Core competencies in palliative care: an EAPC White Paper on palliative care education – part 1

The European Association for Palliative Care (EAPC) outlines what core competencies health- and social care professionals involved in palliative care should possess, in a consensus White Paper prepared by **Claudia Gamondi, Philip Larkin** and **Sheila Payne**

This White Paper follows on from a number of documents previously published by the European Association for Palliative Care (EAPC) that have addressed the issue of education and training for palliative care health professionals. It is widely recognised that palliative care is applicable across a range of healthcare settings, from tertiary hospitals to primary care. All healthcare professionals and workers should be able to provide appropriate palliative care and thus need to be trained to provide the highest possible standards of care in order to meet the challenging needs of patients and families, irrespective of diagnosis. Certain aspects of education and training are, by necessity, discipline-specific. However, there are clearly elements of palliative care training and core competencies for practice that are relevant to all professional groups involved in palliative care. This EAPC White Paper presents expert opinion on global core competencies for professional practice, irrespective of discipline, and is intended as a resource for practitioners and educators alike.

Role of the EAPC in education and training development across Europe

The Council of Europe's *Recommendation Rec (2003) 24 of the Committee of Ministers to member states on the organisation of palliative care*[1] highlights the need for structured programmes of education incorporated into the training of all concerned healthcare professionals. It stresses the necessity for all health- and social care professionals and workers involved in palliative care to be trained appropriately for their tasks in a concrete, insightful and culturally sensitive way.

The EAPC recognises the inherent value of shared learning across disciplines and that roles and functions within the delivery of palliative care may vary considerably across the EU, relative to the extent of service development and diversity of roles. Roles attributed to one discipline may be carried out effectively by professionals from a different clinical background.

To support sustainable and appropriate education for palliative care practitioners across Europe, the EAPC has commissioned task forces on education for nurses and physicians, psychologists, physiotherapists, social workers, chaplains, occupational therapists and those who work with children.[2] Further information on the work of each of these groups is available on the EAPC's website (www.eapcnet.eu). As part of this work, curricula for medicine, nursing and psychologists working in the field of palliative care are already available. Task forces for other professions (such as social workers) are currently working on curricula for their specific disciplines at a European level.

Key issues for education and training

This White Paper acknowledges the strategic shift in palliative care practice as an approach to care and that patients with progressive disease other than cancer face common challenges in their illness.[3] Although the focus may differ globally (for example, the chronic illnesses of an aging population in Europe versus the HIV/AIDS pandemic in Africa), this White Paper contends that general palliative care must provide care for all, regardless of age, underlying condition or stage of the illness.[4,5] Commitment to the principles of palliative

care means the healthcare practitioner should be fully aware of the internal and external factors that can impact on the patient's experience of service delivery, and act accordingly to ensure seamless care delivery as far as possible.

To prepare practitioners academically, the EAPC advocates a three-tier framework to palliative care, according to which all healthcare professionals receive education on the principles and practices of palliative care within their initial training, and those whose work is mainly focused on palliative care move to a specialist level of knowledge.

In keeping with international trends, the three levels are described as:

- Palliative care approach – intended as a way to integrate palliative care methods and procedures in general settings of care (such as internal medicine, elderly care, and so on)
- General palliative care – intended for professionals frequently involved with palliative care patients or acting as a resource person for palliative care in their setting of care, but for whom palliative care is not the main focus of their clinical practice (for example, primary care practitioners, oncologists, geriatricians, nurse practitioners and clinical nurse specialists)
- Specialist palliative care – intended for professionals working solely in the field of palliative care and whose main activity is devoted to dealing with complex problems requiring specialised skills and competencies.

Some countries have taken these levels and adapted them to their local situation. In some cases, levels have been subdivided to reflect national roles and responsibilities in service delivery. A good example is that of Switzerland.

Table 1 details the three levels of education described above; in that table, 'undergraduate' refers to a student undertaking their primary education in any healthcare discipline. 'Postgraduate' refers to a student who is qualified in their primary healthcare discipline and is now undertaking formal education in palliative care, which may be at a specialist level or in a discipline where palliative care may be a focus of work (for example, oncology or gerontology).

Table 1. Agreed levels of education currently adopted by the EAPC to reflect the scope and focus of professionals involved in the delivery of palliative care

Palliative care approach
A way to integrate palliative care methods and procedures in settings not specialised in palliative care. Should be made available to general practitioners and staff in general hospitals, as well as to nursing services and nursing home staff. May be taught through undergraduate learning or through continuing professional development
General palliative care
Provided by primary care professionals and specialists treating patients with life-threatening diseases who have good basic palliative care skills and knowledge. Should be made available to professionals who are involved more frequently in palliative care, such as oncologists or geriatric specialists, but do not provide palliative care as the main focus of their work. Depending on discipline, may be taught at an undergraduate or postgraduate level or through continuing professional development
Specialist palliative care
Provided in services whose main activity is the provision of palliative care. These services generally care for patients with complex and difficult needs and therefore require a higher level of education, staff and other resources. Specialist palliative care is provided by specialised services for patients with complex problems not adequately covered by other treatment options. Usually taught at a postgraduate level and reinforced through continuing professional development

Core competencies for health professional education

An important document that underpins this White Paper is the article by Frenk *et al* published in *The Lancet* in 2010 on transformative education for the 21st century.[6] The authors report on the findings of a global independent commission on the need to redesign professional health education. It argues for education, which strengthens leadership and produces 'enlightened change agents'. It argues for institutional collaboration, shared learning and curricula design, and the need 'to align the curriculum as an instrument of learning to achieve requisite competencies as the educational goal'.

In this context, it has been judged useful to provide a consensus document reflecting the most important domains that are common across all professional groups. This White Paper proposes that these competencies are considered directly relevant to the delivery of high-quality clinical practice. Furthermore, they offer a framework for the development of palliative care education programmes and a common ground to present what is essential for robust palliative care education. However, although we suggest that core competencies may inform curriculum development, it is important that these competencies put forward by the EAPC are not seen merely as a tool for curriculum development per se. The importance of an open dialogue, which enables colleagues to learn from each other's perspective, is paramount to interdisciplinary teaching in palliative care.

The core competencies described in this White Paper are intended to be seen as

globally relevant to all who practice palliative care at the general level, irrespective of their discipline, and it may be helpful to read these competencies with reference to the *EAPC White Paper on standards and norms for hospice and palliative care in Europe*.[4,5] They are deemed transferable across all care needed for people with life-limiting illnesses where palliative care may be appropriate, but are directed predominantly towards those who work in a generalist setting.[7–9]

Where used to inform curricula, the ten core competencies outlined in this consensus document are essential to the development of any palliative care education programme. A programme that excludes any of the competencies is unlikely to provide the required knowledge, skills and attributes needed to understand and practice palliative care appropriately.

What competencies [...] are important for all practitioners, irrespective of their specific discipline?

Purpose of this White Paper

The purpose of this White Paper is to address the question: 'What competencies for clinical practice in palliative care are important for all practitioners, irrespective of their specific discipline?'.

The White Paper aims:

- To provide guidance on the substantive competencies for all health- and social care professionals undertaking academic and/or clinical education in palliative care throughout Europe
- To describe core competencies specifically targeted towards practitioners offering a palliative care approach in their work and those working in general palliative care, in order to address the learning needs of the vast majority of healthcare professionals working with patients affected by life-threatening illness.

Given the somewhat confusing diversity in the way education levels are expressed in the EU curriculum documents that were reviewed (A, B, C or 1, 2, 3 or indeed sometimes both), any such alphabetical or numerical indicators have been omitted.

A resource for practitioners and educators

The White Paper will be a useful resource for:

- Professionals involved in palliative care teaching or training in European countries
- Stakeholders and decision-makers involved in medical or nursing education or in the training of other professionals involved in palliative care
- Professionals involved in the clinical field, particularly those with a responsibility for the continuing professional development of staff.

This White Paper is not intended to cover the competencies needed by specialists working in palliative care, or those confronted with complex palliative care situations that may need specialist advice, consultation or referral. Nor does it address the specific competencies needed by volunteers or family carers, which may be directed or managed by the healthcare professional.

In the first case, it is assumed that specialist practitioners would continually demonstrate these competencies through practice derived from higher education and training. In the second case, volunteers are important in the delivery of palliative care, but hold different responsibilities and have different education needs than healthcare professionals. In many countries, their role is not yet developed, and also their work is widely variable between different countries. It may be that, where volunteer roles and training exist, these competencies could be adapted to meet their needs. In relation to family carers, it would seem inappropriate to assess their competency to care in the ways defined in this White Paper, but it would be the responsibility of the healthcare professional to make a judgement on their ability to carry out care tasks under guidance and, where necessary, supervision.

Further, the competencies put forward in this White Paper are not intended to cover best practice guidelines of the individual professional disciplines (specified by national professional bodies) and they should be read and acted upon in accordance with the legal and clinical requirements of practice in each European country. The application of a palliative care philosophy to general clinical practice should be seen as integrative and supportive to existing patient care.

Applying a palliative care philosophy

The *EAPC White Paper on standards and norms for hospice and palliative care in Europe* identified core constituents that frame the application of palliative care principles and reflect the values underpinning best

Box 1. Core constituents of palliative care

- Autonomy
- Dignity
- Relationship between patient and healthcare professionals
- Quality of life
- Position towards life and death
- Communication
- Public education
- Multiprofessional approach
- Grief and bereavement

practice.[4,5] Some of these constituents describe important skills, attitudes or professional approaches that need to be considered in the delivery of palliative care. These core constituents are usually delivered by an individual working in collaboration with other professions, applying their specific disciplinary understanding of the constituents to foster a better patient and family experience. These core constituents of palliative care are listed in Box 1 and frame the thinking behind the proposed core competencies in this White Paper. Understanding the importance of these concepts is essential to the successful application of the ten core competencies outlined here.

Understanding 'competence'

Competency is complex to define. Conceptually, there are two approaches to defining it: the first defines a competence as an ability to perform a task; the second describes the competences in terms of a wider concept, considering both a set of dimensions necessary to produce a performance and the performance itself. According to this second approach, a demonstrable and measurable set of attributes (knowledge, skills and behaviours) can be reasonably expected of a practitioner following a prescribed course of theoretical and clinical learning.[10] Although there is a significant range of definitions of competency,[11] there are a number of key questions that need to be asked before competence is applied. Some of these key questions are listed in Box 2.

Given the variation in palliative care service provision across Europe and the need to provide a clear and meaningful definition of competence in this White Paper, we propose that the definition offered by Parry (see

Box 2. Key questions on competency in palliative care

- What is the current position of palliative care within the national health system?
- What is the capacity of the individual to achieve competency in palliative care?
- What resources are available to enable the individual to learn and practice skills?
- Are baseline standards available against which competency can be determined?

Box 3. Definition of competency[12]

'A competency is: 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'

Box 3)[12] may be the most cohesive and easily transferable across national settings. A fuller description of competency by Stoof *et al* points to the need for critical thinking, the ability to problem-solve and predict outcomes, to plan ahead and to use judgement and wisdom in devising the intervention and evaluation of care.[11] None of these are mutually exclusive and should be considered as interdependent in the development of the competency of an individual. The core question of those involved in training and education should be: 'What is my expectation of the learners following this education programme and how well equipped are they now to carry out the duties expected of them?'

Understanding core competency

Palliative care is, by the nature of its practice, collaborative. Patients affected by a life-threatening illness and their families present a variety of palliative care needs. Collaborative practice between professions is an established standard of care for meeting those needs. This is clearly demonstrated by the WHO definition of palliative care, which is commonly accepted as the gold standard across Europe.[3] The weaving and blending of the specific skills offered by distinct professional groups has been shown to provide better outcomes for patients and their families in receipt of palliative care services.[1] How these multidisciplinary teams have evolved in

different European countries reflects the diversity in the levels of development of palliative care. The UK model of a large interdisciplinary team of practitioners (physician, nurse, social worker, psychologist, chaplain, physiotherapist, occupational therapist, complementary and supportive therapist) may be inspirational, but certainly not essential to the delivery of good palliative care. In some countries, roles adopted by one discipline may be the remit of another; for example, the emotional support provided by psychologists in one country may be provided by social workers in another, depending on their training and role functions. At the core of good collaborative practice is the ability to understand and respect boundaries of practice, to know when and how to refer for expert advice and intervention where necessary, and to ensure a meaningful communication flow of relevant information through the team, in order to provide quality care for the patient and family. One of the challenges of collaborative work is to share a common philosophy of care and common goals.

Describing core competencies

The *EAPC Atlas of Palliative Care in Europe* showed a wide variety of palliative care development in the different European countries, which were due, at least in part, to varying interpretations of underlying concepts.[2] Following this, the *EAPC White Paper on standards and norms for hospice and palliative care in Europe* provided a consensus on basic terminology and standards in palliative care delivery.[4,5]

Similarly, for education in palliative care, it is argued that different models are used in different countries, reflecting different levels of recognition of palliative care as a distinct clinical practice. The core competencies outlined in this White Paper should be considered as a means to share a common language for palliative care practice and education in Europe. In respecting boundaries, roles and responsibilities for specific disciplines, it is acknowledged that there are some aspects of competence in practice that transcend disciplines and would be expected of any practitioner working in the field of palliative care, irrespective of their professional field and role.

Having a set of core competencies has the potential to strengthen the impact of palliative care, to the extent that it presents a framework that separates it from other allied areas of clinical care – such as oncology, gerontology, neurology or internal medicine. This does not mean that the core competencies that we suggest in this White Paper do not have any resonance in other clinical fields, but rather that a practitioner in the field of palliative care must be able to demonstrate them.

Box 4. The ten core competencies in palliative care

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

Development of the EAPC core competencies in palliative care

The process of developing these core competencies was initially undertaken by the authors of this White Paper.

In Step 1, existing curricula (both those currently offered by the EAPC and those available or being used in EU member states) were reviewed, collated and compared for similarities and differences in terms of language transcending the role and function of a specific profession. For example, item 2 of the proposed competencies ('Enhance physical comfort during the patient's journey') was taken from a current set of professional competencies being developed in Ireland; it was considered more reflective of a global approach by a number of professional groups to patient care than 'symptom management in palliative care', which would clearly be meaningful for physicians and nurses but possibly less for other professions. These items then formed the basis of the core interdisciplinary competencies proposed.

In Step 2, the draft competencies were sent to an interdisciplinary group of experts from both academic and clinical backgrounds who were asked to review, comment on and revise

them. A revised draft was then submitted to the EAPC Board of Directors for final approval.

Although the order of competencies as listed in this White Paper is not intended to be chronological, it is agreed that an understanding of the core principles of palliative care should act as the foundation upon which other competencies may be developed; it is, therefore, presented first.

Ten core competencies in palliative care

Box 4 lists the ten EAPC interdisciplinary core competencies in palliative care, which are numbered from one to ten. These core competencies will be described in detail in part 2 of this article, in the next issue of the *European Journal of Palliative Care*.

Declaration of interest
The authors declare that there is no conflict of interest.

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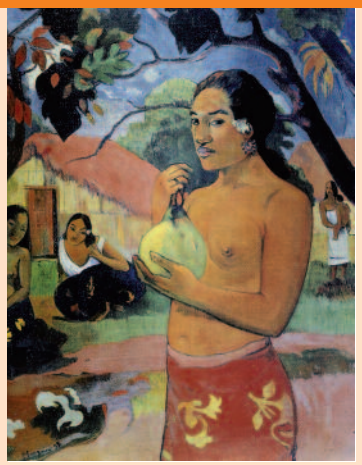
In the next issue …



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