GIG CYMRU NHS WALES
Rhaglen Genedlaethol Gofal Lliniarol a Diwedd Oes
National Palliative and End of Life Care Programme

GIG CYMRU NHS WALES
Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

All Wales Competency Framework for Adult Palliative and End of Life Care 2025

Contents

Executive Summary

Palliative & end of life care (PEoLC) is provided to people of all ages, in all healthcare settings, and by all kinds of healthcare staff. The number of people needing it is growing, and the complexity of their care needs is growing quickly. To do it well means equipping staff across all the health care professions, including those whose work is mainly to provide palliative care and those who encounter it less often as part of other roles.

This competency framework reflects what those staff should be capable of doing in providing PEoLC to adults. This will help them, those who manage and lead teams and organisations, and those who are responsible for education, training and development know what is expected of them.

It has been developed by Health Education and Improvement Wales (HEIW) and by the team leading the National Programme for PEoLC in NHS Wales Performance and Improvement, in co production with a wide range of professionals and professional bodies and with patient and carer representatives, to reflect a consensus about what patients and families need their healthcare team to be able to do.

This work has been influenced and helped by the development of competency frameworks for PEoLC in other countries, particularly the 2015 Ireland framework whose authors generously helped the initial work. Nonetheless this document has been prepared with the current needs in Wales at its heart. It is also designed to complement relevant output from both HEIW and the National Programme for PEoLC and relevant professional guidance, and it refers extensively to these resources for detailed content, which is not generally reproduced here.

The framework presents a set of fundamental competencies needed by all clinical, patient-facing healthcare staff regardless of their profession, their level of experience and how often they care for people with palliative care needs.

For some professions, there is enough evidence or a strong enough consensus to present a set of profession-specific competencies. These profession-specific sections follow after the fundamental competency section. For each profession, they are presented in three groups: an ‘All’ group, those competencies which every member of that profession should have, even if their work doesn’t largely involve PEoLC; a ‘Some’ group, for those who are not palliative care specialists but whose work often involves people with palliative care needs; and a ‘Few’ group of competencies which characterise those whose work is mainly with patients needing palliative care, particularly in specialist palliative care teams.

These groups of competencies do not necessarily reflect length of experience or formal seniority; for instance, a clinician with extensive postgraduate education working at very senior level will nonetheless only need the ‘All’ competencies in PEoLC if this is a small part of their work.

The framework seeks to cover under each profession’s heading, everything which is known to be relevant to that profession specifically, complementing the fundamental competencies, even where this involves a degree of repetition where there are some similar elements across more than one profession.

Where there is currently insufficient basis for a profession-specific set of competencies, the fundamental competencies stand as a reflection of that profession's contribution to PEoLC. Future versions of this framework may cover some of these professions in more detail where that becomes possible. The current document nonetheless affirms the importance of the role of every member of each healthcare profession.

The framework is designed to be read by healthcare professionals themselves, by those who lead and manage teams and organisations employing them and providing healthcare, and by those responsible for education, training and development of current and future staff. It may also be of interest to a wider audience including patients, families, and the public.

While it is not designed to cover the competencies of social care staff, social care leaders have been engaged in the development of the framework. We anticipate that many of the competencies described will be of interest and relevance to them, particularly those in the fundamental group. We hope to support co production of guidance aimed more specifically at social care staff in the future. Much of their work is at the heart of PEoLC. The work done by palliative care specialists and others to equip and support them in the care they provide is a reflection of its central importance, which this document affirms.

It will now be for the readership of the framework, and particularly for leaders of relevant organisations, to consider together how it should be implemented.

How to Use This Framework

The document contains three main sections.

First, there is detailed background narrative about why the framework is needed and how it was produced. The content on those points is included because some readers will want to see it in detail. It explains what palliative and end of life care is, who it's for and why it matters.

Next, there is the fundamental competencies section with the competencies needed by all staff covered. Refer to this section whenever you want to understand these for any staff group – whether that's for you, or for staff you manage, or in connection with education and training you provide.

Finally, there are the profession-specific competencies for many of the healthcare professions. Refer to the one you are in, or the ones you manage, or the ones you support with education and training.

The easiest way to navigate the document is using the interactive digital version which has links to take you straight to the sections you want to see and the text which explains them. That way it becomes the document you need at the time. If you're using a printed version or an offline PDF on screen, you can still navigate manually to the sections that are relevant to you.

Disclaimer

This framework outlines the fundamental competencies expected across the healthcare workforce in providing palliative care and needs to be progressed in alignment with applicable professional standards, regulatory requirements, curricula, and other organisational guidance to ensure consistency and quality across practice settings. The implementation and assessment of these competencies will be led by relevant organisations working collaboratively to deliver safe and quality care.

For some professions, 'Some' or 'Few' levels of competency are not defined specifically. This reflects intentional decisions made by members of those professions involved in this work, informed by their unique roles, contexts, and workforce needs. The absence of progression levels should not be interpreted as a lack of development opportunities but rather as a tailored approach to professional competency within specific disciplines.

Foreword

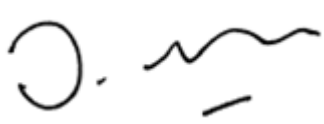
I am honoured to introduce this new All Wales Competency Framework for Adult Palliative and End of Life care, a significant step forward in strengthening the support available to health professionals working in palliative and end-of-life care. It reflects a shared commitment to improving care for people across Wales during some of the most important moments in their lives.

People receive palliative and end-of-life care in all kinds of settings across Wales – in hospices, in hospitals and outpatient clinics and in their own homes. Supporting people receiving palliative and end-of-life care and their loved ones, means supporting and equipping the staff who provide that care. The organisations providing that care have long worked to offer this support to staff – they pull together, so the right skills and expertise informs the necessary support, education and training.

This new framework takes this support a step further for healthcare professionals. It has been produced by Health Education and Improvement Wales with the help of the National Clinical Programme for Palliative and End-of-Life Care.

For the first time, it sets out what each healthcare professional will be able to do, at all levels of experience, across all specialties and care settings, whether providing palliative care is their main role or whether they provide it only occasionally. Its contents are tailored to the different roles staff have and the context of their work. It will help set expectations for staff, for employers, and for organisations developing and delivering education and training for healthcare professionals. It is designed to help other people who are also involved in care – such as social care staff and volunteers – who are supported by clinical staff.

I look forward to seeing the framework implemented – this will help people be confident the care they receive is underpinned by a sound approach to helping staff to do what's needed. Above all, it will help them get the care they need, when they need it, where they need it, now and in the years ahead.



Jeremy Miles MS
Cabinet Secretary
Health and Social Care

Joint Message

Health Education & Improvement Wales and the National Programme for Palliative & End of Life Care, NHS Wales Performance and Improvement.

Dr Idris Baker and Lisa Llewelyn

We are pleased to mark the production of this new All Wales Competency Framework for Adult Palliative and End of Life Care, which has been genuinely co-produced through collaboration and engagement with people involved in this field of care. For the first time in Wales, it presents a clear, supportive framework for our health and care professionals, which describes the palliative care competencies required to ensure safe and quality palliative and end of life care is delivered to the Welsh population.

It is estimated that 1% of the Welsh population develop a need for PEoLC for the first time in any given year. The number of people affected is growing, as is the complexity of their need. People needing PEoLC can be identified in all healthcare settings and are being cared for by professionals from every health care profession. Regardless of their role, all health care professionals are likely to encounter people requiring palliative and end of life care at various stages of their careers. It is therefore important this workforce is supported to have the right skills and competencies to deliver the right care, in the right place at the right time.

This All Wales Competency Framework for Adult Palliative and End of Life Care, led by Health Education and Improvement Wales (HEIW) and commissioned by the National Clinical Programme for Palliative and End of Life Care, has been developed with significant input from key contributors. We have engaged and collaborated with patients, carers, health and care professionals; professional groups; Higher Education Institutions (HEIs); professional colleges; and other key stakeholders from across Wales and we thank them all for their valuable contributions. Their knowledge, deep understanding of the evidence, combined with their first-hand experience of supporting and caring for people with palliative and end of life care needs, has ensured the lived experience of palliative and end of life care has had a real influence and is at the heart of this Framework.

This work has drawn upon the best available evidence and knowledge about what people with life shortening illnesses need, alongside the best examples of how these needs are reflected in other countries' approaches; education, training and development needs of the workforce; and produced a set of competencies to support and enhance the development of our health and care workforce.

The competencies are presented first in a core fundamental set, relevant to all relevant professions, followed by a series of profession-specific sets, with each structured into three tiers.

1. 'All' Competencies needed by everyone within that profession, regardless of their place of work or stage of their career, as it is recognised that PEoLC needs arise across all areas of health care.

2. 'Some' Competencies are those required by those whose specialty or work context means they have more frequent contact and deal with an increased number of people with PEoLC needs, some of them more complex, while working in specialties other than palliative care.

3. ‘Few’ Competencies are designed for those working in specialist palliative care, both for the complex needs they often encounter and for their role in offering expert advice and support to others.

The competencies set out in this framework are intended to support the development of our workforce to deliver safe and quality, palliative and end of life care to patients and families across Wales.

Launching the framework is only the first step. HEIW and Wales’s National Clinical Programme for Palliative and End of Life Care will continue to work collaboratively with system partners - health boards, trusts, hospices and other providers, alongside those responsible for workforce planning, education, training, policy and service delivery in health care.

We are confident with the collective support and commitment of system partners this will lead to meaningful improvements for patients and families across Wales now and in the future.

Dr Idris Baker
National Clinical Lead for
Palliative & End of Life Care

NHS Wales Performance & Improvement

Lisa Llewelyn
Executive Director of Nursing,
Health Professions and Quality

Health Education & Improvement Wales

Steering Group Membership

For Further Information on the Steering Group please see Appendix 1.

Acknowledgements

The development of the All Wales Competency Framework for Adult Palliative and End of Life Care is due to colleagues across Wales and beyond who have generously shared their time, commitment, knowledge and expertise, to its production. This includes our patient carer representative, whose lived experience and compassionate insight has been instrumental in shaping the fundamental competencies within this framework. Their contributions have ensured that the voices of those receiving and giving care are meaningfully reflected throughout. Our sincere thanks are extended to them all.

We are especially grateful to the authors of *Ireland's Palliative Care Competency Framework (2014),* whose work has been instrumental in shaping this document. Their generosity in allowing us to reproduce substantial elements of their framework, and to build upon its structure, has been invaluable. We are deeply appreciative of the time they gave to engage with us, offering constructive advice, feedback and challenge as our own work developed. While this framework has been developed to reflect the context and needs of Wales today, we take full responsibility for both the elements we have retained from the Irish framework and those we have updated and modified.

Professional and regulatory bodies, healthcare providers, and health education institutions, along with other stakeholders, contributed detailed responses to an earlier draft of this document. We are grateful for the constructive engagement of all these stakeholders and their contribution to the finished framework.

We are particularly thankful to the staff of HEIW and the National Programme for Palliative and End of Life Care for their leadership and stewardship; to the many stakeholders and the organisations they represent, across NHS Wales; the voluntary sector; and academia. Above all, we recognise and honour the people receiving care now and in the past. It is their voices, experiences, and needs that have guided and informed this work, and it is from them that everything of value is learnt. We acknowledge this with thanks.

Introduction & Background

The Welsh Government's quality statement for palliative and end of life care (2022) sets out a clear vision for delivering equitable, person-centred, and high-quality care across Wales. A key priority within this vision is the adoption of a whole system approach, extending beyond specialist services to include community and primary care, social care, third and voluntary sectors, and the vital contributions of unpaid carers and families. Delivering this level of care requires staff who are equipped with the appropriate skills, knowledge, and confidence to provide PEoLC well. A competent, multidisciplinary workforce must have consistent and equitable access to high-quality learning opportunities underpinned by standardised outcomes. This is a fundamental component of an effective and sustainable service.

Palliative & End of Life Care and the Welsh Language

For further information on Palliative & End of Life Care and on the Welsh Language please see Appendix 2.

The Background to This Framework

In 2022, the then End of Life Care Board for Wales (forerunner of the National Programme for PEoLC) commissioned the Palliative Care Evidence Review Service (PaCERS) to undertake a comprehensive review of global PEoLC competency frameworks. This PaCER Review aimed to identify established PEoLC education frameworks from published literature and to map their core domains and competencies. Its findings provided the foundation for the development of a Wales-specific PEoLC education and core competency framework.

The National Programme for Palliative and End of Life Care then commissioned this work, and with HEIW, it convened a Project Steering Group (see list of members) to support, guide and oversee the development of this All Wales Palliative and End of Life Care Competency Framework for health care professionals working in all health care settings.

The PaCER review (2022) identified two comprehensive, multidisciplinary frameworks that covered all ten European Association for Palliative Care (EAPC) domains:

- Health Education England (2017) EoLC Core Skills Training Framework.
- Ryan et al (2014) Palliative Care Competence Framework. Dublin: Health Service Executive. Palliative care competence framework

Methodology

For the methodology used to develop this framework, please see Appendix 3.

The All Wales Competency Framework for Adult PEoLC

This framework is for all healthcare staff working with adults with life shortening illness, in all settings, whether that forms their main work or whether they only rarely see people needing PEoLC. Because these needs can arise in any adult healthcare setting, this means that the framework is for all healthcare professionals whose work includes care of adults. Every healthcare professional is expected to have some skills in basic life support, even though many will use these only rarely, because when called on to use them they can make a real difference. Palliative & end of life care is no different: every member of a clinical team can be asked to make an important contribution, however infrequently, to the care some patients need.

The framework is for staff working in hospitals and in communities, and for those employed directly by the NHS and those working in charitable organisations which may be commissioned by NHS bodies.

It is also for the organisations which employ these staff and provide or commission care, so that they know how to support their staff to acquire and maintain these competencies and so that they can consider their part in its implementation. And it is for providers of education and training at all stages so that it can inform curriculum development and provision.

The framework informs professional roles and education at all levels by setting out the knowledge, skills, and attitudes required to deliver palliative and end of life care across various settings and levels of practice, including specialist care. It acknowledges the complexity of today's health system, where care can become fragmented. Collaborative, multidisciplinary working is essential to improving continuity and quality of care for individuals with life-shortening conditions. It is tailored to the different roles staff have and the context of their work. It will help set expectations for staff, for employers, and for organisations developing and delivering, services, education and training for healthcare professionals. Although not directly addressing the competencies required of other people who are also involved in care and are supported by clinical staff, such as social care staff and volunteers, it is also designed to help them by offering context for working alongside healthcare professionals.

It offers fundamental competencies in palliative and end of life care and detailed profession-specific competences. It will inform professional development programmes, enhance the care of people with life shortening and life limiting illness, and foster greater inter-professional and inter-organisational collaboration to deliver safe, high quality palliative and end of life care in Wales.

Finally, the framework recognises that professionals operate within the scope of their respective regulatory bodies, practice and codes of conduct, while also aligning with the values, policies, and practices of their employing organisations.

Additional and complementary frameworks

For information on the additional and complementary frameworks please see Appendix 4.

This Framework covers all professions

This framework offers profession-specific competencies only where an established scope of practice makes it possible to define those competencies clearly enough. Where there is currently insufficient basis for a profession-specific set of competencies, the fundamental competencies stand as a reflection of that profession's contribution to PEoLC. Future versions of this framework may cover some of these professions in more detail where that becomes possible. The current document nonetheless affirms the importance of the role of every member of each healthcare profession.

Some of the professions where no profession-specific competencies are offered have a very prominent role in PEoLC. One prime example is Health Care Support Workers, where the National Programme sees important value in their role and believes that there is a need to define their competencies across a complex range of roles. The Programme's intention is to proceed with developing these as soon as time allows.

Some of the fundamental and all competencies won't be immediately required in every post. They are nonetheless included because posts where they don't need to be deployed are typically fixed term, and are likely to be followed by progression to posts where they are used.

Implementation of the Framework and keeping this Framework up to date

For information of the future implementation of the framework and how it will be kept up to date please see Appendix 5.

Domains of Competence

The Domains of Competence are:

- Domain 1 - Principles of palliative care
- Domain 2 - Communication
- Domain 3 - Optimising comfort and quality of life
- Domain 4 - Care planning and collaborative practice
- Domain 5 - Loss, grief and bereavement
- Domain 6 - Professional and ethical practice in the context of palliative care

Each Domain of Competence is defined with a statement. The fundamental competencies are common to all health care professionals and represent the primary level of understanding required to provide Palliative Care, also described as using the Palliative Care Approach in daily work.

The domain statement remains the same irrespective of the level at which or the setting where palliative care is provided. However, the domain indicators outline the competences required by health and care professionals in the context of their role and at the level at which palliative care is provided irrespective of care setting.

Each domain includes a guiding statement and a set of **fundamental competencies that apply across all roles.** These define the baseline knowledge and skills needed to deliver palliative care using a person-centred approach, regardless of role or setting. While the domain statements remain constant, the associated indicators vary depending on the professional's role and level of involvement in palliative care. Levels of expertise are influenced by factors such as the complexity of cases, the practitioner's depth of knowledge and experience, the recency and relevance of their education, access to multidisciplinary support, and involvement in education or leadership at local or national levels.

Levels of Competence: A Tiered Approach - The Palliative and End of Life Care Competency Framework builds upon the fundamental competencies and goes onto outline three progressive levels of competence, reflecting the depth of knowledge, skill, and clinical engagement required across different roles, responsibilities, and care contexts. These are 'All', 'Some' and 'Few'. This recognises that while all professionals encounter people with palliative and end of life care needs, the frequency, complexity, and intensity of those needs vary depending on the role and setting.

Competence for 'All' - The aim is competence to provide care using a palliative care approach.

These profession-specific competencies are required to be achieved by all professionals in that discipline, irrespective of their grade, position or experience, or the care setting in which they work. They should be achieved at the point of registration or in commencement of their role and maintained throughout the professional career. As people with palliative and end of life care needs are encountered in all care settings, this level ensures that every practitioner can:

- Apply a palliative care approach in day-to-day practice.
- Recognise when someone may be approaching the end of life.
- Communicate sensitively with individuals and families.
- Understand when to seek support from specialist services for more complex needs.

Competence for 'Some' - The aim is the provision of care, applying the principles of palliative care and using a palliative care approach.

This applies to some professionals irrespective of their grade, position or experience or the care setting in which they work whose roles or clinical specialty, or work context means that they have more frequent contact and deal with an increased number of people with PEoLC needs, some of them more complex, while working in specialties other than palliative care.

These professionals require deeper knowledge, enhanced skills, and greater confidence in providing palliative care. They are expected to:

- Manage many aspects of palliative care independently.
- Apply enhanced communication, assessment, and care planning skills.
- Engage in decision-making in more complex situations.
- Know when to escalate to specialist palliative care for the most complex needs.

Competence for 'Few' - The aim is to demonstrate knowledge and application of palliative care skills at specialist level

These competencies specifically apply to the few health and care professionals, irrespective of their grade, position or experience or the care setting in which they work, whose roles are primarily or solely focused on the delivery of specialist palliative care. These individuals work in specialist teams, managing complex and demanding clinical situations whether in specialist units or in any other setting, including as the expert teams on whom others call for help.

Their role includes:

- Providing expert, evidence-informed palliative care.
- Leading and contributing to multidisciplinary care planning for individuals with complex needs.
- Supporting, advising, and educating other professionals.
- Developing and maintaining the palliative care knowledge base at local, regional, or national level.

This tiered model ensures clarity in role expectations, supports workforce planning, and facilitates access to appropriate education and development opportunities. It also promotes consistency in care standards across all settings, helping to ensure that every person with palliative and end of life care needs receives timely, compassionate, and competent care.

Fundamental Competencies

These Fundamental competencies should be read alongside the specific competencies relevant to your profession (If applicable).

Domain of competence 1 – Principles of palliative and end of life care	
Palliative and end of life care aims to improve the quality of life of people with life-shortening conditions and their families, not only by treating their physical symptoms but also by attending to their psychological, social and spiritual needs. Palliative and end of life care is applicable for people of any age and may be integrated at any point in the illness trajectory from diagnosis or identification of Palliative and end of life care need, through the continuum of recognition of end of life care to bereavement.	
As a health care professional, within your scope of practice you should:	
1.1	Recognise the principles of palliative and end of life care that affirm life until death, supporting people with life-shortening conditions and their families to live as actively and fully as possible.
1.2	Understand that the last days, weeks and months of life can raise specific needs for assessment, care and communication with patients, family and colleagues.
1.3	Understand the importance of the physical, psychological, social and spiritual/ religious aspects affecting people with life-shortening conditions and their families throughout the continuum of care.
1.4	Apply the palliative and end of life care approach, alongside other care, to deliver person-centred practice respecting the preferences, concerns, values, faith, beliefs, culture, and what matters to the person and their family.
1.5	Provide compassionate care to individuals with life-shortening conditions and their families, with clear regard to the individuality of each person, recognising the barriers some specific individuals can face accessing palliative and end of life care.
1.6	Show a commitment to one's own continued professional development and learning and facilitate the learning and development of others. Understand your role and purpose in supporting and caring for those with life shortening conditions while recognising self-care strategies.
1.7	Recognise the scope and benefits of timely and appropriate access to specialist palliative care services.
1.8	Realise when a person is expected to die within days, recognising what is commonly termed the dying phase.
1.9	Acknowledge the importance of timely identification of palliative care need across a diverse range of people.
1.10	Recognise the value and the use of the Care Decisions Guidance (CDG) for the last days of life (All Wales Care Decisions for the Last Days of Life Guidance - NHS Wales Performance and Improvement).
1.11	Acknowledge the importance of uncertainty in predicting the last days of life.
1.12	Recognise the importance of all aspects of bereavement care, including anticipatory grief and care after death.
1.13	Recognise the nature of spirituality and that everyone has a spiritual dimension, that can include a religious component for many of them.

Domain of competence 2 – Communication in palliative and end of life care	
Effective communication is essential to the appropriate application of palliative and end of life care.	
As a health care professional, within your scope of practice you should:	
2.1	Understand the essential role communication plays in palliative and end of life care.
2.2	Recognise and understand the different types of communication, and their importance *e.g.* verbal, non-verbal, visual, written, and interpersonal interaction (either one-to-one or with a group or team).
2.3	Be able to communicate effectively with the person with palliative or end of life care needs, their family and the multidisciplinary team to establish and maintain supportive relationships.
2.4	Be able to communicate effectively with individuals and families from diverse cultures and different backgrounds, making use of appropriate support as required.
2.5	Be aware of your own communication style while communicating with individuals. Use strategies that allow effective communication, such as active listening, plain language, appropriate tone, clarifying statements, inviting questions to help the person and their family to know that they are heard.
2.6	Support people, actively listening when they are making informed decisions regarding the level of information they wish to receive.
2.7	Use effective communication to enable inter-disciplinary and inter professional teamwork.
2.8	Recognise the distinct communication needs in the last days of life, with both patient and family members.
2.9	Be aware of the importance of preferred language in person-centred care, including with reference to relevant duties and guidance including Welsh Government's strategic framework, Mwy na Geiriau (More Than Just Words 2022 - 2027).

Domain of competence 3 – Optimising comfort and quality of life in palliative and end of life care	
Individuals with life-shortening conditions and their families can be affected not only in physical, but also in psychological, social and spiritual ways. Optimising quality of life and living as fully as possible.	
As a health care professional, within your scope of practice you should:	
3.1	Respond to the needs of people with life-shortening conditions and their families (including physical, psychological, social, cultural and spiritual) in a proactive, dynamic and timely manner.
3.2	Understand how the delivery of palliative and end of life care can enhance the assessment and management of symptoms.
3.3	Appreciate the use of a range of appropriate assessment tools to gather information.
3.4	Be able to evaluate non-complex interventions and propose alternative actions if deemed necessary.
3.5	Recognise the importance and benefit of multidisciplinary/interdisciplinary working in optimising comfort and enhancing the quality of life of the person with a life-shortening condition and their family.
3.6	Recognise the importance of appropriate financial advice and guidance for a patient and family, signposting appropriately.
3.7	Recognise and promote the ways in which people with life-shortening conditions and their families can be engaged in self-management of their condition, utilising a palliative rehabilitation approach as appropriate.
3.8	Support the person to experience the care and death that aligns with their values and preferences as best as possible.
3.9	Recognise the signs of anticipatory grief as experienced by a person and their family.
3.10	Reflect on, evaluate, and learn from decisions made, recognising the importance of self-care.

Domain of competence 4 – Care planning and collaborative practice in palliative and end of life care	
Care planning in palliative and end of life care, including future care planning is characterised by engaging and integrating person centred care to promote living fully as possible and quality of life for people with life-shortening conditions. The wishes and concerns of families and carers should be considered as part of this process.	
As a health care professional, within your scope of practice you should:	
4.1	Recognise the impact of a life-shortening condition on the person and their family and be able to provide support to help the person adapt to the changes in their condition.
4.2	Recognise the impact of a life-shortening condition on the person and their family's mental health and coping mechanisms. Be able to signpost to appropriate support.
4.3	Recognise the impact of a life-shortening condition on the person and their family facing the loss of occupational roles and functional independence. Know when to seek support from appropriate professionals.
4.4	Recognise the importance and the benefit of multi-disciplinary (multi professional and multidisciplinary) working in optimising comfort and enhancing quality of life of a patient. Collaborate effectively to use colleagues' skills.
4.5	Understand the collaborative relationships between the person with life-shortening condition, the health care professional, and others to assist the person and the family to attain realistic goals and outcomes supporting parallel planning and changes that are required.
4.6	Be able to identify priorities or concerns for the individual with a life-shortening condition and/or their family and be aware of where to seek support.
4.7	Be able to gather comprehensive patient information using validated tools (if these are within your scope of practice) to inform person-centred care and clinical decisions.
4.8	Understand future care planning and appreciate the appropriate time to engage in discussions about preferences for care with the person with a life-shortening condition and their family, being an advocate as necessary.
4.9	Be able to communicate sensitively about future care planning with the person, the family, and with colleagues, signposting appropriately.
4.10	Understand the significance of anticipating and responding to the needs of people with life-shortening conditions and their families (E.g physical, psychological, social and spiritual) ensuring care is safe and effective.

Domain of competence 5 – Loss, grief and bereavement in palliative and end of life care	
Professionals using the Palliative and end of life care approach have an important role to play in supporting bereaved people by providing information and support to all and by identifying those who may require further support which may include bereavement therapy or counselling. While ensuring that bereavement standards and bereavement framework for Wales are considered and followed.	
As a health care professional, within your scope of practice you should:	
5.1	Recognise that grief is a normal and appropriate response to loss which has a range of individual physical, psychological, spiritual, emotional and social aspects that can affect how it is experienced.
5.2	Understand that loss is a multifaceted and related to a wide variety of factors. It is a central feature of grief and bereavement and is not merely synonymous with death.
5.3	Identify factors that may put a person at risk of grief difficulties, being mindful of the psychological impact of death and dying on those with increased stress vulnerability.
5.4	Be able to engage with a person who is experiencing loss, within the boundaries of your professional role and scope of practice.
5.5	Be able to assist people to access bereavement information and support at a level that is appropriate to their needs.
5.6	Understand the personal impact of loss, grief and bereavement, recognising your own loss responses and engaging in activities that maintain your wellbeing and resilience.
5.7	Be self-aware and ensure that your own experiences of loss do not adversely affect the person with a life-shortening condition or their family.

Domain of competence 6 – Professional and ethical practice in the context of palliative and end of life care	
Professional and ethical practice is about considering how best to provide continuing & integrated care, respecting values, needs and wishes as health care needs change in the course of life-shortening illness.	
As a health care professional, within your scope of practice you should:	
6.1	Work within your professional code, guidance or standards to provide palliative and end of life care, engaging ethically, knowledgeably and respectfully with other members of the multi-disciplinary team.
6.2	Recognise and uphold your professional responsibility to care for people with life-shortening conditions and their families to ensure their comfort and dignity through palliative and end of life care.
6.3	Be able to establish partnerships in the context of Palliative and end of life care, contributing appropriately to colleagues' professional development.
6.4	Be able to recognise goals that are realistic and achievable in practice.
6.5	Be able to anticipate potential ethical issues that may be encountered when caring for the person with a life-shortening condition and their family, including sensitive topics regarding treatment and end of life.
6.6	Be able to establish and respect people's wishes and preferences about their care and options, including: • recognising people's right to make informed decisions to refuse. interventions and the process to be followed if the person lacks mental capacity, including the use of a proxy, such as lasting power of attorney (LPA). • identifying, responding to, and where possible respecting people's preferences regarding their place of care and place of death. • respecting outputs from future care planning, recognising that wishes may change over time.
6.7	Value the person with a life-shortening illness by following their wishes and preferences as documented.
6.8	Recognise both the importance and limits of personal autonomy.
6.9	Be aware of safeguarding policies and their application.

Profession Specific Competencies

Medicine

Domain of competence 1 – Principles of palliative and end of life care	
Palliative and end of life care aims to improve the quality of life of people with life-shortening conditions and their families, not only by treating their physical symptoms but also by attending to their psychological, social and spiritual needs. Palliative and end of life care is applicable for people of any age and may be integrated at any point in the illness trajectory from diagnosis or identification of Palliative and end of life care need, through the continuum of recognition of end of life care to bereavement.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Doctors progress from 'All' to 'Some' to 'Few'.	
The doctor should acquire 'Some' competencies by the end of completion of specialist training in relevant specialties. In areas where PEoLC needs are encountered less often, there may be reliance on doctors' breadth of knowledge and expertise. Refer to General Medical Council (GMC) Curricula and Guidance, which sets out the definitive expectations of medical practitioners: GMC Approved Postgraduate Curricula Treatment and care towards the end of life: good practice in decision making	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a doctor, you should:	
M 1.1	Understand and be able to recognise common trajectories of life-shortening conditions, including prognostic factors.
M 1.2	Be able to initiate management of common symptoms and problems.
M 1.3	Be aware of the impact of psychological responses, social stressors and spiritual dimensions on loss and grief, consider this impact with respect to the mental health and decision making of the person with a life-shortening condition and their family, and initiate effective responses.
M 1.4	Know how to provide information to (or source information for) people to appropriately manage life-shortening conditions, their carers and colleagues in the context of their role.
M 1.5	Understand when to request specialist palliative care team support.
M 1.6	Understand when to request input from other disciplines to provide support in delivering palliative and end of life care.
M 1.7	Understand the value of participation in professional supervision, reflective practice, or peer review processes to monitor personal and professional responses to clinical situations.
Some – As a doctor whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
M 1.8	Understand the full spectrum of life-shortening conditions in the context of their specialty or local work environment.
M 1.9	Understand, recognise and know how to address the management of loss and grief which may impact on the mental health and decision-making of individuals and those important to them, referring to specialists where appropriate.

M 1.10	Be an advocate for the delivery of general palliative and end of life care, its improvement, education, and research, in their local work environment.
M 1.11	Recognise when involvement of specialist palliative care is required and be able to refer appropriately.

Few - As a doctor undertaking (or who have completed) relevant GMC approved palliative medicine specialty curricula, you should:	
M 1.12	Have the attributes described in detail in the relevant GMC approved palliative medicine specialty curricula. Regarding the specific themes above, this will include: Having an in-depth understanding of, and being able to manage, the full spectrum of trajectories of life-shortening conditions (including prognostic factors, disease-specific symptoms, and problems). Understanding, recognising and being confident in addressing the management of pathological responses to loss and grief which may impact the mental health and decision-making of individuals and families. Being able to identify and actively respond to the informational needs of people living with a life shortening condition, their families and health care professionals, and share palliative knowledge. Being able to support the provision of evidence-based practice across a variety of care settings. Being able to show leadership in the development and delivery of palliative and end of life care provision, education and policy. Being able to work autonomously, utilising generalist clinical skills as well as those specifically required of a palliative medicine specialist. Being able to champion, lead, facilitate and engage in quality improvement and research, and related service development that makes a sustainable difference, in the field of palliative and end of life care.

Domain of competence 2 - Communication in palliative and end of life care	
Effective communication is essential to the appropriate application of palliative and end of life care.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Doctors progress from 'All' to 'Some' to 'Few'. The doctor should acquire 'Some' competencies by the end of completion of specialist training in relevant specialties. In areas where PEoLC needs are encountered less often, there may be reliance on doctors' breadth of knowledge and expertise.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a doctor, you should:	
M 2.1	Be able to communicate with people with differing communication needs.
M 2.2	Be able to assess the person's current understanding of their health status.
M 2.3	Be able to communicate diagnosis and prognosis in an accurate and compassionate manner, taking account of the person's needs and wishes.
M 2.4	Understand that the communication of information which fundamentally changes the person's understanding of their situation and/or influences their decision- making or planning is an on-going process and not a single event and understand why this is particularly relevant for those with fluctuating capacity.
M 2.5	Engage in shared decision making with the patient, considering their needs and wishes, in the context of palliative and end of life care.
M 2.6	Be aware of those who can make decisions on behalf of a person who lacks capacity for that decision at that time.
Some - As a doctor whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
M 2.7	Be able to enlist the skills of the multidisciplinary team/colleagues to enhance and support communication with the person with a life-shortening condition and their family.
M 2.8	Be able to support patients to identify and prioritise their informational needs, and where relevant signpost them to the appropriate resource (e.g., support group, online community, specialist, professional or team).
M 2.9	Be able to mediate conflict in decision-making in the palliative and end of life care setting and work towards consensus building in care planning.
M 2.10	Understanding of those who can make decisions on behalf the person (other than themselves where they are unable to/ lack capacity).
Few - As a doctor undertaking (or who have completed) relevant GMC approved palliative medicine specialty curricula, you should:	
M 2.11	Be able to provide information regarding diagnosis and prognosis to patient and families with specific or advanced communication needs (e.g. children or adolescents, lacking capacity, serious mental illness).
M 2.12	Contribute clinical expertise based on experience, in the absence of definitive evidence or guidance, to inform decision-making.

M 2.13	Support colleagues to provide information regarding diagnosis and prognosis to patients and families with specific or advanced communication needs.
M 2.14	Promote, develop, and sustain effective communication within and across teams and disciplines responsible for the delivery of palliative and end of life care.
M 2.15	Be able to mediate and manage complex communication challenges in the team and with people with life-shortening conditions and their families.

Domain of competence 3 - Optimising comfort and quality of life	
Individuals with life-shortening conditions and their families can be affected not only in physical, but also in psychological, social and spiritual ways. Optimising quality of life and living as fully as possible.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Doctors progress from 'All' to 'Some' to 'Few'. The doctor should acquire 'Some' competencies by the end of completion of specialist training in relevant specialties. In areas where PEoLC needs are encountered less often, there may be reliance on doctors' breadth of knowledge and expertise.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a doctor, you should:	
M 3.1	Be able to conduct a consultation with a person with a life-shortening condition and recognise the role and timeliness of palliative care in enhancing that person's care.
M 3.2	Be able to assess and manage common symptoms associated with life-shortening conditions using standard guidelines or protocols.
M 3.3	Recognise potentially reversible causes of clinical deterioration and use investigation/ assessment that is appropriate to their clinical condition and management.
M 3.4	Recognise signs and symptoms that may indicate complications and emergencies that may arise in palliative and end of life care and provide immediate and appropriate care of these.
M 3.5	Anticipate (where possible) and recognise a need for change in the focus of care and treatment goals at critical decision points during a life-shortening condition.
M 3.6	Help the person with a life-shortening condition and their family adapt to a transition from life prolonging treatment to life-enhancing prioritisation of symptom management and comfort.
M 3.7	Recognise when a person with a life-shortening condition is actively dying and communicate to family and staff the expectation of imminent death and what to expect during the dying process and care after death.
M 3.8	Understand the statutory requirements and their obligations after death: verify, certify, refer to coroner/ medical examiner.
M 3.9	Understand the processes and their role in supporting the person and their important persons understanding of care after death.
Some - As a doctor whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
M 3.10	Be able to assess and manage common symptoms associated with common life-shortening conditions.
M 3.11	Identify people with limited reversibility in their underlying medical condition, including recognising flags or triggers that indicate a pattern of deterioration (e.g., increasing unscheduled care use; worsening physical or cognitive function; delirium).

M 3.12	Be able to consider the benefits, burdens and risks of investigations and treatments and facilitate decision making regarding the appropriateness of these for each person living with a life-shortening condition.
M 3.13	Be able to appropriately make decisions about withholding or withdrawing treatment, and communicate this clearly with the person, those important to them and other professionals involved in their care.
M 3.14	Be able to appropriately modify the management of co-morbidities in the context of life-shortening conditions.

Few - As a doctor undertaking (or who have completed) relevant GMC approved palliative medicine specialty curricula, you should:	
M 3.15	Manage complex disease-specific symptoms and provide guidance to colleagues when requested or take the lead on cases when appropriate.
M 3.16	Make appropriate judgments on when to refer individuals and family members to other health care professionals to assess, treat and manage care issues outside the scope of palliative and end of life care practice, and collaborate effectively with them.
M 3.17	Lead discussions with the multidisciplinary team and colleagues to promote recognition of the evolving needs and preferences of the individual and family over time, and facilitate the management of complex, competing, and shifting priorities in goals of care.

Domain of competence 4 - Care planning and collaborative practice	
Care planning in palliative and end of life care, including future care planning is characterised by engaging and integrating person centred care to promote living fully as possible and quality of life for people with life-shortening conditions. The wishes and concerns of families and carers should be considered as part of this process.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Doctors progress from 'All' to 'Some' to 'Few'. The doctor should acquire 'Some' competencies by the end of completion of specialist training in relevant specialties. In areas where PEoLC needs are encountered less often, there may be reliance on doctors' breadth of knowledge and expertise.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a doctor, you should:	
M 4.1	Participate in key events in the care of the person with a life-shortening condition, such as family meetings and future care planning.
M 4.2	Recognise that the person with a life-shortening condition may lose the capacity to make decisions towards the end of life.
M 4.3	Understand that in situations where a person lacks the capacity to make decisions, decisions must be made in the best interests of the person and should follow the process outlined in the Mental Capacity Act 2005. If the person has appointed a lasting power of attorney (LPA) for health and welfare, the LPA should be consulted, or if an advance directive to refuse treatment (ADRT) is in place, this should guide decision making.
M 4.4	Apply the General Medical Council (GMC) guidelines on treatment and care towards the end of life in practice, demonstrating understanding of their principles and relevance to clinical decision-making.
M 4.5	Understand the concept of parallel planning.
M 4.6	Awareness of organ donation as a routine consideration in end of life care planning.
Some - As a doctor whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
M 4.7	Facilitate key events in the care of the person with a life-shortening condition, such as family meetings and future care planning, involving other team members as appropriate.
M 4.8	Provide guidance on organ and tissue donation and liaise with teams that can explore and facilitate these wishes further, where relevant to that patient and their family. Provide guidance on post-mortems (hospital vs coroner).
M 4.9	Refer the person with a potentially life-shortening condition and their family members to other health care professionals to assess, treat and manage individual and family care issues outside the scope of palliative and end of life care practice and collaborate with them.
M 4.10	Facilitate parallel planning.
M 4.11	Have an awareness of current research that can be offered to people alongside their routine clinical care.

Few - As a doctor undertaking (or who have completed) relevant GMC approved palliative medicine specialty curricula, you should:	
M 4.12	Be able to lead in facilitating key events in individual care, such as family meetings and future care planning, involving other team members and services as appropriate.
M 4.13	Demonstrate clinical leadership of the wider clinical team delivering palliative and end of life care to enhance the quality of care of people with life-shortening conditions and their family.
M 4.14	Demonstrate leadership in the development and maintenance of effective relationships with referring doctors, other health care providers, managers of services and the public.
M 4.15	Co-ordinate and lead parallel planning.
M 4.16	Promote, facilitate, and lead on providing research alongside routine clinical care, where this aligns with people's wishes.

Domain of competence 5 - Loss, grief and bereavement	
Professionals using the Palliative and end of life care approach have an important role to play in supporting bereaved people by providing information and support to all and by identifying those who may require further support which may include bereavement therapy or counselling. While ensuring that bereavement standards and bereavement framework for Wales are considered and followed.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Doctors progress from 'All' to 'Some' to 'Few'. The doctor should acquire 'Some' competencies by the end of completion of specialist training in relevant specialties. In areas where PEoLC needs are encountered less often, there may be reliance on doctors' breadth of knowledge and expertise.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a doctor, you should:	
M 5.1	Recognise and respond to grief, including complicated grief, in the context of diagnosis and prognosis discussions for individuals with a life-shortening condition.
M 5.2	Meet patients and families with compassion and sensitivity, particularly those with additional communication needs (e.g., children or adolescents, those lacking capacity, language barriers, sensory impairments, or those with serious mental illness) to prepare and support them through the loss of loved ones.
M 5.3	Enable the person with a life-shortening condition and their carers to express their thoughts and feelings relating to illness, loss, and grief.
Some - As a doctor whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
M 5.4	Appreciate the nature of grief in individuals, families, and carers including recognising when grief becomes complicated and offer appropriate methods of addressing this grief including signposting resources to support them.
M 5.5	Be able to identify those experiencing complicated grief and recognise the need to refer for further support.
M 5.6	Recognise that grief may change over time, provide information on where to seek help if their needs change.
Few - As a doctor undertaking (or who have completed) relevant GMC approved palliative medicine specialty curricula, you should:	
M 5.7	Function as a resource to support the multidisciplinary team in the management of loss, grief, and bereavement for families.
M 5.8	Provide emotional support to those delivering palliative and bereavement care, for example using debriefs/ Schwartz rounds/ Balint groups, signposting to additional support where required.

Domain of competence 6 - Professional and ethical practice in the context of palliative and end of life care	
Professional and ethical practice is about considering how best to provide continuing & integrated care, respecting values, needs and wishes as health care needs change in the course of life shortening conditions.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Doctors progress from 'All' to 'Some' to 'Few'. The doctor should acquire 'Some' competencies by the end of completion of specialist training in relevant specialties. In areas where PEoLC needs are encountered less often, there may be reliance on doctors' breadth of knowledge and expertise.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All – As a doctor, you should:	
M 6.1	Be aware of and act according to the General Medical Council's Good Medical Practice as it applies to the care of people with life-shortening conditions.
M 6.2	Demonstrate an understanding of the difference between managing a life shortening condition and providing end of life care.
M 6.3	Demonstrate an understanding of and management of situations where opinions about treatment plans may differ between a patient, those important to them and members of the multi-disciplinary team (MDT).
M 6.4	Understand how legal and ethical frameworks can impinge on clinical decision making, including but not exclusive to: - Consent - Capacity - Best interests - Advance Decision to Refuse Treatment (ADRT) - Lasting Power of Attorney - Do not attempt cardio-pulmonary resuscitation (DNACPR) - Withholding and withdrawal of life sustaining treatment

Some - As a doctor whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
M 6.5	Participate in processes of clinical governance and quality assurance, and teaching, to maintain and improve professional and ethical practices in palliative and end of life care.

M 6.6	Understand and apply how legal and ethical frameworks impinge on clinical decision making including but not exclusive to: - Consent - Mental capacity - Best interests - Advance Decision to Refuse Treatment - Lasting Power of Attorney - Do Not Attempt Cardiopulmonary Resuscitation - Withholding and withdrawal of life sustaining treatment

Few - As a doctor undertaking (or who have completed) relevant GMC approved palliative medicine specialty curricula, you should:	
M 6.7	Facilitate the discussion and resolution of ethical issues that may arise in palliative and end of life care.
M 6.8	Demonstrate commitment to working in partnership with health care managers and providers to assess, coordinate, promote and improve individual safety in the context of palliative and end of life care.
M 6.9	Demonstrate an understanding of, and engagement with, the process of advancing knowledge, through research and continuous quality improvement in palliative and end of life care to inform service development and improve services.
M 6.10	Demonstrate leadership through advocating for on-going and continuous service development, both in hours and out of hours.
M 6.11	Facilitate appropriate engagement of service users in the development of palliative and end of life care services, have an awareness of the needs of local populations, and take this into account when developing PEoLC services.
M 6.12	Communicate and advance the distinct contribution of palliative medicine.
M 6.13	Understand and apply legal and ethical frameworks as part of complex clinical decision making (referring to ethics committee, courts etc. where appropriate): - Consent - Capacity - Best interests - Advance Decision to Refuse Treatment - Lasting Power of Attorney - Do Not Attempt Cardiopulmonary Resuscitation - Withholding and withdrawal of life sustaining treatment

Profession Specific Competencies

Pharmacy

Domain Of Competence 1 – Principles of palliative and end of life care	
Palliative and end of life care aims to improve the quality of life of people with life-shortening conditions and their families, not only by treating their physical symptoms but also by attending to their psychological, social and spiritual needs. Palliative and end of life care is applicable for people of any age and may be integrated at any point in the illness trajectory from diagnosis or identification of Palliative and end of life care need, through the continuum of recognition of end of life care to bereavement.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Pharmacy professionals progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All – As a Pharmacy professional, you should:	
P 1.1	Integrate the principles of palliative and end of life care into pharmacy practice.
P 1.2	Be able to apply a basic knowledge and understanding of common life-shortening conditions to identify and prioritise patients with palliative end of life care needs.
P 1.3	Demonstrate knowledge of symptoms commonly experienced by individuals with life-shortening conditions and their treatments.
P 1.4	Be able to locate, access, interpret and apply information about medicines used in palliative care at an appropriate level.
P 1.5	Demonstrate an awareness that the pharmaceutical needs of individuals with life shortening conditions may be impacted by psychological, cultural, religious, social, and spiritual factors.
P 1.6	Be able to provide pharmaceutical care for the management of symptoms throughout the course of a person's illness and at the end of life as appropriate within their role.
P 1.7	Within their area of competence, recognise and understand the pharmaceutical care needs of people with life-shortening conditions, acknowledging that priorities may change over time.
P 1.8	Be able to identify and respond appropriately to the needs of individuals living with life-shortening conditions and their families to support evidence-based practice.
P 1.9	Be able to identify and/or respond appropriately to pharmaceutical needs (identified by other health and social care professionals to support the provision of evidence-based practice).
P 1.10	Be able to understand the role of specialist palliative and end of life care services in supporting health and social care professionals to provide good palliative care to individuals with a life-shortening condition.
P 1.11	Maintain individual confidentiality, privacy, and autonomy throughout the disease trajectory.
P 1.12	Be able to identify and respond to ethical dilemmas in the best interests of the individual.

Some – As a registered pharmacy professional working at/towards core advanced accreditation, or equivalent, whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
P 1.13	Integrate the physical, psychological, social, and spiritual needs of individuals with life-shortening conditions into the provision of pharmaceutical care and pharmacy practice.
P 1.14	Provide leadership in the delivery of palliative care provision within your health and social care system.
P 1.15	Integrate the physical, psychological, social, and spiritual needs of individuals with life-shortening conditions into the provision of pharmaceutical care and pharmacy practice.
P 1.16	Provide leadership in the delivery of palliative care education within your health and social care system.
P 1.17	Contribute to and lead on audit and research in palliative care to inform and improve practice.

Few - As a specialist palliative and end of life care pharmacist working at/ towards consultant level, or equivalent accreditation, you should:	
P 1.18	Apply extensive knowledge of the full spectrum of life-shortening conditions, the associated symptoms, and treatments.
P 1.19	Identify and actively respond to complex pharmaceutical needs, using specialist resources if necessary and taking responsibility for and supporting the provision of evidence-based practice in a variety of care settings.
P 1.20	Provide leadership in the identification, development, and implementation of medicines-related palliative care guidance and policy.
P 1.21	Influence and promote strategic initiatives and policy development for palliative care services at local, regional, and national levels.
P 1.22	Lead the development and delivery of palliative care education at a national level.
P 1.23	Lead, facilitate and contribute to audit and research in the field of palliative care to improve practice.

Domain Of Competence 2 - Communication in palliative and end of life care	
Effective communication is essential to the appropriate application of palliative and end of life care.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Pharmacy professionals progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a pharmacy professional, you should:	
P 2.1	Be caring, empathetic and sensitive to the needs and rights of individuals with life-shortening conditions when communicating with them and their families about medication issues.
P 2.2	Recognise that individuals with life-shortening conditions may have specific communication, cultural and language needs and that pharmaceutical care should be delivered at an appropriate level and using an appropriate method for the person and their family.
P 2.3	Seek appropriate support when communication needs are complex.
P 2.4	Endeavour to ensure that individuals with life-shortening conditions and their families understand the information they receive regarding medications.
P 2.5	Communicate recommendations regarding appropriate use of medicines to other health and social care professionals to inform decision-making about medications used in palliative care.
P 2.6	Understand the importance of communicating with health and social care professionals in various care settings to ensure the seamless delivery of pharmaceutical care and facilitate timely access to medications for patients with life shortening conditions and their families.
P 2.7	Anticipate potential communication challenges that may arise when supporting individuals with life-shortening conditions.
Some - As a registered pharmacy professional working at/towards core advanced accreditation, or equivalent, whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
P 2.8	Implement strategies to support effective communication, utilising the skills of other members of the multidisciplinary team when necessary.
P 2.9	To seek opportunities to develop advanced communication skills.
P 2.10	Demonstrate the ability to use a variety of strategies to engage in highly skilled, empathetic, individualised, and timely communication with individuals with a life-shortening condition, their family, and other health and social care professionals supporting their care.
P 2.11	Act as an advocate for individuals with life-shortening conditions, actively participating in discussions regarding their pharmaceutical care.
P 2.12	Facilitate the multidisciplinary teaching of communication skills with regards to pharmaceutical care.

Few - As a specialist palliative and end of life care pharmacist working at/ towards consultant level, or equivalent accreditation, you should:	
P 2.13	To seek opportunities to develop advanced communication skills.
P 2.14	Apply a range of strategies to deliver highly skilled, empathetic, individualised, and timely communication with individuals with a life-shortening condition, their family and other health and social care professionals supporting their care.
P 2.15	Act as an advocate for individuals with life-shortening conditions, actively participating in discussions regarding their pharmaceutical care.
P 2.16	Facilitate the multidisciplinary teaching of communication skills with regards to pharmaceutical care.

Domain of competence 3 - Optimising comfort and quality of life	
Individuals with life-shortening conditions and their families can be affected not only in physical, but also in psychological, social and spiritual ways. Optimising quality of life and living as fully as possible.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Pharmacy professionals progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a pharmacy professional, you should	
P 3.1	Understand the importance of the timely provision of medication for symptom control and disease management.
P 3.2	Demonstrate the level of knowledge appropriate to their level of training regarding treatment choices for symptoms experienced by people with life-shortening conditions and the pharmaceutical care issues associated with these treatments.
P 3.3	Recognise that there are adverse effects associated with medications used for individuals with life-shortening illnesses. Registered pharmacy professionals should be able to inform individuals and their families regarding the identification and management of common adverse effects of medications.
P 3.4	Understand the benefits of medicines optimisation for individuals with life-shortening conditions. Registered pharmacy professionals should undertake individual-specific medicines optimisation in their area of competence (for example: recommending alternative medicines or dosage forms, prescribing and providing advice regarding the prevention or control of medication related adverse effects or interactions).
P 3.5	Recognise and respond appropriately to psychosocial issues which may impact compliance and concordance with medications.
P 3.6	Be able to appropriately manage any issues and concerns that individuals with life-shortening illnesses and their families may have about medications being used to treat symptoms.
P 3.7	Be able to show an awareness of factors relating to the dispensing and supply of medicines, particularly unlicensed medicines, medicines shortages, off-label usage of medicines and high-cost medicines.
P 3.8	Recognise when it is appropriate to refer individuals with life-shortening conditions to other health care professionals.
P 3.9	Recognise and seek advice as appropriate for pharmaceutical issues relating to the administration of medications used in palliative care, including those used in an off-label or unlicensed manner.

Some - As a registered pharmacy professional working at/towards core advanced accreditation, or equivalent, whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
P 3.10	Apply knowledge of pharmacological treatment options for symptoms in individuals with life-shortening conditions.

P 3.11	Support and advise prescribers making decisions to modify the pharmacological management of co-morbidities.
P 3.12	Provide expert advice on pharmaceutical issues relating to the administration of medications used in palliative care, including those used in an off-label or unlicensed manner.
P 3.13	Demonstrate experience in advising prescribers, or as a prescriber in making decisions, to modify the pharmacological management of co-morbidities.
P 3.14	Recognise opportunities where de-prescribing medications would be appropriate to improve the quality of life of individuals with life-shortening illnesses.

Few - As a specialist palliative and end of life care pharmacist working at/ towards consultant level, or equivalent accreditation, you should:	
P 3.15	Advise prescribers, or act as a prescriber, in making complex decisions to modify the pharmacological management of co-morbidities.
P 3.16	Apply in-depth knowledge and clinical application of pharmacological treatment options to support the management of complex needs.
P 3.17	Provide leadership, expertise and education to colleagues on the pharmacological management of complex individuals with life-shortening conditions.
P 3.18	Collaborate in multidisciplinary initiatives to develop national standards for medicines optimisation in palliative and end of life care.

Domain of competence 4 - Care planning and collaborative practice	
Care planning in palliative and end of life care, including future care planning is characterised by engaging and integrating person centred care to promote living fully as possible and quality of life for people with life-shortening conditions. The wishes and concerns of families and carers should be considered as part of this process.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Pharmacy professionals progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a pharmacy professional, you should:	
P 4.1	Be able to collaborate with individuals, their families and other health and social care professionals, effectively manage pharmaceutical care and ensure access to end of life medications.
P 4.2	Recognise that individuals with life-shortening illnesses may have a future care plan to support the management of rapidly changing symptoms.
P 4.3	Identify patients that may have medication related care planning needs and seek support to manage these as needed.
P 4.4	Recommend strategies to manage medication recalls or medication/ dosage formulation shortages to avoid any disruption to care at the end of life.
P 4.5	Provide advice to other health and social care professionals regarding commonly used difficult to source medications.
P 4.6	Support a culture of reporting and learning from errors and incidents to demonstrate improvement in patient safety for palliative care patients.
Some - As a registered pharmacy professional working at/towards core advanced accreditation, or equivalent, whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
P 4.7	Implement prudent use of medicines in palliative care, providing advice to other health and social care professionals regarding specialised and difficult to source medications.
P 4.8	Work as part of a multi-disciplinary team, advising on, prescribing, and monitoring medications for individuals with life-shortening conditions.
P 4.9	Recognise the risks vs benefits of pharmaceutical interventions made, including consideration for the preferences of individuals and their families, and advise other health and social care professionals to minimise the risk of harm.
P 4.10	Individualise pharmaceutical care to address the physical and psychosocial needs of people with life-shortening conditions.
P 4.11	Identify potential medication safety risks and educate individuals with life-shortening conditions and their families on the correct use of medications used in palliative care, referring to other health and social care professionals where appropriate.
P 4.12	Show flexibility in medication related care planning, acknowledging that the individual's priorities can alter with a change in their condition and disease advancement.
P 4.13	Promote patient safety in palliative care by developing and improving local policy informed by learning from reported errors.

Few- As a specialist palliative and end of life care pharmacist working at/ towards consultant level, or equivalent accreditation, you should:	
P 4.14	Embed within the specialist palliative care multidisciplinary team, providing expert pharmaceutical care for people with life-shortening conditions with complex symptoms.
P 4.15	Act as an expert clinical resource, as required, to generalist providers of palliative care regarding the use of medicines in palliative care.
P 4.16	Promote the safe use of medicines in palliative care by improving medication use processes and developing and implementing medication safety strategies for high-risk medications at a national level.
P 4.17	Take accountability for the implementation and evaluation of pharmaceutical aspects of guidelines, policies and strategies relating to palliative and end of life care at both an organisational and national level.
P 4.18	Model best practice to support and enable other health and social care professionals to deliver care aligned with regional and national priorities for palliative and end of life care.

Domain of competence 5 - Loss, grief and bereavement	
Professionals using the Palliative and end of life care approach have an important role to play in supporting bereaved people by providing information and support to all and by identifying those who may require further support which may include bereavement therapy or counselling. While ensuring that bereavement standards and bereavement framework for Wales are considered and followed.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Pharmacy professionals progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a pharmacy professional, you should:	
P 5.1	Be able to understand the impact a life-shortening diagnosis may have on an individual and their family.
P 5.2	In context of your role appreciate the needs of family and carers about expression and management of grief.
P 5.3	Identify patients and family members with potential complex grief needs and refer them as appropriate.
P 5.4	Be aware of bereavement support services and how to refer to those who are bereaved.
P 5.5	Make every contact count by proactively using any opportunities to assist those bereaved to access support.
P 5.6	Facilitate the safe return and disposal of medicines as appropriate.
P 5.7	Reflect on experiences with individuals with life-shortening conditions and bereaved family members to inform professional practice.

Few - As a specialist palliative and end of life care pharmacist working at/ towards consultant level, or equivalent accreditation, you should:	
P 5.8	Provide training and support for other health and social care professionals on the recognition and management of grief.
P 5.9	Advise on the management of complex symptoms that may be exacerbated by grief, psychological or spiritual distress.

Domain of competence 6 - Professional and ethical practice in the context of palliative and end of life care	
Professional and ethical practice is about considering how best to provide continuing & integrated care, respecting values, needs and wishes as health care needs change in the course of life shortening conditions.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Pharmacy professionals progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a pharmacy professional, you should	
P 6.1	Be aware of and act according to the standard operating procedures, policies and legislation that exist in relation to pharmacy and medicines management practice.
P 6.2	Understand that in situations where a person lacks the capacity to make decisions or where conflicting published evidence exists, decisions must be made in the best interests of the person, in collaboration with the family and other members of the multidisciplinary team.
P 6.3	Show understanding of the difference between managing a life-shortening condition and providing end of life care.
P 6.4	Know the importance of maintaining professional boundaries when working with individuals with life-shortening conditions.
P 6.5	Be able to work with pharmacy colleagues and other health and social care professionals to assess, co-ordinate, promote and improve medication safety in the context of palliative care.
P 6.6	Facilitate appropriate engagement of service users in the development of palliative care services.
P 6.7	Participate in the discussion and resolution of ethical dilemmas that may arise in palliative care.
P 6.8	Participate in professional supervision, reflective practice, or peer review processes to monitor personal and professional responses to clinical situations.

Some - As a registered pharmacy professional working at/towards core advanced accreditation, or equivalent, whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
P 6.9	Apply the General Pharmaceutical Council (GPhC) Professional Standards to the care of people with life-shortening conditions.
P 6.10	Prescribe within your area of competence, where appropriate, ensuring to the Royal Pharmaceutical Society Prescribing Competency Framework.

Few - As a specialist palliative and end of life care pharmacist working at/towards consultant level, or equivalent accreditation, you should:	
P 6.11	Influence processes and behaviours that determine how medicines are used in palliative care at a national level.
P 6.12	Collaborate with other health and social care professionals to assess, coordinate, promote and improve individual medication safety in the context of palliative care.

P 6.13	Apply quality improvement and risk management processes in the context of palliative care.
P 6.14	Advance palliative care through the development and application of knowledge and research.
P 6.15	Lead in advocating for continuous service development and professional practice at a national level.
P 6.16	Communicate and promote the distinct contribution of pharmacy in palliative and end of life care.

Profession Specific Competencies

Registered Nursing (RN)

This section focuses on registered nursing competencies across the three fields of adult, learning disability (LD), and mental health (MH) nursing. **For children's nursing competencies**, please refer to the relevant UK-wide documents as they provide the most appropriate guidance. While this document acknowledges that children's and young people's care can be part of learning disability and mental health nursing, it is essential to use the children-specific UK competency frameworks in those instances, alongside this framework.

Domain of competence 1 - Principles of Palliative and End of life Care	
Palliative and end of life care aims to improve the quality of life of people with life-shortening conditions and their families, not only by treating their physical symptoms but also by attending to their psychological, social and spiritual needs. Palliative and end of life care is applicable for people of any age and may be integrated at any point in the illness trajectory from diagnosis or identification of palliative and end of life care need, through the continuum of recognition of end of life care to bereavement.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Registered Nurses progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a registered nurse, you should:	
RN 1.1	Understand and recognise common trajectories of life-shortening conditions.
RN 1.2	Understand the impact that psychological responses, social stressors, and spiritual dimensions to loss may have on the mental health and decision making of the person with a life-shortening condition and their family and take this into account when planning care.
RN 1.3	Understand, recognise, and address pathological responses to loss which may impact the mental health and decision-making of individuals and families.
RN 1.4	Provide education to people with life-shortening conditions, their carers and colleagues in the context of their role and at an appropriate level.
RN 1.5	Be aware of the potential role of specialist palliative care services in supporting staff in other agencies to provide a palliative care approach to people with a life-shortening condition. to people with a life-shortening condition.
RN 1.6	Using a person-centred approach recognise the need for effective signposting and support.
RN 1.7	Understand the scope and limitations of meeting complex care needs in a specific dynamic care setting.
RN 1.8	Participate in professional supervision, reflective practice, or peer review processes to monitor personal and professional responses to clinical situations.

RN 1.9	Be able to manage death and dying across different settings, for a range of different people including those with Mental Health (MH) or Learning Disability (LD) needs in the context of other residents with ambient and environmental stressors.

Some - As a registered nurse whose role involves regular support of people with shortening conditions (not limited to those in SPCT), you should:	
RN 1.10	Apply understanding of the full spectrum of trajectories of life-shortening conditions within the context of current clinical practice.
RN 1.11	Apply the principles and philosophy of palliative care to the care of people with life-shortening conditions and their families.
RN 1.12	Provide effective and compassionate leadership in the delivery of care using a palliative care approach.
RN 1.13	Recognise and deliver palliative care education needs in their local work environment.
RN 1.14	Recognise when the person's care needs are complex and require appropriate referral to specialist palliative care.
RN 1.15	Apply a palliative approach to care across varied health and social care settings.
RN 1.16	Facilitate the integration of research and evidence-based practice within their clinical role.

As a registered MH nurse, you should:	
RN 1.17	Understand the scope of continuing palliative care provision across different dynamic mental health care settings.
As a registered LD nurse, you should:	
RN 1.18	Recognise and identify a range of life-shortening conditions that are more prevalent in persons with learning disability which may require palliative care.
RN 1.19	Develop knowledge and skills to support a person with a learning disability who has a life-shortening condition.

Few – As a Clinical Nurse Specialist (CNS), Enhanced Nurse, Advanced Nurse, or Consultant Nurse in specialist palliative care whose role is the provision of care for people with life-shortening conditions, depending on your role, job description and agreed scope of practice, you should:	
RN 1.20	Apply advanced understanding of the full spectrum of trajectories of life-shortening conditions (including prognostic factors, symptoms, and problems) within current clinical practice.
RN 1.21	Recognise and manage pathological responses to loss that may impact behaviour and decision-making of individuals and families.
RN 1.22	Support colleagues in managing pathological responses that affect behaviour and decision-making of individuals and families.
RN 1.23	Act as an expert resource by leading, facilitating, and engaging in education, service development, and research in palliative care, collaborating with stakeholders in line with governance and policy drivers.
RN 1.24	Identify and respond to the learning needs of people living with life-shortening conditions, their families, and health care professionals, sharing knowledge and supporting evidence-based practice across care settings.

RN 1.25	Influence policy by presenting evidence to support palliative care needs and service developments.
RN 1.26	Undertake research in the field of palliative care and its application to practice.
RN 1.27	Commit to continued professional development working within agreed competencies, scopes of practice and governance frameworks in specialist palliative care.
RN 1.28	Take the lead in local and national evaluation of Palliative and End of Life Care services.
RN 1.29	Conduct consultations using advanced clinical reasoning to assess and manage physical and psychosocial symptoms in line with standard guidelines.
As a registered LD nurse, you should:	
RN 1.30	Support other health and social care professionals to understand the unique and/or complex issues that may present in a person with a learning disability and a life-shortening condition.

Domain of competence 2 - Communication in palliative and end of life care	
Effective communication is essential to the appropriate application of palliative and end of life care.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Registered Nurses progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All- As a registered nurse, you should:	
RN 2.1	Be able to assess the person's current understanding of their health status.
RN 2.2	Be able to communicate with individuals and their families in the context of palliative care and effectively respond to question regarding the patients' health and prognosis.
RN 2.3	Taking account of the person's needs and wishes, be able to address questions regarding diagnosis in an accurate and empathetic manner, referring where appropriate.
RN 2.4	Understand the importance of ongoing communication and how it can influence patients in understanding their situation and influence decision making.
RN 2.5	Recognise and support resolution of potential conflict in decision- making in the context of palliative care.
Some - As a registered nurse whose role involves regular support of people with shortening conditions (not limited to those in SPCT), you should:	
RN 2.6	Anticipate and address questions regarding likely prognosis in an accurate and empathetic manner, taking account of the person's needs and wishes, and referring where appropriate.
RN 2.7	Recognise when the expertise of the multidisciplinary team is required to enhance and support communication with the person with a life-shortening condition and their family.
RN 2.8	Apply advanced understanding of the complex and sensitive nature of communication in palliative care by anticipating potential difficulties, employing appropriate communication strategies, and involving the multidisciplinary team as needed.
RN 2.9	Provide effective person-centred communication with people who may have specific communication needs, utilising aids as required for those who have life-shortening conditions.
RN 2.10	Facilitate the integration of research and evidence-based communication strategies within clinical practice.
As a registered MH nurse, you should:	
RN 2.11	Acknowledge and utilise the role of specialist palliative care services in supporting staff to provide a palliative care approach for people with a mental illness and a life-shortening condition.

As a registered LD nurse, you should:	
RN 2.12	Confidently discuss diagnosis, treatment, and prognosis with people with a learning disability, using appropriate communication aids.
RN 2.13	Support colleagues in the development of knowledge regarding communication with the person with a learning disability.
RN 2.14	Act as an advocate for the person with learning disability in all interactions with members of the multidisciplinary team, including learning disability nurses, family carers, acute hospital services, the primary care team and the specialist palliative care team.

Few - As a Clinical Nurse Specialist (CNS), Enhanced Nurse, Advanced Nurse, or Consultant Nurse in specialist palliative care whose role is the provision of care for people with life-shortening conditions, depending on your role, job description and agreed scope of practice, you should:	
RN 2.15	Exhibit confidence and competence in communication skills appropriate to your role and scope of practice when engaging with individuals and their families in the context of palliative care.
RN 2.16	Convey and respond appropriately to the needs of the family of a person with a life-shortening condition when information regarding diagnosis and prognosis is being provided
RN 2.17	Accurately communicate information regarding diagnosis, treatment, and prognosis, using communication aids where appropriate.
RN 2.18	Provide leadership through the promotion of effective multi-disciplinary team communication in the palliative care setting.
RN 2.19	Lead local and national evaluation of PEoLC services.
RN 2.20	Recognise and analyse complex individual situations and support the wider MDT in all care settings.
RN 2.21	Manage death and dying across varied settings in the context of other residents who may have ambient and environmental stressors.
RN 2.22	Employ a variety of strategies to engage in highly skilled, compassionate, individualised and timely communication with individuals with life-shortening conditions, their carers and members of the multidisciplinary team.
RN 2.23	Act as a mediator and advocate for the individual and the family to enable them to access appropriate and timely palliative care intervention and other relevant essential services.
RN 2.24	Maintain self-awareness of personal responses and remain engaged with individuals and carers, even in the most complex, intense, and changing circumstances.
RN 2.25	Serve as an expert to support and facilitate multidisciplinary teaching of communication skills.
RN 2.26	Act as an expert resource by leading, facilitating, and engaging in education, service development, and research in palliative care, collaborating with relevant stakeholders in line with governance and policy drivers.
RN 2.27	Undertake research in the field of palliative care and its apply findings to practice.

As a registered LD nurse, you should:	
RN 2.28	Identify and actively respond to the learning needs of the person with a learning disability and life-shortening condition, their family and members of the multidisciplinary team.
RN 2.29	Promote a greater understanding of the role of specialist palliative care services in providing care to the person with a learning disability who has a life-shortening condition.

Domain of competence 3 - Optimising comfort and quality of life in palliative and end of life care	
Individuals with life-shortening conditions and their families can be affected not only in physical, but also in psychological, social and spiritual ways. Optimising quality of life and living as fully as Possible.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Registered Nurses progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a registered nurse, you should:	
RN 3.1	Recognise the role of palliative care in enhancing an individual's quality of life.
RN 3.2	Be able to describe common chronic illnesses, the expected natural course and trajectories, common treatments, and complications.
RN 3.3	Be able to assess and manage uncomplicated symptoms associated with life-shortening conditions using guidelines and standard protocols of care and in the context of current scope of practice.
RN 3.4	Be able to identify, assess, and respond appropriately to common symptoms associated with life-shortening conditions.
RN 3.5	Manage and monitor effectiveness of symptom relief medication, infusion pumps and other devices. (NMC 2024 – Annexe B section 10)
RN 3.6	Use evidence-based, best practice approaches for meeting needs for care and support at the end of life, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions. (NMC 2024 – Annexe B section 10)
RN 3.7	Be able to recognise, plan and implement the care and management of potentially reversible causes of clinical deterioration.
RN 3.8	Be able to recognise and assist in the provision of immediate care for emergencies that may arise in the palliative care setting (e.g. spinal cord compression, hypercalcaemia, major haemorrhage) and know how and when to escalate.
RN 3.9	Be able to anticipate (where possible) and recognise a need for review of the plan of care and treatment escalation.
RN 3.10	Be able to support the person and their family to adapt to a focus on supportive palliative care.
RN 3.11	Be able to anticipate, recognise and respond effectively to signs and symptoms of imminent death.
RN 3.12	Be able to provide guidance and support to the individual and their family, preparing them for what to expect during the dying process.
RN 3.13	Provide care for the deceased person, and the bereaved, including care after death respecting cultural requirements and protocols. (NMC 2024 – Annexe B section 10)
RN 3.14	Understand the process for verifying expected death (VoED) and death certification.
RN 3.15	Have an awareness of the medical examiner's process and circumstances where a coroner's examination may be required.

Some - As a registered nurse whose role involves regular support of people with shortening conditions (not limited to those in SPCT), you should:	
RN 3.16	Evaluate the benefits, burdens, and risks of investigations and treatments, and collaborate with the MDT to determine their appropriateness for each individual.
RN 3.17	Recognise and provide immediate care for emergencies that may arise in palliative care (e.g. spinal cord compression, hypercalcaemia, major haemorrhage) and know when to escalate.
RN 3.18	Apply understanding of when and why to modify the management of co-morbidities in the context of life-shortening conditions.
RN 3.19	Confidently participate in discuss decisions about withholding or withdrawing treatment.
RN 3.20	Engage with the individual's experiences and provide relevant education to the person and their family, specifically linked to their care.
RN 3.21	Develop, implement, evaluate, and apply validated assessment tools and guidance.
As a registered LD nurse, you should:	
RN 3.22	Develop and apply knowledge of assessment tools that support the recognition of pain and other symptoms in people with a learning disability.

Few – As a Clinical Nurse Specialist (CNS), Enhanced Nurse, Advanced Nurse, or Consultant Nurse in specialist palliative care whose role is the provision of care for people with life-shortening conditions, depending on your role, job description and agreed scope you should:	
RN 3.23	Apply advanced knowledge of disease processes, treatments, concurrent disorders and likely outcomes to guide clinical decision-making to optimise comfort and quality of life.
RN 3.24	Analyse complex clinical information to inform diagnosis and decision making.
RN 3.25	Confidently participate in conversations with the MDT and recognise the changing needs, wishes and preferences of the individual and those closest to them.
RN 3.26	Provide expert advice on the pharmacological management of symptoms within your scope of practice.
RN 3.27	Prescribe medication for symptom management, including rationalising or de prescribing, in line with your scope of practice, registration, local policy, and the Royal Pharmaceutical Society Prescribing Competency Framework.
RN 3.28	Lead local and national evaluation of PEoLC services.
RN 3.29	Act as an expert resource able to lead, facilitate and engage in education, service development and research in palliative care in line with palliative care service needs. Collaborating with all relevant stakeholders in respect of appropriate governance and policy drivers.
RN 3.30	Undertake and apply research in palliative care to inform practice.
As a registered MH nurse, you should:	
RN 3.31	Facilitate collaborative working with the palliative care team in development of a shared plan of care accommodating the individual's beliefs and wishes.

Domain of competence 4 – Care planning and collaborative practice in palliative and end of life care	
Care planning in palliative and end of life care, including future care planning is characterised by engaging and integrating person centred care to promote living fully as possible and quality of life for people with life-shortening conditions. The wishes and concerns of families and carers should be considered as part of this process.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Registered Nurses progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a registered nurse, you should:	
RN 4.1	Be able to facilitate and participate in key events in the care of the person with a life-shortening condition, such as family meetings and initiate conversations around future care planning.
RN 4.2	Be able to recognise when the individual's care needs are complex and require referral to specialist palliative care.
RN 4.3	Be able to refer the individual and those closest to them to other health and social care professionals to provide support outside the scope of palliative care practice.
RN 4.4	Demonstrate ability to recognise that the person may lose capacity to make decisions at end of life.
RN 4.5	Understand that in situations where a person lacks capacity to make decisions, the nurse acts as an advocate to ensure decisions made are in the best interests of the person and follow the Mental capacity act.
RN 4.6	Understand and apply, organ and tissue donation protocols. (NMC 2024 – Annexe B section 10).
RN 4.7	Understand the importance of timely referral to specialist palliative care teams or relevant services.
RN 4.8	Demonstrate an awareness of the need for communicating with primary care teams and other teams that may impact the delivery of care. Supporting the facilitation of admission/transfer or discharge of patients between environments.
RN 4.9	Be able to develop effective relationships with other health care providers, managers and those responsible for governance and quality management.
RN 4.10	Demonstrate the ability to jointly develop and implement care plans and anticipatory care pathways for individuals with mental health conditions.
RN 4.11	Assess and review preferences and care priorities of the dying person and their family and carers (NMC 2024 – Annexe B section 10).
Some - As a registered nurse whose role involves regular support of people with shortening conditions (not limited to those in SPCT), you should:	
RN 4.12	Participate actively as a member of the multidisciplinary team in key events in individual care, such as family meetings and future care planning.
RN 4.13	Refer individuals with a life-shortening condition and their family members to other health care professionals to assess, treat and manage individual and family care issues outside the scope of palliative care practice.

RN 4.14	Collaborate with the individual, those closest to them, carers and other residents and different care teams.
RN 4.15	Facilitate discussions and respond to questions regarding organ donation, the Medical Examiner process, and/or the coroner, offering clear guidance on what happens next and appropriate signposting.
RN 4.16	Provide leadership through the development of innovative services that will meet the needs of individuals with a life shortening condition.
As a registered LD nurse, you should:	
RN 4.17	Engage in a timely manner with an individual who has a learning disability, and their wider support network.
RN 4.18	Promote the use of appropriate guidelines for life-shortening conditions in individuals with a learning disability.

Few - As a Clinical Nurse Specialist (CNS), Enhanced Nurse, Advanced Nurse, or Consultant Nurse in specialist palliative care whose role is the provision of care for people with life-shortening conditions, depending on your role, job description and agreed scope of practice, you should:	
RN 4.19	Provide compassionate clinical leadership in specialist palliative care to enhance the quality of care of individuals and those closest to them.
RN 4.20	Develop effective relationships with other health care providers, managers and those responsible for governance and quality management.
RN 4.21	Participate actively as a member of the multidisciplinary team in key events in care, such as family meetings and future care planning.
RN 4.22	Evaluate and respond to the scope and capacity for anticipating and managing changing needs in a palliative care context within all settings.
RN 4.23	Lead in local and national evaluation of PEoLC services.
RN 4.24	Deliver psychological and therapeutic interventions within your scope of practice, referring to specialist services as appropriate to meet the needs of the patient.
RN 4.25	Apply understanding of the scope and limitations of meeting complex care needs in a specific dynamic care setting.
RN 4.26	Act as an expert resource able to lead, facilitate and engage in education, service development and research in palliative care in line with palliative care service needs. Collaborating with all relevant stakeholders in respect of appropriate governance and policy drivers.
RN 4.27	Undertake and apply research in the field of palliative care to inform and enhance practice.
As a registered LD nurse, you should:	
RN 4.28	Actively engage in end of life decision making and planning whilst respecting the individuality of the person with a learning disability and remain open to potential change.
RN 4.29	Initiate referrals for the person with a learning disability with a life-shortening condition and their family to other health care professionals to assess, treat and manage individual and family care issues outside the scope of palliative care practice.

Domain of competence 5 - Loss, grief and bereavement in palliative and end of life care	
Professionals using the Palliative and end of life care approach have an important role to play in supporting bereaved people by providing information and support to all and by identifying those who may require further support which may include bereavement therapy or counselling. While ensuring that bereavement standards and bereavement framework for Wales are considered and followed.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Registered Nurses progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a registered nurse, you should:	
RN 5.1	Demonstrate and acknowledge an understanding of normal and pathological responses to the diagnosis/prognosis of a life-threatening condition, including care after death.
RN 5.2	Recognise and understand that individual responses to a life-threatening diagnosis can be different.
RN 5.3	Recognise that patients and families may need the opportunity to explore their religious, pastoral and spiritual needs, referring as appropriate.
RN 5.4	Demonstrate an ability to address the immediate management of such issues or make an appropriate referral.
RN 5.5	Guided by specific and direct terminology, to aid appropriate discussion and the understanding of diverse populations.
RN 5.6	Demonstrate an ability to identify those experiencing complex and disenfranchised grief and refer appropriately.
RN 5.7	Provide proactive and professional approach to individuals and their families when delivering effective bereavement.
RN 5.8	Recognise that there are a variety of psychological responses to diagnosis and illness.
RN 5.9	Act as a resource to support colleagues in the management of loss, grief, and bereavement.
RN 5.10	Understand the impact of a person/client's death on other client's, family, and staff.
RN 5.11	Enable cultural, religious and belief processes within care settings such as "months mind" to acknowledge residents/patients experiences of loss, grief, and bereavement.
RN 5.12	Respond to the impact of loss, grief and bereavement among staff caring for people, potentially over a long period of time.

Some - As a registered nurse whose role involves regular support of people with shortening conditions (not limited to those in SPCT), you should:	
RN 5.13	Apply strategies to identify the losses that persons with cognitive and sensory impairment encounter and utilise appropriate interventions to address these when managing their palliative care needs, considering reasonable adjustments where possible.
RN 5.14	Recognise individuals and families experiencing complicated grief and utilise resources to support them.

RN 5.15	Address appropriately complex and disenfranchised grief in individuals, families, and carers and appropriate methods of addressing this grief.
RN 5.16	Signpost to counselling services if appropriate/available.
RN 5.17	Recognise the significance of special remembrance (e.g. birthdays, anniversaries) for individuals.
RN 5.18	Evaluate and respond to the impact of an individual's death on others, that can include other patients, residents or staff specifically regarding expression and management of grief.
RN 5.19	Recognise and manage the bereavement, grief and loss process which individuals and families experience before, during and after death.
RN 5.20	Recognise the variety of psychological responses to diagnosis and illness.
RN 5.21	Appropriately manage the psychological impact of death and dying on individuals with increased stress vulnerability.
RN 5.22	Ensure that all aspects of bereavement care are delivered ethically and under safeguarding policies.
As a registered LD nurse, you should:	
RN 5.23	Apply an understanding of the factors that shape the experiences of illness and death and the impact these experiences may have on the person with a learning disability.
RN 5.24	Use appropriate approaches to managing grief and loss in people with a learning disability.
RN 5.25	Recognise the roles of the various members of the multidisciplinary team in providing bereavement support to people with a learning disability.
RN 5.26	Identify and respond to unresolved loss in the person with a learning disability.

Few – As a Clinical Nurse Specialist (CNS), Enhanced Nurse, Advanced Nurse, or Consultant Nurse in specialist palliative care whose role is the provision of care for people with life-shortening conditions, depending on your role, job description and agreed scope of practice, you should:	
RN 5.27	Apply advanced knowledge of theories of loss and grief and refer appropriately to other palliative care professionals for complex case issues.
RN 5.28	Analyse and respond to the grieving process and reactions, selecting and implementing appropriate approaches to support individuals and their families throughout the disease trajectory and after death.
RN 5.29	Proactively manage complex grief reactions including referral to relevant disciplines or agencies as required.
RN 5.30	Mentor and educate colleagues to understand the personal impact of loss, grief and bereavement, supporting them to recognise their own loss responses and encouraging engagement in activities to maintain their resilience.
RN 5.31	Recognise and respond appropriately to the impact of loss and function as a resource to support colleagues in the management of loss, grief, and bereavement.
RN 5.32	Lead local and national evaluation of bereavement standards and guidance.
RN 5.33	Act as an expert resource able to lead, facilitate and engage in education, service development and research in palliative care in line with palliative care service needs. Collaborating with all relevant stakeholders in respect of appropriate governance and policy drivers.

RN 5.34	Undertake and apply research in the field of palliative care to inform practice.
As a registered MH nurse, you should:	
RN 5.35	Provide clinical interventions including family psycho-education, bereavement support and counselling as appropriate.
As a registered LD nurse, you should:	
RN 5.36	Provide clinical interventions including family psycho-education, bereavement support and counselling as appropriate.

Domain of competence 6 - Professional and ethical practice in the context of palliative and end of life care	
Professional and ethical practice is about considering how best to provide continuing & integrated care, respecting values, needs and wishes as health care needs change in the course of life shortening conditions.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Registered Nurses progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All – As a registered nurse, you should:	
RN 6.1	Be aware of and act according to the current code of professional conduct for Nurses and Midwives, as it applies to the care of people with life-shortening conditions.
RN 6.2	Be aware of local and national policies that have an impact on professional and ethical practice.
RN 6.3	All nurses are aware of their local and national policies in relation to social media and Apps sharing of information via platforms, etc.
RN 6.4	Obtain copies of all legally binding documents that can determine the appropriateness of nursing and wider team decision making and share as appropriate with relevant teams.
RN 6.5	Understand the difference between palliative and end of life care.
RN 6.6	Recognise the importance of patients and families to have autonomy and decision making where appropriate, advocating on their behalf when they cannot do so.
RN 6.7	Understanding the principles of the mental capacity act.
RN 6.8	Demonstrate understanding of assessment of capacity.
Some - As a registered nurse whose role involves regular support of people with shortening conditions (not limited to those in SPCT), you should:	
RN 6.9	Work in partnership with health care managers and providers to assess, coordinate, promote and improve safety in the context of palliative care.
RN 6.10	Apply an understanding of capacity assessment and the process of obtaining consent.
RN 6.11	Identify and monitor professional behaviours of nursing staff.
RN 6.12	Ensure professional policies and pathways are available for all staff to access.
RN 6.13	Evaluate professional and ethical practices and act upon feedback.
RN 6.14	Advocate for ongoing and continuous service development.
RN 6.15	Engage with organisation's whistle blowing policy when concerns are raised.
RN 6.16	Recognise when current treatment is no longer appropriate and engage in dialogue with the patient, family and the multidisciplinary team members in decisions regarding future/appropriate care.
RN 6.17	Promote best practice and educate colleagues regarding topical learning.

As a registered MH nurse, you should:	
RN 6.18	Communicate effectively the principles of palliative care with the comprehension and decision-making capacity of persons with mental health conditions.
RN 6.19	Assess and identify communication and comprehension challenges that may affect an individual's mental health and decision-making capacity, implement appropriate palliative care principles in response, and engage relevant healthcare teams when escalation or additional support is required to meet the person's needs.
As a registered LD nurse, you should:	
RN 6.20	Engage in discussions as it relates to capacity and consent for the person with a learning disability and a life-shortening condition.
RN 6.21	Provide leadership in identifying and addressing the barriers that exist for people with a learning disability who have a life-shortening condition and require palliative care.

Few – As a Clinical Nurse Specialist (CNS), Enhanced Nurse, Advanced Nurse, or Consultant Nurse in specialist palliative care whose role is the provision of care for people with life-shortening conditions, depending on your role, job description and agreed scope of practice, you should:	
RN 6.22	Work in partnership with healthcare managers, MDT members, and providers to assess, coordinate, promote, and improve safety in palliative care.
RN 6.23	Advocate for individuals when challenges affect interactions or decision-making regarding end-of-life care.
RN 6.24	Apply understanding of quality improvement processes and undertake quality improvement initiatives in palliative and end-of-life care.
RN 6.25	Manage potential breaches of professional behaviours of nursing staff in accordance with local and national policies.
RN 6.26	Challenge complex decisions regarding whether offered interventions are meeting the patient's priorities.
RN 6.27	Communicate and advance the distinct contribution of palliative nursing.
RN 6.28	Act as an expert resource able to lead, facilitate and engage in education, service development and research in palliative care in line with palliative care service needs. Collaborating with all relevant stakeholders in respect of appropriate governance and policy drivers.
RN 6.29	Lead local and national evaluation of PEoLC services.
RN 6.30	Undertake and apply research in palliative care to inform practice.
RN 6.31	Participate as part of the MDT in discussing and resolving ethical dilemmas arising in palliative and end of life care.
RN 6.32	Undertake DNACPR discussions and complete DNACPR forms in accordance with All Wales policy, if within your role, job description, and scope of practice.
As a registered MH nurse, you should:	
RN 6.33	Ensure the individual's wishes are met within the context of the mental health setting.
RN 6.34	Negotiate between existing policies within a given setting and show the ability capacity to respect and respond to an individual's wishes relating to end of life care.

As a registered LD nurse, you should:	
RN 6.35	Ensure the individual's wishes are met within the context of the learning disability setting.
RN 6.36	Negotiate between existing policies within a given setting and the capacity to respond to an individual's wishes relating to end of life care.

Profession Specific Competencies

Midwifery

Domain of competence 1 - Principles of Palliative and End of life Care	
Palliative and end of life care aims to improve the quality of life of people with life-shortening conditions and their families, not only by treating their physical symptoms but also by attending to their psychological, social and spiritual needs. Palliative and end of life care is applicable for people of any age and may be integrated at any point in the illness trajectory from diagnosis or identification of palliative and end of life care need, through the continuum of recognition of end of life care to bereavement.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Registered Midwives progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Registered Midwife, you should:	
MID 1.1	Demonstrate an understanding of how psychological responses to loss, social stressors, and spiritual/religious beliefs can influence mental health and decision-making in women and families and incorporate this understanding into individualised care planning.
MID 1.2	Recognise, respond to, and appropriately refer when pathological responses to grief and loss are affecting the mental health and decision-making capacity of parents and families.
MID 1.3	Recognise the value of, and collaborate with, specialist palliative care services to support the provision of holistic, compassionate, and appropriate care for women and newborns with life-shortening conditions.
MID 1.4	Demonstrate an understanding of the core principles of palliative care and how they apply within maternity and neonatal care settings, including antenatal, intrapartum, and postnatal contexts.
MID 1.5	Participate in professional supervision, reflective practice, or peer review processes to monitor personal and professional responses to clinical situations.

Domain of competence 2 - Communication in palliative and end of life care	
Effective communication is essential to the appropriate application of palliative and end of life care.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Registered Midwives progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Registered Midwife, you should:	
MID 2.1	Demonstrate an understanding that the communication of life-changing or sensitive information is an ongoing process, requiring continuous assessment, compassion, and clarity, rather than a single event.
MID 2.2	Assess a woman's current understanding of her health condition and adapt communication strategies to ensure informed, person-centred decision-making.
MID 2.3	Recognise and contribute to the effective management of potential conflicts or differences in opinion that may arise during complex decision-making processes, ensuring respectful dialogue and collaborative resolution.

Some - As a registered Midwife whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
MID 2.4	Communicate effectively, compassionately, and consistently with women and their families throughout the antenatal, intrapartum, and postnatal periods, adapting communication to meet individual needs and preferences.
MID 2.5	Facilitate safe, accurate, and inclusive communication by using professional interpretation services when language or communication barriers are present, ensuring informed decision-making and equitable care.

Domain of competence 3 - Optimising comfort and quality of life in palliative and end of life care	
Individuals with life-shortening conditions and their families can be affected not only in physical, but also in psychological, social and spiritual ways. Optimising quality of life and living as fully as possible.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Registered Midwives progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Registered Midwife, you should:	
MID 3.1	Demonstrate the ability to assess women with life-shortening conditions and recognise the role of palliative care in improving quality of life for the woman and her family.
MID 3.2	Assess and manage uncomplicated symptoms related to life-shortening conditions using evidence-based guidelines, standard protocols, and within the midwife's current scope of practice.
MID 3.3	Initiate planned care and management strategies for potentially reversible causes of clinical deterioration, in collaboration with the multidisciplinary team.
MID 3.4	Recognise and respond to changing care needs, identifying when a shift in treatment goals from curative to palliative may be appropriate.
MID 3.5	Support women and their families in adapting to a transition from life-prolonging treatment to palliative or comfort-focused care, providing compassionate guidance and reassurance.
MID 3.6	Anticipate, identify, and respond appropriately to clinical signs and symptoms of imminent death, ensuring the woman is kept as comfortable as possible.
MID 3.7	Provide compassionate guidance to families during the final hours of life, preparing them for what to expect and supporting emotional and psychological needs.
MID 3.8	Deliver sensitive and respectful care for the woman after death, considering cultural, spiritual, and religious considerations, and support the bereaved family.
MID 3.9	Understand the procedures and responsibilities related to verifying death and the process for certification of death, including professional boundaries in the midwife's role.
MID 3.10	Demonstrate awareness of the medical examiner's role and the situations in which referral to the coroner may be legally required.
Some - As a Registered Midwife whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
MID 3.11	Be able to recognise the need for a change in the focus of care and treatment goals.
MID 3.12	Support parent(s) involvement in optimising comfort and quality of life of a newborn with a life-shortening condition.
MID 3.13	Involve multidisciplinary team members in parent/sibling support.

Domain of competence 4 – Care planning and collaborative practice in palliative and end of life care	
Care planning in palliative and end of life care, including future care planning is characterised by engaging and integrating person centred care to promote living fully as possible and quality of life for people with life-shortening conditions. The wishes and concerns of families and carers should be considered as part of this process.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Registered Midwives progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Registered Midwife, you should:	
MID 4.1	Facilitate and actively participate in key events in the care of women with life-shortening conditions, including multidisciplinary family meetings and sensitive conversations around future care planning.
MID 4.2	Recognise when a woman's care needs become complex and require timely referral to specialist palliative care services.
MID 4.3	Demonstrate an understanding of the importance of early and appropriate referral to specialist palliative care teams to optimise symptom management and psychosocial support.
MID 4.4	Identify when referral to wider health and social care professionals is necessary to support women and their families beyond the scope of palliative care (e.g. mental health, social work, or bereavement counselling).
MID 4.5	Recognise that women approaching the end of life may lose capacity to make decisions and respond appropriately within a legal and ethical framework.
MID 4.6	Advocate for women who lack decision-making capacity by ensuring care decisions are made in their best interests, in line with the Mental Capacity Act (2005) and professional standards.
MID 4.7	Demonstrate knowledge and application of national and local protocols related to organ and tissue donation, including communication with relevant agencies.
MID 4.8	Understand and act upon the importance of timely referral to relevant services (e.g. hospice care, mental health teams, safeguarding) to ensure integrated and person-centred care.
MID 4.9	Communicate effectively with primary care teams, community midwives, neonatal units, and other professionals to support coordinated admission, transfer, or discharge planning across care settings.
MID 4.10	Develop collaborative working relationships with other health professionals, service managers, and governance leads to ensure safe, high-quality, and accountable care provision.
MID 4.11	Collaborate in the development and implementation of personalised care plans and anticipatory care pathways for women with co-existing mental health conditions or complex psychosocial needs.
MID 4.12	Assess, review, and respond to the care preferences and priorities of women who are dying, and their families, ensuring compassionate, respectful, and culturally sensitive care.

Domain of competence 5 - Loss, grief and bereavement in palliative and end of life care.	
Professionals using the palliative and end of life care approach have an important role to play in supporting bereaved people by providing information and support to all and by identifying those who may require further support which may include bereavement therapy or counselling. While ensuring that bereavement standards and bereavement framework for Wales are considered and followed.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Registered Midwives progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Registered Midwife, you should:	
MID 5.1	Demonstrate an understanding of the emotional, psychological, and social impact of pre-natal, intra-natal, and early maternity loss on women, partners, families, and healthcare professionals.
MID 5.2	Recognise and assess the effects of pregnancy related loss on maternal, paternal, and wider family health outcomes, including mental health and well-being.
MID 5.3	Demonstrate awareness of the potential long-term psychological impact of perinatal loss on both parents and extended family members.
MID 5.4	Provide culturally sensitive, person-centred bereavement care, acknowledging the values, beliefs, and traditions of the woman and her family.
MID 5.5	Anticipate and respond compassionately to the emotional and physical needs of women and their family's experiencing loss, ensuring care is delivered with kindness, respect, and empathy.
MID 5.6	Identify and differentiate between normal and pathological grief responses following the diagnosis or prognosis of a life-threatening condition, including care after death.
MID 5.7	Recognise that individual responses to pregnancy loss or life-shortening diagnoses vary and adapt care approaches accordingly.
MID 5.8	Support women and families in exploring their spiritual, religious, or pastoral needs during times of loss, and refer to appropriate services when needed.
MID 5.9	Use clear, direct, and sensitive language to communicate effectively with diverse populations about pregnancy loss, diagnosis, and bereavement.
MID 5.10	Identify signs of complex or disenfranchised grief and make timely referrals to specialist bereavement or mental health support services.
MID 5.11	Provide professional, proactive support to individuals and families experiencing bereavement, ensuring consistent and compassionate communication throughout.
MID 5.12	Demonstrate an understanding of the range of psychological responses to diagnosis, loss, or serious illness in pregnancy and adapt care accordingly.
MID 5.13	Act as a supportive resource for colleagues dealing with the emotional impact of bereavement, grief, or loss in maternity settings.

MID 5.14	Recognise and respond to the emotional impact that the death of a baby or loss of a pregnancy may have on other women, families, and staff within the maternity environment.
MID 5.15	Acknowledge and support the emotional wellbeing of midwives and other staff who experience cumulative grief or emotional fatigue related to repeated exposure to loss.
MID 5.16	Apply safeguarding policies and procedures appropriately in cases of pregnancy loss, stillbirth, or neonatal death, particularly where abuse, neglect, or vulnerability is suspected.

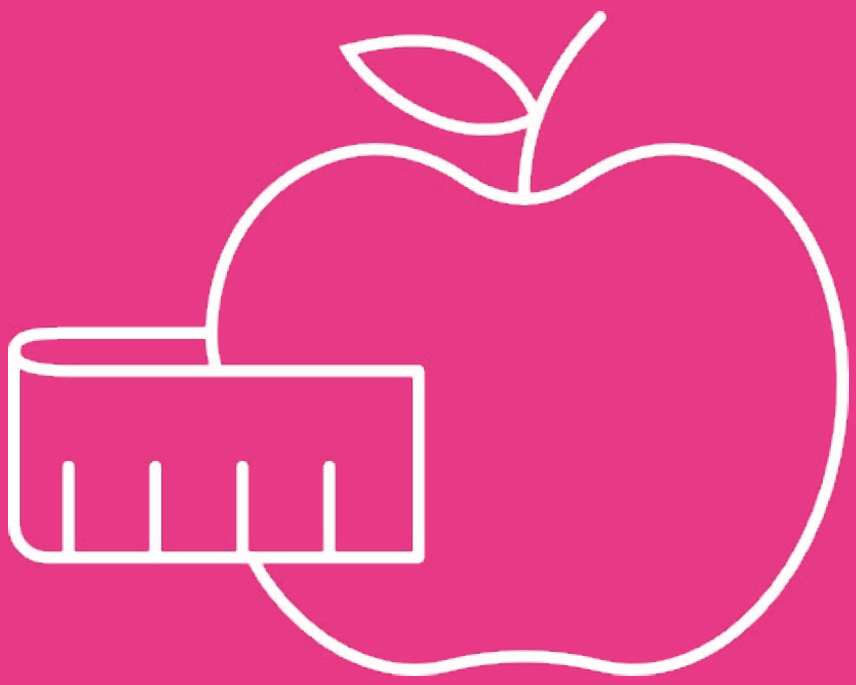
Domain of competence 6 - Professional and ethical practice in the context of palliative and end of life care	
Professional and ethical practice is about considering how best to provide continuing & integrated care, respecting values, needs and wishes as health care needs change in the course of life shortening conditions	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Registered Midwives progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Registered Midwife, you should:	
MID 6.1	Demonstrate awareness of and act in accordance with the current NMC Code (2018) in the context of providing care for women with life-shortening conditions and at end of life.
MID 6.2	Identify and apply relevant local and national policies, guidelines, and legal frameworks that govern ethical and professional practice in palliative and end-of-life care.
MID 6.3	Demonstrate professional responsibility in the use of digital technology, including social media and mobile applications, in line with local and national guidance regarding confidentiality and professional boundaries.
MID 6.4	Access and review legally binding documents such as advance care plans, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders, and Lasting Power of Attorney (LPA), and share relevant information appropriately within the multidisciplinary team.
MID 6.5	Differentiate between palliative care and end-of-life care and apply this understanding to the planning and delivery of care.
MID 6.6	Recognise and uphold the rights of women and their families to make informed decisions about their care, advocating on their behalf when they are unable to do so.
MID 6.7	Demonstrate understanding of the principles and application of the Mental Capacity Act (2005) in maternity and end of life care settings.
MID 6.8	Undertake and contribute to assessments of mental capacity, ensuring decisions made on behalf of women who lack capacity are in their best interests and align with legal and ethical standards.

Some - As a registered Midwife whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
MID 6.9	Demonstrate the ability to support women and their families in making informed decisions when faced with complex ethical issues, including those arising in palliative and end-of-life care.
MID 6.10	Understand and apply the principles of capacity assessment and informed consent, ensuring decision making is woman-centred and legally sound.
MID 6.11	Identify, promote, and model professional behaviours in self and others, raising concerns where standards of conduct or care fall below expectations.
MID 6.12	Ensure that all midwives and maternity team members are aware of and have access to relevant professional guidance, local policies, and clinical pathways.

MID 6.13	Critically reflect on ethical and professional practice, actively seeking and responding to feedback to inform improvements in care quality.
MID 6.14	Demonstrate leadership by advocating for innovation, quality improvement, and the ongoing development of maternity services to meet the needs of women and families with complex or palliative care needs.
MID 6.15	Engage appropriately with the organisation's whistle blowing or "speaking up" policy when professional, safety, or ethical concerns arise.
MID 6.16	Recognise when ongoing treatment is no longer clinically appropriate, and contribute to sensitive, informed discussions with the woman, her family, and the multidisciplinary team to support appropriate, compassionate care planning.
MID 6.17	Promote best practice and facilitate shared learning within the midwifery team, including dissemination of lessons learned from critical incidents, reflective practice, or new evidence.

Profession Specific Competencies

Dietetics



Domain of competence 1 - Principles of palliative and end of life care	
Palliative and end of life care aims to improve the quality of life of people with life-shortening conditions and their families, not only by treating their physical symptoms but also by attending to their psychological, social and spiritual needs. Palliative and end of life care is applicable for people of any age and may be integrated at any point in the illness trajectory from diagnosis or identification of palliative and end of life care need, through the continuum of recognition of end of life care to bereavement.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Dietitians progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Dietitian, you should:	
DIT 1.1	Understand and be able to recognise common trajectories of life-shortening conditions, including common symptoms and problems.
DIT 1.2	Understand and be able to recognise the physical, psychological, social and spiritual issues that may precipitate dietary concerns for people with life-shortening conditions and those supporting them throughout the continuum of care.
DIT 1.3	Understand, recognise and address the physical and emotional responses to loss which may impact on behaviour and decision-making of individuals with life-shortening conditions and those supporting them, referring to specialist palliative care where appropriate.
DIT 1.4	Provide nutritional education to persons with life-shortening conditions, those supporting them and colleagues in the context of their role as a Dietitian and at an appropriate level.
DIT 1.5	To have knowledge and awareness of the role of specialist palliative care services in supporting staff when providing a palliative care approach to the person with a life-shortening condition and refer in an appropriate way.
DIT 1.6	Be able to provide empathetic patient centred care that recognises a person's individuality of concerns, goals, beliefs and culture.
Some - As a Dietitian whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
DIT 1.7	Apply in-depth knowledge of the range of trajectories of life-shortening conditions in the context of their current clinical practice.
DIT 1.8	Undertake additional study relevant to the needs of individuals with life-shortening conditions to further knowledge and enhance application in practice.
DIT 1.9	Identify and engage in service evaluation and improvement that will lead to person centred/needs led clinical practice.
Few - As a Dietitian whose core activity is the provision of palliative care, you should:	
DIT 1.10	Apply advanced knowledge and understanding of the full range trajectories of life-shortening conditions and their impact on nutritional management when responding to complex and multidimensional care needs.
DIT 1.11	Lead and facilitate service developments that reflect working at the top of your professional licence.

DIT 1.12	Develop, deliver, and provide education, leadership, mentorship, and professional support for colleagues and generalist providers of palliative care.
DIT 1.13	Foster a caring environment by leading colleagues to support staff working in sensitive situations with people with life-shortening conditions and their families.
DIT 1.14	Continuously expand and apply advanced knowledge to improve the quality and standards of nutritional interventions and outcomes in line with profession-specific standards.
DIT 1.15	Lead, facilitate and engage in further education, research and audit relating to nutrition and dietetics in palliative care.
DIT 1.16	Design and collaborate on research projects in line with palliative care service needs, collaborating with all relevant stakeholders in respect of research issues.
DIT 1.17	Act as an expert resource providing and advising on undergraduate and postgraduate education in the domain of Dietetics in Palliative Care.

Domain of competence 2 - Communication in palliative and end of life care	
Effective communication is essential to the appropriate application of palliative and end of life care.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Dietitians progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Dietitian, you should:	
DIT 2.1	Be able to assess the person's current understanding of their health, in the context of their life-shortening condition.
DIT 2.2	Understand that communication is an ongoing collaborative process, not a single event.
DIT 2.3	Effectively communicate with persons with life-shortening conditions, their families and those supporting them to devise appropriate nutrition care plans to meet the holistic needs of the person.
DIT 2.4	Recognise and contribute to the management of potential conflict in decision-making regarding nutrition specific issues in people with life-shortening conditions.
Some - As a Dietitian whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
DIT 2.5	Recognise and respond to multidimensional communication challenges when working with people with life-shortening conditions, showing sensitivity and compassion to the needs of individuals and carers.
DIT 2.6	Apply effective communication strategies with confidence to support the changing nutrition and hydration needs and preferences of people with life-shortening conditions and those supporting them.
DIT 2.7	Collaborate with the multidisciplinary team to enhance and support communication relating to the nutritional care of individuals with life-shortening conditions.
Few - As a Dietitian whose core activity is the provision of palliative care and agreed scope of practice, you should:	
DIT 2.8	Apply a variety of strategies to engage in highly skilled, compassionate, person-centred, and timely communication about nutrition with individuals with life-shortening conditions, their carers, and members of the multidisciplinary team.
DIT 2.9	Recognise and respond to changes in a person's condition to enable them to access appropriate holistic care and those supporting them.
DIT 2.10	Maintain self-awareness of your own responses and remain in meaningful contact with individuals with life-shortening conditions and carers even in the most complex, intense and changing circumstances.
DIT 2.11	Act as an expert that supports and facilitates multidisciplinary teaching of communication skills in relation to nutrition and to Dietetic practice in life-shortening illness.

Domain of competence 3 - Optimising comfort and quality of life in palliative and end of life care	
Individuals with life-shortening conditions and their families can be affected not only in physical, but also in psychological, social and spiritual ways. Optimising quality of life and living as fully as possible.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Dietitians progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Dietitian, you should:	
DIT 3.1	Be able to assess the person, their need for dietary education, and support both the person and their significant others.
DIT 3.2	Be able to nutritionally assess a person with a life-shortening condition and manage uncomplicated symptoms as part of the wider multidisciplinary MDT.
DIT 3.3	Be able to recognise potentially reversible causes of dietary issues and employ appropriate dietary and nutrition support strategies as part of individualised dietetic counselling
DIT 3.4	Be able to recognise a need for change in the focus of care and treatment goals at critical decision points during a life-shortening condition.
DIT 3.5	To have an awareness and understanding of the concept of irreversible weight loss and anorexia that may occur as end of life approaches.
Some - As a Dietitian whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
DIT 3.6	Demonstrate an understanding of the multidimensional communication challenges that arise when working with people with life-shortening conditions. Responding with sensitivity and compassion to the needs of individuals and carers.
DIT 3.7	Demonstrate an increased level of confidence in utilising effective communication strategies to support the changing nutrition and hydration needs and wishes of persons with life-shortening conditions and those supporting them.
DIT 3.8	Be able to work collaboratively with the multidisciplinary team to enhance and support communication relating to the nutritional care of those with life-shortening illness.
Few - As a Dietitian whose core activity is the provision of palliative care and agreed scope of practice, you should:	
DIT 3.9	Be able to apply expert clinical knowledge and understanding of complex symptoms associated with progressive disease as part of the MDT.
DIT 3.10	Demonstrate advanced knowledge of clinical presentations and disease trajectories in life-shortening illness and respond in a proactive and timely manner to identified needs.
DIT 3.11	Through advanced clinical reasoning and experiential learning, be able to recognise clinical limitations and professional boundaries and refer to other colleagues appropriately in a timely manner.

DIT 3.12	In the context of current scope of practice, be able to recognise emergencies that may arise in palliative and refer for appropriate timely intervention.
DIT 3.13	Act as an expert resource to other staff on the role of dietary / nutritional interventions in symptom management and optimising quality of life.

Domain of competence 4 - Care planning and collaborative practice in palliative and end of life care	
Care planning in palliative and end of life care, including future care planning is characterised by engaging and integrating person centred care to promote living fully as possible and quality of life for people with life-shortening conditions. The wishes and concerns of families and carers should be considered as part of this process.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Dietitians progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Dietitian, you should:	
DIT 4.1	Demonstrate ability in developing therapeutic relationships with persons with life-shortening conditions and those supporting them to assist their informed choices for nutrition care planning.
DIT 4.2	Create a holistic and person-centred plan that acknowledges the psychosocial impact of changing nutritional requirements and/or dietary intake and set realistic goals that have to be continually adapted to individual need and expectations.
DIT 4.3	As a member of the multidisciplinary team, be able to communicate the nutritional care plan during key events such as MDT and family meetings.
DIT 4.4	Demonstrate ability to recognise that the person with a life-shortening condition may lose capacity to make decisions about their nutritional care towards end of life and that in these situations' decisions must be made in the best interests of the person following professional and ethical guidelines.

Few - As a Dietitian whose core activity is the provision of palliative care, you should:	
DIT 4.5	Act as an expert clinical nutrition resource within specialist palliative care.
DIT 4.6	Provide leadership by building internal and external partnerships and leveraging the strengths of the MDT to achieve optimal dietetic outcomes.
DIT 4.7	Apply high-level clinical expertise to support nutritional care in the context of changing clinical presentation.
DIT 4.8	Critically evaluate outcomes of nutritional interventions against established standards and guidelines.

Domain of competence 5 - Loss, grief and bereavement in palliative and end of life care	
Professionals using the Palliative and end of life care approach have an important role to play in supporting bereaved people by providing information and support to all and by identifying those who may require further support which may include bereavement therapy or counselling. While ensuring that bereavement standards and bereavement framework for Wales are considered and followed.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Dietitians progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Dietitian, you should:	
DIT 5.1	Have knowledge of theories of loss and grief and know when to refer to other palliative care professionals for complex case issues with the ability to recognise the boundaries of their professional role.
DIT 5.2	Demonstrate sensitivity and engagement with the different stages of grief and loss, including multiple loss related to role and functional independence regarding nutritional care and utilising this awareness to inform care planning and treatment intervention.

Some - As a Dietitian whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
DIT 5.3	Apply advanced knowledge of the grieving process and its reactions to actively support individuals with life-shortening conditions and their families throughout the disease trajectory.

Few - As a Dietitian whose core activity is the provision of palliative care, you should:	
DIT 5.4	Apply highly specialist knowledge of the grieving process and reactions to actively support individuals with life-shortening conditions and their families throughout the disease trajectory.
DIT 5.5	Proactively respond to complex grief reactions and processes using own skills and/ or referral to appropriate disciplines or agencies.
DIT 5.6	Mentor support and educate colleagues to understand the personal impact of loss, grief and bereavement, and how to maintain their own resilience.

Domain of competence 6 - Professional and Ethical Practice in the Context of Palliative and End of Life Care	
Professional and ethical practice is about considering how best to provide continuing & integrated care, respecting values, needs and wishes as health care needs change in the course of life-shortening conditions.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Dietitians progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Dietitian, you should:	
DIT 6.1	Be aware and act according to Health and Care Professionals (HCPC) and British Dietetic Association (BDA) standards and codes of conduct.
DIT 6.2	Be aware of ethical and legal issues that may arise regarding artificial nutrition support.
DIT 6.3	Demonstrate an understanding of the difference between managing a life shortening condition and providing end of life care.
DIT 6.4	Participate in processes of clinical governance and quality assurance to maintain and improve clinical practice.
DIT 6.5	Participate in professional supervision and peer review processes to monitor personal and professional responses to clinical situations.
Some - As a Dietitian whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
DIT 6.6	Actively participate in the discussion and resolution of ethical and legal issues as part of the MDT in relation to nutritional issues.
DIT 6.7	Participate in processes of clinical governance and quality assurance to maintain and improve clinical practice.
Few - As a Dietitian whose core activity is the provision of palliative care, you should:	
DIT 6.8	Apply an advanced understanding of relevant legal, ethical and professional standards.
DIT 6.9	Lead and develop clinical governance and quality assurance programmes that are related to nutritional care.
DIT 6.10	Influence and promote strategic initiatives and policy development relating to nutritional care at local, regional and national levels.
DIT 6.11	Act as a nutrition expert resource contributing to palliative care service development and delivery across all clinical settings including primary, acute, tertiary and social care.
DIT 6.12	Design and lead nutrition research projects aligned with palliative care service needs, collaborating with all relevant stakeholders.

Profession Specific Competencies

Occupational Therapy

Domain of competence 1 - Principles of Palliative and End of Life Care	
Palliative and end of life care aims to improve the quality of life of people with life-shortening conditions and their families, not only by treating their physical symptoms but also by attending to their psychological, social and spiritual needs. Palliative and end of life care is applicable for people of any age and may be integrated at any point in the illness trajectory from diagnosis or identification of palliative and end of life care need, through the continuum of recognition of end of life care to bereavement.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Occupational Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As an Occupational Therapist, you should:	
OT 1.1	Understand and be able to recognise common trajectories of life-shortening conditions, including common symptoms and the resulting challenges.
OT 1.2	Understand the impact that psychological responses, social stressors and spiritual/religious dimensions to multiple loss, including loss of occupational roles and functional independence, may have on the behaviour and decision making of individuals with life-shortening conditions and their families and take this into account when planning care.
OT 1.3	Understand, recognise and address the management of pathological responses to loss of occupational roles and functional independence which may impact on behaviour and decision-making of individuals with life-shortening conditions and families, referring to specialist palliative care where appropriate.
OT 1.4	Provide education to individuals with life-shortening conditions, their carers and colleagues in the context of their role and at an appropriate level.
OT 1.5	Have awareness of the role of specialist palliative care services in supporting staff when providing a palliative care approach to the person with a life-shortening condition and refer in an appropriate way.
Some - As an Occupational Therapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
OT 1.6	Apply in-depth knowledge of the full spectrum of trajectories of life-shortening conditions within the context of your clinical practice.
OT 1.7	Undertake ongoing professional development relevant to the needs of individuals with life-shortening conditions to advance knowledge and enhance competence through the integration of on-going learning into practice and contribute the development of others.
OT 1.8	Identify and engage in research and service development to support effective, evidence-informed clinical practice.
Few - As an Occupational Therapist whose core role is the provision of palliative care, you should:	
OT 1.9	Apply advanced knowledge and understanding of the full spectrum of trajectories of life-shortening conditions when responding to complex and multidimensional occupational needs.

OT 1.10	Undertake continuous professional develop of knowledge base at an advanced level to improve the quality and standard of Occupational Therapy outcomes and service delivery in palliative care.
OT 1.11	Lead and facilitate service developments that reflect working at the top of your professional licence.
OT 1.12	Develop, facilitate and provide education, leadership, mentorship and professional support for colleagues and universal providers of palliative care.
OT 1.13	Foster a compassionate environment by leading colleagues to support the wellbeing of all staff working in sensitive situations with people with life-shortening conditions and their families.
OT 1.14	Lead, facilitate, and engage in education, service development, and research in palliative care, aligned with service needs, collaborating with relevant stakeholders and adhering to governance and policy frameworks.
OT 1.15	Act as an expert resource by advising on and contributing to undergraduate and postgraduate education in Occupational Therapy practice in palliative care.

Domain of competence 2 - Communication in palliative and end of life care	
Effective communication is essential to the appropriate application of palliative and end of life care.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Occupational Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As an Occupational Therapist, you should:	
OT 2.1	Be able to assess the person's current understanding of their health, roles, values & functional status identifying their occupational performance in the context of the person's life-shortening condition.
OT 2.2	Be able to communicate current occupational performance status and likely progression in an accurate and compassionate manner, taking account of the person's needs and wishes and those of their significant others.
OT 2.3	Understand that the communication of information which fundamentally changes the future of the person living with a life-shortening condition is an on-going collaborative process and not a single event.
OT 2.4	Be able to recognise and contribute to the management of potential conflict in decision-making in the palliative care setting.
Some - As an Occupational Therapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
OT 2.5	Recognise and respond to multidimensional communication complexities when working with people with life-shortening conditions, showing sensitivity and compassion to the needs of individuals and significant others.
OT 2.6	Apply and adapt effective communication strategies, including assistive technology, with confidence to support the changing needs and preferences of individuals with life-shortening conditions and their significant others.
OT 2.7	Collaborate with the multidisciplinary team to enhance and support communication with individuals and their significant others.
Few - As an Occupational Therapist whose core role is the provision of palliative care, you should:	
OT 2.8	Apply a variety of strategies to engage in highly skilled, compassionate, individualised, and timely communication with individuals with life-shortening conditions, their significant others, and members of the interdisciplinary team.
OT 2.9	Act as a mediator and advocate for individuals and their significant others to enable access to appropriate and timely palliative care interventions and other essential services.
OT 2.10	Maintain self-awareness of own responses to complex communication and sustain/facilitate in meaningful communication with people and significant others even in the most complex, intense and changing circumstances.
OT 2.11	Support and facilitate multidisciplinary teaching of communication skills as they pertain to occupational therapy practice.

OT 2.12	Apply expertise in assessing cognitive and functional performance and implement interventions that enable individuals with life-shortening conditions to communicate their needs and engage effectively with others.

Domain of competence 3 - Optimising comfort and quality of life in palliative and end of life care	
Individuals with life-shortening conditions and their families can be affected not only in physical, but also in psychological, social and spiritual ways. Optimising quality of life and living as fully as possible.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Occupational Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As an Occupational Therapist, you should:	
OT 3.1	Be able to assess a person with a life-shortening condition and manage uncomplicated symptoms whilst recognising the role of palliative care in enhancing that person's care.
OT 3.2	Be able to recognise and address potentially reversible causes of functional deterioration in occupational performance.
OT 3.3	Employ a palliative rehabilitation approach to promote optimal independence and safety and an understanding of positive risk taking.
OT 3.4	Be able to help the person with a life-shortening condition and their family to adapt to a transition to a focus on palliative care, where appropriate.

Some - As an Occupational Therapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
OT 3.5	Recognise the need for change in the focus of care and treatment goals at critical decision points during a life-shortening condition.
OT 3.6	Identify and respond to medical emergencies within your scope of practice, including but not limited to spinal cord compression, opioid toxicity, and hypercalcemia.
OT 3.7	Utilise non-pharmacological interventions to manage symptoms such as fatigue, dyspnoea, anxiety, and pain that impact occupational performance and quality of life.
OT 3.8	Provide education, advice, and practical self-management strategies for energy conservation, activity analysis, pacing, and prioritisation to support symptom management.
OT 3.9	Support individuals in managing anxiety and pain through practical strategies, including relaxation techniques for symptom reduction.
OT 3.10	Consider the impact of multiple losses, including occupational performance roles and functional independence, when designing realistic interventions.
OT 3.11	Assess and intervene in cognitive and perceptual disorders, including mental capacity assessments, associated with primary or secondary brain disease.
OT 3.12	Identify adaptive or compensatory strategies and environmental modifications to enhance safety, occupational performance, and functional independence.
OT 3.13	Apply knowledge and competence in equipment prescription and provision to enable the functional independence and /or facilitate the care needs of the individual with a life-shortening condition within the hospital and/ or home environment.

OT 3.14	Evaluate the benefits, burdens, and risks of interventions and make decisions regarding their appropriateness for each individual.
OT 3.15	Manage decisions about withdrawing or withholding interventions, recognising when re-engagement is appropriate.
OT 3.16	Assess caregivers' skills, demonstrate techniques and equipment provided and signpost as required, effectively and sensitively educate significant others in the practical skills required to assist with personal care and transfer methods within the home environment.

Few - As an Occupational Therapist whose core role is the provision of palliative care, you should:	
OT 3.17	Apply advanced clinical knowledge and understanding of complex symptoms associated with progressive disease to comprehensively identify current and prospective clinical issues in palliative care.
OT 3.18	Integrate expertise in clinical presentations and disease trajectories to respond proactively and in a timely manner to evolving needs in Specialist Palliative Care.
OT 3.19	Interpret the impact of commonly used palliative care medications on occupational performance and collaborate with the multidisciplinary team where specialist input is required.
OT 3.20	Recognise professional boundaries and clinical limitations, making timely and appropriate referrals to other colleagues through advanced reasoning and experience.
OT 3.21	Act as an expert resource for colleagues and services, promoting the role of Occupational Therapy and rehabilitation in symptom management and quality-of-life optimisation.
OT 3.22	Acknowledge and support the individual's roles within their social networks and communities, enabling adaptation to ongoing changes in occupational performance, roles, and identity.
OT 3.23	Facilitate engagement in meaningful occupations, adapting activities to sustain participation, promote dignity, and enhance quality of life.
OT 3.24	Apply advanced knowledge of complex symptoms including but not limited to fatigue, dyspnoea, lymphoedema, anxiety and pain on occupational performance, utilising non pharmacological and palliative rehabilitation approaches to alleviate and manage distressing symptoms and promote functional independence.
OT 3.25	Assess and prescribe specialised seating for complex palliative care seating and pressure care needs to provide comfort and enable engagement in occupations.
OT 3.26	Demonstrate expertise in assessing individuals with life-shortening conditions for assistive technology, outlining recommendations for devices/ modifications that will promote functional independence, comfort and safety in occupations for the individual within their environments.

Domain of competence 4 - Care planning and collaborative practice in palliative and end of life care	
Care planning in palliative and end of life care, including future care planning is characterised by engaging and integrating person centred care to promote living fully as possible and quality of life for people with life-shortening conditions. The wishes and concerns of families and carers should be considered as part of this process.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Occupational Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As an Occupational Therapist, you should:	
OT 4.1	As a member of the interdisciplinary team be able to participate in key events in patient care, including family meetings.
OT 4.2	Demonstrate ability to recognise that the person with a life-shortening condition may lose cognitive and functional capacity to make decisions towards end of life.
OT 4.3	To be aware of the Mental Capacity Act and should seek support as required to complete a mental capacity assessment in such circumstances decisions must be made in the best interest of the person and follow Occupational Therapy professional ethical guidelines in respect to decision making.
OT 4.4	Understand the importance of referral to the specialist palliative care team for the management of complex needs.
OT 4.5	To have an awareness of meaning and purpose and the impact of a life-shortening condition.

Some - As an Occupational Therapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
OT 4.6	Collaborate effectively within the inter-professional team and wider stakeholders, fostering positive working relationships that promote patient wellbeing and support.
OT 4.7	Facilitate active involvement of individuals and their families in decision-making and goal setting to optimise outcomes and enhance quality of life.
OT 4.8	Co-produce individualised, goal-based treatment programmes with the person and their family that are realistic, meaningful, and responsive to changing needs across the disease trajectory.
OT 4.9	Adapt care planning with flexibility, recognising that priorities may shift with disease progression or changes in condition.
OT 4.10	Undertake comprehensive in depth functional and risk assessments to facilitate discharge planning, admission avoidance and maintaining preferred place of care. Whilst recognising the complexities and challenges involved for individuals with life- shortening conditions and their carers.
OT 4.11	Support informed decision-making regarding preferred place of care, identifying potential and actual functional and environmental risks in a sensitive manner and ensuring transparent communication with the multidisciplinary team.

Few - As an Occupational Therapist whose core role is the provision of palliative care, you should:	
OT 4.12	Develop therapeutic relationships with individuals and families to support informed choices in care planning and therapy treatment, including the use of behavioural change approaches where appropriate.
OT 4.13	Act as an expert clinical resource to universal and specialist providers of palliative care, role modelling advanced clinical reasoning and intervention when working with individuals with complex life-shortening conditions.
OT 4.14	Provide leadership in interdisciplinary practice by building collaborative partnerships and utilising the strengths of the wider team to optimise therapy outcomes for individuals and their significant others.
OT 4.15	Apply highly specialist clinical expertise to support individuals adapting to changing clinical presentations, creating holistic and person-centred plans that acknowledge the psychosocial impact of diminishing function and evolving occupational roles.
OT 4.16	Facilitate people with a life shortening condition to recognise their meaning and purpose and to support them to achieve what matters to them.
OT 4.17	Lead and manage complex discharge planning with advanced expertise and sensitivity, ensuring safe, smooth, and seamless transitions of care for individuals who wish to be supported at home or other preferred settings.
OT 4.18	Critically evaluate therapy outcomes against established standards and guidelines, using findings to improve personal practice and contribute to the development of colleagues and wider services.
OT 4.19	Apply advanced knowledge in future care planning, supporting individuals to document choices and, where appropriate, contributing to DNACPR and other advance care planning processes.

Domain of competence 5 - Loss, grief and bereavement in palliative and end of life care	
Professionals using the Palliative and end of life care approach have an important role to play in supporting bereaved people by providing information and support to all and by identifying those who may require further support which may include bereavement therapy or counselling. While ensuring that bereavement standards and bereavement framework for Wales are considered and followed.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Occupational Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As an Occupational Therapist, you should:	
OT 5.1	Have knowledge of theories of loss and grief and know when to refer to other palliative care professionals for complex case issues.
OT 5.2	Demonstrate sensitivity and engagement with the different stages of grief and loss, including loss related to occupational roles, and functional independence in occupational performance, utilising this awareness to inform care planning and treatment interventions.
OT 5.3	Discuss the implications of culture, spirituality, and faith that relate to death and dying both for the patient, their loved ones, and the community.
Some - As an Occupational Therapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
OT 5.4	Recognise and appreciate the nature of disenfranchised grief experienced by individuals, families and carers, and apply appropriate approaches to sensitively address and support this grief.
Few - As an Occupational Therapist whose core role is the provision of palliative care, you should:	
OT 5.5	Apply advanced knowledge of the grieving process and grief reactions to actively support individuals with life-shortening conditions and their families throughout the disease trajectory.
OT 5.6	Respond proactively to complex grief reactions drawing on your own skills and where appropriate referral to other disciplines or agencies for additional support.
OT 5.7	Mentor and educate colleagues to understand the personal impact of loss, grief and bereavement, supporting them to recognise their own loss responses and encouraging engagement in occupations to maintain their resilience and wellbeing on an on-going basis.
OT 5.8	Facilitate what matters to the person, supporting a good, dignified death which will in turn positively impact on the bereavement process.

Domain of competence 6 - Professional and Ethical Practice in the Context of Palliative and End of Life Care	
Professional and ethical practice is about considering how best to provide continuing & integrated care, respecting values, needs and wishes as health care needs change in the course of life-shortening conditions.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Occupational Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As an Occupational Therapist, you should:	
OT 6.1	Be aware and act according to the Code of Ethics and Professional Conduct of the Royal College of Occupational Therapists, and any requirements as stipulated by Health Care Professions Council for the state registration of Occupational Therapists.
OT 6.2	Demonstrate an understanding of the different phases in managing a life-shortening condition and the transition to providing end of life care.
OT 6.3	Participate in processes of clinical governance and quality assurance to maintain and improve clinical practice.
OT 6.4	Participate in professional supervision and peer review processes to monitor personal and professional responses to clinical situations.
Some - As an Occupational Therapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
OT 6.5	Engage in professional supervision and peer review processes to monitor personal and professional responses to clinical situations.
OT 6.6	Demonstrate confidence and competence in identifying the different phases in managing a life shortening condition and the transition to providing end of life care.
Few - as an Occupational Therapist whose core role is the provision of palliative care, you should:	
OT 6.7	Apply an advanced understanding of contemporary legal, ethical and professional standards to the provision of quality palliative care services.
OT 6.8	Lead and develop clinical governance and quality assurance programmes that are specific to palliative care.
OT 6.9	Design and support research or service improvement projects in line with palliative care service needs, collaborating with all relevant stakeholders in respect of governance and policy drivers.
OT 6.10	Actively influence and promote Occupational Therapy within strategic initiatives and policy development for palliative care services at local, regional, and national levels.
OT 6.11	Act as an expert resource contributing to palliative care service development and delivery across all clinical settings including primary, acute, tertiary and social care.

Profession Specific Competencies

Psychology

Domain of competence 1 - Principles of Palliative and End of Life Care	
Palliative and end of life care aims to improve the quality of life of people with life-shortening conditions and their families, not only by treating their physical symptoms but also by attending to their psychological, social and spiritual needs. Palliative and end of life care is applicable for people of any age and may be integrated at any point in the illness trajectory from diagnosis or identification of palliative and end of life care need, through the continuum of recognition of end of life care to bereavement.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Occupational Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a practitioner psychologist, you should	
PSY 1.1	Explore and understand the person's subjective experience and meaning of their illness trajectory.
PSY 1.2	Have an awareness that dying is a normal part of life and that the experience of this for each person and those close to them are shaped by their unique religious, spiritual/social-cultural beliefs.
PSY 1.3	Have an awareness of the psychological aspects of life-shortening conditions and potential mental health needs arising from these.
PSY 1.4	Recognise the importance of timely communication between individuals experiencing life-shortening conditions and their healthcare team.
PSY 1.5	Acknowledge and support the need for psychological care of staff working in palliative care services.
PSY 1.6	To have an advanced understanding of the complex mental health needs of those with life-shortening conditions and be able to flexibly apply the evidence-base literature to the clinical needs of the patient and those close to them.
PSY 1.7	Apply skills and understanding in assessing an individual's ability to process information related to end-of-life care, taking into account factors such as neurodiversity, trauma history, additional learning needs, mental health, and cognitive capacity.
PSY 1.8	Have an advanced understanding of the complex mental health needs of those with life-shortening conditions and be able to flexibly apply the evidence-base literature to the clinical needs of the patient and those close to them.
PSY 1.9	To understand psychological theories of death, dying and living with life-shortening conditions.
PSY 1.10	Maintain a thorough understanding of specific psychological issues pertaining to the clinical practice of palliative care. For example, understanding the impact of integrating palliative care services, other active lines of treatment and the significance of transition periods for both individuals and those who are significant to them.
PSY 1.11	Apply an understanding of, and capacity for, self-reflective practice when working with existential issues that impact individuals with life-shortening conditions, their families, the palliative care team and psychologists themselves.

PSY 1.12	Engage in psychological assessment, formulation and intervention with people with life-shortening conditions and their families within personal competency limits, referring on as appropriate or seeking greater interdisciplinary integration across teams and/or services. This includes for example additional follow-on referral to bereavement services.
PSY 1.13	Critically evaluate the effectiveness of any psychological intervention and modify or refer on for more specialist support, as appropriate.
PSY 1.14	Engage in research pertaining to palliative care within the context of the local work environment.
PSY 1.15	Identify and critically appraise research evidence relevant to practice as it pertains to living with life-shortening conditions.
PSY 1.16	Apply cultural competence in academic or applied practice, maintaining a critical understanding of dominant discourses in palliative care.
PSY 1.17	Understand and implement the relevant national policy, practice, and legislation pertaining to palliative care.
PSY 1.18	Share knowledge of psychological concepts and differing perspectives on death, dying, and the mental health needs of people with life-shortening conditions across all levels, including individuals, caregivers, teams, and organisations.
PSY 1.19	Participate in, or lead, the design, delivery, and evaluation of staff support and training programmes related to life-shortening conditions.
PSY 1.20	Co-produce services in collaboration with patients, carers, and healthcare teams, ensuring care is responsive to individual needs.
PSY 1.21	Plan, engage in, and contribute to service improvement, service evaluation, and research in palliative care.

Few - As an applied practitioner psychologists whose core role is the provision of care to people with life-shortening conditions and their families, you should:	
PSY 1.22	Engage in specialist psychological assessment, formulation and intervention with people with life-shortening conditions and their families presenting with complex and often multiple clinical conditions.
PSY 1.23	Consult on various psychological protective functions that impact on a person's ability to accept and adjust to a palliative care diagnosis.
PSY 1.24	Work collaboratively with teams to manage individuals with complex needs, including organic brain damage, toxicity, dual mental health diagnoses, interpersonal sensitivities, and complex trauma that may interfere with engagement in services.
PSY 1.25	Advocate for holistic approaches within services often governed by a medical framework.
PSY 1.26	Lead, facilitate, and critically reflect on research addressing issues pertaining to palliative care.
PSY 1.27	Provide leadership in the development and implementation of palliative care policy at local and national levels.
PSY 1.28	Commit to continuous professional development focused on the evolving field of palliative care.
PSY 1.29	Apply theoretical knowledge of evidence-based psychotherapeutic models and outcome measures, with reference to Matrix Cymru where appropriate, to individuals with life-shortening conditions.

PSY 1.30	Advance the field of palliative care psychology through knowledge dissemination via talks, conferences, media, and higher education where applicable.
PSY 1.31	Deliver a range of evidence-based therapeutic interventions, adapting them to meet the individual and family's needs.
PSY 1.32	Provide team-based psychological formulation to support staff in understanding complex service user and family needs and translating this into care planning.
PSY 1.33	Consider the impact of adverse childhood experiences and lifetime trauma in informing clinical presentations and care approaches.
PSY 1.34	Respect and integrate diverse beliefs, values, faiths, and cultural experiences of individuals and families before, during, and after death.

Domain of competence 2 - Communication in palliative and end of life care	
Effective communication is essential to the appropriate application of palliative and end of life care.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Occupational Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a practitioner psychologist, you should:	
PSY 2.1	Cultivate and support effective communication skills among individuals with life-shortening conditions, their families and other health care providers.
PSY 2.2	Provide and model compassionate communication, general psychological support to individuals with life-shortening conditions and their carers, including individual, family and group.
PSY 2.3	Demonstrate a working knowledge of the therapeutic alliance and the importance of building rapport with individuals with life-shortening conditions, their carers and family members.
PSY 2.4	Recognise communication challenges in individuals with life-shortening conditions and refer on or engage with for further clinical assessment and intervention as appropriate, for example speech and language services.
PSY 2.5	Proactively communicate with the individual with a life-shortening conditions and their family, the limits of confidentiality and the need for a joint patient record and team and team care planning, ensuring adherence to professional standards.
PSY 2.6	Have an awareness of specialist palliative supports in relation to communication: professional interpreters, sign language, and assistive technology.
PSY 2.7	Demonstrate awareness of the different levels of communication (such as verbal and non-verbal; conscious and unconscious) of individuals with life-shortening conditions.
Some - As a practitioner psychologist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
PSY 2.8	Communicate competently with individuals with life-shortening conditions, adapting to a wide range of cognitive abilities, sensory capacities, and modes of communication.
PSY 2.9	Support parents/guardians/families and other healthcare providers in sharing difficult, sensitive and complex information relating to illness or death and facilitate direct supportive communication at their pace and readiness, where appropriate.
PSY 2.10	Communicate effectively with individuals with life-shortening conditions and their families from diverse cultures and different backgrounds, using professional interpreters and/or assistive communication technology where necessary.

PSY 2.11	Engage sensitively and clearly in advance care planning discussions with individuals, their families, and the range of professionals and agencies involved.
PSY 2.12	Promote effective communication between people with life-shortening conditions and other healthcare providers within the multidisciplinary team.

Few - As an applied practitioner psychologists whose core role is the provision of care to people with life-shortening conditions and their families, you should:	
PSY 2.13	Provide training, reflective practice, supervision and consultation to enable health and social care staff working in palliative care to communicate with people with life-shortening conditions clients and their families sensitively and effectively with consideration to the adjustment process and the systemic factors that may impact communication.
PSY 2.14	Communicate clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences; including professional colleagues, individuals with life-shortening conditions and their carers.
PSY 2.15	Translate complex psychological information about a patient's care into clear, accessible language appropriate for the intended audience.
PSY 2.16	Engage proactively with multidisciplinary teams to facilitate understanding of medical conditions, treatments, medications, physical pain, and cognitive or organic impairments, and their impact on the individual.
PSY 2.17	Lead in communication-focused activities, including team formulation, reflective practice, staff support, debriefing, and case reviews.

Domain of competence 3 - Optimising comfort and quality of life in palliative and end of life care	
Individuals with life-shortening conditions and their families can be affected not only in physical, but also in psychological, social and spiritual ways. Optimising quality of life and living as fully as possible.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Occupational Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a practitioner psychologist, you should:	
PSY 3.1	Have a working knowledge of the factors underpinning psychosocial adjustment to life-shortening conditions and recognise the potential role of palliative care in enhancing the care of the individual and their family.
PSY 3.2	Have awareness and ability to identify potential factors that may reduce quality of life, comfort, and dignity before they occur. For example, providing psycho-education about the procedures that could be traumatic for the patient and/or family.
PSY 3.3	Ensuring medical teams and allied health professionals have an awareness of and are implementing trauma informed care within their care settings and clinical practice.
PSY 3.4	Apply evidence-based psychological approaches based on assessment needs or refer as appropriate.

Some - As a practitioner psychologist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
PSY 3.5	Recognise how disease progression and associated medical treatments can adversely affect the quality of life of a person with a life-shortening condition by virtue of their potential to impact on the person's emotional wellbeing, interpersonal relationships, material wellbeing, personal development, physical well-being, self-determination, social inclusion and human rights.
PSY 3.6	Support people with life-shortening conditions, their support network, and their teams to psychologically process the implications and impact of moving from curative care to palliative care.
PSY 3.7	Knowledge and understanding of the diagnosis and intervention of mental health difficulties, with onward referral for more specialist assessment as appropriate.
PSY 3.8	Conduct assessment of the psychological adjustment of an individual with a life-shortening condition.
PSY 3.9	Develop psychological formulations based on assessment findings and communicate these formulations, as appropriate, to relevant stakeholders to shape and support patient care pathways.
PSY 3.10	Deliver evidence-based psychotherapeutic interventions to people with life-shortening conditions and their families with respect to their quality of life and comfort.

PSY 3.11	Provide psycho education to people with life-shortening conditions, their families and carers and the wider health professional network on the psychological aspects of pain, fatigue, breathlessness, anxiety, and other presentations associated with the experience of end of life.

Few - As an applied practitioner psychologists whose core role is the provision of care to people with life-shortening conditions and their families, you should:	
PSY 3.12	Demonstrate advanced clinical knowledge of complex mental health presentations through assessment, diagnosis, and treatment.
PSY 3.13	Support and educate individuals with life-shortening conditions and their families on quality-of-life decisions and the psychological implications of decisions.
PSY 3.14	Provide specialist evidence-based psychotherapeutic interventions based on ongoing psychological assessment.
PSY 3.15	Support teams in the management of individuals with life-shortening conditions who present with organic brain damage, toxicity, dual mental health diagnosis, complex trauma and interpersonal sensitivities which may interfere with their engagement with services.
PSY 3.16	Provide consultation to the team when considering the care and treatment options for a person with a life-shortening condition, with the aim of fostering a collaborative working relationship between the health team and the service user to maximise quality of life and comfort.
PSY 3.17	Provide consultation and direct support to families with complex dynamics and staff to facilitate care provision.
PSY 3.18	Support health and social care professionals as appropriate such as debriefing, supervision, reflective practice, and case consultation.

Domain of competence 4 - Care planning and collaborative practice in palliative and end of life care	
Care planning in palliative and end of life care, including future care planning is characterised by engaging and integrating person centred care to promote living fully as possible and quality of life for people with life-shortening conditions. The wishes and concerns of families and carers should be considered as part of this process.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Occupational Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a practitioner psychologist, you should:	
PSY 4.1	Demonstrate understanding of the relationship between physical illnesses and psychological wellbeing in palliative care.
PSY 4.2	Demonstrate an ability to gather and analyse information from a variety of sources and evaluate this information to help facilitate well-founded decisions with respect to care planning and treatment.
PSY 4.3	Have awareness of the essential multidisciplinary nature of care in palliative care and therefore, the need for consultation and joint working with other agencies caring for the person and/or family.
PSY 4.4	Have knowledge and understanding of how to resource and refer an individual with a life-shortening conditions or their carer or family member, for support and guidance on contemporary issues in palliative care.
PSY 4.5	Have a thorough understanding of how to and when to assess capacity to make informed decisions.
PSY 4.6	Understand that the person with a life-shortening condition may lose (sometimes temporarily) capacity to make decisions towards the end of life.
Some - As a practitioner psychologist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
PSY 4.7	Recognise that psychological care planning takes place in a dynamic field of changing health and care where care plans have regularly been revised and reformulated.
PSY 4.8	Be able to refer a person with a life-shortening condition or their family members to other mental health professionals for psychological issues outside the scope of palliative care practice (such as mental health services, social services, housing, and welfare rights).
Few - As an applied practitioner psychologists whose core role is the provision of care to people with life-shortening conditions and their families, you should:	
PSY 4.9	Demonstrate psychological formulation and re-formulation of care planning in the context of changing the health status of the patient.
PSY 4.10	Consult and support conversations about Advanced Care Planning, capacity, and contemporary end of life issues in line with current Welsh policies or national standards if applicable.

PSY 4.11	Demonstrate awareness of reputable online resources and assist individuals with life-shortening conditions and their families to inform themselves and appropriately use self-help resources and support groups.
PSY 4.12	Proactively communicate to individuals with life-shortening conditions and their families the limits of confidentiality and the need for a joint patient record and team communication about care planning.
PSY 4.13	Collaborate with other professionals to ensure a deliverable and compassionate care plan so that services do not place an undue burden on the individual with a life-shortening condition.
PSY 4.14	Model and provide consultation regarding building empathic, responsive relationships and maintaining physical and emotional presence with individuals with life-shortening conditions.
PSY 4.15	Consult on the application of the best international practice guidelines on end of life care and demonstrate ability to apply these guidelines in practice.
PSY 4.16	Using and offering clinical supervision to reduce the personal impact of vicarious trauma and existential concerns.
PSY 4.17	Recognise and model the importance of self-awareness and self-care when working with people with limited conditions.
PSY 4.18	To facilitate and help co-ordinate external relationships with third sector and other external services.

Domain of competence 5 - Loss, grief and bereavement in palliative and end of life care	
Professionals using the Palliative and end of life care approach have an important role to play in supporting bereaved people by providing information and support to all and by identifying those who may require further support which may include bereavement therapy or counselling. While ensuring that bereavement standards and bereavement framework for Wales are considered and followed.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Occupational Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a practitioner psychologist, you should:	
PSY 5.1	Be familiar with evidence-based theories and models of loss and grief.
PSY 5.2	To be aware of and sensitive to the cultural diversity pertaining to bereavement.
PSY 5.3	Use appropriate referral pathways for individuals and family members requiring psychological support that does not fit within palliative care services.
PSY 5.4	Be aware of appropriate support and resources for people with life-shortening conditions and their family members.
PSY 5.5	Utilise supervision and other support strategies to maintain one's own well-being to ensure effective practice.
Some - As a practitioner psychologist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
PSY 5.6	Be proficient in applying evidence-based models of bereavement support across a broad range of individuals with life-shortening conditions; adjusting to the needs of someone with cognitive decline, learning style and diversity characteristics.
PSY 5.7	Be able to communicate therapeutically with individuals with life-shortening conditions, and their families, noting normal and complex loss responses and attending to individual styles of coping and grieving.
PSY 5.8	Stay abreast of published literature around grief, loss, and bereavement, and disseminate this information to colleagues and individuals with life-shortening conditions as appropriate.
PSY 5.9	Demonstrate good self-care practice and include an emphasis on work impact on self when giving and receiving supervision.
Few - As an applied practitioner psychologists whose core role is the provision of care to people with life-shortening conditions and their families, you should:	
PSY 5.10	Apply an in-depth understanding of the grief and loss literature to the care of people with life-shortening conditions and their families.
PSY 5.11	Understand the complexity and dynamic nature of responses to loss and provide expert input to the multidisciplinary team on the psychological aspects of people with life-shortening conditions and family care.

PSY 5.12	Demonstrate proficiency in using validated assessment tools to differentiate between understandable and proportionate grief and loss versus complex loss that requires further intervention.
PSY 5.13	Formulate and deliver a broad range of evidence-based therapeutic interventions to people with life-shortening conditions and their family members who present with increased stress vulnerability and/or complex grief responses.
PSY 5.14	Assess the efficacy of treatment interventions for loss and grief and adjust accordingly.
PSY 5.15	Provide additional training and consultation where applicable regarding normal versus complex loss and grief.
PSY 5.16	Provide bereavement intervention to family members and carers where applicable.
PSY 5.17	Promote, advocate, and contribute where possible to research that adds to the body of literature on psychology, loss, grief and bereavement.
PSY 5.18	Lead and develop strategies and practices that enhance well-being and effective practice amongst individual staff members and teams.

Domain of competence 6 - Professional and Ethical Practice in the Context of Palliative and End of Life Care	
Professional and ethical practice is about considering how best to provide continuing & integrated care, respecting values, needs and wishes as health care needs change in the course of life-shortening conditions.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Occupational Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a practitioner psychologist, you should:	
PSY 6.1	Be aware and act according to the Code of Ethics and Professional Conduct of the Health Care Professional Council and the British Psychological Society (BPS) and Association of Clinical Psychologists (ACP) maintain awareness of other professionally relevant guidelines.
PSY 6.2	Adopt the Health Care and Professional Council Guidelines around Equality and Inclusive Practice.
Some - As a practitioner psychologist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
PSY 6.3	Promote and provide access to psychological therapies for people with a life-shortening condition.
PSY 6.4	Facilitate learning opportunities that enhance understanding of psychological responses to death and dying.
PSY 6.5	Provide and participate in professional supervision and peer review processes to monitor personal and professional responses to clinical situations and to ensure best practice in providing care to people with life-shortening conditions and their families.
PSY 6.6	Actively participate in the discussion and resolution of ethical and legal issues in conjunction with the multidisciplinary team, individuals with life-shortening conditions and families that may arise in relation to factors which impact on living with a life-shortening condition.
PSY 6.7	Use ethical, legal and professional guidelines to support an individual's end of life decision making in a multidisciplinary context.
Few - As an applied practitioner psychologists whose core role is the provision of care to people with life-shortening conditions and their families, you should:	
PSY 6.8	Demonstrate commitment to working to promote the provision of comprehensive palliative care services at local, regional, and national levels across all clinical settings including primary, acute, tertiary, and residential care.
PSY 6.9	Demonstrate leadership through advocating for on-going and continuous service development with particular emphasis on the often-unmet mental health needs of people with a life shortening conditions and advocate for the provision of psychological services for people with life-shortening conditions.

PSY 6.10	Be committed to advancing the role of psychology in palliative care through the application of knowledge and generation and dissemination of research at local, national, and international settings.
PSY 6.11	Recognise and advocate for the need for a specialist practitioner psychologist embedded in palliative care.
PSY 6.12	Advocate for bridging the biomedical and social sciences research paradigm by supporting multidisciplinary research projects and publications.
PSY 6.13	Facilitate discussion and resolution of ethical issues that may arise in palliative care.
PSY 6.14	Apply an advanced understanding of contemporary legal, ethical and professional standards in the provision of quality palliative care.

Profession Specific Competencies

Paramedics

Domain of competence 1 - Principles of palliative and end of life care	
Palliative and end of life care aims to improve the quality of life of people with life-shortening conditions and their families, not only by treating their physical symptoms but also by attending to their psychological, social and spiritual needs. Palliative and end of life care is applicable for people of any age and may be integrated at any point in the illness trajectory from diagnosis or identification of palliative and end of life care need, through the continuum of recognition of end of life care to bereavement.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Paramedics progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a registered paramedic, you should:	
PAR 1.1	Understand and recognise common trajectories of life-shortening conditions.
PAR 1.2	Understand the impact that psychological responses, social stressors and spiritual/religious dimensions to loss may have on the mental health and decision making of the person with a life-shortening condition and their family and take this into account when planning care.
PAR 1.3	Understand, recognise and address pathological responses to loss which may impact on the mental health and decision-making of individuals and families.
PAR 1.4	Provide education to people with life-shortening conditions, their carers and colleagues in the context of their role and at an appropriate level.
PAR 1.5	Be able to autonomously recognise when the person's care needs warrant referral to hospital or to other services such as primary care, Clinical Navigator, Advanced Paramedic Practitioner (APP), or specialist palliative care.
Some - As an Advanced Paramedic Practitioner (APP) whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
PAR 1.6	Understand, recognise and address the management of pathological responses to loss which may impact on mental health and decision-making of the person with a life-shortening condition and their family and take this into account when planning care.
Few - As a specialist palliative care /advanced practice paramedic whose core role is the provision of care for people with life-shortening conditions and within the agreed scope of practice, you should:	
PAR 1.7	Demonstrate an in-depth understanding of the full spectrum of trajectories of life-shortening conditions (including prognostic factors, symptoms and problems) in the context of their current clinical practice.
PAR 1.8	Recognise the value and use of the Care Decisions Guidance.
PAR 1.9	Recognise and actively address the learning needs of people living with a life-shortening condition, their families and health care professionals, sharing palliative knowledge and supporting the provision of evidence-based practice in a variety of care settings.

PAR 1.10	Provide leadership in the development and delivery of palliative care education.
PAR 1.11	Demonstrate leadership in the development and delivery of palliative care policy and provision, highlighting evidence that supports this.
PAR 1.12	Commit to advancing research in the field of palliative care and its application to practice.
PAR 1.13	Maintain and enhance professional expertise through continuous development, working within agreed competencies, scopes of practice and governance frameworks relevant to specialist palliative care.
PAR 1.14	Conduct consultations using clinical reasoning to assess and manage physical and psychosocial symptoms using standard guidelines.
PAR 1.15	Engage in advanced study and ongoing learning to deepen specialist knowledge at an advanced level to improve the quality and standard of outcomes and service delivery in palliative care.

Domain of competence 2 - Communication in palliative and end of life care	
Effective communication is essential to the appropriate application of palliative and end of life care.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Paramedics progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a registered paramedic, you should:	
PAR 2.1	Be able to assess the person's current understanding of their health status.
PAR 2.2	Be able to address questions regarding diagnosis and likely prognosis in an accurate and empathetic manner, taking account of the person's needs and wishes, and referring where appropriate.
PAR 2.3	Understand that the communication of information which fundamentally changes the person's understanding of their situation and/or influences their decision-making or planning is an on-going process and not a single event.
PAR 2.4	Recognise and contribute to the management of potential conflict in decision-making in the context of palliative care.
PAR 2.5	Demonstrate an ability to enlist the skills of colleagues to enhance and support communication with the person with a life-shortening condition and their family.
PAR 2.6	Demonstrate an ability to employ communication strategies to manage such events.
Some - As an Advanced Paramedic Practitioner (APP) whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
PAR 2.7	Analyse complex individual situations and share decision making with colleagues.
Few - As a specialist palliative care /advanced practice paramedic whose core role is the provision of care for people with life-shortening conditions and within the agreed scope of practice, you should:	
PAR 2.8	Exhibit and communicate a more in-depth understanding of the full spectrum of trajectories of life-shortening conditions (including prognostic factors, symptoms and problems) in the context of their current clinical practice.
PAR 2.9	Recognise and articulate the use of the Care Decisions Guidance.
PAR 2.10	Lead local and National evaluation of PEoLC services.
PAR 2.11	Analyse and respond to complex individual situations and support the wider MDT in all care settings.
PAR 2.12	Apply a range of strategies to engage in highly skilled, compassionate, individualised and timely communication with individuals with life-shortening conditions, their carers and members of the multidisciplinary team.

PAR 2.13	Act as a mediator and advocate for the individual and the family to enable them to access appropriate and timely palliative care intervention and other relevant essential services.
PAR 2.14	Provide leadership and influence in the development and delivery of palliative care policy and provision.
PAR 2.15	Maintain self-awareness of personal responses and remain in meaningful contact with individuals and carers even in the most complex, intense and changing circumstances.
PAR 2.16	Serve as an expert resource that supports and facilitates multidisciplinary teaching of communication skills.

Domain of competence 3 - Optimising comfort and quality of life in palliative and end of life care	
Individuals with life-shortening conditions and their families can be affected not only in physical, but also in psychological, social and spiritual ways. Optimising quality of life and living as fully as possible.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Paramedics progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a registered paramedic, you should:	
PAR 3.1	Be able to assess a person with a life-shortening condition and recognise the role of palliative care in enhancing that person's care.
PAR 3.2	Be able to describe common chronic illnesses, the expected natural course and trajectories and common treatments.
PAR 3.3	Be able to assess and manage symptoms associated with life- shortening conditions using guidelines and standard protocols of care and in the context of current scope of practice.
PAR 3.4	Be able to recognise, plan and implement the care and management of potentially reversible causes of clinical deterioration.
PAR 3.5	Be able to recognise and assist in the provision of immediate care of emergencies that may arise in the palliative care setting including, but not limited to, spinal cord compression, hypercalcaemia, major haemorrhage, and know when to escalate.
PAR 3.6	Be able to anticipate, recognise and respond effectively to signs and symptoms of imminent death.
PAR 3.7	Understand and implement the process for recognising and verifying death.
PAR 3.8	Be aware of circumstances where an expected death can be reported.
PAR 3.9	Be aware of circumstances where a coroner's examination is required, and an unexpected death must be reported.
PAR 3.10	Be able to recognise when a person with a life-shortening condition is actively dying and communicate to family and staff the expectation of imminent death.
PAR 3.11	Be able to provide guidance and support to the individual and their family preparing them for what to expect during the normal dying process.

Some - As an Advanced Paramedic Practitioner (APP) whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
PAR 3.12	Recognise, plan and implement advanced care and management of potentially reversible causes of clinical deterioration.
PAR 3.13	Recognise potentially reversible causes of clinical deterioration and employ the level of investigation/ assessment that is appropriate to their management.
PAR 3.14	Anticipate (where possible) and recognise a need for change in the focus of care and treatment goals at critical decision points during a life-shortening condition.

PAR 3.15	Contribute actively to weighing up the benefits, burdens and risks of investigations and treatments and make decisions regarding the appropriateness of these for each person living with a life-shortening condition.
PAR 3.16	Apply an understanding of the reasons for modifying the management of co-morbidities in the context of life-shortening conditions.
PAR 3.17	Engage constructively in discussions and decision making about withholding or withdrawing treatment, ensuring the wishes of the individual are central.

Few - As a specialist palliative care /advanced practice paramedic whose core role is the provision of care for people with life-shortening conditions and within the agreed scope of practice, you should:	
PAR 3.18	Apply advanced knowledge of disease processes, treatments, concurrent disorders and likely outcomes to guide clinical decision-making to optimise comfort and quality of life.
PAR 3.19	Analyse complex clinical information to inform diagnosis and safe, effective decision making.
PAR 3.20	Participate confidently in conversations with the MDT, recognising and responding to the changing needs, wishes and preferences of the individual and those closest to them.
PAR 3.21	Prescribe or advise on medication (within scope of practice, registration and locally agreed policy) for symptom management, including rationalising or de prescribing in line with the Royal Pharmaceutical Society Prescribing Competency Framework.
PAR 3.22	Provide leadership and guidance on the management of symptoms to colleagues when requested.

Domain of competence 4 - Care planning and collaborative practice in palliative and end of life care	
Care planning in palliative and end of life care, including future care planning is characterised by engaging and integrating person centred care to promote living fully as possible and quality of life for people with life-shortening conditions. The wishes and concerns of families and carers should be considered as part of this process.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Paramedics progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a registered paramedic, you should:	
PAR 4.1	Demonstrate ability to recognise that the person with a life-shortening condition may lose capacity to make decisions at end of life.
PAR 4.2	Understand that in situations where a person lacks capacity to make decisions, the ambulance clinician acts as an advocate to ensure decisions made are in the best interests of the person.
PAR 4.3	Understand the importance of communicating to primary care or palliative care teams about a person with palliative care needs that has accessed 999 but is not being conveyed to hospital.
PAR 4.4	Be able to refer the person with a life-shortening condition and their family members to other health care professionals to assess, treat and manage individual and family care issues.
PAR 4.5	Demonstrate an understanding of the role of members of the MDT including but not limited to: Occupational Therapists, Physiotherapists, Dietitians, Speech and Language Therapists, Psychologists etc in the context of MDT working, and clinical record keeping in an SPCT.
Some - As an Advanced Paramedic Practitioner (APP) whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
PAR 4.6	Develop effective relationships with other health care providers, managers and those responsible for governance and quality management.
Few - As a specialist palliative care /advanced practice paramedic whose core role is the provision of care for people with life-shortening conditions and within the agreed scope of practice, you should:	
PAR 4.7	Provide compassionate clinical leadership in specialist palliative care paramedic practice to enhance the quality of care of people with life-shortening conditions and their family.
PAR 4.8	Lead local and National evaluation of PEoLC service or depending on role lead on designated projects.
PAR 4.9	Act as an expert resource able to lead, facilitate and engage in education, service development and research in palliative care, collaborating with all relevant stakeholders and aligning with governance and policy drivers.
PAR 4.10	Develop effective relationships with other health care providers, managers and those responsible for governance and quality management.
PAR 4.11	Contribute to the development of collaborative practice between specialist palliative care teams & other agencies.

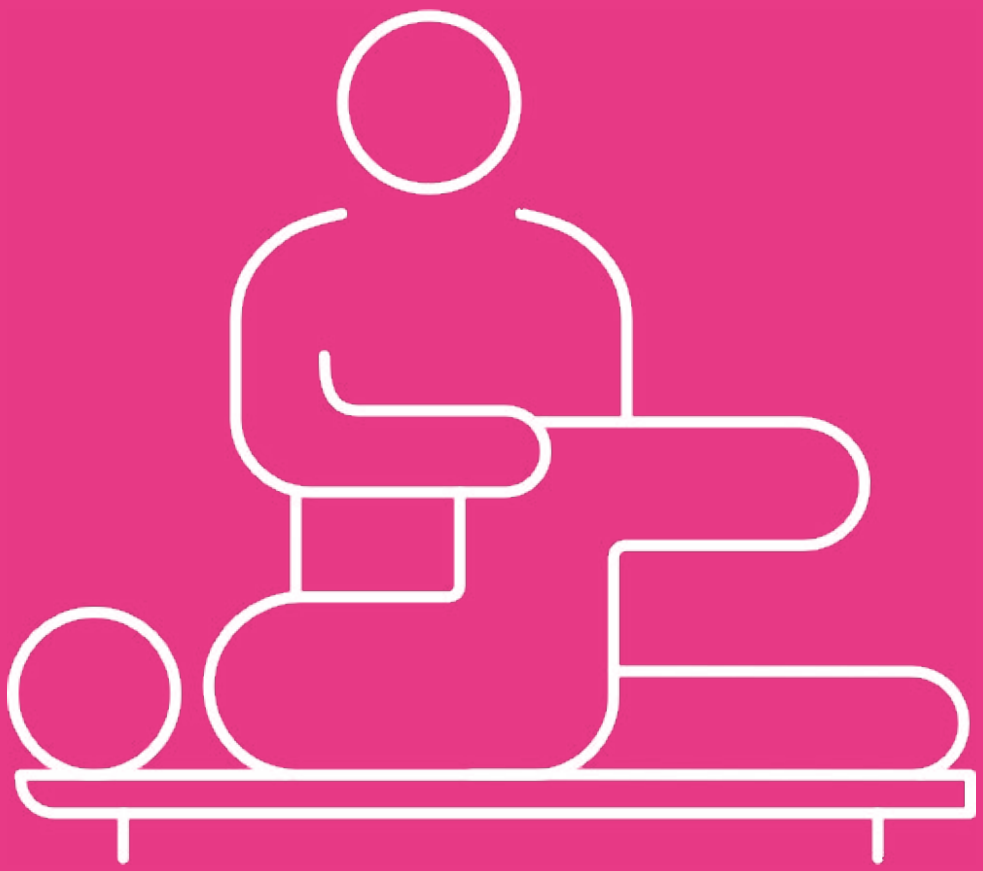
Domain of competence 5 - Loss, grief and bereavement in palliative and end of life care	
Professionals using the Palliative and end of life care approach have an important role to play in supporting bereaved people by providing information and support to all and by identifying those who may require further support which may include bereavement therapy or counselling. While ensuring that bereavement standards and bereavement framework for Wales are considered and followed.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Paramedics progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a registered paramedic, you should:	
PAR 5.1	Demonstrate an understanding of normal and pathological responses to the diagnosis/prognosis of a life-shortening condition and an ability to address the immediate management of loss, grief and bereavement.
PAR 5.2	Discuss the implications of culture, spirituality, and faith that relate to death and dying both for the patient, their loved ones, and the community.
PAR 5.3	Describe, demonstrate, and plan appropriate care after death for patients including referral to other appropriate services.
Some - As an Advanced Paramedic Practitioner (APP) whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
PAR 5.4	Apply understanding of normal and pathological responses to the diagnosis/prognosis of a life-shortening condition and an ability to address the immediate management of loss, grief and bereavement and refer on if appropriate.
PAR 5.5	Identify, analyse, and select appropriate approaches to communicating with bereaved people.
PAR 5.6	Recognise the nature of disenfranchised grief in individuals, families and carers and appropriate methods of addressing this grief.
Few - As a specialist palliative care /advanced practice paramedic whose core role is the provision of care for people with life-shortening conditions and within the agreed scope of practice, you should:	
PAR 5.7	Apply knowledge of theories of loss and grief and know when to refer to other palliative care professionals for complex case issues.
PAR 5.8	Integrate advanced knowledge of the grieving process and reactions, to select appropriate approaches to actively support individuals and their families throughout the disease trajectory and after death.
PAR 5.9	Respond proactively to complex grief reactions and processes and initiate referral to appropriate disciplines or agencies.
PAR 5.10	Mentor and educate colleagues to understand the personal impact of loss, grief and bereavement, supporting them to recognise their own loss responses and encouraging engagement in activities to maintain their resilience on an on-going basis.
PAR 5.11	Act as a resource to support colleagues in the management of loss, grief and bereavement.

PAR 5.12	Lead, facilitate and engage in education, service development and research in palliative care in line with palliative care service needs. Collaborating with all relevant stakeholders in respect of appropriate governance and policy drivers.

Domain of competence 6 - Professional and Ethical Practice in the Context of Palliative and End of Life Care	
Professional and ethical practice is about considering how best to provide continuing & integrated care, respecting values, needs and wishes as health care needs change in the course of life-shortening conditions.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Paramedics progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a registered paramedic, you should:	
PAR 6.1	Be aware and act according to the Code of Ethics and Professional Conduct of the Welsh Ambulance Service Trust and any requirements as stipulated by Health Care Professions Council for the state registration of Paramedics.
PAR 6.2	Demonstrate an understanding of the different phases in managing a life-shortening condition and the transition to providing end of life care.
PAR 6.3	Participate in processes of clinical governance and quality assurance to maintain and improve clinical practice.
PAR 6.4	Participate in professional supervision and peer review processes to monitor personal and professional responses to clinical situations.
PAR 6.5	Describe, demonstrate, and justify the procedural, legal and ethical aspects of implementing Recognition of Life Extinct/Pronouncement of Life Extinct (ROLE/PLE) procedures.
Some - As an Advanced Paramedic Practitioner (APP) whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
PAR 6.6	Collaborate with other health care providers to assess, coordinate, promote and improve safety in the context of palliative care.
PAR 6.7	Commit to palliative care through the generation, application and sharing of knowledge.
Few - As a specialist palliative care /advanced practice paramedic whose core role is the provision of care for people with life-shortening conditions and within the agreed scope of practice, you should:	
PAR 6.8	Engage in the discussion and resolution of ethical dilemmas that may arise in palliative care.
PAR 6.9	Apply procedural, legal and ethical aspects to future care planning, palliative and end of life care and justify the use of anticipatory prescribing medications.
PAR 6.10	Advocate for the person when challenges affect their interaction with others and their decision-making regarding end of life care.

Profession Specific Competencies

Physiotherapy



Domain of competence 1 - Principles of palliative and end of life care	
Palliative and end of life care aims to improve the quality of life of people with life-shortening conditions and their families, not only by treating their physical symptoms but also by attending to their psychological, social and spiritual needs. Palliative and end of life care is applicable for people of any age and may be integrated at any point in the illness trajectory from diagnosis or identification of palliative and end of life care need, through the continuum of recognition of end of life care to bereavement.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Physiotherapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a physiotherapist, you should:	
PHYS 1.1	Understand and be able to recognise common trajectories of life-shortening conditions, including common symptoms and problems.
PHYS 1.2	Understand the impact of psychological responses to loss of role and functional independence, social stressors and the spiritual/religious dimensions on the behaviour and decision making of individuals and families and take this into account when planning care.
PHYS 1.3	Understand, recognise and the loss of role and functional independence, which results from pathological responses.
PHYS 1.4	Understand, recognise and manage the impact of pathological responses on behaviour and decision making of individuals and families, referring to specialist palliative care where appropriate.
PHYS 1.5	Provide education to individuals with life-shortening conditions, their carers, their colleagues, at an appropriate level to their role.
PHYS 1.6	Be aware of the potential role of specialist palliative care services in supporting staff in other agencies to provide a palliative care approach to persons with a life-shortening condition and refer in an appropriate way.

Some - As a physiotherapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
PHYS 1.7	Apply an in-depth understanding of the potential trajectories of life-shortening conditions in the context of their current clinical practice.
PHYS 1.8	Pursue additional study to further develop their knowledge relevant to the needs of individuals with life-shortening conditions to enhance clinical practice.
PHYS 1.9	Identify opportunities for and engage in research that contributes to effective clinical practice.

Few - As a physiotherapist whose core role is the provision of palliative care and within the agreed scope of practice, you should:	
PHYS 1.10	Integrate specialist knowledge and understanding of the full spectrum of trajectories of life-shortening conditions when responding to complex and multidimensional care needs.
PHYS 1.11	Advance specialist expertise through ongoing study and continuous development to improve the quality and outcomes of palliative care service delivery.

PHYS 1.12	Provide education, leadership, mentorship and professional support for colleagues and generalist providers of palliative care.
PHYS 1.13	Promote strategies that support staff at all levels to work effectively in challenging situations, fostering a compassionate and resilient environment.
PHYS 1.14	Initiate and facilitate service developments that demonstrate working at top of licence.
PHYS 1.15	Lead, facilitate and engage in further education and research in palliative care.
PHYS 1.16	Design and support research projects in line with palliative care service needs, collaborating with all relevant stakeholders.
PHYS 1.17	Act as an expert resource providing and advising on undergraduate and postgraduate education in the domain of Physiotherapy Practice in Palliative Care.
PHYS 1.18	Lead, facilitate and collaborate in further education, research and service development in palliative care, collaborating with all relevant stakeholders in respect of appropriate governance and policy drivers.

Domain of competence 2 - Communication in palliative and end of life care	
Effective communication is essential to the appropriate application of palliative and end of life care.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Physiotherapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a physiotherapist, you should:	
PHYS 2.1	Be able to assess the person's understanding of their current health and functional status in relation to their life shortening condition.
PHYS 2.2	Be able to communicate current functional status and potential progression in an accurate and compassionate manner, taking account of the individual's needs and wishes.
PHYS 2.3	Understand that the communication of information fundamentally changes the person's understanding of their situation and/or influences their decision-making, is an on-going collaborative process and not a single event.
PHYS 2.4	Be able to recognise potential conflict in decision-making in the palliative care setting and contribute to its management.

Some - As a physiotherapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should::	
PHYS 2.5	Recognise the multidimensional communication challenges that arise when working with people with life-shortening conditions, responding with sensitivity and compassion to the needs of individuals and carers.
PHYS 2.6	Apply and adapt effective communication strategies with increasing confidence to support the changing needs and wishes of individuals with life-shortening conditions and their families.
PHYS 2.7	Enlist the skills of the multidisciplinary team or colleagues to enhance and support communication with the person with a life-shortening condition and their family.

Few - As a physiotherapist whose core role is the provision of palliative care and within the agreed scope of practice, you should:	
PHYS 2.8	Utilise a variety of strategies to engage in highly skilled, compassionate, individualised and timely communication with individuals with life-shortening conditions, their carers and members of the multidisciplinary team.
PHYS 2.9	Advocate for individuals and families by acting as a mediator to enable access to appropriate and timely palliative care interventions and other essential services.
PHYS 2.10	Demonstrate self-awareness of own responses and remain in meaningful contact with individuals and carers even in the most complex, intense and changing circumstances.
PHYS 2.11	Facilitate and support multidisciplinary teaching of communication skills as an expert resource.

Domain of competence 3 - Optimising comfort and quality of life in palliative and end of life care	
Individuals with life-shortening conditions and their families can be affected not only in physical, but also in psychological, social and spiritual ways. Optimising quality of life and living as fully as possible.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Physiotherapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a physiotherapist, you should:	
PHYS 3.1	Be able to assess a person with a life-shortening condition and manage uncomplicated symptoms.
PHYS 3.2	Recognise when support from palliative care is required to address more complex care needs.
PHYS 3.3	Recognise potentially reversible causes of physical deterioration and employ a palliative rehabilitation approach that is appropriate to promote optimal independence.
PHYS 3.4	Be able to help the person with a life-shortening condition and their family to adapt to a transition into palliative care, where appropriate.
Some - As a physiotherapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
PHYS 3.5	Recognise a need for change in the focus of care and treatment goals at critical decision points during a life-shortening condition.
PHYS 3.6	Respond appropriately to emergencies that may arise in palliative care (including, but not limited to, metastatic spinal cord compression).
PHYS 3.7	Utilise non-pharmacological symptom management to promote comfort and quality of life.
PHYS 3.8	Evaluate the benefits, burdens and risks of physiotherapy interventions and collaborate with individuals regarding appropriateness.
PHYS 3.9	Manage decisions about withdrawing or withholding interventions, while reassessing when it is appropriate to re-engage.
Few - As a physiotherapist whose core role is the provision of palliative care and within the agreed scope of practice, you should:	
PHYS 3.10	Apply specialist clinical knowledge and understanding of complex symptoms associated with progressive disease to comprehensively identify current and prospective clinical issues in palliative care.
PHYS 3.11	Demonstrate specialist knowledge of individual clinical presentations and disease trajectories in Palliative Care and respond in a proactive and timely manner to identified needs.
PHYS 3.12	Recognise professional boundaries and clinical limitations through specialist reasoning and experiential learning and refer to colleagues appropriately.
PHYS 3.13	Act as an expert resource to other staff on the role of physiotherapy and rehabilitation in symptom management and optimising quality of life.

PHYS 3.14	Manage distressing symptoms whilst attempting to maximise the individual's ability to function, to promote their independence and to adapt to changes that occur due to their life-shortening condition.
PHYS 3.15	Ensure that the emphasis of treatment is patient-centred and goal focused, using expertise and advanced knowledge to identify the complex interplay of factors that impact on function.
PHYS 3.16	Deliver specialist interventions for symptoms and functional changes, including (but not limited to) exercise tolerance, respiratory care, fatigue, lymphoedema, neurological and orthopaedic conditions, palliative rehabilitation and pain.

Domain of competence 4 - Care planning and collaborative practice in palliative and end of life care	
Care planning in palliative and end of life care, including future care planning is characterised by engaging and integrating person centred care to promote living fully as possible and quality of life for people with life-shortening conditions. The wishes and concerns of families and carers should be considered as part of this process.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Physiotherapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a physiotherapist, you should:	
PHYS 4.1	As a member of the multidisciplinary team be able to participate in key events in individual care, including family meetings.
PHYS 4.2	Demonstrate ability to recognise that the person with a life-shortening condition may lose capacity to make decisions towards end of life. In such circumstances decisions must be made in the best interest of the person and follow Physiotherapy professional ethical guidelines in respect of decision making.
PHYS 4.3	Understand the importance of referral to palliative care teams for the management of the person with palliative care needs.
Some - As a physiotherapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
PHYS 4.4	Collaborate effectively within the multi-disciplinary team and with other stakeholders to manage positive working relationships that will support the wellbeing of the person and carer and promote patient-centred care planning.
PHYS 4.5	Engage the patient and their carers in decision making and goal setting to support best outcomes and quality of life.
PHYS 4.6	Demonstrate flexibility in relation to care planning, acknowledging that an individual's priorities can alter with a change in their condition and disease advancement.
PHYS 4.7	Facilitate informed decisions regarding place of care, identifying potential and actual risks in a supportive manner while keeping the team informed.
PHYS 4.8	Conduct comprehensive functional and risk assessments to support patients being in their preferred place of care or death where possible, acknowledging the complexities for individuals and their carers.
Few - As a physiotherapist whose core role is the provision of palliative care, you should:	
PHYS 4.9	Build therapeutic relationships with individuals/ families to support informed choices for care planning and therapy interventions.
PHYS 4.10	Serve as an expert clinical resource, as required, to generalist and other specialist providers of palliative care, role modelling specialist clinical skills when assessing and managing individuals with complex life-shortening conditions.
PHYS 4.11	Lead through building partnerships and utilise the strengths of the MDT team to facilitate optimal palliative care outcomes for the individual and their family.

PHYS 4.12	Demonstrate a high level of clinical expertise in supporting the individual in adapting to changing clinical presentation and functional levels.
PHYS 4.13	Critically evaluate outcomes of interventions against established standards and guidelines to further develop own practice and that of professional colleagues in specialist palliative care.
PHYS 4.14	Coordinate safe, seamless transitions of care for individuals with complex discharge planning needs, including supporting home-based care where appropriate.
PHYS 4.15	Develop holistic and person-centred plans that address the psychosocial impact of diminishing function and set realistic adaptable goals.
PHYS 4.16	Apply expert knowledge of future care planning, including documentation of choices and completion of DNACPR documentation where appropriate.

Domain of competence 5 - Loss, grief and bereavement in palliative and end of life care	
Professionals using the Palliative and end of life care approach have an important role to play in supporting bereaved people by providing information and support to all and by identifying those who may require further support which may include bereavement therapy or counselling. While ensuring that bereavement standards and bereavement framework for Wales are considered and followed.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Physiotherapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a physiotherapist, you should:	
PHYS 5.1	Have knowledge of theories of loss and grief and know when to refer to other palliative care professionals for complex case issues.
PHYS 5.2	Demonstrate sensitivity and engagement with the different stages of grief and loss, including loss of functional independence utilising this awareness to inform care planning and treatment interventions.
PHYS 5.3	Discuss the implications of culture, spirituality, and faith that relate to death and dying both for the patient, their loved ones, and the community.

Some - As a physiotherapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
PHYS 5.4	Appreciate the nature of disenfranchised grief in individual, families, and carers and apply appropriate methods to address this grief.

Few - As a physiotherapist whose core role is the provision of palliative care, you should:	
PHYS 5.5	Apply advanced knowledge of the grieving process and reactions, to actively support individuals and their families throughout the disease trajectory.
PHYS 5.6	Respond proactively respond to complex grief reactions and processes and initiate referral to appropriate disciplines or agencies when required.
PHYS 5.7	Mentor and educate colleagues to understand the personal impact of loss, grief and bereavement, supporting them to recognise their own loss responses and encouraging engagement in activities to maintain their resilience on an on-going basis.

Domain of competence 6 - Professional and Ethical Practice in the Context of Palliative and End of Life Care	
Professional and ethical practice is about considering how best to provide continuing & integrated care, respecting values, needs and wishes as health care needs change in the course of life-shortening conditions.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Physiotherapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a physiotherapist, you should:	
PHYS 6.1	Be aware and act according to The Code of Professional Values and Behaviour Chartered Society of Physiotherapists (CSP) and any regulatory requirements stipulated by Health and Care Professions Council (HCPC).
PHYS 6.2	Demonstrate an understanding of the difference between managing a life-shortening condition and providing end of life care to an individual.
PHYS 6.3	Participate in processes of clinical governance and quality assurance to maintain and improve clinical practice.
PHYS 6.4	Participate in professional supervision and peer review processes to monitor personal and professional responses to clinical situations.
Some - As a physiotherapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
PHYS 6.5	Engage in clinical governance and quality assurance processes to maintain and improve clinical practice.
PHYS 6.6	Participate in professional supervision and peer review processes to monitor personal and professional responses to clinical situations.
Few - As a physiotherapist whose core role is the provision of palliative care, you should:	
PHYS 6.7	Apply an advanced understanding of contemporary legal, ethical and professional standards to the provision of quality palliative care therapy services.
PHYS 6.8	Lead and develop clinical governance and quality assurance programmes that are specific to palliative care.
PHYS 6.9	Influence and promote strategic initiatives and policy development for palliative care services at local, regional and national levels.
PHYS 6.10	Act as an expert resource contributing to palliative care service development and delivery across all clinical settings including primary, acute, tertiary and social care.
PHYS 6.11	Design and support research projects in line with palliative care service needs, collaborating with all relevant stakeholders in respect of research issues.

Profession Specific Competencies

Speech and Language Therapy

Domain of competence 1 - Principles of palliative and end of life care	
Palliative and end of life care aims to improve the quality of life of people with life-shortening conditions and their families, not only by treating their physical symptoms but also by attending to their psychological, social and spiritual/needs. Palliative and end of life care is applicable for people of any age and may be integrated at any point in the illness trajectory from diagnosis or identification of palliative and end of life care need, through the continuum of recognition of end of life care to bereavement.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Speech and Language Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Speech and Language Therapist, you should:	
SLT 1.1	Understand and be able to recognise common trajectories of life-shortening conditions, including common symptoms and problems.
SLT 1.2	Understand the impact of psychological responses to multiple loss including, loss of social participation, social stressors and the spiritual/ religious dimensions on the behaviour and decision-making of individuals with life-shortening conditions and families and take this into account when planning care.
SLT 1.3	Understand, recognise and address the management of pathological responses to multiple loss, loss of social participation, and loss of functional communication, which may impact on behaviour and decision-making of individuals with life-shortening conditions and families, and refer individuals and/or their families to specialist palliative care where appropriate.
SLT 1.4	Provide education to individuals with life-shortening conditions, including their carers and colleagues, in the context of their role and at an appropriate level.
SLT 1.5	Have an awareness of the role of specialist palliative care services in supporting staff when providing a palliative care approach to the person with a life-shortening condition and refer in an appropriate way.
Some - As a Speech and Language Therapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
SLT 1.6	Apply an in-depth understanding of the full spectrum of trajectories of life-shortening conditions in the context of their current clinical practice.
SLT 1.7	Undertake additional study relevant to the needs of individuals with life-shortening conditions to enhance application in practice.
SLT 1.8	Identify and engage in research that informs and improves effective clinical practice.
Few - As a Speech and Language Therapist whose core role is the provision of palliative care, you should:	
SLT 1.9	Apply advanced knowledge and understanding of the full spectrum of trajectories of life-shortening conditions when responding to complex and multidimensional care needs.

SLT 1.10	Undertake study and continuously develop a knowledge base at an advanced level to improve the quality and standard of therapy outcomes and service delivery in palliative care.
SLT 1.11	Develop, facilitate and provide education, leadership, mentorship and professional support for colleagues and generalist providers of palliative care.
SLT 1.12	Lead initiatives that encourages colleagues to foster a caring environment that supports all staff working in sensitive situations with people with life-shortening conditions and their families.
SLT 1.13	Engage in further education and research in palliative care, collaborating with relevant stakeholders in line with research governance.
SLT 1.14	Act as an expert resource providing and advising on undergraduate and postgraduate education in the domain of Speech and Language Therapy Practice in Palliative Care.

Domain of competence 2 - Communication in palliative and end of life care	
Effective communication is essential to the appropriate application of palliative and end of life care.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Speech and Language Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Speech and Language Therapist, you should:	
SLT 2.1	Be able to assess the person's current understanding of his/her health, and their EDS (Eating, Drinking, and Swallowing) and communication status in the context of the person's life-shortening condition.
SLT 2.2	Be able to optimise effective communication for the person with a life-shortening condition who presents with cognitive-communication difficulties, receptive and/or expressive language impairment, motor speech and/or voice disorders. Consider accessing expertise in assistive and augmentative communication when appropriate.
SLT 2.3	Be able to educate and facilitate members of the multidisciplinary team in optimising effective communication with the person with a life-shortening condition who presents with any modality of a communication impairment.
SLT 2.4	Be able to communicate current functional status in relation to communication and disorders of EDS and likely progression in an accurate and compassionate manner, taking account of the patient's needs, wishes and possible changes in communicative function.
SLT 2.5	Understand that communication with the individual will need continuous reflection and adjustment along their care trajectory.
SLT 2.6	Use enhanced communication skills to support difficult conversations and manage potential conflict in the palliative care setting.
SLT 2.7	Demonstrate an understanding of the multidimensional communication challenges that arise when working with people with life-shortening conditions, responding with sensitivity and compassion to the needs of individuals and carers.
Some - As a Speech and Language Therapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
SLT 2.8	Apply and adapt effective communication strategies, including assistive and augmentative communication, to meet the changing needs and wishes of individuals with life-shortening conditions and their families.
SLT 2.9	Facilitate assessment of decision-making capacity in individuals with communication impairment.
SLT 2.10	Enlist the skills of the multidisciplinary team or colleagues to enhance and support communication with the person with a life-shortening condition and their family.

Few - As a Speech and Language Therapist whose core role is the provision of palliative care, you should:	
SLT 2.11	Employ a variety of strategies to deliver highly skilled, compassionate, individualised and timely communication with individuals with life-shortening conditions, their carers and members of the multidisciplinary team.
SLT 2.12	Act as a facilitator for the patient and the family to enable them to access appropriate and timely palliative care intervention and other relevant essential services.
SLT 2.13	Guide patients and families in decision-making related to initiating, withdrawing, or withholding artificial hydration and nutrition due to advanced oropharyngeal dysphagia.
SLT 2.14	Maintain self-awareness of resilience and wellbeing, adapting communication approaches effectively in complex, intense, and changing circumstances.
SLT 2.15	Lead and support multidisciplinary teaching of communication skills relevant to speech and language therapy practice, including management of cognitive-communication difficulties, receptive/expressive language impairments, and motor speech or voice disorders.

Domain of competence 3 - Optimising comfort and quality of life in palliative and end of life care	
Individuals with life-shortening conditions and their families can be affected not only in physical, but also in psychological, social and spiritual/ways. Optimising quality of life and living as fully as possible.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Speech and Language Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Speech and Language Therapist, you should:	
SLT 3.1	Be able to assess a person with a life-shortening condition and manage uncomplicated symptoms whilst recognising when to sign-post to Specialist Palliative Care to enhance that person's care.
SLT 3.2	Be able to recognise potentially reversible causes of functional deterioration in the patient's communication abilities, identifying adaptive or compensatory strategies and /or employing a palliative rehabilitation approach that is appropriate to promote optimal independence and safety in these areas.
SLT 3.3	Promote and educate carers on optimising effective communication with the individual who presents with communication impairment.
SLT 3.4	Be able to help the person with a life-shortening condition and their family to adapt to a transition from life prolonging treatment to a focus on palliative care, where appropriate. Seeking support from specialist palliative care services where necessary.

Some - As a Speech and Language Therapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
SLT 3.5	Recognise critical junctures in care and thereby identify a need for change in the focus of care and treatment goals during a life-shortening condition.
SLT 3.6	Identify potentially reversible causes of functional deterioration in the patient's EDS and communication abilities, and implement adaptive or compensatory strategies or palliative rehabilitation approaches to promote independence and safety.
SLT 3.7	Be able to assess caregivers' skills and need for skill training and support, to assist with safe swallow techniques within the context of life-shortening condition.
SLT 3.8	Be able to recognise and access multidisciplinary expertise and non – pharmacological interventions to support the management of symptoms including, but not limited to fatigue, dyspnoea, secretion management and anxiety that can impact on EDS, communication activities and quality of life.
SLT 3.9	Be able to identify the psychosocial impact of diminishing communication and/or swallow function because of a life-shortening condition providing timely person-centred modifications to facilitate continued social participation.

SLT 3.10	Be able to facilitate individuals and their families to identify personally significant functional communication activities and empowering continued participation through supported conversation and total communication approaches.
SLT 3.11	Be able to assess individuals with life-shortening conditions for assistive communication technology, outlining recommendations for devices/ modifications that will promote communicative autonomy for the individual within their environment.
SLT 3.12	Demonstrate increased awareness of the impact of multiple loss (including but not limited to communicative autonomy, ability to eat/drink and associated psychosocial factors), when formulating treatment programmes appropriate to the needs of the individual with a life-shortening condition.
SLT 3.13	Be able to recognise the need for onward referral to other professionals to optimise autonomy in communication and enhance safety and independence in eating, drinking and swallowing in the individual with a life-shortening condition within the hospital and/ or home environment.
SLT 3.14	Demonstrate an advanced ability to consider the benefits, burdens and risks of speech and language therapy interventions (including instrumental assessment) in individualising management for each person living with a life-shortening condition.
SLT 3.15	Demonstrate the ability to manage decisions about withdrawing or postponing speech and language therapy intervention, while recognising when to re-engage if appropriate.

Few - As a Speech and Language Therapist whose core role is the provision of palliative care, you should:	
SLT 3.16	Apply advanced clinical knowledge of complex symptoms associated with progressive disease to identify current and prospective clinical issues in palliative care.
SLT 3.17	Analyse patient presentations and disease trajectories in Specialist Palliative Care and respond proactively to identified needs.
SLT 3.18	Recognise clinical limitations and professional boundaries and refer to colleagues appropriately and in a timely manner.
SLT 3.19	Act as an expert resource to other staff on the role of speech and language therapy and rehabilitation, in symptom management and optimising quality of life.
SLT 3.20	Demonstrate expert knowledge of the impact of pain, dyspnoea and other symptoms on swallow function and/or communication performance, utilising compensatory and palliative rehabilitation approaches to alleviate symptoms, and optimise effective, meaningful and safe participation in these activities.
SLT 3.21	Access multidisciplinary expertise in the pharmacological management of secretions, dyspnoea and anxiety which may impact upon safe and/ or meaningful engagement in eating drinking, swallowing and/or communication.

Domain of competence 4 - Care planning and collaborative practice in palliative and end of life care	
Care planning in palliative and end of life care, including future care planning is characterised by engaging and integrating person centred care to promote living fully as possible and quality of life for people with life-shortening conditions. The wishes and concerns of families and carers should be considered as part of this process.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Speech and Language Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Speech and Language Therapist, you should:	
SLT 4.1	As a member of the interdisciplinary team be able to participate in key events in patient care, including family meetings.
SLT 4.2	Demonstrate the ability to recognise and promote the importance of communication, supporting the individual's ability to make and communicate decisions in all ways possible.
SLT 4.3	Demonstrate ability to recognise that the person with a life-shortening condition may lose ability to make / communicate decisions towards end of life. In such circumstances decisions must be made in the best interest of the person and must adhere to speech and language therapy professional ethical guidelines in respect to decision making.
SLT 4.4	Understand the importance of referral to the specialist palliative care team for the management of complex needs.

Some - As a Speech and Language therapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
SLT 4.5	Develop therapeutic relationships with individuals / families to assist their informed choices for care planning and therapy treatment options.
SLT 4.6	Collaborate effectively within the multiprofessional team and with other stakeholders to manage positive working relationships that will support the wellbeing of the patient and carer and promote patient centred care planning.
SLT 4.7	Facilitate individuals and their families towards active involvement in decision making and goal setting to support best outcomes and quality of life.
SLT 4.8	Coordinate with the multidisciplinary team to ensure that information regarding care decisions and consent is accessible to the individual's communication function and ability.
SLT 4.9	Optimise the involvement of individuals with communication difficulties in decisions and consent processes, supporting understanding of information, identification of consequences, and communication of decisions in line with the Mental Capacity Act (2005).
SLT 4.10	Collaborate with individuals and their family to agree individualised goal-based treatment programmes that are person centred and responsive to the changing needs of the individual with a life-shortening condition.
SLT 4.11	Adapt care planning flexibly, recognising that priorities may change with disease progression, such as transitioning to a comfort-feeding approach.

SLT 4.12	Facilitate discharge planning by carrying out relevant professional assessments to enable discharge to the preferred place of care whilst navigating the complexities and challenges involved for individuals with life-shortening conditions and their family.

Few - As a Speech and Language Therapist whose core role is the provision of palliative care, you should:	
SLT 4.13	Act as an expert clinical resource, as required, to generalist and other specialist providers of palliative care, role modelling advanced clinical skills when assessing and managing individuals with complex life-shortening conditions.
SLT 4.14	Lead and collaborate with the wider multidisciplinary team, building partnerships and leveraging team strengths to optimise therapy outcomes for the individual and their family.
SLT 4.15	Support individuals in adapting to changes in clinical presentation, functional communication, and swallowing ability using advanced clinical expertise.
SLT 4.16	Critically evaluate outcomes of interventions against established standards and guidelines to further develop own practice and that of professional colleagues in specialist palliative care.
SLT 4.17	Facilitate seamless transitions of care for individuals with communication and EDS needs choosing home care, ensuring sensitivity and expert clinical oversight during complex discharges.

Domain of competence 5 - Loss, grief and bereavement in palliative and end of life care	
Professionals using the Palliative and end of life care approach have an important role to play in supporting bereaved people by providing information and support to all and by identifying those who may require further support which may include bereavement therapy or counselling. While ensuring that bereavement standards and bereavement framework for Wales are considered and followed.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Speech and Language Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Speech and Language Therapist, you should:	
SLT 5.1	Have knowledge of theories of loss and grief and know when to refer to other palliative care professionals for complex case issues with the ability to recognise the boundaries of their professional role.
SLT 5.2	Demonstrate sensitivity and engagement with the different stages of grief and loss, including multiple loss related to role and functional independence in communication and swallowing, utilising this awareness to inform care planning and treatment intervention.

Some - As a Speech and Language Therapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
SLT 5.3	Appreciate the nature of disenfranchised grief in individuals, families and carers and appropriate methods of addressing this grief.

Few - As a Speech and Language Therapist whose core role is the provision of palliative care, you should:	
SLT 5.4	Apply advanced knowledge of the grieving process and reactions to actively support individuals with life-shortening conditions and their families throughout the disease trajectory.
SLT 5.5	Respond proactively to complex grief reactions and processes using own skills and / or referral to appropriate disciplines or agencies.
SLT 5.6	Mentor and educate colleagues to understand the personal impact of loss, grief and bereavement, supporting them to recognise their own loss responses and encouraging engagement in activities to maintain their resilience on an on-going basis.

Domain of competence 6 - Professional and Ethical Practice in the Context of Palliative and End of Life Care	
Professional and ethical practice is about considering how best to provide continuing & integrated care, respecting values, needs and wishes as health care needs change in the course of life-shortening conditions.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Speech and Language Therapists progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Speech and Language Therapist, you should:	
SLT 6.1	Be aware of and act according to the Code of Professional Conduct of the Royal College of Speech and Language Therapists (RSCLT) and any requirements stipulated by the Health and Care Professions Council (HCPC).
SLT 6.2	Demonstrate an understanding of the difference between managing a life-shortening condition and providing end of life care to an individual.
SLT 6.3	Be aware of the limitations of role, practice and expertise in end of life decision making related to artificial hydration and/or nutrition because of severe oropharyngeal dysphagia in advanced life-shortening condition, referring to relevant specialist palliative care expertise as appropriate.
SLT 6.4	Participate in processes of clinical governance and quality assurance to maintain and improve clinical practice.
SLT 6.5	Participate in professional supervision and peer review processes to monitor personal and professional responses to clinical situations.
Some - As a Speech and Language Therapist whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
SLT 6.6	Participate in clinical governance and quality assurance processes to maintain and improve clinical practice.
SLT 6.7	Provide professional supervision and peer review processes to monitor personal and professional responses to clinical situations.
SLT 6.8	Apply recognised ethical, legal, and professional frameworks to guide speech and language therapy interventions in end-of-life decisions, including initiating, withdrawing, or withholding artificial hydration and/or nutrition due to severe oropharyngeal dysphagia in advanced life-shortening conditions.
Few - As a Speech and Language Therapist whose core role is the provision of palliative care, you should:	
SLT 6.9	Apply an advanced understanding of contemporary legal, ethical and professional standards to the provision of quality palliative care services.
SLT 6.10	Lead and develop clinical governance and quality assurance programmes that are specific to palliative care.
SLT 6.11	Build the evidence base for interventions with individuals with life-shortening conditions, collaborating with stakeholders in research design and implementation.

SLT 6.12	Influence and promote strategic initiatives and policy development for palliative care services at local, regional and national levels.
SLT 6.13	Act as an expert resource contributing to palliative care service development and delivery across all clinical settings including primary, acute, tertiary and social care.

Profession Specific Competencies

Chaplaincy / Pastoral Care

Domain of competence 1 - Principles of palliative and end of life care	
Palliative and end of life care aims to improve the quality of life of people with life-shortening conditions and their families, not only by treating their physical symptoms but also by attending to their psychological, social and spiritual needs. Palliative and end of life care is applicable for people of any age and may be integrated at any point in the illness trajectory from diagnosis or identification of Palliative and end of life care need, through the continuum of recognition of end of life care to bereavement.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Chaplains progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Chaplain, you should:	
CHP 1.1	Recognise that spiritual/religious care is an essential element of holistic care for the person with a life-shortening condition and their family.
CHP 1.2	Understand the nature of spirituality and recognise that everyone has a spiritual/religious dimension and that for many people this may have a religious component.
CHP 1.3	Assist the person with a life-shortening condition to discern their spiritual/religious needs and create a safe space where they can name and address them.
CHP 1.4	Recognise that the opportunity for physical, emotional, and spiritual/development is an essential component of palliative care which can be part of the regular review.
CHP 1.5	Engage and explore pastorally with persons who are experiencing spiritual/religious distress and pain, with understanding the causes of spiritual pain, where it may be from a loss of meaning and unmet spiritual needs.
CHP 1.6	Understand that in some cases suffering can be seen as part of the normal process of living, with the profound challenges of having a progressive illness, functional disability, and awareness of impending death.
CHP 1.7	Demonstrate and promote knowledge and understanding of the main world faiths, philosophies, beliefs, practices, cultures and traditions around life, illness, dying and death.
CHP 1.8	Offer support, encouragement, and education to staff in the multidisciplinary team to promote wellbeing and self-care.
CHP 1.9	Have the capacity to integrate spiritual/religious care into the appropriate palliative care setting.

Some – As an experienced Chaplain whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
CHP 1.10	Commit to continuous personal, pastoral, and professional development.
CHP 1.11	Engage with research in palliative care and integrate findings into practice.
CHP 1.12	Lead and contribute to the delivery of spiritual and religious care within a multidisciplinary team approach.

Few - As a Chaplain working primarily with people with life shortening conditions you should:	
CHP 1.13	Apply family systems practice and recognise its significance in the palliative care setting.
CHP 1.14	Promote and contribute to research and development in bereavement care, including auditing and evaluating own practice.

Domain of competence 2 - Communication in palliative and end of life care	
Effective communication is essential to the appropriate application of palliative and end of life care.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Chaplains progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Chaplain, you should:	
CHP 2.1	Recognise and appreciate that the quality of pastoral presence is an essential component of spiritual/religious care.
CHP 2.2	During pastoral care be fully attentive to the individual with a life-shortening condition and demonstrate the ability to connect and empathise with them.
CHP 2.3	Demonstrate sensitivity in pastoral conversations with patients, families, with understanding that the communication of information changes the person's understanding of their situation and/or influences their decision-making or planning is an on-going process and not a single event.
CHP 2.4	Provide person-centred chaplaincy care that understands and respects diversity in all its dimensions.
CHP 2.5	Use pastoral interventions and engage in pastoral conversations, which are age-appropriate.
CHP 2.6	Apply best practice in spiritual/religious assessment and documentation to help determine and communicate interdisciplinary plans of care.
CHP 2.7	Recognise, understand and be sensitive to the significant changes in the person's condition when moving toward end of life and facilitate the individual, and their family to consider options for spiritual/religious care and support.
CHP 2.8	Have the skill and capacity to engage respectfully and sensitively with patients, their family, around their beliefs, fears, hopes and uncertainties regarding death and beliefs.
CHP 2.9	Whilst respecting the individual's beliefs and wishes, ensure that spiritual and/or religious rituals and/or sacraments for end of life, are available.
CHP 2.10	Through spiritual accompaniment, help the individual with a life-shortening condition on their terminal phase of life with dignity, peace, and compassion, while also providing support to their family, and all who are involved in their care.
CHP 2.11	Demonstrate the ability to apply knowledge of key physical, psychological, and social principles in palliative care to communicate effectively as part of the multidisciplinary team.
CHP 2.12	Understand and practice appropriate principles of confidentiality in relation to matters of a private and sensitive nature.

Some – As an experienced Chaplain whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
CHP 2.13	Provide spiritually and culturally appropriate chaplaincy support during patient and family conferences and when participating in support groups.

CHP 2.14	Anticipate and respond to the distinctive needs of parents, guardians, families, and colleagues in the context of perinatal palliative care.
CHP 2.15	Engage in reflective practice, supervision, and self-care activities to sustain resilience and maintain professional effectiveness in emotionally demanding situations.

Few - As a Chaplain working primarily with people with life shortening conditions you should:	
CHP 2.16	Facilitate and support discussions between individuals, their families, and staff members, recognising and respecting diverse approaches to decision-making in the context of palliative care.
CHP 2.17	Adapt and apply different communication styles to enhance understanding and support in complex end-of-life situations.
CHP 2.18	Assist in mediating conflict within the multidisciplinary team and families in the decision-making process, working towards consensus in care planning.
CHP 2.19	Support the multidisciplinary team and families in sharing difficult or bad news, relating to illness or death, with children and vulnerable adults, facilitating direct supportive communication with them, where appropriate.
CHP 2.20	Demonstrate self-awareness of the personal impact of loss, grief, and existential issues, and actively use strategies, supervision, and peer support to foster ongoing resilience and wellbeing.
CHP 2.21	Provide leadership by mentoring and educating colleagues to recognise the personal impact of loss and grief, supporting them in building resilience and maintaining wellbeing in the face of ongoing emotional demands.

Domain of competence 3 - Optimising comfort and quality of life in palliative and end of life care	
Individuals with life-shortening conditions and their families can be affected not only in physical, but also in psychological, social and spiritual ways. Optimising quality of life and living as fully as possible.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Chaplains progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Chaplain, you should:	
CHP 3.1	Be able to help the person living with a life-shortening condition to feel assured that chaplains are capable of accompanying persons of all faith traditions, persons who profess no faith, persons whose lives are guided by a particular life philosophy.
CHP 3.2	Demonstrate an ability to assist members of the multidisciplinary team to understand the nature and importance of addressing the spiritual, religious, and cultural needs of the individual and how these may impact on wellbeing.
CHP 3.3	Demonstrate an ability to assess the spiritual/religious needs of the person with a life-shortening condition and share as appropriate with the multidisciplinary team.
CHP 3.4	At the request of the individual with a life-shortening condition or their family liaise with / access the individual's faith and belief groups, spiritual companions / leaders and/or other community spiritual/religious and cultural resources.

Some - As an experienced Chaplains whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
CHP 3.5	Demonstrate an ability to analyse appropriate knowledge and information to inform decision making in end of life care.
CHP 3.6	Support the multidisciplinary team when considering care and treatment options for the person with a life-shortening condition, ensuring due regard for the individual's wishes, values, and beliefs.
CHP 3.7	Recognise and, where appropriate, anticipate the need to adapt the focus of pastoral care interventions at critical points during the person's illness, providing support for individuals and their families through times of transition.

Few - As a Chaplain working primarily with people with life shortening conditions you should:	
CHP 3.8	Provide specialist palliative pastoral care interventions based on continuing assessment of palliative and end of life care needs.
CHP 3.9	Lead and develop chaplaincy services within palliative care, contributing to clinical governance, quality assurance, and policy development at local, regional, and national levels.
CHP 3.10	Engage in research, audit, and service evaluation to advance the evidence base for chaplaincy within palliative care, collaborating with stakeholders to improve outcomes and inform future practice.

Domain of competence 4 - Care planning and collaborative practice in palliative and end of life care	
Care planning in palliative and end of life care, including future care planning is characterised by engaging and integrating person centred care to promote living fully as possible and quality of life for people with life-shortening conditions. The wishes and concerns of families and carers should be considered as part of this process.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Chaplains progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Chaplain, you should:	
CHP 4.1	Demonstrate an ability to assess, plan, and communicate the spiritual/religious needs of the patient to the multidisciplinary team.
CHP 4.2	Be aware and respect professional boundaries when offering and providing spiritual/religious care to patients and when interacting with other members of the multidisciplinary team.
CHP 4.3	Demonstrate an ability to identify and assess whether there is a need to seek professional consultation as part of the multidisciplinary team regarding the effectiveness of pastoral care should the patient's need be beyond the professional scope of Chaplaincy, and the appropriateness of referral to another professional care provider.
CHP 4.4	Document appropriate referrals following spiritual/religious assessment (e.g. referral to the patient's own faith representative if requested).
CHP 4.5	Demonstrate an ability for effective engagement in multidisciplinary team meetings, highlighting and addressing spiritual/religious issues and suggesting appropriate responses to identified spiritual/religious need.
CHP 4.6	Work collaboratively with the person with a life-shortening condition, their family and other professionals, including attending family meetings, team meetings, mediating discussions and planning for future care.
CHP 4.7	Recognise that the person with a life-shortening condition may lose capacity to make decisions towards end of life.
CHP 4.8	Allowing chaplains to discuss a person's choice with respect but allowing investigation and exploration of patient needs in a multidisciplinary team approach.
CHP 4.9	Can articulate the unique professional role of chaplains as leaders in the provision of spiritual/religious care.

Some - As an experienced Chaplain whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
CHP 4.10	Facilitate and integrate collaborative processes and multidisciplinary relationships that respect the principles of holistic care within the wider health care institutional culture.
CHP 4.11	Demonstrate leadership in identifying spiritual/religious issues and facilitate the appropriate team response through family meetings involving other team members and services as appropriate.

CHP 4.12	Evaluate and reflect on the benefits and measurable outcomes of pastoral care interventions, including evidence of patient and family satisfaction, to inform and improve practice.
CHP 4.13	Provide staff support and guidance around spiritual and pastoral care, sharing professional expertise on spiritual and religious issues in the context of palliative and end of life care.

Domain of competence 5 - Loss, grief and bereavement in palliative and end of life care
Professionals using the Palliative and end of life care approach have an important role to play in supporting bereaved people by providing information and support to all and by identifying those who may require further support which may include bereavement therapy or counselling. While ensuring that bereavement standards and bereavement framework for Wales are considered and followed.
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Chaplains progress from 'All' to 'Some' to 'Few'.
These profession specific competencies need to be viewed alongside the Fundamental Competencies.

All - As a Chaplain, you should:	
CHP 5.1	Be able to articulate important spiritual/religious, existential, and emotional concepts for patients, families, and significant others.
CHP 5.2	Work in partnership with parents, guardians and other family members to prepare and support children and vulnerable adults for the loss of loved ones.
CHP 5.3	Be able to provide appropriate spiritual/religious care and emotional support to grieving persons of diverse cultural and religious traditions, and to persons with no affiliation to a faith tradition.
CHP 5.4	Be able to plan, lead, or facilitate appropriate rituals, suitable for the time of dying or after death, which offer hope and comfort to persons from a diversity of cultural and faith traditions, and to persons who represent a diversity of world views.
CHP 5.5	Be able to work in partnership with the patient's faith group/leaders and/or other community spiritual/religious and cultural resources to ensure that all sacramental, religious and faith-based rituals are met in a timely and appropriate manner.
CHP 5.6	Be able to plan, lead, or facilitate services suitable for specific faith traditions, and also ecumenical and interfaith services.
CHP 5.7	Demonstrate the ability to use clear and concise, Bereavement language to the ability of the person you are talking to.
CHP 5.8	Be aware of any element of anticipatory grief needs and signpost appropriately.
CHP 5.9	Be aware of / signpost people families and their significant others to bereavement services (including charities).
CHP 5.10	Demonstrate an understanding of the theories of loss, grief and bereavement.
CHP 5.11	Be culturally aware of nuances regarding pain, suffering, loss, anticipatory and complicated grief, and life review – allowing for different faiths.

Few - As a Chaplain working primarily with people with life shortening conditions you should:	
CHP 5.12	Provide structured debriefing and reflective support for members of the multidisciplinary team, enabling safe exploration of experiences arising from palliative and end of life care practice.

CHP 5.13	Support the development and integration of self-care and resilience strategies for colleagues, fostering a culture of sustainability and wellbeing within palliative care services.

Domain of competence 6 - Professional and ethical practice in the context of palliative and end of life care	
Professional and ethical practice is about considering how best to provide continuing & integrated care, respecting values, needs and wishes as health care needs change in the course of life-shortening conditions.	
Note: Depending on the specialties in which they train and work, there may be a sequential attainment of competencies as Chaplains progress from 'All' to 'Some' to 'Few'.	
These profession specific competencies need to be viewed alongside the Fundamental Competencies.	
All - As a Chaplain, you should:	
CHP 6.1	Respect and uphold the dignity of the person who is receiving palliative or end of life care.
CHP 6.2	Respect and support the person with a life-shortening condition and their family to be treated with dignity throughout the course of illness, during the dying process, and after death.
CHP 6.3	Identify how one's feelings, attitudes, values and assumptions impact pastoral care with the person with a life-shortening condition and their family.
CHP 6.4	To recognise and articulate challenging areas of ethical sensitivity and awareness in palliative care settings.
CHP 6.5	Demonstrate maintaining one's integrity and authenticity in professional practice during the process of assisting others in moral and ethical care decisions, within a diverse and transitioning health care system and patient population.
CHP 6.6	Engage in reflective practice to promote greater self-awareness, team reflective practice, and the ability to critically evaluate one's own practice within end of life care.
CHP 6.7	Utilise supervision to ensure best practice in end of life Care and to meet organisational and professional requirements.
Some - As an experienced Chaplains whose role involves regular support of people with life shortening conditions (not limited to those in SPCT), you should:	
CHP 6.8	Participate in meetings around ethical decision-making for patients and families honouring diverse ethnic, cultural, faith and belief tradition and philosophical world views.
CHP 6.9	Demonstrate leadership through advocating for on-going and continuous service development.
CHP 6.10	Contribute to and facilitate the discussion and resolution of ethical issues that may arise in palliative care.
CHP 6.11	Demonstrate an understanding of the process of quality improvement in the context of palliative care.
Few - As a Chaplain working primarily with people who have a life shortening conditions you should:	
CHP 6.12	Communicate and advance the distinct contribution of spiritual/religious care to palliative care.

CHP 6.13	Demonstrate a sustained commitment to advancing the field of palliative care through the generation, dissemination and application of research and knowledge related to spiritual, religious, and existential care.

Glossary of Terms

Registered Adult Nurse - A Registered Adult Nurse cares for people who are unwell, disabled and dying as well as undertaking health promotion in the general population. Their aim is to improve the quality of life of the individuals they care for (HEIW 2024a).

Advance Care Planning - Please see Future Care Planning entry.

Affirm Life - Involves recognising and valuing the person's life, even when they are seriously ill or approaching death; supporting them to live as fully as possible, in a way that is meaningful to them; emphasising dignity, comfort, and personal choice rather than focusing only on illness or decline.

'All' - These are the profession specific competencies required by all health professionals within those roles, from qualification (in the case of the chaplaincy role, it would be commencement of their role) and throughout their career in every profession and any current work setting, because people needing PEoLC are encountered in every health setting. They need to ask for expert help with more complex needs.

Allied Health Professionals (AHPs) - AHPs make up the third largest professional workforce in the NHS. Representing thirteen distinct professions, they play an integral role in promoting public health and improving the physical, mental, and social well-being of the population HEIW (2024c).

Carers - In this document, this term applies to those individuals who provide essential, uncompensated care to family or friends unable to manage daily activities due to illness, disability, or ageing. Their support may include personal care, assistance with mobility, managing medication, and coordinating healthcare needs, allowing individuals to remain in their homes and communities. They are also termed unpaid carers.

Care after Death - "a term used in place of "last offices" and more befitting of our multicultural society, reflecting the variety of tasks of care at the time of death, including supporting the family and those identified as being of most importance to the deceased" (Hospice UK 2024 p8).

Complicated Grief - An overarching term which may also be called, prolonged grief disorder. This is when intense, long-lasting reactions of grief, merge with existing issues and difficulties in coping and have a significant impact on a person's daily life for more than 12 months.

Competence - Competence is the ability to integrate and apply contextually appropriate knowledge, skills and psychosocial factors (e.g., beliefs, attitudes, values and motivations) to consistently perform successfully within a specified domain (Vitello et al 2021).

Daffodil Standards - Evidence-based framework created by the Royal College of General Practitioners (RCGP) and Marie Curie to help General practice and pharmacies improve end of life and bereavement care for patients and their families. Refer to The Daffodil Standards (rcgp.org.uk)

Disenfranchised Grief - This term can arise from stigmatised deaths, grief is 'disenfranchised' when their culture, society, or support group, make them feel their loss and/or grief is invalidated and insignificant.

Delegation - is the process by which a health or care professional assigns a specific task or responsibility to another member of the team who has the appropriate skills and competence to carry it out, while the person who delegates retains overall accountability for the decision to delegate and the quality of care provided (professional bodies differ on specific points, and professionals must refer to guidance relevant to their profession). Refer to All Wales Guidelines for Delegation

Families/Family - is used throughout this document to refer to those who are closest or important to the patient, regardless of the status and nature of their relationship.

'Few' - These are the competencies required by those working in specialist palliative care roles or teams, dealing together with some of the most complex needs and offering the highest levels of multidisciplinary expertise, including as the expert teams on whom others call for help.

Fundamental Competencies - these are the essential building blocks of good patient care, and are the universal skills and knowledge that all members of the health care workforce, must have to deliver safe, timely, effective, efficient, equitable, and person-centred.

Future Care Planning (FCP) - an opportunity for an individual to work with health and social care professionals to consider what matters to them in terms of their wellbeing, and explore their wishes for any future care or support they may need, in the context of their condition, circumstances and options. Most people value the support of others such as family in doing this. This includes what may be referred to as Advance Care Planning (ACP) approaches, and conversations with family about the care of people unable to participate in ACP because they lack capacity for the relevant decisions. It has now been adopted to unify terminology used across health and social care (e.g., anticipatory, advance, contingency planning). Written output may include a Record of Best Interests Discussions (RBID), a Lasting Power of Attorney (LPA), an Advance Decision to Refuse Treatment (ADRT), an Advance Statement (of Wishes and preferences, also known as an advance care plan), and other less formal records. It recognises that much of the meaningful value of FCP is in the conversations themselves.

Healthcare Support Worker (HCSW) - HCSWs are integral to supporting and delivering care across all health and care settings in Wales, working In the context of this document this applies to those roles that work under the supervision of registered professionals, Healthcare Support Workers - HEIW (2024d).

Health Education and Improvement Wales (HEIW) - Health Education and Improvement Wales (HEIW) is the strategic workforce body within NHS Wales. It sits alongside health boards and trusts and has a leading role in the education, training development and shaping of the healthcare workforce in Wales and commissioning education and training for NHS Wales.

He/She His/Her - Throughout this document, these terms such as he/she and his/her are used as generic references to an individual, without implying a specific gender. Healthcare should always reflect the person's declared gender.

Registered Learning Disability Nurse (LD) - A Registered Learning Disability Nurse supports the wellbeing and social inclusion of people with learning disabilities to reach their full potential, achieve a good quality of life, and be valued in society. They care for people of all ages with a learning disability and work in partnership with individuals, supporters, family and carers to provide specialist healthcare (HEIW 2024a).

Life Shortening Illness/Condition - In this document, this term is used in place of the more common, but less precise, term 'life-limiting.' It refers to conditions that ultimately shorten a person's life, including those not always recognised as such, for example frailty or dementia. This encompasses people whose frailty would reasonably suggest they will deteriorate, there is unlikely to be substantial reversibility in their condition or additional survival to be gained from escalating medical treatment, and that the goals of their care are concerned with maintaining dignity and quality of life. For some of these people the reality of a life shortening condition may be less easily recognised because there is uncertainty about the future trajectory or no clear diagnosis of the cause of this frailty, but this recognition by staff is important if they are to receive the appropriate care.

This distinguishes them from conditions that may cause significant impairment to mobility or cognitive function which are not expected to shorten life.

Life Limiting/Threatening - refers to conditions that are expected to significantly reduce a person's life expectancy compared to the general population. This term alongside life shortening is often used interchangeably but can have nuanced differences based on the context of care.

Medical Examiner (ME) - **"**Medical Examiner – A Senior medical doctor trained in legal and clinical elements of the death certification process… [Has] oversight of all proposed causes of death" (Hospice UK 2024 p9).

Medical Examiner Officer - "Supports the medical examiner in their role in scrutinising the circumstances and causes of death and is a point of contact and source of advice for relatives of the deceased, healthcare professionals and coroner and registration services" *(Hospice UK 2024 p9).*

Mental Capacity - Refers to the ability of a person to make a choice at a particular time, which is based on understanding, retaining, weighing up, and communicating the relevant information to that decision. Someone might have the capacity for some choices but not others, or their capacity might fluctuate.

Registered Mental Health Nurse (MH) - Registered Mental Health nursing is an extremely diverse role with specialities ranging from working with children to the older generation. The work involves helping individuals to recover from their illness or come to terms with it to lead positive and independent lives (HEIW 2024a).

Palliative and End of Life Care (PEoLC) - the care and support of people with progressive life shortening conditions and their families (*i.e.* whoever is close and important to the person) particularly those who may be in the last year of life, and including the various elements often described as palliative care, end of life care or care in the last days of life.

Palliative Care Approach - The palliative care approach is a person-centred model of care that aims to improve the quality of life for people and their families, with life-shortening or serious illness by addressing physical, emotional, social, and spiritual needs. It can be integrated early alongside curative or life-prolonging treatments and is relevant across all care settings.

Person Centred Care - Person-centred care is an approach to health and social care that focuses on the individual's needs, preferences, and values, treating them as equal partners and ensuring that these guide all decisions and care planning.

Quality Statement (QS) - Welsh Government high-level statement of intent for what "best" looks like for Palliative and End of Life Care services, Welsh Government (2022).

Recognition of Life Extinct/Pronouncement of Life Extinct (ROLE/PLE) - Please see Verification of Expected Death entry.

Registered Nurse (RN) - A Registered Nurse is a protected title, and holds a valid registration with the Nursing and Midwifery Council (NMC) on the relevant part of the register. Nursing is a safety critical profession founded on four pillars: clinical practice, education, research, and leadership. Registered nurses use evidence-based knowledge, professional and clinical judgement to assess, plan, implement and evaluate high-quality person-centred nursing care (RCN 2023 p1). Registered nurses are decision makers who use clinical judgment and problem –solving skills to manage and co-ordinate the complexity of health and social care systems to ensure people and their families are enabled to improve, maintain, or recover health by adapting, coping and returning to live lives of the best quality, or to experience a dignified death. They have high levels of autonomy within nursing and multi professional teams and they delegate to others in line with their NMC code (RCN 2024).

Registered Pharmacy Professional - For the purpose of this document this will apply to a pharmacy technician or a pharmacist registered with the General Pharmaceutical Council (GPhC).

Royal Pharmaceutical Society - The professional leadership body for pharmacists and pharmaceutical scientists. Credentialing is defining and assuring post-registration standards of patient-focused pharmacy practice, demonstrating advancing levels of post-registration practice.

Service Specification - The National Service Specification for Palliative and End of Life Care (PEoLC) in Wales published in 2025 will set clear, person-centred standards to ensure high-quality, equitable care for patients, families, and carers. It will provide guidance for Health Boards, Trusts, and independent providers to deliver consistent, accessible services across all settings. Aligned with the principles of value-based care and key Welsh Government policies, the specification will support a whole system approach that prioritises quality, safety, and dignity at the end of life.

'Some' - These are the competencies required by those whose specialty or work context means that they have more frequent contact and deal with an increased number of people with PEoLC needs, some of them more complex, while working in specialties other than palliative care. They may need to ask for expert help with the most complex needs but have some ability to deal with some difficult problems.

Specialist Palliative Care (SPC) - Specialist palliative care services are those services whose core activity is limited to palliative care. These are involved in the care of individuals who may have complex and demanding care needs, It involves assessing need, promoting and preserving choice, predicting likely problems and planning in the context of a changing and deteriorating disease trajectory (adapted from Palliative Care Competence framework) Includes but is not exclusive to EOL care.

Supportive Care - Care given to improve the quality of life of people who have an illness or disease, by preventing or treating, as early as possible, the symptoms of the disease and the side effects caused by treatment of the disease. Supportive care includes physical, psychological, social, and spiritual support for patients and their families.

They/Them - Used in this document to refer to an individual in a gender-neutral way, recognising and respecting gender diversity.

Verification of Expected Death (VoED) - "Verification of the fact of death, documents the death formally in line with national guidance. The time of verification is recognised as the official time of death. Doctors call this process 'confirmation of death', and paramedics call this process 'recognition of life extinct' Hospice UK (2025).

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List of Appendices

Appendix 1

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Appendix 2

Palliative & End of Life Care and the Welsh Language

Palliative and end of life care (PEoLC) is the care and support of people with progressive life shortening conditions and their families (i.e. whoever is close and important to the person), including but not only those who are thought to be in the last year of life. It is an umbrella term which includes the various elements often described as palliative care, end of life care or care in the last days of life.

Some PEoLC is provided by palliative care specialists. Specialist Palliative Care (SPC) services are those whose core activity is limited to palliative care. These are involved in the care of individuals who can have complex and demanding care needs, and can require a greater degree of specific training, and other resources. SPC involves assessing need, promoting and preserving choice, predicting problems and planning in the context of a changing and deteriorating disease trajectory (adapted from Irelands Palliative Care Competence framework). It includes, but is not limited to, end of life care.

Palliative care, both generalist and specialist, is provided in all care settings, including the community, nursing homes, hospitals, and specialist palliative care units. In recent years, the scope of palliative care has broadened so that palliative care is now provided at an earlier stage in the trajectory of both malignant and non-malignant disease.

People receiving palliative and end of life care therefore often interact with multiple services and present with complex needs, best addressed through a coordinated approach. Multidisciplinary care enables shared decision-making and planning, enhances satisfaction, and ensures that individuals and families feel supported by a cohesive team. This approach also improves access to essential information, advice, and care.

Palliative care is a central component of health care, particularly for those living with progressive, life shortening illnesses. It is needed in every setting where health care is delivered. Yet, a patient's need for palliative care is not always readily recognised when it arises, and this timely recognition is a critical responsibility of health care professionals. Once the need is recognised, it opens the door to do palliative care well. This includes anticipating changes in a person's condition and identifying potential future needs. It creates opportunities to support people in considering what matters most to them, how their priorities might develop and change as an illness progresses, and what things they would want to pursue or to avoid as those priorities take shape. Even in the context of progressive deterioration, there is much that can be done to improve quality of life: relieving and managing symptoms, preventing crises, supporting psychological wellbeing, strengthening social functioning, addressing spiritual and cultural care needs.

Good palliative care also includes recognising and supporting those who are close and important to the person who is ill, referred to in this document as 'family'. Our use of the term is inclusive: it means whoever is close or important to the person and shows that what we mean is not limited to specific relationships or residence. It reflects the centrality of relationships in palliative care, and the term should never be taken to exclude anyone who is important to the person receiving care.

People receiving palliative and end of life care often interact with multiple services and present with complex needs, best addressed through a coordinated approach. Multidisciplinary care enables shared decision-making and planning, enhances satisfaction, and ensures that individuals and families feel supported by a cohesive team. This approach also improves access to essential information, advice, and care.

Staff want to do palliative and end of life care well. They want to recognise the needs, respond compassionately, and provide the highest standard of care. But for every opportunity to meet these common and deeply human needs, there is a corresponding risk that the system will fall short. A central responsibility of a high-quality health care system is to equip every health and care professional, regardless of role or setting, to meet these needs effectively.

The importance of the Welsh Language in PEoLC

For those whose preferred language is Welsh, being cared for in the medium of Welsh is important. It promotes inclusion, respect, dignity, and a sense of belonging. For people to be able to access care in the Welsh language, it is important that the workforce is supported to develop, enhance and use their Welsh language skills. In line with the Welsh Language Standards, Welsh Language (Wales) Measure 2011 and the Welsh Government (2022) Wales Five Year Plan 2022-27 More than just words (gov.wales), the framework recognises the importance of supporting people to receive care in their language of choice.

Care and Comfort in Welsh is a short course offered by the National Centre for Learning Welsh. It supports both staff and services to embed the active offer of Welsh in palliative and end of life care.

Appendix 3

Methodology

An initial objective of the steering group was to analyse and evaluate existing competency frameworks, to agree the framework appropriate and applicable to the All Wales context and to agree an approach to the framework development in light of this analysis.

The framework developed in Ireland was chosen for its flexibility across care settings, and its strong emphasis on interdisciplinary collaboration principles, which align well with the Welsh health and care context. HEIW and the PEoLC national programme engaged directly with its authors to gather insights, discuss lessons learned, and consider updates to the 2014 framework. Using a similar approach to that taken in Ireland, HEIW established a multi-disciplinary Competency Framework Steering Group, comprising health and social care professionals from across Wales. Together, the group led the development of the framework by critically reviewing the core competencies in the Irish model, assessing their clarity, relevance, alignment, usability, and structure with the needs of the Welsh workforce. Steering group members were then appointed as chairs of profession-specific working groups. These groups applied the same rigorous review process to the Irish document, ensuring that each profession's contribution was grounded in both shared principles and practical realities.

To support this extensive stakeholder engagement, HEIW, alongside the PEoLC National Programme hosted an in-person event attended by 100 delegates from a wide range of professions and organisations across Wales. Participants included representatives from all Health Boards, Higher Education Institutions, Welsh hospices, the Nursing and Midwifery Council, and the Royal College of Nursing. This event served as a pivotal opportunity for networking and collaboration, helping to produce a robust framework that meets the evolving needs of the population of Wales.

This broad engagement reflects the whole system approach outlined in the Welsh Government's Quality Statement for Palliative and End of Life Care and supports the vision of A Healthier Wales, a system where care is seamless, proactive, and delivered closer to home.

The Welsh framework adopted the same Six Domains of Competence and indicators (fundamental competencies) as stated in the Ireland framework.

The fundamental competences formed the basis for the next phase of development which focused on the development of discipline specific indicators for health and care professionals. Profession-specific groups were established to develop indicators for their respective profession, which outline additional capabilities developed through role specific learning. These competencies are organised into three ascending levels of expertise.

All contributions from the professional groups were returned to the PEOLC clinical and programme leads, who reviewed the feedback to enhance readability, ensure language consistency, and align competencies across professions. The revised work was then shared with the steering group for information.

Appendix 4

Additional and complementary frameworks

This competency framework for palliative and end of life care should be considered alongside other relevant professional or disease specific frameworks:

- HEIW (2023) Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales.
- Welsh Government (2016). *Mwy na Geiriau / More than Just Words – Strategic Framework for Welsh Language Services in Health and Social Care*. Cardiff: Welsh Government

For children's nursing competencies, please refer to the relevant UK-wide frameworks/ documents:

- APPM national clinical competences for paediatric palliative care
- CPCET-Education-Standard-Framework.pdf
- RCN (2025) A career and education framework Caring for Infants, Babies, Children and Young People Requiring Palliative Care

Appendix 5

Implementation of the framework and keeping this framework up to date

It is important that the PEoLC competency framework is utilised, implemented and embedded by health care professionals. This can be from induction and education through to ongoing professional development. It should be used as a practical tool to guide training, supervision, and appraisal, ensuring that staff in every role from specialist clinicians to those in generalist or support positions, have the fundamental competencies needed to provide or support high-quality palliative and end of life care. The framework should also be integrated into organisational workforce planning and commissioning, helping services to identify population health need, set clear expectations, and monitor and evaluate progress. Ultimately, it will become a shared standard across professions and sectors, supporting a consistent approach to care, promoting confidence and capability in staff, and ensuring that patients and those important to them receive compassionate, safe, and person-centred care.

Keeping this framework up to date

Subsequent iterations of this framework will take account of developments in professional roles and their regulation, in training and education, and in the scope of PEoLC. This may include the development of additional profession or role-specific competencies.