

What competency frameworks are available to promote a consistent education framework for palliative and end of life care workforce in Wales?

A Rapid Evidence Map

12/09/2021

Evidence Implications:

Clinical:

The frameworks identified may provide adequate coverage of subjects and competencies to inform a Wales-wide multidisciplinary competency framework for adult specialist palliative care workforce.

Policy:

Will contribute to providing a standardised training framework for organisations to implement, regulate and continuously evaluate.

Glossary:

EAPC—European Association for Palliative Care

EOLB—End of life Board

HEE—Health Education England

PEOLC—Palliative and End of Life Care

Context

Provision of palliative and end of life care (PEOLC) education is a crucial core component of providing an effective, multidisciplinary workforce. Education frameworks identify specific learning needs, promote consistent, inclusive, and flexible approaches to education, address discipline specific standards and support learning and development at individual, service and organisational levels. For education programmes to be effective, training needs to be consistent and available. Currently, England, Scotland and Ireland have a country-specific standardised competency framework for the education of the palliative care workforce, but Wales does not. Also, a recent service evaluation in Cardiff and the Vale has identified areas of inequity regarding standardised PEOLC education.

The End-of-Life Board (EOLB) in Wales has prioritised the need for an all-Wales strategy to PEOLC education and to identify whether an already established competency framework may work, or whether a Wales specific framework may be required. This rapid review will aim to identify any established PEOLC education frameworks from the published literature and map the core domains and competencies included within them. The findings will then be used by C&V UHB and EOLB to inform a Wales specific PEOLC education core competency framework.

Key findings

Database and supplementary searches generated 152 records in total. After removing duplicates and irrelevant records, 84 articles were screened for eligibility. Figure 1 shows the flow of information through the review. We assessed 18 full text articles for the inclusion of a competency framework for end-of-life care education, but 10 of these were excluded due to not containing enough detail about competencies within their framework. A mapping exercise was carried out, whereby competencies from frameworks in the included articles, were mapped to the European Association for Palliative Care (EAPC) ten core competencies (Table 1). These competencies were derived from a consensus process and are detailed in 'Core competencies in palliative care: an EAPC White Paper on palliative care education – part 1' and 'Core competencies in palliative care: an EAPC White Paper on palliative care education – part 2'. These were chosen as the mapping base due to the topics covered, and they aim to complement skills and attitudes that healthcare professionals have already attained through clinical practice. Any gaps identified within the other frameworks and not covered by the EAPC are reported.

Two reviewers cross checked and discussed competencies extracted and mapped these across the framework. The full mapping is available as a supplementary document, upon request.

Eight frameworks were included. Two were based in the UK (Scotland and England), 3 in the USA and 2 in Canada and 1 in Ireland. Six frameworks were aimed at multidisciplinary palliative care teams, 1 at multidisciplinary care in nursing homes and 1 at community volunteer navigators. Five frameworks covered all aspects of care, whereas 2 frameworks focused specifically on communication skills and topics

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Table 1—The EAPC Ten Core Competencies in Palliative Care

No.	Competency
1.	Apply the core constituents of palliative care in the setting where patients and families are based
2.	Enhance physical comfort throughout patients' disease trajectories
3.	Meet patients' psychological needs
4.	Meet patients' social needs
5.	Meet patients' spiritual needs
6.	Respond to the needs of family carers in relation to short-, medium- and long-term patient care goals
7.	Respond to the challenges of clinical and ethical decision-making in palliative care
8.	Practise comprehensive care co-ordination and interdisciplinary teamwork across all settings where palliative care is offered
9.	Develop interpersonal and communication skills appropriate to palliative care
10.	Practise self-awareness and undergo continuing professional development

Definition of competency: We defined a competency as 'a cluster of related knowledge, skills and attitudes that affects a major part of one's job (a role or responsibility), that correlates with performance on the job, that can be measured against well-accepted standards, and that can be improved via training and development' (Parry, S. B. (1996).

Relevance of evidence

Some of the studies were carried out in the USA, where the health care system is not necessarily comparable to the UK and therefore, have limited generalisability to Wales. However, the main principles behind palliative and end of life care do remain consistent between countries and therefore, will still be useful to consider, when designing a competency framework.

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Review Methods

Search Strategy: A search was conducted across a wide-ranging set of databases: Ovid Medline, including In-Process & Other Non-Indexed Citations, HMIC, Scopus and Social Policy and Practice. The preliminary search strategy was developed on Ovid Medline using both text words and medical subject headings and restricted to English language humans. The search strategy was modified to capture indexing systems of the other databases. (Search strategies available upon request).

Reference lists of systematic reviews were checked for relevant studies. Overall, the searches generated 84 citations after removing duplicates and irrelevant records. Figure 1 represents the flow of information through the different phases of the review.

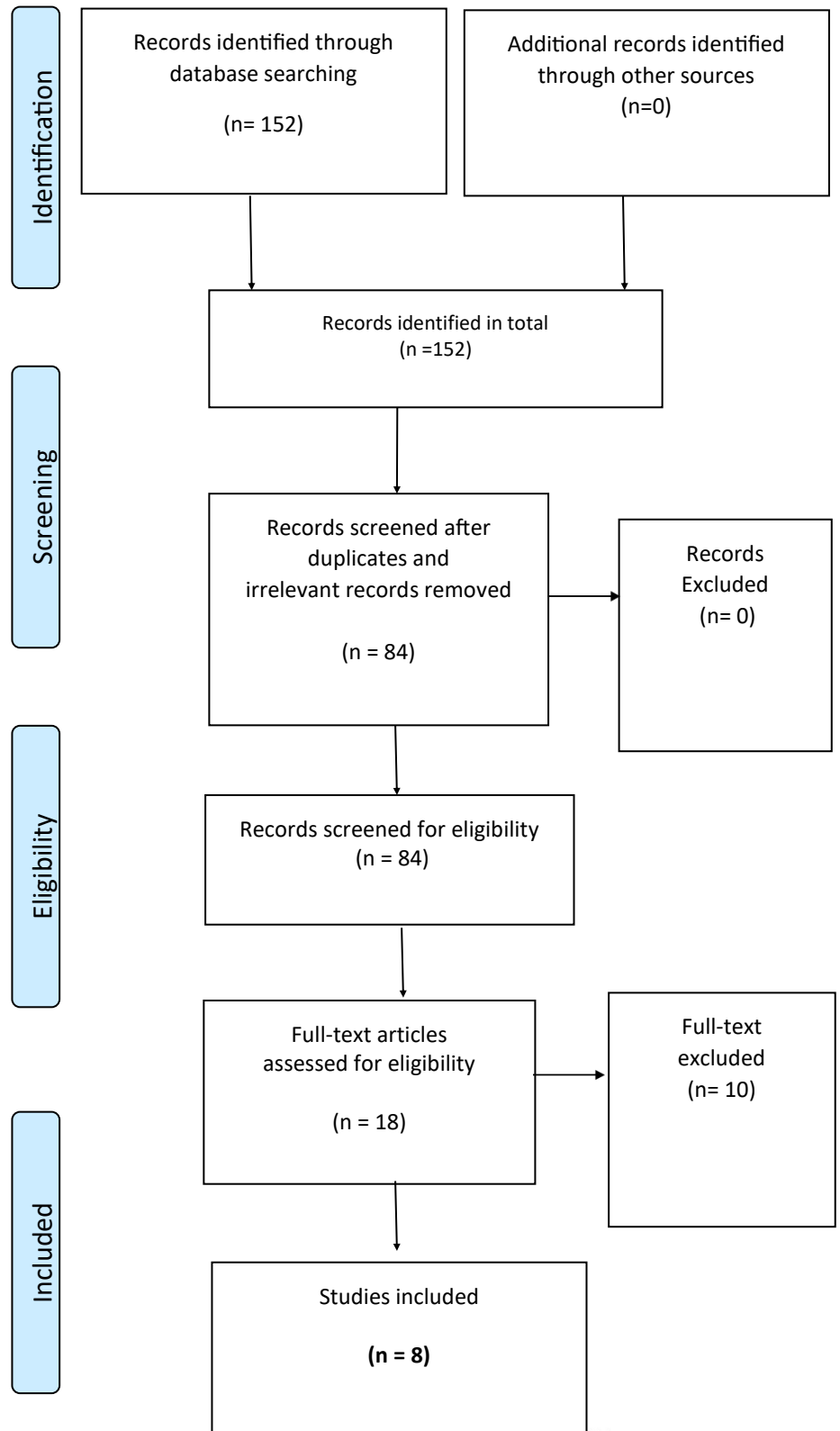
Inclusion: Any competency or capability frameworks for adult palliative and/or end of life care. Healthcare systems similar to the UK.

Exclusion: Any competency or capability frameworks for paediatric palliative care. Competency frameworks with no defined curriculum.

Study selection/Quality Assessment/Data Extraction: Study selection was based upon review of the abstract by two independent reviewers. The full text was then assessed independently using a pre-designed eligibility form according to inclusion criteria. Data extraction was carried out by one reviewer and checked by another using a pre-specified data extraction form.

Quality assessment was not undertaken due to the type of the topic and research question.

Any discrepancies between the two reviewers were resolved by consensus or by recourse to a third reviewer.



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Table 2: Characteristics of Included Studies

Framework: Author/ Organisation (Year) and Country	Generalist/ Specialist	Skill-specific / multi-skilled	Were the competencies defined in detail?	Were the competencies grouped into domains?	Was the framework linked to a curriculum?	EAPC White paper domains covered
Carpenter (2021) - USA	Specialist - Nursing home based geriatric nurse practitioners	Multiskilled	Yes	Yes (grouped into NPC domains)	Yes	1,2,3,5,8,9,10
Connolly (2014) Republic of Ireland	Generalist and specialist (broken down into competencies for each specialism in detail)	Multiskilled	Yes	Yes	No - guidance for what a curriculum should cover	1-10
Duggleby (2018) Canada	Generalist	Multiskilled	Yes	Yes (grouped into module domains)	Yes	1,6,8,10
Ferrell (2019) USA	Generalist (interdisciplinary)	Skill-specific - communication.	Yes	Yes (grouped into NCP domains)	Yes	1,2,5,6,8,9,10
Health Education England (2017)** England	Generalist (split into 3 tiers of increasing skill level)	Multiskilled	Yes	Yes (into 14 main Subjects)	No - guidance for what a curriculum should cover	1-10
McCallum (2018) Canada	Generalist (interdisciplinary)	Multiskilled	Yes	Yes	No	1,3,4,5,7,8,9,10
NHS Education for Scotland (2017)* Scotland	Generalist (split into 4 levels of increasing skill level)	Multiskilled	Yes	Yes (into 5 main domains)	No - guidance for what a curriculum should cover	1,3,4,5,6,7,8,9,10
Wittenberg (2014) - USA	Generalist	Skill-specific - communication.	No	Yes	Yes but very broad	9

*NHS Education for Scotland competencies mapped for the 'informed' level, defined as: "Informed level outlines the knowledge and skills required by all health and social service workers in relation to palliative and end of life care"

**Health Education England competencies mapped for 'Tier 2' defined as: "Health and social care professionals who require some knowledge of how to provide person-centred, high-quality end-of-life care as they often encounter individuals who need such support within their working environment"

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References included in this review:

- Carpenter et al. 2021. Developing and implementing a novel program to prepare nursing home-based geriatric nurse practitioners in primary palliative care. *Journal of the American Association of Nurse Practitioners*, 34, 142-152. <https://doi.org/10.1097/>
- Connolly, M., Ryan, K., & Charnley, K. (2016). Developing a palliative care competence framework for health and social care professionals: the experience in the Republic of Ireland. *BMJ supportive & palliative care*, 6(2), 237–242. <https://doi.org/10.1136/bmjspcare-2015-000872>
- Duggleby, W. et al. 2018. Development, Implementation, and Evaluation of a Curriculum to Prepare Volunteer Navigators to Support Older Persons Living With Serious Illness. *American Journal of Hospice & Palliative Medicine*, 35, 780-787. <https://doi.org/10.1177/1049909117740122>
- Ferrell, B. et al. 2019. End-of-Life Nursing and Education Consortium Communication Curriculum for Interdisciplinary Palliative Care Teams. *Journal of Palliative Medicine*, 22, 1082-1091. <https://doi.org/10.1089/jpm.2018.0645>
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- McCallum, M. et al. 2018. Developing a Palliative Care Competency Framework for Health Professionals and Volunteers: The Nova Scotian Experience. *Journal of Palliative Medicine*, 21, 947-955. <https://doi.org/10.1089/jpm.2017.0655>
- NHS Education for Scotland. 2017. Enriching and improving experience. Palliative and end of life care: a framework to support the learning and development needs of the health and social services workforce in Scotland. Available from: <https://learn.nes.nhs.scot/2450/palliative-and-end-of-life-care-enriching-and-improving-experience>
- Wittenberg-Lyles, E. et al. 2014. Assessment of an interprofessional online curriculum for palliative care communication training. *Journal of Palliative Medicine*, 17, 400-6. <https://doi.org/10.1089/jpm.2013.0270>

Additional References:

- European Association for Palliative Care (EAPC). 2013. Core competencies in palliative care: an EAPC White Paper on palliative care education – part 1. *European Journal of Palliative Care* 20(2):86-91.
- European Association for Palliative Care (EAPC) 2013. Core competencies in palliative care: An EAPC white paper on palliative care education - Part 2. *European Journal of Palliative Care* 20(3):140-145.
- Parry, S. B. (1996). The quest for competences: Competency studies can help you make HR decision, but the results are only as good as the study. *Training*, 33, 48-56.

Additional materials available upon request:

- Mapping of competency frameworks to EAPC white paper domains
- Data extraction forms
- Search strategies

This report should be cited as follows: Palliative Care Evidence Review Service. What competency frameworks are available to promote a consistent education framework for palliative and end of life care workforce in Wales? A Rapid Evidence Map. Cardiff: Palliative Care Evidence Review Service (PaCERS); 2022 August

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