

# GUIDANCE AND COMPETENCES FOR THE PROVISION OF SERVICES USING PRACTITIONERS WITH SPECIAL INTERESTS (PwSIs)

PALLIATIVE CARE



**DH** Department  
of Health



English Pharmacy Board

**NHS**

Primary Care Contracting

# FOREWORD

The White Paper *Our health, our care, our say: a new direction for community services* ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4127453](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453)), published in 2006, set out the vision for the future of care outside hospitals. It reinforced the importance of services provided by healthcare professionals working in community settings. The public involved in the consultation process that informed the White Paper made it clear that while convenient care was important, it must be of high quality and that a transparent process should underpin that quality.

In his interim review, Lord Darzi re-emphasised this need for quality, drawing on four overarching themes for the NHS over the next 10 years, where he describes the vision of a health and care system that is fair, personalised, effective and safe. Much of the vision continued in his main report, High Quality Care for All and in the primary and community care strategy] is underpinned by the movement of more complex care out of hospitals and into community settings – just the sort of services that PwSIs provide. *World Class Commissioning* (“*Adding years to life and life to years*”) will be the key vehicle for delivering a world leading NHS, equipped to tackle the challenges of the 21<sup>st</sup> Century. By developing a more strategic, long-term and community focused approach to commissioning and delivering services, where commissioners and health professionals work together to deliver improved local health outcomes, world class commissioning will enable the NHS to meet the changing needs of the population and deliver a service which is clinically driven, patient centred and responsive to local needs. PCT Commissioners will therefore be looking for PwSI commissioned services to link to the world class competencies which ensure the best value of service for patients

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080956](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080956)

Many PwSIs in Palliative Care have been established around the country and much has been learnt from examples of best practice. All those involved in the delivery of these services recognise the need to ensure that PwSIs are suitably qualified, with demonstrable competences, training and experience. These factors underpin the delivery of safe, high quality care. As we move steadily towards a regulated service, with registration of NHS organisations and increasing use of accreditation schemes, such as that currently being piloted by RCGP, there is increasing pertinence of the processes described in this document. Through implementation of this guidance, there will be a more vivid guarantee of quality.

This document, which should be read in conjunction with *Implementing care closer to home: Convenient quality care for patients*

([http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH\\_074419](http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419)), describes different models of care and provides information about the

competences, training, accreditation and assessment processes to support the accreditation of PwSIs in Palliative Care . For Commissioners, this should be read in conjunction with the World Class Commissioning Assurance Framework and associated competencies

<http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/Assurance/index.htm>

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# INTRODUCTION

This document represents an updating of *Guidelines for the appointment of General Practitioners with Special Interests in the Delivery of Clinical Services: Palliative Care* published by the Department of Health in 2003.

This guidance provides detailed information to guide accreditors and practitioners towards the kind of evidence and competences that may be expected to be seen and tested during the nationally mandated accreditation process set out in *Implementing care closer to home: convenient quality care for patients, Part 3: The accreditation of GPs and Pharmacists with Special Interests* ([http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH\\_074419](http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419)).

This guidance relates **only** to the specific training and accreditation needs of general practitioners and pharmacists seeking accreditation as PwSIs in Palliative Care.

The competency framework is designed to help practitioners understand and develop the extended knowledge and skills they will require to provide services beyond the scope of their generalist roles. Such developments are expected to occur within a negotiated local framework. It is not intended that PwSIs in Palliative Care have all the competences listed in this document. Commissioners will need to identify the specific competences (detailed in Chapter 3) required by the practitioner in order to meet the service specifications.

**Commissioners should note that the training and personal development of PwSIs will need to be ongoing and will require support from specialist practitioners and / or access to relevant peer support.**

This framework does not preclude commissioners from developing specialist services using other practitioners, for example, nurses or allied health professionals. Competences for NHS-employed staff providing specialist care in community settings may be assessed through the knowledge and skills framework.

Specialist practitioners are expected to operate within the local clinical governance framework and within their scope of professional practice. They must be able to demonstrate relevant expertise when moving into new areas and commissioners will need to take a more competence-based approach to reflect the current work on modernising healthcare careers.

## IMPORTANT NOTE FOR COMMISSIONERS IN RESPECT OF PALLIATIVE CARE

Many GPs and pharmacists who do not consider themselves to be special interest practitioners are currently providing specialist services or clinical leadership within their practice or locality.

This guidance does not intend to undermine these clinicians. It is provided for doctors and pharmacists whose objective is to extend their competences and skills within a formally accredited PwSI framework.

# 1. PwSI SERVICE PROVISION

## 1.1 DEFINITION OF A PwSI

**PwSIs supplement their core generalist role by delivering an additional high quality service to meet the needs of patients. Working principally in the community, they deliver a clinical service beyond the scope of their core professional role or may undertake advanced interventions not normally undertaken by their peers. They will have demonstrated appropriate competences to deliver those services without direct supervision.**

## 1.2 LOCAL SERVICES THAT CAN BE PROVIDED BY A PwSI

The needs of the local population will inform the services to be provided. PwSIs will form one of a series of integrated options for the delivery of these services. The specific activities of the PwSI will depend on the service configuration, and may include providing advice and raising awareness of the primary and community practitioners' role in palliative care.

It is very important that all service providers and patients and carers are involved at every stage of service development.

The following points should be considered by commissioners when establishing a service, and by referring clinicians:

- Who will be referred to the service, including inclusion and exclusion criteria
- Type of service(s) being delivered
- Referral pathways
- Response time
- Communication pathways
- Consent
- Confidentiality and information sharing
- Multi-disciplinary working
- Caseload / frequency

## EXAMPLES FOR A PwSI SERVICE IN PALLIATIVE CARE

The table below gives examples of different types of services that a PwSI could deliver:

### Clinical Services

- The ability to provide a high standard of palliative care for patients, either by giving direct care or providing advice on management
- Working with other primary care teams and practitioners under locally agreed protocols to deliver comprehensive palliative care services
- Providing specialist medicines management support for patients and their carers including end of life symptom control

### Liaison

- The development and fostering of close links with specialist palliative care, hospices, secondary and tertiary care
- Liaising with the OOH service, commissioners, cancer networks and other practitioners so that current best practice is implemented within the primary care environment for the delivery of palliative care services

### Leadership

- Contribute to the development of strategies which promote the provision of high quality palliative care in all settings and represents the views of community palliative care

## 1.3 PRINCIPLES OF SERVICE DELIVERY

Models of service delivery are expected to reflect the important principles outlined in the *Implementing care closer to home: convenient quality care for patients* documents ([http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH\\_074419](http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419)).

Local guidelines for the service should reflect and incorporate nationally agreed guidelines. Both the commissioner and PwSI should demonstrate awareness of relevant national advice issued by organisations such as:

- National Institute for Health and Clinical Excellence  
<http://www.nice.org.uk>
- Royal College of General Practitioners  
[www.rcgp.org.uk](http://www.rcgp.org.uk)
- Gold Standards Framework  
<http://www.goldstandardsframework.nhs.uk>
- DH End of Life Care Programme  
<http://www.endoflifecareforadults.nhs.uk/eolc>
- Macmillan  
<http://www.macmillan.org.uk>
- Royal College of Physicians: *The Assessment of Pain in Older People*  
<http://www.rcplondon.ac.uk>
- British Geriatric Society  
[www.bgs.org.uk](http://www.bgs.org.uk)

### **In addition:**

The service model should take account of nationally agreed guidance, in particular:

- National service frameworks

The model should incorporate examples of nationally agreed good practice such as care closer to home demonstration sites:

[www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Modernisation/Ourhealthourcareoursay/DH\\_4139717](http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Modernisation/Ourhealthourcareoursay/DH_4139717)

## 2. INFRASTRUCTURE REQUIRED

### 2.1 SERVICE LEVEL AGREEMENTS

It is important that the commissioned service meets the agreed specifications as set out by the employing authority.

This will include, for example:

- Type of service to be delivered
- Joint working arrangements, eg, with statutory or third sector agency
- How referrals are received
- Waiting times
- Means of communication between referrer, PwSI and other specialist health care professionals
- Confidentiality / information sharing
- Number and composition of sessions to be worked by PwSI
- Location of the service, suitability, accessibility and support
- Contact with other health professionals
- Direct access to diagnostic provision (including reporting)
- Review / process for following-up patient
- Communication / updating medical records
- Reporting mechanism for activity data
- How the service links with the commissioner's requirements

### 2.2 SUPPORT AND FACILITIES

Facilities will vary according to the commissioned service. The basic requirements for a PwSI in Palliative Care include the following:

- Direct access to support and making onward referral to palliative care specialists when required
- Regular updates and supervision from palliative care specialists
- Clinical and administrative support staff available as required for each service
- Adequate means of record keeping
- Education mentoring support and clinical network facilities including end of life symptom control
- Appropriate support to facilitate effective clinical audit and performance monitoring
- Access to educational material / clinical reference databases, events and conferences to ensure they are undertaking appropriate CPD

NB: Facilities must be kept up to date in keeping with national guidance. Such facilities are to be accredited and should take account of the Government's *Standards for Better Health*:

[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4086665&chk=jXDWU6](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086665&chk=jXDWU6)

## 2.3 CLINICAL GOVERNANCE AND STANDARDS

PwSIs will operate within the local clinical governance framework and within their scope of professional practice.

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety. Nationally agreed standards for the provision of facilities exist, and are referred to in *Implementing care closer to home: convenient quality care for patients* ([http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH\\_074419](http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419)).

The commissioner should give consideration to the following aspects of the PwSI service:

- **Lines of responsibility:** Accountability for overall quality of clinical care.
- **Monitoring of clinical care:** Patients' and carers' experience to be included in patient surveys. Staff to be encouraged to participate in clinical governance programmes.
- **Workforce planning and development:** Continuing professional development, which may include peer review, support and mentoring, will be built into organisations' service planning. Succession and contingency plans will be in place and service users will be involved and their opinions taken into account.
- **Risk management programmes:** Included in clinical risk management and in protocols on good record keeping, patient safety, confidentiality and handling complaints
- **Poor performance management:** All organisations should have systems in place for identifying and managing poor professional performance in line with professional organisations and national bodies, eg, NCAS.
- **Linked to this is reporting of critical incidents:** Such as medication errors, which should be mandatory for all settings, not just the NHS.
- **Adherence:** To the requirements set down by the Accountable Officer in relation to controlled drugs.

# 3. THE COMPETENCES REQUIRED

## 3.1 GENERALIST COMPETENCES

The PwSI will be required to demonstrate that he / she is a competent generalist.

Competent practitioners will be able to demonstrate:

- The ability to provide a high standard of palliative care for patients, either by giving direct care or providing advice on management
- Good communication skills with patients, carers and colleagues
- The ability to explain risk and benefits of different treatment options
- Skill in involving patients and carers in the management of their condition(s)

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### GENERAL PRACTITIONERS

Generalist skills can be assessed in a number of ways including:

- Meeting the competences set out in the new RCGP curriculum ([www.rcgp-curriculum.org.uk](http://www.rcgp-curriculum.org.uk)) together with a holistic understanding of primary care practice
- Obtaining a pass in the examination of the Royal College of General Practitioners or equivalent and being a Member of Good Standing
- Evidence of critical appraisal skills
- Engaging in active clinical work
- Clinical experience and knowledge of good symptom control, managing patients' palliative care needs, diagnosing dying and care in the terminal phase
- Completing a post graduate palliative care course

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### PHARMACISTS

A generic PhwSI competence framework was published within the national framework for PhwSIs (<http://www.primarycarecontracting.nhs.uk/246.php>). It is recommended that this is used to assess generalist (practitioner-level) skills and experience. CPD records are expected to form a significant part of this evidence. This framework may also be used to identify skills and experience that go beyond the core role.

## 3.2 SPECIFIC COMPETENCES

The PwSI will demonstrate a knowledge and skills level higher than those acquired by non-specialist colleagues.

It is not intended that a PwSI in Palliative Care will necessarily have all the competences listed in this document. The commissioners need to ensure that the practitioner has the specific

competences, drawn from the overall list in Appendix 1, to meet the requirements of their service specification.

This same principle applies to the differing clinical roles of GPwSIs and PhwSIs; while some competences may be relevant for both GP and pharmacist services, there may be others which relate only to a GP or pharmacist role. The competences for both roles can be drawn from the same overall list in Appendix 1.

*It is important for commissioners and practitioners to note that not all of these competences will need to be demonstrated before appointment. The specific competences that can be developed after appointment depend on the roles and responsibilities expected from the practitioner.*

The competences for a PwSI in Palliative Care are summarised below:

- Clinical management and symptom control of patients with cancer or non-cancer end stage illnesses
- Non-cancer end of life care
- Provision and monitoring of drug therapy in palliative care clinical management
- Diagnosing and managing conditions requiring urgent and emergency palliative care
- Palliative care in the dying phase / final days of life
- Communicating with patients nearing the end of life and their carers / families
- Support and bereavement care for carers / families
- Provision of care for the elderly in care homes, including those with cognitive impairment / dementia
- Adequate knowledge of the Mental Capacity Act and other health law with particular relevance to palliative and end of life care
- Provision of care for children with palliative care needs
- Knowledge of organisations and access to services related to palliative care in hours and out of hours
- Knowledge of strategy, policies and tools related to end of life care
- Management, leadership research and audit within palliative care

The full guidance can be found in Appendix 1.

# 4. TEACHING AND LEARNING

## 4.1 TRAINING FOR PwSIs

PwSIs are expected to demonstrate that they have completed recognised training which may include acknowledgement of prior learning and expertise.

Training can be acquired in several ways and would be expected to include both practical and theoretical elements.

For example:

- Experience (current or previous) of working in relevant departments
- Self-directed learning with evidence of the completion of individual tasks
- Attendance at recognised meetings / lectures / tutorials on specific relevant topics
- As a trainee or other post under the supervision of a specialist or consultant in palliative care in the secondary care service
- As part of a vocational training programme
- As a clinical placement agreed locally
- As part of a recognised university course
- As part of accredited training as a non-medical prescriber
- As part of a palliative care / hospice certified course
- Evidence of working under direct supervision with a specialist clinician in relevant clinical areas. The number of sessions should be sufficient to ensure that the PwSI is able to meet the competences of the service requirements

### **Essential: Patient centred consultation and communication skills training**

All PwSIs in Palliative Care regardless of the setting for their role should have undertaken suitable and accredited specific consultation and communications skills training, eg, Advanced Communication Skills Training (National Cancer Action Team).

## PHARMACISTS

The precise nature and duration of supervised practice will depend on the specific service requirements. Pharmacists with a special interest in palliative care are expected to demonstrate a range of evidence in line with the generic PwSI competency framework in addition to providing a structured reference from an objective, relevant and independent clinician which confirms their competence to take on the new role. It is anticipated that this evidence will include formal learning, supervised practice and the recent application of relevant expertise in the special interest area. Pharmacists applying for accreditation as a PwSI in Palliative Care will need to draw on support from palliative care specialist services and hospital pharmacy colleagues to develop this range of evidence, including periods of supervised practice.

For all PwSIs the most suitable teaching and learning and assessment methods will vary according to individual circumstances and it is recommended that these are agreed with an educational supervisor and / or trainer in advance.

## 5. ASSESSMENT

The most suitable teaching / learning and assessment methods will vary according to individual circumstances and should be agreed between trainee and trainer in advance. The PwSI can be assessed across one or more of the competences listed in Appendix 1, and it is expected that this process will be tailored towards the service that the PwSI will deliver.

The assessment of individual competences can be undertaken by a combination of any of the following:

- Observed practice using modified mini clinical examination
- Case note review
- Reports from colleagues in the multi-disciplinary team using 360-degree appraisal tools
- Demonstration of skills under direct observation by a specialist clinician (DOPS)
- Simulated role-play objective structured clinical examination (OSCE)
- Reflective practice
- Logbook / portfolio of achievement
- Observed communication skills, attitudes and professional conduct
- Demonstration of knowledge by personal study supported by appraisal (+/- knowledge based assessment)
- Evidence of gained knowledge via attendance at accredited courses or conferences

Further information regarding the above assessment tools can be found in Appendix 2.

# 6. ACCREDITATION, MAINTENANCE OF COMPETENCE AND RE-ACCREDITATION

The mandatory processes for accreditation and re-accreditation are set out in *Implementing care closer to home: convenient quality care for patients, Part 3 The accreditation of GPs and Pharmacists with Special Interests*. During the accreditation process, the PwSI is expected to provide evidence of his or her acquisition and maintenance of appropriate competences in palliative care.

A practitioner should only be employed to work as a PwSI once his or her competence for that service has been assessed and confirmed against the standards described in this document.

## 6.1 MAINTENANCE OF COMPETENCES

Practical arrangements for the maintenance of competences should be agreed by all key stakeholders as part of the service accreditation.

PwSIs are expected to maintain a personal development portfolio to identify their education requirements matched against the competences required for the service and evidence of how these have been met and maintained.

This portfolio can act as an ongoing training record and logbook and should be countersigned as appropriate by an educational supervisor. The portfolio should also include evidence of audit and continuing professional development (CPD) and, for GPs, would be expected to form part of their annual appraisal. Pharmacists will be expected to include evidence relevant to their PwSI role in CPD records and in any regular appraisals.

To develop and maintain skills it is important to see sufficient numbers of patients in a clinical setting in accordance with the scope of the commissioned service.

It is recommended that PwSIs:

- Work regularly within the specialist area in order to obtain adequate exposure to a varied case mix to support CPD
- Undertake a joint clinic or clinical supervision session on a regular basis commensurate with the number of sessions worked by the PwSI. These should be with a more specialist practitioner for the discussion of difficult cases and as an opportunity for CPD. In the absence of this there should be evidence of working and / or learning with peers

It is also expected that practitioners will:

- Be actively involved in the local provision of palliative / end of life care specialist service(s)
- Contribute to local clinical audits

## PwSI IN PALLIATIVE CARE PORTFOLIO

The portfolio should provide a track record of providing high quality palliative care in line with national guidelines. Examples of the sections that could be included in the portfolio include:

- Assessment of practical skills relevant to the service being commissioned (in adults and children)
- Evidence of high quality clinical audit, research, training and teamwork in palliative care
- Personal development through analytical reflection on clinical events, appraisal of three significant events, case history analysis detailing the decision-making rationale
- Evidence of educational skills via video, records or learning aims and outcomes achieved, feedback from audiences at educational sessions

An outline portfolio to support the accreditation of pharmacists with a special interest has been developed and is available at <http://www.primarycarecontracting.nhs.uk/246.php> and can be supported by CPD. This provides a guide to the range and types of evidence that will need to be included.

## 6.2 MONITORING

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety.

PwSIs are expected to be involved in the monitoring of service delivery, which incorporates the following:

- Clinical outcomes and quality of care
- Access times to the PwSI service
- Patient and carer experience questionnaires
- Prescribing / medicines management
- Appropriate referrals between specialists and PWSIs as required

## 6.3 RE-ACCREDITATION

PwSIs must maintain their specialist skills and competences on an ongoing basis as outlined in national PwSI accreditation guidance (<http://www.primarycarecontracting.nhs.uk/173.php>).

The recommendations for re-accreditation are set out in *Implementing care closer to home: convenient quality care for patients*, Part 3: *The accreditation of GPs and Pharmacists with Special Interests*.

# APPENDIX 1: COMPETENCES

It is not intended that PwSIs in Palliative Care have all the competences listed in this document, rather that commissioners ensure that the practitioner has the specific competences, drawn from the overall list, to meet the requirements of the service specification. This same principle applies to the differing clinical roles of GPwSIs and PhwSIs; while some competences may be relevant for both GP and pharmacist roles, there may be others which relate only to GPwSIs or PhwSIs.

## CLINICAL MANAGEMENT AND SYMPTOM CONTROL OF PATIENTS WITH CANCER AND NON-CANCER END STAGE ILLNESSES

<b>Objectives</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> The practitioner is able to...	<b>Attitudes</b>
<b>To deliver expert holistic care and symptom control at the end of life</b>	The need to recognise and respond appropriately to the physical, psychological, social and spiritual needs at the end of life	Demonstrate clinical, managerial and holistic skills in supporting dying patients	Compassionate advocate of holistic care and attention to detail
	Symptom management including pain and other symptoms eg, control of nausea, vomiting, other GI symptoms, dyspnoea, agitation, terminal restlessness and other symptoms commonly found in palliative care  According to the local and national guidelines for symptom control	Assess and diagnose using assessment tools the degree and cause of specific symptoms eg, distinguishing neuropathic pain and understand appropriate treatment	
	The drugs used in palliative care, adjuvant therapies, recommended management plans and appropriate use of other services and recognise the value of reducing patients' drug burden where appropriate to improve quality of life	Refer for radiotherapy biphosphonates and other surgical or practical procedures appropriately	Recognises the importance of team working with multidisciplinary team
		Access and refer to local services appropriately Use practical procedures, eg, ascitic tap	
Mental Capacity Act and guidance on Advance Care Planning plus other relevant regulations and policies	Demonstrate knowledge and skills in law and ethics and displays a high standard of communication skills		

	Care in terminal phase	Diagnosing dying and recognise and respond appropriately in the terminal phase	
	Use of tools recommended in the DH End of life care programme eg, Gold Standards Framework to facilitate delivery of care	Understanding of means of improving primary palliative care eg, use of GSF	
		Lead and facilitate multi-disciplinary team (MDT) working and demonstrate advanced communication skills	
	Use of local services, facilities and means of accessing them	Support and advise patients on the range of alternative therapies available	

## NON-CANCER END OF LIFE CARE

Objectives	Knowledge	Skills	Attitudes
	Can demonstrate understanding of:	The practitioner is able to...	
<b>To provide equity of care at the end of life regardless of diagnosis</b>	Specific symptom control issues in different groups, eg, tailoring drug dosages in renal failure, dyspnoea in COPD	Identify the patients that may be in the last 6-12 months of life using current guidelines	Care, compassion and MDT working
		Use advanced communication skills when discussing an uncertain prognosis with patients, families and carers	
		Liaise with all the healthcare professionals involved in the care of the patient	
		Demonstrate expertise in assessment and symptom control, tailoring drug treatments appropriately	

## PROVISION AND MONITORING OF DRUG THERAPY IN PALLIATIVE CARE CLINICAL MANAGEMENT

<b>Objectives</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> The practitioner is able to...	<b>Attitudes</b>
<b>To provide safe and appropriate drug treatment maintaining awareness of the associated indications, interactions and side effects of the most common drugs</b>	Local and national guidelines for prescribing	Use adjuvant therapies appropriately, eg, NSAIDs in bone pain and the safe and appropriate use of steroids in palliative care and management of adverse effects	Attention to detail  Recognises role of MDT in drug therapy
	Regulations covering use of controlled drugs and their application in different care settings including primary and secondary care, care homes and patient's own home	Comply with regulations	
	Opioids use	Use opioids, conversions and switching where appropriate	
	Pharmacology and therapeutics of key drug therapies in palliative care including anti emetics, laxatives, anticonvulsants	Use the correct drug therapy for the particular clinical situation, monitor adverse effects and manage appropriately	
	Drugs used for common co-morbidities	Review and monitor medicines prescribed for concomitant conditions	

## DIAGNOSING AND MANAGING CONDITIONS REQUIRING URGENT AND EMERGENCY PALLIATIVE CARE

<b>Objectives</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> The practitioner is able to...	<b>Attitudes</b>

<b>To recognise and treat emergencies appropriately</b>	Common emergencies in palliative care, including treatment for malignant spinal cord compression (MSCC)	Assess and recognise possible MSCC and give the correct initial management with steroids and urgent referral for imaging	Willingness to respond to crises at short notice
		Respond calmly and compassionately to crises and undertake correct management procedure	
	Superior vena cava (SVC) obstruction and available treatment options	Assess, recognise and manage patients through the use of local referral pathways	
	Hypercalcaemia, bleeding and psychosocial crises	Diagnose hypercalcaemia and use biphosphonates appropriately including management of adverse effects	

## PALLIATIVE CARE IN THE DYING PHASE / FINAL DAYS OF LIFE

<b>Objectives</b>	<b>Knowledge</b>	<b>Skills</b>	<b>Attitudes</b>
	Can demonstrate understanding of:	The practitioner is able to...	
<b>To care for patients and their families in the last 48 hours of life</b>	How to diagnose when patients are entering the dying phase	Manage symptoms, assessment, and prescribing in communication with the family and patient	Able to work as a team
	Anticipatory prescribing mechanisms		Good communication skills and able to handle situations of high emotional intensity and awareness of family dynamics
	How to control pain, vomiting, agitation and secretions	Use drugs appropriately to control these symptoms	
		Use a syringe driver	
	Clinical pathways and tools, eg, Liverpool Care Pathway or other integrated care pathway for the dying	Support the family and patient to achieve their preferences in the dying stages	Tact and empathy

	The support available, eg, Marie Curie nurses	Cope with the practicalities of after death care	
	What to do after a death		

## COMMUNICATING WITH PATIENTS NEARING THE END OF LIFE AND THEIR CARERS / FAMILIES

<b>Objectives</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> The practitioner is able to...	<b>Attitudes</b>
<b>To give the patient and family support, information and choice at the end of life using advanced communication skills</b>	General principles of communication skills	Employ advanced communication skills to impart bad news and deal with uncertainty, distress, anger, etc	Open attitude to listening and communicating; patient-centred and accepting of diversity
	The principles of Advance Care Planning and use of available tools eg, Preferred Priorities of Care, Familiarity with the Mental Capacity Act	Use advanced care planning	
	Do not attempt resuscitation (DNAR) orders and current legislation / advice regarding these	Discuss issues raised by the Mental Capacity Act, eg, liaison psychiatry for older adults	
	Medical ethics to guide decision-making in palliative care		

## SUPPORT AND BEREAVEMENT CARE FOR CARERS / FAMILIES

<b>Objectives</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> The practitioner is able to...	<b>Attitudes</b>
<b>To continue care into the bereavement phase</b>	The legislative framework, eg, referral to a coroner	Deal with practical issues after a death, eg, death certification, disposal of CDs	Compassionate with open communication skills

	General grief patterns and bereavement care	Support those bereaved	
		Identify those at risk of pathological or prolonged grief	
	Local services to support the bereaved	Recognise those at risk and arrange contact with appropriate services	

**PROVISION OF CARE FOR THE ELDERLY IN CARE HOMES, INCLUDING THOSE WITH COGNITIVE IMPAIRMENT / DEMENTIA**

<b>Objectives</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> The practitioner is able to...	<b>Attitudes</b>
<b>To provide equitable palliative care for those in residential care homes</b>	The particular needs of this population, ie, frail with multiple co-morbidities	Diagnose, assess and manage multiple conditions	Sensitive to the particular needs of this vulnerable group of patients. Able to ensure that patient's dignity is maintained at all times
		Work with the care homes and private sector to provide care	
		Assess those with cognitive impairment and of the use of guidelines and assessment tools	
	Decision-making processes that comply with the Mental Capacity Act	Communicate clearly and appropriately with carers (paid and unpaid) and with the patient	
	Use of protocols, pathways and frameworks of care, eg, GSF in Care Homes Programme	Discussion of Advance Care Planning	
	Collaboration or use of joint protocol, eg, anticipatory prescribing, out of hours handover, care in final days	Anticipatory prescribing, out of hours handover, care in final days / ICP	

## PROVISION OF CARE FOR CHILDREN WITH PALLIATIVE CARE NEEDS

<b>Objectives</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> The practitioner is able to...	<b>Attitudes</b>
<b>To deliver end of life care in the patients' / carers' setting of choice</b>	The specific issues relating to children	Support the family and child - appropriate prescribing of paediatric dosages using approved guidance and other clinical skills as before	Willing to support family and to be closely with child's care
	Local services available		

## KNOWLEDGE OF ORGANISATIONS AND ACCESS TO SERVICES RELATED TO PALLIATIVE CARE IN HOURS AND OUT OF HOURS

<b>Objectives</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> The practitioner is able to...	<b>Attitudes</b>
<b>To ensure continuity of care both in hours and out of hours</b>	Of local services and organisations in the NHS, the private sector, social care sector and the charitable sector	Liaise with other multi-disciplinary agencies and in promoting referral mechanisms, eg, fax handover form to out of hours service	Willing to work across boundaries
	Use GSF as a framework to improve care for patients in the community. Means of communicating relevant information to Out of Hours and Ambulance Services	To anticipate possible needs out of hours and prescribe accordingly ensuring continuity of clinical care	

## KNOWLEDGE OF STRATEGY, POLICIES AND TOOLS RELATED TO END OF LIFE CARE

<b>Objectives</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> The practitioner is able to...	<b>Attitudes</b>
<b>To ensure optimal delivery of care</b>	National and local end of life care strategies, eg, DH End of Life Care Strategy, PCT, SHAs etc	Influence strategy to best benefit patient care, and represent the views of primary care and the	A strong desire to improve care for all

		community	
	National end of life tools, eg, GSF, PPC, LCP	Understand and influence commissioning mechanisms relevant to palliative care	
	Current DH initiatives and papers		

## MANAGEMENT, LEADERSHIP RESEARCH AND AUDIT WITHIN PALLIATIVE CARE

<b>Objectives</b>	<b>Knowledge</b> Can demonstrate understanding of:	<b>Skills</b> The practitioner is able to...	<b>Attitudes</b>
<b>To change practice through research and audit</b>	Basic level research and audit methodologies, critical analysis of articles and knowledge of evidence base of palliative care.	Conduct basic level of research and audit	A desire and ability to improve patient care using research and audit methodologies
	Local policies to support research, eg, local Research Ethics Committee, audit groups and University based research groups	Demonstrate leadership and management skills	
	Leadership and management theory / methods		

# APPENDIX 2: ASSESSMENT TOOLS

It is expected that, as part of the accreditation process, the assessment of individual competences will include observation of clinical practice.

A series of assessment tools suitable for use by PhwSIs are available at:  
<http://www.primarycarecontracting.nhs.uk/246.php>.

**The following notes are intended to support the effective use of these assessment tools as applied to the field of palliative care:**

- It is strongly recommended that a series of clinical assessments takes place four times during the period prior to the PwSI becoming accredited.
- Each clinical assessment is expected to take the equivalent of one session and should be performed by a specialist clinician, consultant or clinical pharmacy lead, ideally an alternative to the educational supervisor.
- The assessor is expected to be present throughout the session and to make assessments, covering different clinical domains, from a number of patient interactions.
- Several assessments covering different areas are expected to be performed during each of the clinical assessment sessions.
- The subject / areas covered will depend on the type of service the PwSI is going to offer. This will be agreed at the start of the training.
- The assessment outcome will be 'satisfactory' or 'unsatisfactory'. Time will be allocated for feedback.
- It is expected that one of the assessments should include a review of case notes.
- It is expected that PwSIs will need training in the recognition and management of conditions normally seen / managed in secondary care and that this knowledge will be acquired via continuing education.
- Logbooks – there will be other competences that are not included but desirable; these can be documented in the PwSI logbook and signed off by the trainer. This will probably differ for the individual PwSI and the detail will need to be agreed with the trainer at the beginning of training.
- For PwSIs who have not completed a specialist qualification, it is envisaged that a formal test of knowledge should be included and submitted as evidence to the accreditation panel.
- Practitioners will be expected to demonstrate evidence of 360-degree review.

# APPENDIX 3: LINKS TO OTHER RESOURCES

## USEFUL DOCUMENTS

Macmillan GP Facilitators (England)

[http://www.macmillan.org.uk/About\\_Us/Specialist\\_healthcare/How\\_to\\_become\\_a\\_Macmillan\\_Health\\_Profess/How\\_to\\_become\\_a\\_Macmillan\\_GP\\_in\\_England.aspx](http://www.macmillan.org.uk/About_Us/Specialist_healthcare/How_to_become_a_Macmillan_Health_Profess/How_to_become_a_Macmillan_GP_in_England.aspx)

Macmillan GP Facilitators (Scotland and Northern Ireland)

[http://www.macmillan.org.uk/About\\_Us/Specialist\\_healthcare/How\\_to\\_become\\_a\\_Macmillan\\_Health\\_Profess/How\\_to\\_become\\_a\\_Macmillan\\_GP\\_in\\_Scotland.aspx](http://www.macmillan.org.uk/About_Us/Specialist_healthcare/How_to_become_a_Macmillan_Health_Profess/How_to_become_a_Macmillan_GP_in_Scotland.aspx)

Gold Standard Framework in Palliative Care

<http://www.goldstandardsframework.nhs.uk>

Liverpool Care Pathway (LCP)

[http://www.mcpcil.org.uk/liverpool\\_care\\_pathway](http://www.mcpcil.org.uk/liverpool_care_pathway)

Preferred Priorities for Care (formerly Preferred Place of Care)

<http://www.endoflifecareforadults.nhs.uk/eolc/>

DH End of Life Care Programme

<http://www.dh.gov.uk/en/Healthcare/IntegratedCare/Endoflifecare/index.htm>

RCGP Curriculum

<http://www.rcgp-curriculum.org.uk/extras/curriculum/statementDetails.aspx?id=20>

Association for Palliative Medicine of Great Britain and Ireland (APM)

<http://www.palliative-medicine.org>

Palliativedrugs.com

<http://www.palliativedrugs.com>

NICE Guidance on Supportive and Palliative Care

<http://www.nice.org.uk/cat.asp?c=110005>

*The Assessment of Pain in Older People*, RCP

<http://www.rcplondon.ac.uk/pubs/contents/ff4dbcd6-ffb7-41ad-b2b8-61315fd75c6f.pdf>

Certificate / Diploma / MSc in Palliative Medicine / Care, College of Medicine, Cardiff University

<http://www.pallium.cardiff.ac.uk>

*Our health, our care, our say: a new direction for community services*

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4127453](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453)

*Implementing care closer to home: convenient quality care for patients*

[http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH\\_074419](http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419)

National Framework for PhwSIs

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4138868](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138868)

PhwSI Competency Framework

<http://www.primarycarecontracting.nhs.uk/246.php>

PhwSI Outline Portfolio

<http://www.primarycarecontracting.nhs.uk/246.php>

# APPENDIX 4: MEMBERSHIP OF PALLIATIVE CARE PwSI STAKEHOLDER GROUP

**We appreciate and are grateful for feedback from the following people and organisations that have commented or contributed to the development of this document:**

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