client’s perspective and act to prevent abuse.
29. Ability to appropriately use counselling skills; (communication techniques to promote patient well-being).
30. Ability to identify and manage challenging behaviour (communication techniques to promote patient well-being).
31. Ability to recognise anxiety, stress and depression (communication techniques to promote patient well-being).

32. Ability to give emotional support and identify when specialist counselling or other interventions are needed (communication techniques to promote patient well-being).

33. Ability to accurately report, record, document and refer care using appropriate technologies (communication techniques to promote patient well-being).

Leadership, management and team competences

34. Ability to realise that patient/client well-being is achieved through the combined resources and actions of all members of the health/social care team.

35. Ability to lead and co-ordinate a team, delegating care appropriately.

36. Ability to work and communicate collaboratively and effectively with all support staff to prioritise and manage time effectively while quality standards are met.

37. Ability to assess risk and actively promote the well-being, security and safety of all people in the working environment (including themselves).

38. Critically uses tools to evaluate an audit care according to relevant quality standards.

39. Within the clinical context, ability to educate, facilitate, supervise and support health care students and other health/social care workers.

40. Awareness of the principles of health/social care funding and users resources effectively.
## APPENDIX 4

### TUNING SECTORAL FRAMEWORK FOR SOCIAL SCIENCES

Main competences from European Qualifications Framework (EQF) Level 3 to 8 from the perspective of Social Sciences

<table>
<thead>
<tr>
<th>Level</th>
<th>Knowledge</th>
<th>Skills</th>
<th>Competences</th>
</tr>
</thead>
</table>
| **Level 3** | - Factual knowledge of societal structures and institutions.  
- Knowledge of processes of social change.  
- Knowledge of the dynamic interrelationship between people, structures and the environment.  
- General knowledge of the professional context.  
- Knowledge of groups, their development and their interrelationships.  
- Knowledge of human development particularly in regards to self and area of professional practice.  
- Knowledge of the principles and values of citizenship.  
- Knowledge of social identities and differences. | - Communicates effectively with individuals and groups in a variety of settings.  
- Recognizes, responds and adapts to new situations.  
- Follows protocols and rules taking account of cultures and social norms.  
- Recognises values, ethics, behavioural norms and structures needed to work effectively.  
- Analyses and solves practical problems by selecting and applying basic tools, methods and information. | - Assists in shaping the learning or working environment, presents processes and results to the appropriate recipients of such information.  
- Adapts own behaviour effectively to changing demands of working relationships.  
- Works within a group and occasionally offers support.  
- Reflects on own actions and the actions of others and responds appropriately.  
- Learns or works autonomously within contexts which are familiar, taking responsibility for completed tasks.  
- Acts in an ethical way in relation to individuals and groups, and tasks.  
- Demonstrates appreciation and respect for diversity and multiculturality. |
| **Level 4** | - Factual and practical knowledge relevant to the field of study and practice.  
- Factual and practical knowledge of the function of institutions, particularly of that related to the field of study or | - Works within and establishes a range of networks.  
- Plans, organises, implements and evaluates a specific intervention in the short term.  
- Takes account of potential | - Adapts own behaviour to circumstances in solving problems.  
- Takes responsibility for the completion of tasks.  
- Acts with civic awareness and with social responsibility on the basis of |
<table>
<thead>
<tr>
<th>Level 5</th>
<th>Level 6</th>
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</thead>
</table>
| - Comprehensive, factual, theoretical and practical knowledge within a specific area of the social domain:  
  - social theories and human development;  
  - historical processes shaping society;  
  - cultural phenomena;  
  - the mechanisms of interaction and communication;  
  - social justice, human rights, power, citizenship and ethical practice;  
  - sources that may be used for further development.  
| - Broad and integrated knowledge and comprehension of the interdisciplinary background of the field of studies or practice in social sciences.  
- Advanced theoretical knowledge of the individual and society.  |
| - Establishes and extends networks and partnerships.  
- Plans, organises, implements, evaluates and intervenes in the medium term.  
- Anticipates consequences of actions and interventions taking into account ethics, values, cultures, behaviours and social norms.  
- Proactively identifies creative and transferable solutions in relation to specific interventions.  
- Learns or works in changing environments and recognises and utilises available learning opportunities and scopes in action.  |
| - Develops networks and partnerships across a range of cultures and levels.  
- Develops creative solutions to abstract problems.  
- Demonstrates skill in a wide range of interventions in complex, unpredictable environments.  |
| - Exercises management and supervision in contexts of work or study activities where there is unpredictable change.  
- Reviews and develops performance of self and others.  
- Takes responsibility in a team.  
- Leads individuals and small groups, facilitating completion of goals with successful contribution of all participants.  |
| - Ethical reasoning  
- Is responsible for motivating people to achieve common goals using established protocols.  
- Enables others to make choices and decisions based on information.  
- Contributes to effective team working.  |
| - Implements appropriate development strategies and creates continuing learning processes autonomously.  
- Acts and resolves problems with empathy, social responsibility and civic awareness.  |
<table>
<thead>
<tr>
<th>Level 7</th>
<th>Advanced theoretical and practical knowledge of processes of social changes and especially those relevant to practice.</th>
<th>Highly specialised knowledge, basis for original thinking and research in a specific field of study or practice.</th>
<th>Formulates scientifically founded judgements which consider social and ethical findings.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Advanced knowledge of group dynamics and their internal (power, influence, communication etc.) and external (environment) interrelations.</td>
<td>Interdisciplinary knowledge relevant to the specialist area of study or practice.</td>
<td>Is responsible for own ethical practice and recognises ethical practice of others</td>
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<tr>
<td></td>
<td>Advanced knowledge of self as dynamic actor within society.</td>
<td>Advanced knowledge and in depth understanding of ethical issues.</td>
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<td></td>
<td>Advanced knowledge and understanding of the processes of the development of power relationships and diversity in society.</td>
<td>Development of critical and autonomous knowledge related to the management of professional practice.</td>
<td>Takes responsibility to develop professional knowledge and practice work or study contexts that are complex/ unpredictable and require both strategy and process.</td>
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<td></td>
<td>Advanced knowledge and understanding of ethical principles.</td>
<td>Critical knowledge of a range of appropriate methodologies to the perspective of the discipline.</td>
<td>Responds and takes responsibility in challenging and unpredictable situations.</td>
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<td></td>
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<td>and international situations taking account of current evidence.</td>
<td>Takes responsibility for implementing new strategies and protocols in all situations.</td>
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<td>Contributes to the resolution of interpersonal and intercultural conflicts.</td>
<td>Takes responsibility for good quality and ethical practice at an individual and collective level.</td>
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<td></td>
<td></td>
<td>Communicates and debates professional issues and findings in research with experts and non-experts of own field, i.e.</td>
<td>Demonstrates leadership and</td>
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<td>- Formulates, justifies and argues subject specific positions and problem solutions.</td>
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<td>- Discusses information, ideas, problems and solutions with experts and laymen</td>
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<td>- Collects, evaluates and interprets relevant information.</td>
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<td>Communicates and debates professional issues and findings in own and other research with experts and non-experts of one’s field.</td>
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<td></td>
<td>Demonstrates innovation, advanced problem solving and mastery of methods and approaches in complex and specialized fields.</td>
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<td>Designs and manages networks strategies and structures for the long term.</td>
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<td>Designs and conducts research to add breadth and depth to knowledge and to inform and innovate practice.</td>
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<td>Influences policy in the field.</td>
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<tr>
<td>Level 8</td>
<td>Innovative, research based, advanced knowledge of the specific field of social study or practice.</td>
<td>Designs, implements and evaluates a range of research strategies in order to develop new knowledge in the field.</td>
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<td></td>
<td>Expert knowledge of research methodology relevant to the specific field of study or practice.</td>
<td>Demonstrates independence, originality, creativity and ability in advanced analysis and synthesis of complex ideas with a variety of epistemological approaches.</td>
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<tr>
<td></td>
<td>Critical awareness of ontological, epistemological and complex ethical issues related to the specific field of study and practice.</td>
<td>Effectively communicates new knowledge and innovation in practice using a variety of media to expert and non-expert audiences.</td>
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<tr>
<td></td>
<td>Critical awareness of own theoretical development in relation to other fields of knowledge and society.</td>
<td>Provides leadership on the development of policy.</td>
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<td></td>
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<td>Evaluates and resolves ethical dilemmas that have policy implications to practice and research.</td>
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<td></td>
<td></td>
<td>Effectively builds contacts and cooperates with beginners and advanced researchers of own and other disciplines, coordinating and guiding complex interdisciplinary research projects.</td>
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</tbody>
</table>
## APPENDIX 5

**Correspondence of levels established between national qualifications frameworks and the European Qualifications Framework (EQF)**

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<th></th>
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<tbody>
<tr>
<td>Doctoral Degree; Higher Doctorate</td>
<td>10</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Masters Degree; Postgraduate Diploma</td>
<td>9</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Level 7 = Ordinary Bachelor Degree Level 8 – Honours Bachelor Degree; Higher Diploma</td>
<td>8/7</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>10/9</td>
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<tr>
<td>Advanced Certificate (FET Award); Higher Certificate (HET Award)</td>
<td>6</td>
<td>5</td>
<td>5/4</td>
<td>5/4</td>
<td>8/7</td>
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<tr>
<td>Level 5 Certificate; Leaving Certificate</td>
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<td>4</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Level 4 Certificate; Leaving Certificate</td>
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<td>3</td>
<td>2</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Level 3 Certificate; Junior Certificate</td>
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<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Level 1 Certificate Level 2 Certificate</td>
<td>2/1</td>
<td>1</td>
<td>E3</td>
<td>E3</td>
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</tbody>
</table>

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APPENDIX 6

Varying compatibility of higher education frameworks for Scotland (FQHEIS/SCQF), for England, Wales & Northern Ireland (FHEQ) and for the Republic of Ireland (NFQ IE) within the FQ-EHEA (the Bologna Framework)

<table>
<thead>
<tr>
<th>Typical Higher Education Level within each level</th>
<th>FHEQ Level</th>
<th>FQHEIS/SCQF Level</th>
<th>NFQ IE Level</th>
<th>Corresponding FQ – EHEA Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctoral degrees</td>
<td>8</td>
<td>12</td>
<td>10</td>
<td>Third cycle (end of cycle) qualifications</td>
</tr>
<tr>
<td>Master’s degrees (including integrated Master’s)</td>
<td></td>
<td></td>
<td></td>
<td>Second cycle (end of cycle qualifications)</td>
</tr>
<tr>
<td>Postgraduate diplomas</td>
<td>7</td>
<td>11</td>
<td>9</td>
<td>Intermediate qualifications within the second cycle</td>
</tr>
<tr>
<td>Postgraduate certificates</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor’s degrees with honours/Honours Bachelor’s Degrees</td>
<td>10</td>
<td>8</td>
<td></td>
<td>First cycle (end of cycle) qualifications</td>
</tr>
<tr>
<td>Irish Higher Diploma</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bachelor’s degrees/Ordinary Bachelor Degree</td>
<td>6</td>
<td>9</td>
<td>7</td>
<td>Intermediate qualifications within the first cycle</td>
</tr>
<tr>
<td>Graduate Diploma</td>
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<tr>
<td>Graduate Certificate</td>
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<tr>
<td>Foundation Degrees (e.g. FdA, FdSc)</td>
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<tr>
<td>Diplomas of Higher Education (DipHE)</td>
<td>5</td>
<td>8</td>
<td>6</td>
<td>Short cycle (within or linked to the first cycle) qualifications</td>
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<tr>
<td>Higher National Diplomas (HND)</td>
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<td>Irish Higher Certificate</td>
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<td>7</td>
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<td>Intermediate qualifications within the short cycle</td>
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<td>Certificates of Higher Education (CertHE)</td>
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