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The Centre for Advancing Practice

Advanced Practice Palliative and End-of-life Care Capability Framework

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Endorsement by NHS England's Centre for Advancing Practice

This framework has met the Centre for Advancing Practice's criteria for endorsement as a multi-professional capability and curriculum framework and is ready for delivery.

It will be kept under regular periodic review to ensure that it remains current and responsive to changing population, patient, service delivery and workforce needs.

Further information on the Centre's approach to area specific capabilities is available here: https://advanced-practice.hee.nhs.uk/

Note:

Minor edits to this document have been made to reflect changes in links.

This document has been rebranded in line with NHS England branding guidelines.

Minor amendment in language from Credential to area specific capability.

No other changes to this document have been made.

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1.0 Introduction and context

Investing in the education and training of the workforce is central to enabling on-going development of improved care delivery and service transformation to meet the changing needs of the population. This is broadly set out in the NHS Long Term Plan (NHS England, 2019) and We are the NHS: People Plan 2020/21 (NHS, 2020), while it is more specifically asserted in Ambitions in Palliative and End of Life Care (2021; 2015).

The development of this area specific capability framework is a response to these policy drivers and to ensure the delivery of high-quality palliative and end-of-life care that is safe, effective and focused on people's experience. The specification sets out an ambitious agenda to further develop advanced practice roles across nursing and allied professional groups in all healthcare delivery settings. This includes NHS, private, independent and charity-funded primary, community and secondary services. The key driver is to enable practitioners to develop their capability to practise to their full potential and to optimise their contribution to meeting population, individual, family and carer needs. This includes within and through different models of palliative and end-of-life care service delivery and multi-professional, multi-agency working.

1.1 The Centre for Advancing Practice

The Centre for Advancing Practice (the Centre) has established a process to promote, support and approve the development and delivery of area specific capability frameworks that progress multi-professional advanced practice workforce development and deployment in specific areas of practice.

The Centre uses the term area specific capability framework to describe standardised, structured components of assessed learning to develop advanced practice capability and capacity in high-priority areas that exist at scale. Credentials should contribute to workforce development and transformation and support sustainable, high-quality approaches to meeting population needs and delivering patient benefit.

Centre-endorsed area specific capabilities define the advanced practice capabilities required of practitioners in specific areas of practice, while aligning with the capabilities defined by the Multi-professional Framework for Advanced Clinical Practice in England (2017). They are designed to be delivered and taken up as an integral part of higher education institutions' advanced practice education Master's degree provision. Following endorsement, area specific capabilities are subject to periodic review to ensure they remain current and responsive to changing needs. Further information is available via the following link: https://advanced-practice.hee.nhs.uk

NHS England commissioned the development of this area specific capabilities specification to do the following:

- Define multi-professional advanced practice requirements within palliative and end-of-life care.

- Support and inform the delivery of advanced practice education and training to meet these requirements, including through the integration of academic and workplace-based supervision, learning and assessment.
- Facilitate the development and transformation of services that employ advanced practitioners to meet population and patient care needs within palliative and end-of-life care services.

The specification describes the advanced practice capabilities (knowledge, skills and behaviours) that must be acquired, developed and demonstrated to care for people with palliative and end-of-life care needs. It relates to meeting the needs of individuals across the lifespan – as well as the needs of their families/carers - to manage, deliver and develop palliative and end-of-life care services. Its focus is on safely and effectively meeting the needs of people with life-limiting conditions across general and specialist settings and services by defining the capabilities required for advanced practice in palliative and end-of life care.

The capabilities in practice articulated in this document therefore define the theoretical and clinical knowledge, skills and behaviours required of advanced-level practice in palliative and end-of-life care to do the following:

- Safely and effectively assess, investigate, diagnose and manage personalised care.
- Manage clinical uncertainty, unpredictability and complex situations and presentations.
- Influence, lead and manage change to improve palliative and end-of-life care.
- Adapt to changing needs.

The capabilities map to the capabilities in the Multi-professional Advanced Clinical Practice Framework for England (2017).

1.2 Palliative and end-of-life care

Palliative care is grounded in a philosophy of person-centred, holistic care. A global initiative described palliative care as an essential component of comprehensive care for people with complex chronic or acute life-threatening or life-limiting conditions, that should be practised by all healthcare and social care practitioners in any health and care setting, including people's own homes (Knaul *et al*., 2017). This specification adopts the updated definition and principles from the International Association of Hospice and Palliative Care (IAHPC) (Radbruch *et al*., 2020). This also recommends global access to palliative care and pain relief. This represents a shift from disease-orientated conceptualisation to one that is person-centred, with attention to people's needs rather than prognosis.

Palliative care is defined as:

"…. the active holistic care of individuals across all ages with serious health-related suffering due to severe illnesses, and especially of those near the end of life. It aims to improve the quality of life of patients, their families and their caregivers" (IAHPC, 2019).

Delivering person-centred, holistic care through multi-professional teamworking is a hallmark of palliative and end-of-life care. It is enshrined in its standards and embedded in its practice (Department of Health, 2008; UK National Palliative and End of Life Care Partnership and National End of Life Care Programme, 2015; 2021; National Institute for Clinical Excellence (NICE), 2019; NHS England 2020).

This specification adopts the IAHPC definition and principles of palliative care. The principles, together with the glossary of terms (see **Appendix 4**), reflect the scope of services, focus of care and approach to practice captured in this document. Using this philosophy and key principles should guide and shape the work of advanced practitioners in palliative and end-of-life care.

The palliative care 'team' comprises different professions and disciplines who use their specialist knowledge and skills to meet the range of changing physical, psychological and social needs of neonates, children, young adults and adults with a life-limiting or life-threatening illness, as well as the needs of individuals' carers, families and wider social network. There is an expectation that all health and social care professionals provide a level of palliative and end-of-life care and work collaboratively with colleagues in specialist services who lead and manage palliative and end-of-life care services, research and education, alongside caring for those with complex and/or multiple palliative care needs. Richardson and Cooper (2020) reinforce the vital contribution of the public – families, households, friends and communities - in providing high-quality palliative care, as a fundamental addition to professional support.

Teamworking in palliative care is not straightforward. The boundaries of place, professional roles and team membership evolve, with the essential focus being on delivering person centred, holistic palliative care that is accessible to all who need it. The roles and responsibilities within teams are also changing. This includes through the development of advanced practice roles, with these demanding and deploying increased levels of autonomy, skill and decision-making within a range of regulated professions.

Children, young people and adults with palliative and end-of-life care needs and their families/carers want to be seen holistically and for health and social care professionals to work with them to manage their physical, emotional, psychological, social and spiritual needs across the spectrum of care. For families and carers, bereavement support also needs to be available through their whole care journey and following death (Together for Short Lives, 2018).

There is increasing evidence of the value of the role of health promotion and rehabilitation in palliative and end-of-life care, and an increasing population of teenage and young people moving from paediatric to adult palliative care services. Uncertainty about prognosis for some conditions and openness to discussions about dying and death requires practitioners in different specialities to engage with and explore their professional values, philosophy and practices alongside those underpinning palliative and end-of-life care. As palliative care and specialist services are delivered across public and charity-funded primary, secondary and community settings, people with palliative and end-of-life care needs require teams and services to work across the health and social care system seamlessly. This includes across

the boundaries of primary, secondary and community services; specialist and generalist services; and NHS, private, independent and voluntary organisations.

Building relationships and working collaboratively with colleagues in other services, agencies and specialities across the health and social care system is needed to ensure each person with a life-limiting or life-threatening condition has access to palliative and end of life care. Whilst specialist palliative care services are directed towards people with complex care needs, these services also have an extensive system-level role in supporting the palliative and end-of-life care provided by others. This includes through the provision of expert clinical advice, service enhancements, workforce development and education.

In 2021, the National Palliative and End of Life Care Partnership reaffirmed its collective vision and ambitions for end-of-life care. It invited organisations and services to learn how to work together, collectively and differently to achieve these ambitions, finding new ways to deliver better end-of-life care. Developing the workforce to meet these aims requires a review of roles, teams and associated education and training.

2.0 Explanation of this document

2.1 Purpose

This document forms part of a drive to develop advanced practice capability and capacity in the NHS and specialist palliative care services in response to population and patient care needs. It defines how the current and future advanced practice workforce in palliative and end-of-life care should be developed. As an area specific capabilities specification endorsed by the Centre for Advancing Practice, it provides a combined capability and curriculum framework to inform the design and delivery of higher education institutions' advanced practice curricula and education and training programmes.

This specification is designed to do the following:

- Define the area-specific capabilities required of healthcare professionals working at advanced practice level in palliative and end-of-life care.
- Support service developers and workforce leads to stimulate discussion about how advanced practice can contribute to service transformation to meet population and patient care needs in palliative and end-of-life care.
- Support higher education institutions to develop and deliver advanced practice education to meet workforce development needs in palliative and end-of-life.
- Support people with lived experience of palliative and end-of-life care to understand what advanced level practice and its contribution to meeting population and patient care needs.

Building on the Multi-professional Framework for Advanced Clinical Practice in England (2017), the document articulates the specific education and capability in practice requirements for advanced-level practice in palliative and end-of-life care to meet needs across all age

groups and services. It sets out the required advanced practice capabilities (knowledge, skills and behaviours) expected of healthcare professionals working in palliative and end-of-life services to practise safely and effectively at advanced level. It allows for local context and needs to be considered in its implementation and application and recognises that additional capabilities may be required in specific areas of practice, environments and roles. The capabilities reflect the demands of level 7 (Master's level) learning and advanced practice across its four pillars. It places a strong emphasis on exercising a high degree of autonomy, engaging in complex decision-making and managing high levels of risk.

2.2 Audiences

The document is primarily designed to inform higher education institutions' design and delivery of education opportunities, working in partnership with service providers, to develop advanced practice capability in palliative and end-of-life care. By defining the capabilities that practitioners need to develop and achieve, it is intended to inform the design and delivery of advanced practice education curricula. This includes approaches to academic and workplace-based supervision, learning and assessment and indicative learning content.

Higher education institutions are encouraged to use this specification to inform their design of their advanced practice curricula and programme delivery to meet palliative and end-of-life care needs. This will ensure that their learning and development provision contributes to developing advanced practice capability and capacity in this area and enables trainees' acquisition of the full range of capabilities required for advanced-level practice in palliative and end-of-life care across different settings.

Use of this national specification also supports organisational and system-wide effectiveness and efficiencies by encouraging the delivery of advanced practice education and training that is focused on developing a standardised set of capabilities and optimising opportunities for inter-professional learning. In so doing, it should help support consistency in knowledge and skills development, limiting unnecessary duplication in education and training delivery and strengthening skills mix and multi-disciplinary and -agency teamworking.

The document will also be of interest to the stakeholder groups listed below.

Teams, advanced practitioners, and trainees

The specification sets out clear expectations for advanced-level practice in palliative and end-of-life care. It does this by defining the required capabilities in practice that trainees need to develop and demonstrate for effective and safe advanced practice roles. It clarifies both the academic and clinical capability development that is required.

It can be used to review and recognise how capabilities are shared across teams and to conduct formal and informal appraisal, alongside a training needs analysis, comparing current skills and knowledge with required skills and knowledge.

Service providers

It enables managers to demonstrate that advanced practitioners in palliative and end-of-life care meet the core capabilities and/or have developmental plans in place and clinical

supervision to meet the capabilities set out in the 2017 Multi-professional Framework for Advanced Clinical Practice in England and this specification. This underpins the continuing professional development (CPD) of individual advanced practitioners, including to ensure that their practice remains up-to-date, safe and effective. It also supports providers' clinical governance arrangements to ensure the safety and effectiveness of advanced practice roles. A further aspiration of this specification is to support service transformation, with organisations encouraged to use this document to review their current services and development and deployment of advanced practice capability and capacity in palliative and end-of-life care services.

Integrated Care Systems and service commissioners

It specifies the advanced practice minimum standards for employment and placement. It sets out clear expectations about what an advanced practitioner in palliative and end of-life care in any healthcare setting is able to do, while recognising that those working in these roles must be adaptable, as they may often experience uncertain, unpredictable and complex situations and presentations. The capabilities support the development and planning of the workforce to meet local population need and support a common understanding and expectation of operating at this level of practice to facilitate the development and mobility of this workforce.

3.0 Overview of the document as a curriculum and capability framework

This document, as a specification, provides the curriculum and capability framework for advanced practice in palliative and end-of-life care. It draws on educational theory and practice to provide an integrated framework that supports the following:

- Practitioners' advanced practice learning and assessment in academic and work-based contexts.
- Practitioners to develop and evidence the capabilities in their practice and as an integral part of their advanced practice education.
- Employers, organisations and systems to develop their advanced practice workforce capability and capacity to meet population and patient needs in palliative and end-of-life care.

This specification promotes excellence through setting high-level outcomes, capability levels and promoting tailored approaches to assessment and feedback. It is designed to enable trainees to progress according to capability. These principles reflect education theory widely used across health education and training.

3.1 Aims

This area specific capability framework is designed to define and support advanced practice education in palliative and end-of-life care to deliver high quality, holistic and person-centred care for people with life-limiting conditions and those who are dying or coming to the end of their life. This includes people who may live for months or years before their death, and support, for the family, household, community, informal carers, wider multi-professional team and other agencies.

To achieve this, this specification aims to do the following:

- Advance the theoretical knowledge and clinical skills of experienced, regulated healthcare professionals in delivering specialist palliative and end-of-life care.
- Develop highly skilled professionals who can establish therapeutic alliances and act with higher levels of autonomy in providing holistic, person-centred palliative and end-of-life care that requires complex assessment and collaborative management across teams, services and systems.
- Advance leadership and management skills to support wider team, service and system partnership working to optimise the continuity of general and specialist palliative and end of-life care.
- Advance, promote and disseminate evidence-based knowledge to continually enhance palliative and end-of-life care services and person-centred, holistic care.

- Advance and contribute to a culture of organisational learning to support well-being and professional development and inspire current and future staff.

On successful completion of this, trainees should be able to work safely and effectively at advanced practice level in a defined area of specialist palliative and end-of-life care and manage or mitigate relevant risks effectively.

3.2 Eligibility criteria

To engage with this specification, practitioners must meet all the criteria set out below.

- Hold and maintain current registration with the appropriate professional statutory regulator for the practice of their profession.
- Meet the requirements of individual higher education institutions for entry to an advanced practice Master's degree programme (including those relating to the advanced clinical practitioner apprenticeship, where appropriate) that, in turn, meets the requirements of Centre programme accreditation.
- Be employed in a trainee post with workplace-based supervision arrangements in place (see below) and access to the required range of supported learning and development opportunities to achieve the capabilities set out in this specification.
- Be allocated a suitably trained and supported workplace-based co-ordinating education supervisor and associate supervisors.
- Be supported to evidence their progress and capability through workplace-based assessments and supervised learning events, with this documented in a portfolio that is regularly reviewed to monitor progress and inform onward planning across their period of training.

While a minimum length of experience prior to entry is not stipulated, practitioners are expected to hold significant experience in palliative and end-of-life care before engaging with this area specific capabilities specification. Higher education institutions delivering the area specific capabilities will also set their own entry requirements, while employers will attach requirements and conditions to supporting individual practitioners to undertake a training role and engage with these area specific capabilities. It is recommended that practitioners are recruited into trainee roles in palliative and end-of-life care using local organisational selection and recruitment processes.

The healthcare professions to which the area specific capability framework relates include registered nurses, occupational therapists, physiotherapists, pharmacists, dieticians, speech and language therapists and paramedics. However, this list is not intended to be exhaustive.

It is recognised that not all trainees will be a member of a profession with independent and/ or supplementary prescribing rights. Trainees whose profession can prescribe should be

qualified to do this before they engage with this area specific capability framework or achieve this as part of engaging with the full requirements of this area specific capability framework.

Health Education England resources also provide support on workforce development and deployment arrangements, including recruitment processes and examples of good practice:

Advanced practice maturity matrix; Governance of advanced practice in health and care provider organisations - Advanced Practice (hee.nhs.uk)

3.3 Duration

The area specific capability framework should normally be completed within two to five years by trainees in a full-time training role. Trainees should normally be employed for a minimum 30 hours per week and take a minimum of two years to complete the area specific capability framework, based on whole-time equivalence (37.5 hours/week) that includes academic study time.

Trainees should have significant prior experience relating to the area specific capability framework before being appointed to their role. There may be options for trainees who can demonstrate substantial prior learning that is commensurate with the capabilities defined in this document to gain recognition for their prior learning and to complete their training within a reduced timeframe. However, this is subject to the currency of the learning that they are able to evidence and the academic regulations of the higher education institution with which they enrol.

3.4 Structure

Advanced practice in palliative and end-of-life care requires trainees to develop the area specific advanced practice capabilities to care, without supervision, for the diverse range of people across the age spectrum with wide ranging life-threatening and life limiting conditions and co-morbidities. It involves the development of capabilities in diagnostic reasoning, managing uncertainty, determining co-morbidities and recognising when another opinion or type of care is required, as well as developing specific skills in the areas, and to the level, described in this document.

Advanced practice education in palliative and end-of-life care involves the integration of academic and experiential/workplace-based learning, either with this learning embedded within an MSc in advanced practice or completed following the successful completion of an advanced practice MSc or the Centre's ePortfolio (supported) route. Funding may be via apprenticeship and non-apprenticeship routes.

Patient safety, risk mitigation and competent practice must be upheld in how the area specific capability framework is delivered and taken up. This specification has been designed to support a structured approach to trainees' learning and development and to uphold patient safety and person centredness. This is demonstrated through safety critical content, expected levels of performance, critical progression points, and the requirements set for the breadth of experience and levels of trainee supervision.

The learning outcomes and capabilities in practice relating to palliative and end-of-life care are additional to the capabilities required of all advanced practitioners, as set out in the Multi-professional framework for advanced clinical practice in England (2017). Practitioners may engage with education that delivers this area specific capability framework either as an integral part of undertaking an MSc in advanced practice or following their successful completion either of an MSc in advanced practice or the Centre for Advancing Practice's ePortfolio (supported) route.

Advanced practice training roles in palliative and end-of-life care should be structured to ensure that practitioners, as trainees, experience a variety of specialist palliative care settings and situations. This is to ensure the breadth of their learning and development to fulfil the capabilities. The learning outcomes and capabilities should also be applied flexibly to meet both service delivery needs and individual trainees' learning needs. This is essential for supporting trainees to identify and address their personal needs to achieve meaningful relationships that are authentic and therapeutic, and to ensure that they have the organisational support to uphold the safe and effective care of the people who benefit from high-quality palliative and end-of-life care. While the sequencing of trainees' engagement with the capabilities may be driven by service need, their learning progression must be sufficiently flexible to enable them to evidence the capabilities in full, while providing safe, high-quality palliative and end-of-life care.

It is also recognised that programmes in advanced practice vary between higher education institutions. Programmes and/or modules may be informed by curricula specific to the recipients of care; for example, children's palliative care (CPCET, 2020). Programmes will also vary depending on the current prescribing authority of different health professionals.

4.0 Learning outcomes and capabilities in practice

The learning outcomes and capabilities in practice set out in this document map to the Multi-professional framework for advanced clinical practice in England (2017). They therefore reflect the four pillars of advanced practice: clinical practice, leadership and management, education and research. The also align to level 7 taxonomy. This makes clear the expectation that advanced practice reflects the demands of Master's level learning. This includes practitioners' ability to do the following within their practice in palliative and end-of life care:

- Make sound judgements in the absence of full information.
- Manage varying levels of risk in the context of complex, competing or ambiguous information or uncertainty.
- Demonstrate problem-solving and critical thinking.
- Evaluate the impact and outcomes of their interventions through safe, effective, autonomous and reflective practice, informed by available evidence and established best practice.

4.1 Learning outcomes

The intended learning outcomes of this area specific capability framework are set out in **Table 1**. They are structured in line with the four pillars of advanced practice and express what practitioners should achieve on successful completion of their advanced practice education in palliative and end-of-life care.

Table 1: Intended learning outcomes

1.0 Clinical practice
1.1 Work autonomously at an advanced level, within professional, ethical codes and legal frameworks, being responsible and accountable for their decisions, actions and omissions.
1.2 Critically evaluate the underpinning biological, psychological, legal, ethical, and social knowledge required for advanced level decision-making and practice in specialist palliative and end-of-life care.
1.3 Select and use advanced communication skills to articulate and share their decision making and to establish authentic, therapeutic relationships with all recipients of palliative and end-of-life care, displaying professional behaviours and exercising professional judgement.
1.4 Critically use a comprehensive knowledge of, and skills for systematic history-taking, clinical assessment and examination of people with a range of life-limiting conditions and co-morbidities across the age spectrum and who have complex needs in challenging circumstances, developing a co-produced holistic, person-centred management and care plan to meet current needs and for future planning.

1.5 Use critical reflection, advanced clinical-reasoning and decision-making skills to make a differential diagnosis and provide an evidence-based rationale for holistic, person-centred palliative and end-of-life care management and care plans.
1.6 Manage, evaluate and modify a range of care interventions that may include physical, psychological and social therapies, rehabilitation, medicines and self-care, involving the multi-professional team, the person, their families and a range of services/agencies.
2.0 Leadership and management
2.1 Use critical reflection, critical appraisal of health policy and systematic processes for service/quality improvement to evaluate and challenge traditional palliative and end-of-life care practice and initiate, lead and deliver new ways of working and impact by the multi-professional, multi-agency team in the context of organisational and service need.
2.2 Exercise professional judgement and leadership to effectively promote safety and a supportive culture in the presence of complexity, risk and unpredictability.
2.3 Initiate and role-model effective collaborative, multi-professional teamworking across the statutory and voluntary sectors, demonstrating leadership and resilience to manage situations that are unfamiliar, complex or unpredictable.
3.0 Education
3.1 Facilitate collaboration within the wider team and agencies to provide general and specialist palliative and end-of-life care to support and promote individual or interprofessional learning and development.
3.2 Critically appraise and apply a range of evidence-based educational strategies and interventions to promote holistic, person-centred care for people with palliative and end-of-life care needs, their families and carers, and other healthcare colleagues.
3.3 Critically assess and address own learning and development needs that reflect the breadth of on-going professional development across the four pillars of advanced clinical practice.
4.0 Research
4.1 Critically appraise and apply the evidence base influencing the development of person-centred therapeutic alliances, holistic care and management, and shared decision-making in specialist palliative and end-of-life care.
4.2 Develop, implement and/or critically review robust governance systems and systematic documentation processes for the multi-professional team, service and system.
4.3 Apply appropriate quality improvement and research methodologies to improve service delivery and advance palliative and end-of-life care knowledge and practice.

4.2. Capabilities in practice

The capabilities in practice articulate the specific requirements of advanced-level practice in palliative and end-of-life care. They respect individual practitioners' scope of practice

(depending on the patients whom they serve, and their registered profession, role and practice environment) and are based on the concepts of high-level learning outcomes. They capture what is required of all advanced practice in palliative and end-of-life care. However, some capabilities specific to sub-specialties and some professions are also included.

The capabilities are mapped to the generic capabilities defined in the Multiprofessional Framework for Advanced Clinical Practice in England (2017). The latter set out the advanced practice requirements across all areas of practice and specialties and the wider professional skills, knowledge and behaviours required to deliver advanced practice. The mapping of the individual capabilities in practice in palliative and end-of-life care to 2017 framework indicates to which pillar of advanced practice each capability primarily relates. However, professional activity in clinical practice often does not relate just to one pillar and can evidence different capabilities in a range of ways. The capabilities in practice tables include examples of the kinds of evidence that can be used to demonstrate each capability and to inform supervisors' entrustment decisions.

The capabilities refer to person-centred, holistic care and shared decision-making. This is to emphasise the importance of people with palliative and end-of- life care needs being at the centre of decisions about their care. This includes by decision-making being informed by discussions about the risks and benefits of different care and treatment options and the choices available, underpinned by individuals' understanding of their prognosis. The capabilities also have an emphasis on practitioners demonstrating personal preparedness and professional behaviours to all recipients of palliative and end- of-life care. This includes through how practitioners engage in partnership-working with those to whom they provide care, respect individuals' rights in the decisions and choices they make.

The capabilities describe professional activity requirements at advanced practice level. They indicate the level of knowledge and clinical skills that trainees need to demonstrate and evidence to assure their supervisors that they can work to the defined level of supervision at the specified level to perform activities safely. As advanced practice trainees, practitioners, are required to evidence the integration of their academic and workplace-based learning and their fulfilment of the area-specific and generic advanced practice capabilities.

It is important that the capabilities are interpreted and applied in the context of individual practitioners' scope of practice, role, practice environment and the patient group(s) with whom they work.

Table 2 highlights how the intended learning outcomes identified in **Table 1** and the required capabilities in practice align with the four pillars of advanced practice. The capabilities in practice are itemised in full (via descriptors) in Appendix 1.

Table 2: Learning outcomes and capabilities:

1.0 Clinical Pillar

Pillar	Intended learning outcomes	Capabilities in practice (see Table 4 for detail)

Focus 1: Person-centred therapeutic alliance	1.1 Work autonomously at an advanced level within professional, ethical codes and legal frameworks, being responsible and accountable for their decisions, actions and omissions. 1.3 Select and use advanced communication skills to articulate and share their decision-making and to establish authentic, therapeutic relationships with all recipients of palliative and end-of-life care displaying professional behaviours and exercising professional judgement.	**Clinical Pillar 1:** Selects and uses effective advanced communication skills with people with life limiting conditions, those close to them and colleagues across all care settings.
Focus 2: Assessment and future planning:	1.2 Critically evaluate the underpinning biological, psychological, legal, ethical and social knowledge required for advanced level decision-making and practice in specialist palliative and end-of-life care. 1.4 Critically apply comprehensive knowledge of, and skills for systematic history taking, clinical assessment and examination of people with life-limiting conditions and co-morbidities across the age spectrum who have complex needs in challenging circumstances, to develop a co-produced holistic, person-centred management and care plan to meet current needs and for future planning.	**Clinical Pillar 2:** Undertakes an advanced holistic palliative care assessment demonstrating expertise for those with complex individual presentations, uncertain situations, ethical and legal issues related to their care and utilises critical thinking to formulate, communicate (using a range of formats) and deliver an effective, coordinated palliative care plan.
Focus 3: Collaborative planning:	1.5 Use critical reflection, advanced clinical reasoning	**Clinical Practice 3:** Leads the assessment, diagnosis

	and decision-making skills to make a differential diagnosis and provide an evidence-based rationale for holistic, person-centred palliative and end-of-life care management and care plans.	and plans future care and management for individuals with complex palliative and end-of-life care needs and symptoms and their families/carers in the context of uncertainty across all care settings, evaluating specialist interventions.
Focus 4: Supporting continuity of care	1.6 Manage, evaluate and modify a range of care interventions which may include physical, psychological and social therapies, rehabilitation, medicines and selfcare involving the multi-professional team, the person, families/carers and a range of services/agencies.	**Clinical Practice 4:** Recognises deterioration and initiates, leads and coordinates optimal care of the complex dying patient and those close to them, including bereavement care following death.

2.0 Leadership and management pillar

Pillar	Intended learning outcomes	Capabilities in practice (see Table 4 for detail)
Focus: Developing the context of care and organisational conditions for specialist palliative and end of life care:	2.1 Use critical reflection, critical appraisal of health policy and systematic processes for service/quality improvement to evaluate and challenge traditional palliative and end-of-life practice and initiate, lead and deliver new ways of working and impact on multi-professional, multi-agency team within the context of organisational and service need. 2.2 Exercise professional judgement and leadership to effectively promote safety and a supportive culture in the presence of complexity, risk and unpredictability. 2.3 Initiate and role model effective collaborative, multi-professional teamworking across the statutory and voluntary sectors, leadership and resilience managing situations that are unfamiliar, complex or unpredictable.	Initiates, leads and delivers a palliative care service in any setting, promoting a culture of continuous improvement, safety and learning

3.0 Education pillar

Pillar	Intended learning outcomes	Capabilities in practice (see Table 4 for detail)
Focus: Developing a learning culture	3.1 Facilitate collaboration of the wider team and agencies providing general and specialist palliative and end of life care to support and promote individual or interprofessional learning and development. 3.2 Critically appraise and apply a range of evidence based educational strategies/ interventions to promote holistic, person-centred care for people with palliative and end-of-life care needs, their families and carers, and other healthcare colleagues. 3.3 Critically assess and address own learning and development needs that reflect the breadth of on-going professional development across the four pillars of advanced clinical practice.	Develops, within the context of advanced level practice, as a learner, educator and supervisor, contributing to a learning culture which promotes safe, evidence based and competent palliative and end-of-life care.

4.0 Research pillar

Pillar	Intended learning outcomes	Capabilities in practice (see Table 4 for detail)
Focus: Enhancing palliative and end of life care practice, services and systems	4.1 Critically appraise and apply the evidence base influencing the development of person-centred therapeutic alliances, holistic care and management, and shared decision-making in specialist palliative and end of life care. 4.2 Develop, implement and/or critically review robust governance systems and systematic documentation processes for the multi-professional team, service and system. 4.3 Apply appropriate quality improvement and research methodologies in improving service delivery and advancing palliative and end-of-life care knowledge and practice.	Functions at an advanced level within healthcare organisational and management systems, working collaboratively at a strategic level with local, regional and national services/organisations to improve palliative and end of life care practice and lead change within their scope of practice/service delivery and sphere of influence.

4.3 Using the capabilities in practice

Each capability in practice is underpinned by a set of descriptors (see **Appendix 1**). The descriptors explain the minimum knowledge, skills and behaviour that trainees should demonstrate to fulfil each capability. They should be interpreted and applied in the context of individual trainees' scope of practice, role, practice environment and the patient group(s) with whom they work. The descriptors are not exhaustive and should not be viewed or used as a tick list. Rather, they are intended to help supervisors and trainees understand and recognise the minimum standards that should be demonstrated for entrustment. There may be other examples outside the descriptors list that provide equally valid evidence of trainees' performance.

Additional capabilities may be required for advanced-level practice within discrete specialisms within palliative and end-of-life care (e.g. relating to a particular population group, such as neonates, children and adolescents). Individual practitioners may also demonstrate the capabilities in different ways, depending on the nature, scope or context of their practice and their role and root profession.

Trainees should use the capabilities in practice to evidence how their performance meets or exceeds the minimum expected levels of performance for their year of training. To complete training successfully, trainees must demonstrate successful achievement of all the capabilities in practice to level 4 supervision decisions (see **Table 3**).

5.0 Delivery

5.1 Integration of academic and workplace-based learning

This area specific capability framework is designed to be applied flexibly to meet service needs, while supporting trainees' integration of their academic and workplace-based learning to demonstrate their fulfilment of the capabilities. Its delivery requires collaboration between higher education institutions, service providers/employers and trainees. Trainees' employer should retain full responsibility for all aspects of clinical and system-wide governance in the workplace. Successful completion of the area specific capability framework should be assessed and determined through trainees' demonstration of all the capabilities in practice and the underpinning knowledge requirements through their engagement with an advanced practice programme delivered by a university.

Workplace Supervision for Advanced Clinical Practice (2021)and its (2022) associated Advanced practice workplace supervision - Minimum standards for supervision set out requirements for advanced practice supervision, the training and development of supervisors, the roles of co-ordinating education supervisors and associate supervisors, and ensuring professional and public safety. Higher education institutions and employers should use this guidance to define and apply selection criteria and to support workplace-based supervisors.

Higher education institutions, employers and trainees' co-ordinating education supervisor and associate workplace supervisors should use this area specific capability framework and the workplace supervision guidance to develop a local workplace-based programme to cover all components of this area specific capability framework and to plan their learning and teaching strategies to maximise trainees' educational opportunities in the academic and clinical settings.

Trainees should be supported and enabled to develop their knowledge, behaviours and skills to fulfil the capabilities through engagement with a variety of learning and development activities. Likewise, they should evidence their progress towards and fulfilment of the capabilities through their engagement with local supervision arrangements and assessments. All trainees should be supported to maintain a portfolio of evidence of their learning progression and achievements against the capabilities.

5.2 Quality management

While this area specific capability framework is designed primarily for higher education institutions to use in their advanced practice education provision, responsibility for workplace-based arrangements and the overall governance of advanced practice trainees and their supervisors remains with trainees' employer. Delivery and take-up of this area specific capability framework therefore requires higher education institutions and employers to work in partnership to ensure the safety, cohesion and quality of the advanced practice education and training through which this area specific capability framework is delivered.

The Centre for Advancing Practice will subject this area specific capability framework to its periodic review arrangements to ensure that it remains current, reflects developments, and is responsive to changing needs. The Centre will also enact its quality assurance arrangements

to approve higher education institutions' delivery of the area specific capability framework. External evaluation may be sought by the Centre as an integral part of this review and quality management process.

5.3. Equality, diversity and inclusion

Employers must ensure that they comply, and ensure compliance with, the requirements of equality diversity legislation set out in the Equality Act 2010. Employers must be compliant with anti-discriminatory practices from recruitment through to completion of training. As part of this, employers should actively monitor equality, diversity and inclusion and differential attainment.

5.4 Workplace-based learning

Workplace-based learning underpins the design and delivery of this area specific capability framework, supported by the learning and teaching strategies outlined below. Workplace-based learning should provide trainees with experiential learning opportunities, working with their nominated coordinating education supervisor and associate workplace supervisors and other experienced clinical practitioners. Their learning experience should include liaising with other specialists/ services; working closely with the multi-professional, multi-agency team; and engaging in arrangements for referrals, advance care planning, follow-up, discharge planning and bereavement support, in line with the needs of the people whom they serve.

Trainees' level of supervision should change as their learning and development progresses. They should have the opportunity for increasing autonomy, with supervisors ensuring that this is consistent with the delivery of safe and effective palliative and end-of-life care. As illustrated in **Table 3**, there should typically be both a gradual reduction in trainees' required level of supervision and an increase in the complexity of cases that they are able to manage, until they achieve the level of competence required for autonomous practice (level 4).

Trainees' receipt of continuous systematic feedback and their engagement in critical reflection are integral to learning from practice. Their critical reflection should be tested and demonstrated through workplace-based assessments. Trainees should be required to record evidence of their workplace-based learning activities, formative and summative assessments, critical reflections and plans for their further development in their portfolio.

More specific guidance on supervision arrangements and roles is provided in subsequent sections of this document. Broader NHS England guidance on advanced practice workplace supervision is available at: Advanced Practice - Website Content - Advanced practice workplace supervision - All Documents (sharepoint.com)

5.5 Formal teaching and learning

Practitioners from a range of professions and teams should be involved in trainees' teaching and learning, with subject areas taught by staff with the relevant expertise. Specialist skills and knowledge should usually taught by consultant or advanced level practitioners, while more generic aspects of practice can also be taught by members of the wider multi-professional team.

Trainees should maximise learning and teaching opportunities provided by their higher education institution (HEI), clinical/workplace setting and local integrated care system (ICS). These opportunities may include, but are not limited to, the following:

- Teaching sessions that cover the curriculum/syllabus
- Case presentations
- Journal clubs
- Engagement in research and quality improvement projects
- Lectures and small group teaching
- Clinical skills simulation
- Joint speciality meetings
- Job shadowing opportunities with multi-professional team
- Placements in specialist palliative care services across primary, community and secondary care, including private, independent, voluntary and charitable organisations/ services
- Placements with specialist services delivering general PEOLC relevant to role – for example, services for people with cancer, cardiac, respiratory, renal, neurological conditions, ageing/frailty, maternity, neonatal and children's services
- Participation in management and multi-professional meetings
- Participation in multi-agency/network meetings
- Online resources; for example, End of Life Care for All e-learning (e-ELCA).

Other formal education, online or clinically based courses can be undertaken to support the development of the capabilities; for example, advanced communication skills, research, leadership and management skills, verification of death. These should support and underpin trainees' capability development across the four pillars of advanced practice.

5.6 Self-directed learning

Trainees should engage in self-directed learning across all aspects of the area specific capability framework to develop their capability and engage in critical reflection on their learning, development and practice. They should adopt a proactive approach to their own learning and development, while working as a member of the multi-professional team. This includes taking responsibility for the following:

- Proactively initiating and engaging with opportunities for learning.
- Initiating assessments, progress reviews and appraisal meetings with their co-ordinating education supervisor, associate supervisors and line manager to discuss their progress.
- Undertaking self- and peer assessment.
- Engaging in regular critical reflective practice.
- Maintaining a portfolio, ensuring that evidence of their learning and progress is systematically and regularly recorded.

Trainees are encouraged to establish study groups and journal clubs and to engage in peer support and review. They should take the opportunity to learn with their peers at local and national levels through postgraduate teaching and (on-line) discussion sessions/webinars. They should also undertake personal study, in addition to engaging with formal and informal teaching. This includes through using study materials, publications and engaging in reflective practice. They should use developmental feedback from their academic lecturers and workplace-based supervisors (including from assessments) to focus their further professional development (across the pillars of advanced practice).

Reflective practice is an important part of self-directed learning and of continuing professional development. It is an educational exercise that enables trainees to explore, with rigour, the complexities and underpinning evidence for their clinical decision-making and actions in order to refine and improve them. Reflection in the oral form is an activity that trainees should engage in and find useful and developmental.

Writing reflectively adds to the oral process by deepening the understanding of practice. Written reflection benefits include providing a record for review, a reference to demonstrate development, and a starting point for shared discussion. Whatever the modality of reflection, it is important that it takes place and that there is a record that it has taken place, whether or not the specific subject or content of the reflection is recorded.

5.7 Workplace-based supervision and support

Workplace-based supervision is fundamental to safe and effective advanced practice learning and development. It takes advantage of the experience, knowledge and skills of expert clinicians and ensures trainees' structured interaction with them. Trainees' receipt of high-quality workplace-based supervision within palliative and end-of-life care, that supports trainees and provides them with constructive feedback, therefore forms an essential component of this area specific capability framework.

This section describes how trainees should be supervised and how their supervision should feed into and inform their progression towards advanced practice capability in palliative and end-of-life care. All aspects of work carried out by trainees must be adequately supervised. The level of required supervision will change, in line with individual trainees' experience and learning progression, with the focus being on upholding patient safety and quality of care at all times.

5.8 Co-ordinating educational supervisors

Trainees must have a named co-ordinating educational supervisor who is responsible, with the higher education institution course leader, for the quality of workplace-based education. Individual higher education institutions should work with employers to confirm the criteria for appointing trainees' co-ordinating education supervisor and to provide training and on-going support for practitioners in this role.

Employers are responsible for ensuring that a suitable co-ordinating education supervisor is appointed for individual trainees. Practitioners appointed as co-ordinating education supervisors must meet the following criteria:

- Hold current registration with the relevant professional regulator for practising their profession and be practising without limitation.
- Be an experienced advanced practitioner (in post for two or more years), a consultant practitioner or a doctor (a speciality or associate specialist doctor, a specialist registrar or a consultant).
- Be appropriately trained to undertake the role.
- Have a detailed understanding of the specific demands of this area specific capability framework and of advanced practice more broadly.
- Have demonstrated an interest and ability in teaching, training, assessing and appraising.
- Be up to date with developments in advanced practice education and training.
- Have appropriate access to teaching resources and time for training allocated within their job plan.

In fulfilling the role, they must be able to do the following:

- Meet regularly with their trainee to discuss and review their progress and plan their ongoing learning opportunities; this means a minimum of an hour per week (or four hours per month).
- Be able to provide ad hoc support to their trainee, as needed.
- Take responsibility for the overall supervision and management of their trainee's educational progress.
- Create an individualised learning plan to support the trainee's progression.
- Complete the co-ordinating educational supervisor report at the end of each training year through which they provide a summative judgement on their trainee's progress, based on evidence in the trainee's portfolio and observations from associate workplace supervisors.

5.9 Associate workplace supervisors

Associate workplace supervisors must have the skills, knowledge and experience to oversee and support trainees' development while upholding patient safety. They must be familiar with this area specific capability framework, including the capabilities and assessment methods and tools set out in it. They must also be able to provide good-quality, constructive feedback to enable trainees to develop.

Associate workplace supervisors should conduct workplace-based assessments, observe trainees' practice and offer informal coaching and mentoring to support trainees' development. They should make an overall, holistic judgement of trainees' performance in each capability using the supervision levels outlined in **Table 3**.

Associate clinical supervisors must meet the following criteria:

- Hold current registration with the relevant professional regulator for the practice of their profession and be practising without limitation.
- Be an experienced advanced practitioner (in post for two or more years), a consultant practitioner, or a doctor (a speciality or associate specialist doctor, a specialist registrar or a consultant).
- Understand the demands of the specific demands of this area specific capability framework and of advanced level practice more broadly.
- Be appropriately qualified and skilled in assessment.
- Have delegated authority from the co-ordinating education supervisor to fulfil the role for the trainee.

In fulfilling the role, they must do the following:

- Provide verbal and written feedback to the trainee.
- Recommend the supervision level (see **Table 3**).
- Undertake formative and summative assessments in the area in which they hold personal competence and capability and for which they understand the required standard.
- Provide formative feedback to the trainee with reference to the capabilities.
- Complete the associate workplace supervisor report on the trainee.
- Provide vital information on trainee progression to the co-ordinating educational supervisor to ensure that summative capability decisions are accurate and appropriate.

In combination, associate workplace supervisors must reflect the multidisciplinary nature of palliative and end-of-life care. Trainees should usually have several associate workplace supervisors from a variety of professional backgrounds during their training.

5.10 Trainees

Trainees' supervision is designed to uphold patient safety and the delivery of person-centred care by providing a structured approach to their learning in practice. Their workplace-based learning must be supervised appropriately, depending on their experience, case mix and workload. As trainees progress, their level of supervision should be tailored to facilitate their increasing independence. Again, this must be consistent with delivering safe and effective person-centred, holistic specialist palliative and end of life care (see **Table 2**).

Trainees are responsible for gathering evidence on their progress within their portfolio. This includes evidence of their academic and workplace-based assessments, critical reflections, appraisal meeting notes and other records of their training. They are also responsible for completing their own self-assessment ratings against each capability in practice. Trainees' portfolio of evidence must be reviewed at their annual review meetings, as set out in **Table 3**.

Trainees should be supported in engaging in their workplace learning and development through access to the following:

- Online learning facilities and libraries, including e-resources.
- Induction on local policies, procedures and arrangements comparable to senior clinical decision-makers.
- Electronic patient records consistent with their level of training.
- Resources to enable them and their supervisors to prepare work and undertake assessments.
- Storage for confidential training records.
- Appropriate local and national training.

5.11 Feedback to trainees

High-quality, timely feedback is essential for trainees' safe, effective learning. Trainees should seek, and expect to receive, informal (formative) and formal (summative) feedback on their academic work and clinical practice. Formative feedback can be received verbally at the end of a learning event. Formal feedback should be gained through trainees' workplace-based assessments, their receipt of multisource feedback and through formal meetings with their co-ordinating education supervisor and associate workplace-based supervisors.

6.0 Governance arrangements

6.1 Clarity of roles and responsibilities

Individual and organisational governance arrangements for advanced practice workforce development must be robust, complying with and adhering to legal, regulatory and professional frameworks. The Multi-professional framework for advanced clinical practice in England (2017) highlights the importance of good governance for advanced practice roles and training to be successful. Effective governance involves inclusive, participative decision-making. Lines of accountability and responsibility must be clear, providing employers with confidence about the delivery and quality of their services to patients.

Employers must ensure that appropriate policies and processes are in place to support trainees and to protect patients. This includes that the following are in place for trainees:

- A relevant job description
- Annual appraisal
- Clarity of roles and responsibilities
- Appropriate policies and procedures
- Evaluation arrangements
- Clarity of roles and processes for their assessment and review of progress, with a minimum of an annual review of clinical capability.

As registered, regulated healthcare professionals, trainees remain professionally accountable for their professional activity and operate with responsibilities to the individuals to whom they deliver care. This responsibility is retained by practitioners as trainees. Their co-ordinating education supervisor is responsible for the quality of their training/supervision, as previously described. Trainees' co-ordinating education supervisor must be contacted if the academic or clinical team have any concerns.

Local service providers retain responsibility for the deployment of their staff in clinical situations and for ensuring that they are appropriately educated and trained. All clinical staff require ongoing organisational clinical governance, based on organisational judgement about the appropriate degree of clinical autonomy of individual staff, a process for on-going staff development, and a system for appraisal and revalidation.

Trainees should be encouraged to work to their full potential, optimising the benefits to be gained from new models of palliative and end-of-life care and the development of advanced practice capabilities across the four pillars. However, their advanced practice activities must not extend beyond the scope of existing legislation. They must also be aware of their own limitations and recognise the parameters of their personal scope of practice, as well as their responsibility and accountability as registrants of their professional regulator.

Employers are responsible and hold vicarious liability for ensuring that advanced practice roles (including trainee roles) do not compromise patient safety, quality or effectiveness. Supervision, good record-keeping and ongoing self-assessment must be underpinned by clear

lines of professional responsibility and line management and regular clinical reviews through the appraisal process.

6.2 Appraisal

A formal process of appraisal and review should underpin trainees' development, with attention paid to their receipt of appropriate levels of supervision and feedback to support their development and uphold patient safety. Appraisal should include a review of trainees' progression against the capabilities, in line with local organisational policy.

A representative of the higher education institution delivering the area specific capability framework, alongside trainees' line manager and co-ordinating education supervisor, should have input to the annual appraisal process. The process should review trainees' progress across their clinical and academic learning, against trainees' personal development plan and objectives and with appropriate learning opportunities identified for the forthcoming year. The process should be recorded in trainees' portfolio.

In support of the appraisal process, there should be a clear governance statement for trainees through which their co-ordinating education supervisor and associate workplace supervisors record their commitment to trainees' learning and development plan. The governance statement should include arrangements and responsibilities for the 'sign-off' of trainees' fulfilment of the individual capabilities in practice. It should be shared among the team and recorded in the trainees' portfolio (paper or electronic). On completion, the governance statement provides confirmation of the overall capability that trainees have achieved.

6.3 Trainee responsibilities

Trainees must place the wellbeing and safety of the people in their care above all other considerations. They are responsible for recognising and working within the limits of their professional competence and for consulting with colleagues, as appropriate. Core to trainees' professional development is the ongoing refinement of their clinical judgement. This includes the exercise of their professional judgement on when they need to seek assistance and advice.

Trainees must take responsibility for their own learning. They should be proactive in initiating appointments to plan, undertake and receive feedback on their learning. This includes to ensure the following:

- They have a learning agreement.
- They have regular meetings within clinical practice to discuss their progress.
- Assessments of their learning are undertaken and validated by their clinical supervisors/ assessor(s) in a timely manner.
- They evidence and record their learning, reflections and progress systematically in their portfolio.
- Their supervision sessions are scheduled and take place, and they actively engage in them.

As regulated healthcare professionals, trainees must adhere to the standards and revalidation/continuing professional development requirements set by their professional regulator.

6.4 Trainee record of progress

Trainees must record evidence of their progress against the capabilities in practice in their portfolio. This includes the following elements and outcomes of their assessments and appraisals:

- A record of their learning progress and reflections.
- Their self-assessment ratings of their own progress.
- Feedback from their co-ordinating education and associate supervisors.
- Multiple-clinician reports.
- Plans for their development.

They should use the same form for recording their self-assessment as used for multi-clinician reports, identifying and outlining their areas for development. This can be done using free text or itemising relevant capabilities in practice.

The aims of trainee self-assessment are to do the following:

- Provide the basis for critical reflection on, and evaluation of, current level of practice.
- Inform trainees' discussions with their supervisors to help both gain insight and assist in developing their personal development plans.
- Identify shortcomings between trainees' experience, competency and areas defined in the area specific capability framework to guide their future clinical exposure and learning.

Trainees should use their reflections, assessments and other portfolio content to provide evidence of their fulfilment of the outcomes and capabilities. Developing personal insight on and self-recognition of performance are important components, including for informing the level of supervision needed at any point and ensuring patient safety. Self-assessments should be reviewed as evidence when trainees meet with their co-ordinating education supervisor at the beginning, mid-point and end of a placement/module.

7.0 Assessment

7.1 Approach to assessment

Assessment of learning is an essential component of this area specific capability framework. It should comprise both formative and summative elements throughout trainees' progression through it. Assessment approaches should be underpinned by good practice, enacting fair and robust assessment principles and processes. This is to ensure that valid and reliable judgements are made and that trainees gain a positive educational impact from the approaches used.

Trainees' assessment in practice should be carried out by workplace-based associate supervisors, identified by the co-ordinating education supervisor within the clinical setting. This should be an on-going developmental process, with a focus on trainees fulfilling the capabilities required for meeting the demands of advanced level practice within palliative and end-of-life care (see **Table 2** and **Appendix 1**).

The assessment of capability at advanced practice level is multi-faceted. It needs to include focuses on knowledge acquisition, the demonstration of skills, and evidence of receiving and responding to feedback on several occasions before assessment and 'sign-off' of capabilities occurs. Assessment should include both formative (helping learning) and summative (testing learning) components. The overall purpose is to enhance trainees' learning and benchmark their progress. More specifically, it should do the following:

- Provide robust evidence on whether trainees meet the learning outcomes and capabilities in practice set out in this area specific capability framework.
- Provide formative feedback to trainees, enabling them to measure their performance and identify areas for their further development in progressing through the area specific capability framework.
- Inform trainees' development, identify requirements for their additional learning, where necessary, and facilitate action plans to address these additional learning requirements.
- Support decisions on trainees' progression (see **Table 2**).

Elements of formative assessment should do the following:

- Assess trainees' performance in the workplace.
- Enhance trainees' learning by providing them with immediate feedback and support them to understand their own performance and identify areas for their development.
- Drive and enhance trainees' learning by making clear what is required of them and motivate them to ensure they receive suitable training and experience to develop the capabilities in this area specific capability framework.
- Enable supervisors to reflect on trainees' learning needs in order to tailor their approach accordingly.

Elements of summative assessment should do the following:

- Provide robust, summative evidence that trainees are meeting the requirements.
- Ensure that trainees have the essential underlying knowledge and understanding required to progress towards fulfilling the capabilities.
- Underpin reviews of trainees' progression, identify any requirements for targeted or additional training, and inform decisions on trainees' progression.
- Provide data to inform the quality assurance of the area specific capability framework's delivery.

Trainees must keep and develop a portfolio to evidence and record their achievement of the area specific capability framework's full academic requirements and capabilities in practice. They must secure sufficient evidence of their achievement of each capability, with sources of evidence appropriately triangulated to inform decisions on whether a capability has been met (see **Table 3**). Triangulation includes applying evidence that reflects capability through writing, observation and conversation. The successful completion of academic assessments, undertaken as part of trainees' progression through an advanced practice MSc programme, should be used as evidence against some capabilities.

The emphasis within evidence is always on quality and not quantity. It is acknowledged, however, that assessment can drive learning and trainees should be encouraged to seek assessment and feedback. The number of formative assessments undertaken prior to the summative assessment is not stipulated. It is anticipated that all assessments provide evidence that contributes to the professional development process.

For summative assessment, the decision aid in **Table 4** details the evidence requirements for progression at annual review.

7.2 Assessment methods

Assessment evaluates trainees' performance following learning activity and against the area specific capability framework's intended learning outcomes and defined capabilities (knowledge, skills and behaviours). Higher education institutions are responsible for constructing their methods of assessment and assessment tools to ensure trainees' fulfilment of the capabilities is fully tested. Examples of assessment tools and documents are provided in **Appendix 2**. Trainees' performance should be judged against the individual capabilities and the appropriate supervision level, with a minimum level specified (see **Tables 3** and **4**).

Workplace-based assessment should include both formative and summative components. The combination and mix of assessment approaches should test and demonstrate trainees' fulfilment of the intended outcomes and capabilities in practice in full to determine their successful completion of the area specific capability framework.

Examples of assessment methods are provided below. They can be used either formatively or summatively.

- **Multi-clinician report (MCR):** This should be used to capture the opinions of clinicians who have supervised trainees, including associate workplace supervisors, with their feedback sought on trainees' clinical knowledge and skills and other aspects of their clinical performance.
- **Self-assessment:** This should form a component part of multi-clinician reports, enabling trainees to engage in self-assessment to analyse their existing knowledge, level of ability, personal preparedness and preferred learning approach mapped against the requirements of this area specific capability framework, including the capabilities. Within this analysis, trainees should be encouraged to reflect on self, performance, task and suitability and to explore, develop and evaluate their progress and overall capability.
- **Multi-source feedback (MSF):** This should be used to gather feedback on trainees' skills such as communication, leadership and teamworking, alongside assessing their behaviours. Feedback should be sought from people that trainees care for and colleagues with whom they work, including their manager, professional colleagues, administrators and service providers.
- **Case-based discussion (CBD):** This should form a structured discussion focused on written case records that is conducted by the co-ordinating education supervisor or associate workplace supervisor to assess trainees' knowledge, clinical-reasoning and decision-making. It enables the assessment of and feedback on trainees' case presentations to be documented and for conversations to be recorded on relevant issues that have been raised to enable either formative or summative learning.
- **Mini clinical evaluation exercise (Mini-CEX):** This should formatively or summatively assess trainees' skills in history-taking (including interpersonal skills), physical, social and psychological examination and clinical assessment (clinical skills/observation skills and personal preparedness) and formulating a differential diagnosis (problem-solving skills) and therefore their ability to lead the development of a holistic, person-centred care and management plan. Feedback should be provided to trainees on their performance to support their ongoing learning and development.
- **Direct observation of procedural skills (DOPS):** This should be used to assess trainees' clinical and professional skills in undertaking a range of diagnostic and interventional procedures. The assessor does not have to be a workplace-based supervisor of trainees. The assessor should provide written and verbal feedback to trainees, with the former stored in trainees' portfolio. If trainees are already proficient in the capability being observed, this must be recorded in the portfolio and approved by a suitably qualified/competent assessor.

- **Teaching observation (TO):** This should be used to inform the development of trainees' teaching skills and to demonstrate their capability within the education pillar. Trainees need to demonstrate the ability to engage in self-directed learning to maximise clinical skills and knowledge and to develop and lead others, care and services. The teaching observation should be designed to provide structured feedback to trainees on their role as an educator. It must be carried out through observed practice during a formal teaching event.
- **Quality improvement project assessment tool (QIPAT):** This should be designed and used to assess trainees' capability in engaging in quality improvement projects. It should look at each stage of trainees' involvement in projects, from design to implementation and identify areas of strength and areas that require their further development.
- **Patient/family/carer survey (PS):** This should be used as part of triangulating the feedback trainees receive on how they undertake an episode of care. Feedback from a patient or family/carer perspective should include a focus on trainees' clinical, interpersonal and professional skills, including their behaviours and attitudes, and their delivery of person-centred care.

7.3 Assessment via multi-clinician report

Assessment via the multi-clinician report must be carried out by trainees' associate supervisors, with trainees' co-ordinating education supervisor and academic supervisor/ course lead contributing as necessary. The report should include a rating to indicate how trainees are progressing against the capabilities in practice, using the supervision levels in **Table 3** and a global supervision level recommendation.

Using this scale, supervisors should make an overall, holistic judgement of trainees' performance. Associate supervisors should be best placed to recommend supervision levels as they observe trainees' performance on a day-to-day basis.

Trainees' supervisors, led by the co-ordinating education supervisor, should meet at the start, the mid-point and towards the end of a placement/semester/module to conduct a formative multi-clinician report with trainees. The discussion should be recorded in trainees' portfolio. The record should use the principle of highlight reporting to indicate areas above or below the expected level of performance and to describe the areas in which trainees need to focus for their onward development. Feedback should be discussed with trainees in person for any capabilities in practice for which they are not rated at level 4 (see **Table 3**).

The multi-clinician report should give valuable insight into how well trainees are progressing and performing. It should highlight areas of excellence and areas in which trainees require support and/or are of concern. It should inform action-planning for trainees' onward learning.

The final formative multi-clinician report, together with trainees' portfolio of evidence, should contribute to the co-ordinating education supervisor's report and the summative assessment for a placement/module/training programme and annual review of progress meeting.

Table 3: Levels of supervision Trainer input at each supervision level

Level	Entrustment level	Statement	Does the trainee perform part or all of the task?	Is guidance required?	Is it necessary for a trainer to be present for the task?
Supervision level 1	Entrusted to observe only	Able to observe only	No	N/A	Throughout
Supervision level 2a	Entrusted to act with direct supervision	Able to be trusted to act with direct supervision. The supervisor needs to be physically present throughout the activity to provide direct supervision.	Yes	Throughout	Throughout
Supervision level 2b	Entrusted to act with direct supervision	Able and trusted to act with direct supervision. The supervisor needs to guide all aspects of the activity. This guidance may partly be given from another setting, but the supervisor will need to be physically present for part of the activity.	Yes, fluent with most of the task	Some aspects	Present for most of the task and available to be present as soon as required throughout.
Supervision level 3	Entrusted to act with indirect supervision	Able and trusted to act autonomously, but given the nature of the environment, works with indirect supervision. The supervisor does not need to guide all aspects of the activity. For those aspects that do need guidance, this may be given from another setting. The supervisor may be required to be physically present on occasions.	Yes, all of the task	Mostly independent	No, but available to attend in the event of particular challenge.
Supervision level 4	Entrusted to act unsupervised	Able and trusted to act autonomously and unsupervised, within scope of practice and with delegated authority.	Yes, all of the task	Majority independent	No, but available to attend in event of particular challenge.

Supervision level 5	Entrusted to act unsupervised	Performs beyond the level expected of an advanced trainee in palliative and end-of-life care.	Yes, all of the task	Independent	No, but available to attend in event of particular challenge.

7.4 Annual review

Education and training providers should conduct annual review arrangements. The purpose of annual review is to make the final summative judgement on whether trainees have met the academic requirements and achieved the outcomes at the appropriate level of supervision for each capability in practice to progress to the next year of training. The process should be informed by trainees' co-ordinating educational supervisor report, the evidence presented in trainees' portfolio, and trainees' academic progress.

The annual review of trainees' progress should be held at the end of each training or academic year. The decision aid (see **Table 4**) sets out the minimum requirements for trainees' satisfactory progress in each training year. It should guide trainees, their coordinating education supervisor, the academic team and others involved in their annual review. If individual trainees' satisfactory progression against the decision aid is confirmed, they should progress to the next year of training. If trainees have made unsatisfactory progress, arrangements should be put in place to support them to meet the minimum requirements in order to progress.

If trainees wish to appeal an annual review decision, they should communicate this to their training and education providers. Their appeal should then be managed in line with provider regulations and processes.

Table 4: Decision aid for annual review

Evidence/ requirement	Notes	Year 1	Year 2	Year 3
Co-ordinating educational supervisor report	One per year to cover the entirety of the training year to be sent to the advanced practice trainee, their employer and the higher education institution at which they are enrolled.	Confirms trainee is meeting expectations and no concerns	Confirms trainee is meeting expectations and no concerns	Confirms trainee will meet critical progression point criteria and will complete their advanced practice training
Generic advanced capabilities in practice (CiPs)	Mapped to Multiprofessional framework for advanced practice in England and assessed using global ratings. Trainee to record self-rating to facilitate discussion with their coordinating educational supervisor. Co-ordinating educational supervisor report to record the rating for each generic CiPs.	Co-ordinating educational Supervisor to confirm trainee meets expectations for level of training.	Co-ordinating educational Supervisor to confirm trainee meets expectations for level of training.	Co-ordinating educational supervisor to confirm trainee meets expectations for level of training.
Speciality capabilities in practice (CiPs) relating to palliative and end-of-life care	See levels expected for each year of training. Advanced practice trainees to complete self-rating to facilitate discussion with coordinating educational supervisor. Co-ordinating educational supervisor's report to confirm entrustment level for each individual CiP and overall global rating of progression	**Level of supervision: 2a/b** Co-ordinating educational supervisor to confirm trainee is performing at, or above, the level expected for all CiPs.	**Level of supervision: 3** Co-ordinating educational supervisor to confirm trainee is performing at, or above, the level expected for all CiPs.	**Level of supervision: 4** Co-ordinating educational supervisor to confirm expected levels achieved for critical progression point at end of advanced

				practice training.
Associate workplace supervisor report (AWSR)	Minimum number of associate workplace supervisor reports. Each AWSR is completed by a supervisor who has supervised the trainee's clinical work. The co-ordinating educational supervisor should not complete an AWSR for their own trainee. AWSRs must be kept in the trainee advanced practitioner's portfolio	4	4	4
Multi-source feedback	In line with local policy, multi-source feedback must be obtained from a number of staff from a variety of professional, professional support and administrative staff, ideally received within 3 months. Multi-source feedback must be discussed by the co-ordinating educational supervisor and advanced practice trainee before the annual review meeting. If significant concerns are raised, then arrangements should be made for a repeat multisource feedback.	1	1	1

Supervised learning events Case-based discussion and/or mini clinical evaluation exercise (mini-CEX) (x3 per year), teaching observation (x1 per year)	Minimum number to be completed by supervising clinicians. These should be undertaken throughout the training/academic year by range of assessors. Additional supervised learning events may be required by the coordinating educational supervisor if concerns are raised. Structured feedback should be given to aid the trainee's personal development and reflected on by trainee. A record of each supervised learning event must be kept in the advanced practice trainee's portfolio.	4	4	4
Quality improvement project (QI)	QI project plan and report to be completed. Evidence must be kept in the advanced practice trainee's portfolio	Participating in QI activity (e.g. project plan)	One project completed with QIPAT	Demonstrating leadership in QI activity (e.g. supervising another healthcare professional)
Simulation	All practical procedures should be taught by simulation initially. This may be at the higher education institution at which the trainee is enrolled as part of module teaching.	Evidence of simulation training, including procedural skills	Evidence of simulation training, including procedural skills	Evidence of simulation training, including procedural skills

	Refresher training in procedural skills should be completed if required			
Teaching attendance	Summary of teaching attendance at higher education institution and other formal teaching and learning sessions to be recorded in trainee's portfolio.	Evidence of satisfactory attendance at teaching	Evidence of satisfactory attendance at teaching	Evidence of satisfactory attendance at teaching

7.5 Summative assessment

Summative assessment evaluates trainees' performance after learning through knowledge acquisition, skills development and behavioural competence. Performance should be judged against the core advanced capabilities, the palliative and end-of life care capabilities in practice and the minimum supervision level.

A summative assessment of trainees' progress may be undertaken at the end of a module and submitted as whole or part of a module assessment to confirm progress or achievement in specific capabilities in practice. Alternatively, the review of trainees' progress may be aligned to apprenticeship requirements and/or undertaken every 12 weeks through a meeting between trainees, their co-ordinating education supervisor and an academic representative.

A range of evidence, including workplace-based assessment methods and feedback against the capabilities in practice (see **Table 2** and **Appendix 1**) and multi-clinician reports, should be used to support the discussion, alongside a review of academic progress. Trainees should undertake self-reflection and self-assessment of their progress using the multi-clinician report format to provide a constructive dialogue between trainees and their co-ordinating education supervisor. The latter should indicate whether or not their trainee is meeting expectations and whether they are judged satisfactory to progress. For each capability in practice, the co-ordinating education supervisor should record the indicative level of supervision required for each and provide a commentary to justify their decision.

7.6 Completion of training

Trainees' successful completion of their training requires the following:

- Their successful completion of an MSc programme in advanced practice either as an integral part of engaging with this area specific capability framework or prior to engaging with it (or the successful completion of the Centre for Advancing Practice's ePortfolio (supported) Route prior to engaging with this area specific capability framework).
- Their fulfilment of all the capabilities in practice set out in this area specific capability framework to level 4 supervision.

A level 4 supervision decision means that a trainee's co-ordinating educational supervisor, based on their judgement of the trainee's performance and other evidence, is satisfied that the

trainee can act under supervision that is indirect and/or post hoc. It is a summative decision through which the co-ordinating educational supervisor is confirming that, in their professional judgement, the trainee can be entrusted to undertake the particular activity at advanced practice level.

Trainees remain under the oversight of their co-ordinating educational supervisor while they are in training. Level 4 supervision decisions about individual trainees across all the capabilities in practice implies that trainees are ready to complete their training and to take on an advanced practice role in palliative and end-of-life care.

Prior to trainees being deemed to have completed their training successfully, it is recommended that there is a panel review of evidence to ensure due process, reinforce patient safety and avoid reliance on an individual perspective. A panel review should involve two or more experienced assessors, who are familiar with the demands of level 7 (Master's level learning), advanced-level practice and work-based learning processes. They should review trainees' portfolio of evidence against the capabilities in practice. It is recommended that local review panel arrangements are put in place and implemented to enable and integrated approach and partnership-working between clinical and academic staff.

Appendix 1

Advanced capabilities in practice in palliative and end-of-life care

Focus: Person centred therapeutic alliance

Advanced practice pillar:

Clinical practice 1: Selects and uses effective advanced communication and interpersonal skills with people with life-limiting conditions, those close to them and colleagues across all care settings.

Capabilities	2017 Framework capability	Evidence to inform decision
The advanced practitioner will:		
CP1.1 Create meaningful relationships with the people to whom they offer care, establishing authentic, trustworthy and therapeutic connections, and enabling sensitive conversations to elicit and understand what matters to the person about their care and future planning.	1.5	Co-ordinating education supervisor report Multi-source feedback Associate workplace supervisor report
CP1.2 Expertly apply advanced communication skills, including the ability to consult and negotiate with, and involve patients/ individuals and those close to them to shape and help deliver the care reflecting their cultural / faith/ spiritual needs.	1.5	
CP1.3 Manage complex and challenging situations with patients/ people, those close to them and colleagues to enable a comprehensive and timely response to people's needs and to help them achieve their wishes.	1.6; 1.8	Reflective log Self-assessment of learning needs Personal development plan Case-based discussion
CP1.4 Advocate for vulnerable people with life-limiting conditions and those close to them, representing and advocating for wishes on behalf of person or their family, navigating ethical and legally challenging situations.	1.8; 1.10	

CP1.5 Facilitate effective communication across teams (using a variety of formats), care settings and services to support the multi-professional, multi-agency team to provide holistic person-centred, co-ordinated care for people with life-limiting conditions.	1.9	Direct observation of practice Mini clinical evaluation exercise Patient and family feedback/ survey Attendance at advanced communication skills training
CP1.6 Provide an expert opinion for other specialities on complex ethical and legal issues relevant to palliative and end of life care.	1.2; 1.8; 1.11	
CP1.7 Utilise technology to aid clinical assessment and communication in palliative and end of life care.	1.10	
CP1.8 Engage in challenging conversations and support people who are emotionally or physically vulnerable and their carers and families, conveying compassion and sensitivity to enable the delivery of person-centred care.	1.5; 1.6; 1.8	
CP1.9 Initiate, develop and review person-centred future/advance care plans, based on the needs and preferences of the individual person making no assumptions about how someone experiences their life and what gives it meaning.	1.5	
CP1.10 Work effectively with the wider supportive networks of care, such as third sector and volunteer organisations, as an essential component of palliative and end of life care.	1.9	

Focus: Assessment and future planning

Advanced practice pillar:

Clinical practice 2: Undertakes an advanced holistic palliative care assessment demonstrating expertise for those with complex individual presentations, uncertain situations, ethical and legal issues related to their care and utilises critical thinking to formulate, communicate (using a range of formats) and deliver an effective, coordinated palliative care plan.

Capabilities	2017 Framework capability	Evidence to inform decision
The advanced practitioner will:		
CP2.1 Elicit a relevant, focused and holistic, person-centred assessment from people with complex palliative and end-of-life care needs/issues demonstrating ability to support patients and those close to them to identify meaning in their lives, enhance wellbeing and, where appropriate, support people to focus on realistic goals.	1.4	Co-ordinating education supervisor report Multi-source feedback
CP2.2 Synthesise in-depth understanding and application of ethical and legal frameworks of decision-making within palliative and end of life care (including frameworks for decision-making and parallel planning across the spectrum of childhood and the mental capacity act in adults).	1.6; 1.8	Associate workplace supervisor report Reflective log Self-assessment of learning needs
CP2.3 Synthesise in-depth knowledge of the pathophysiology and clinical manifestations related to life-limiting conditions, co-morbidities and symptoms to assess and manage complex symptoms secondary to life limiting progressive disease.	1.3; 1.4; 1.8	
CP2.4 Use expert knowledge of psychological responses to life-limiting conditions and the skills required to assess these in practice; for example, psychological impact of symptoms, responses to uncertainty and loss, presentation of illness in people with pre-existing psychological/psychiatric conditions.	1.4; 1.5; 1.6; 1.8	

CP2.5 Develop a differential diagnosis or functional assessment, recognising key biases and common errors and the issues relating to diagnosis in the face of ambiguity and incomplete data.	1.1; 1.2; 1.3; 1.6	Personal development plan Case-based discussion Direct observation of practice Mini clinical evaluation exercise Patient and family feedback/ survey
CP2.6 Analyse the specific needs of those in underserved or marginalised groups, breaking down inequalities to promote access to palliative care services.	1.6; 1.9; 1.10	
CP2.7 Formulate individualised care and management plans (integrating rehabilitation, enablement, self-management, self-care and symptom management into the holistic model of palliative care) that are collaborative in nature, taking into account individual preferences and enabling the person and their family/carers to shape and help deliver care.	1.6; 1.7; 1.8; 1.9	
CP2.8 Manage complexities of palliative care across a range of settings and with other service providers, identifying where further specialist assessment is required, and request and/or interpret diagnostic tests.	1.6; 1.7; 1.9; 1.10	
CP2.9 Recognise the deteriorating person whose recovery is uncertain, and assess appropriateness of interventions, including where escalation to other colleagues or services is required.	1.6; 1.8; 1.10	
CP2.10 Appraise knowledge of prognostic indicators to identify those with life limiting conditions for whom advance care planning would be appropriate and apply expert ability to discuss and develop flexible, person-centred advance care plans, based on needs of the individual and their care setting.	1.1; 1.2; 1.4;1.5; 1.6	
CP2.11 Demonstrate expert knowledge of the effects of multimorbidity, advanced ageing and frailty in people with life-limiting conditions.	1.2; 1.3; 1.4	
CP2.12 Effectively use information-sharing, and appropriate referral and escalation, to promote co-ordinated care for people with complex palliative and end-of-life care needs between professionals, teams, services and the care system.	1.2; 1.3; 1.5; 1.8; 1.9; 1.10	

CP 2.13 Work collaboratively and act as a role model/advocate for a shared understanding to establish a care and management plan with the multi-professional team, other services/agencies and the patient, applying principles, guidance and laws regarding ethics and confidentiality	1.9; 1.10	

Focus: Assessment and future planning

Advanced practice pillar:

Clinical practice 3: Leads the assessment, diagnosis and plans future care and management for individuals with complex palliative and end-of-life care needs and symptoms and their families/ carers in the context of uncertainty, evaluating specialist interventions.

Capabilities	2017 *Framework* capability	Evidence to inform decision
The advanced practitioner will:		
CP3.1 Critically appraise complex, incomplete, ambiguous and conflicting information to distil and synthesise clinical and psychosocial factors leading to patient-centred clinical decision- making, promoting non-discriminatory, person-centred and sensitive care at all times, reflecting people's values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments.	1.5; 1.6	Co-ordinating education supervisor report Multi-source feedback
CP3.2 **Profession-specific - physiotherapy/occupational therapists** Use expert understanding of the principles of health promotion and rehabilitation (including enablement, self-management, selfcare) to integrate rehabilitation approaches into the holistic model of palliative care to maximise physical and social functioning in the context of advanced life-limiting illness in conjunction with members of the multi-professional team.		Associate workplace supervisor report Reflective log Self-assessment of learning needs Personal development plan
CP3.3 Use evidence-based, applied knowledge and expert clinical reasoning skills in the effective use of rehabilitative, psychological and pharmacological interventions to manage complex symptoms for people with life-limiting progressive illnesses.		
CP3.4 Work in partnership with community and social resources available to support vulnerable people and facilitate a culture of co-production, involving people with palliative and end-of-life care needs to have a voice in national agendas and policies.		

CP3.5 Demonstrate effective, expert clinical assessment, examination and reasoning to recognise and manage medical and palliative care emergencies, including when intervention is not appropriate.		Case-based discussion Direct observation of practice Mini clinical evaluation exercise Patient and family feedback/ survey

Focus: Assessment and future planning

Advanced practice pillar:

Clinical practice 3: Recognises deterioration and initiates, leads and co-ordinates optimal care of the complex dying patient and those close to them including bereavement care following death.

Capabilities	2017 *Framework* capability	Evidence to inform decision
The advanced practitioner will:		
CP4.1 Recognise dying, including an understanding of clinical uncertainty and limited reversibility in individuals with progressive life limiting illness.	1.6; 1.8; 1.10	Co-ordinating education supervisor report Multi-source feedback Associate workplace supervisor report Reflective log Self-assessment of learning needs Personal development plan Patient and family feedback/ survey
CP4.2 Initiate and sensitively discuss issues around preferred place of care, preferred place of death and facilitate a rapid discharge/transfer, including, for neonates and children, access to 'cooling' facilities in children's hospices.	1.5; 1.8; 1.9	
CP4.3 Lead anticipatory care for people who are approaching the last days of life, including reviewing medications, advance care planning, adaptations, escalation plans and establishing priorities of care.	1.7; 1.9; 1.10	
CP4.4 Proactively co-ordinate with and support other professionals in developing effective management strategies and plans, including packages of care for dying people and those close to them.	1.7; 1.9; 1.10	
CP4.5 **Profession-specific: Registered nurses and pharmacists:** Use medication safely and effectively in the dying phase for managing both common and complex symptoms.	1.1; 1.2; 1.3; 1.6; 1.7; 1.8	

CP4.6 Appraise the impact that caring for a dying person in the family may have on relationships and family/carer members' own wellbeing (including any psychological impact) and promote awareness of the need for people and those close to them to maintain usual social participation and support networks and enable healthy psychological environments by giving support and advice to carers and families.	1.4; 1.5; 1.7;	
CP4.7 Use expertise in ethical and legal frameworks and legislations, ethical reasoning and decision-making skills to inform decision-making in the last days of life, including mental capacity and withholding/withdrawal of treatment,	1.6; 1.11	
CP4.8 Act as a clinical role model/advocate for others regarding legislation relevant to families' and carers' rights and act as a source of expert information for families and carers around legal issues (e.g. lasting power of attorney, mental capacity and liberty protection safeguards).	1.1; 1.2; 1.3; 1.10;	
CP4.9 **Profession specific: Registered nurses, physiotherapists and occupational therapists:** Support patients and those close to them in dealing with distress, loss and grief, including support for those at risk of complex or prolonged grief responses, and demonstrate the ability to adapt to the needs of bereaved children and young people, recognising their different developmental needs.	1.1; 1.2; 1.3; 1.5; 1.7; 1.10;	
CP4.10 Promote awareness of dying as a social process, supporting the role of a wider social network and non-professional support and initiate a range of interventions to illustrate the positive impact of health promotion and community engagement in end-of life care.	1.1; 1.4; 1.5; 1.7; 1.10	
CP4.11 Work in partnership with individuals, families and carers, using a range of assessment methods to elicit spiritual concerns, and initiating and evaluating interventions responding to spiritual distress, and respecting different spiritual beliefs and practices.	1.4; 1.6	
CP4.12 Demonstrate expert knowledge and understanding of the impact of culture, faith, ethnicity, gender and sexuality in response to life-limiting conditions and at the end of life, including awareness of how these may affect equity of access to services.	1.10	
CP4.13 Demonstrates effective liaison and collaboration with a range of services, including primary care, social services, palliative care, third sector and NHS-funded care providers, when facilitating complex discharges for patients at the end of life.	1.10	
CP4.14 Synthesise information from multiple sources to prepare people with palliative and end-of-life care needs and their carers/ families for bereavement, to anticipate and recognise risk in bereavement, and to support acutely grieving person/family.	1.6	

Focus: Developing the context of care and organisational conditions for specialist palliative care

Advanced practice pillar:

Leadership: Initiates, leads and delivers a palliative care service in any setting, promoting a culture of continuous improvement, safety and learning.

Capabilities	2017 *Framework* capability	Evidence to inform decision
The advanced practitioner will:		
L1.1 Role model the philosophy and principles of palliative and end-of-life care, demonstrating how their expert knowledge and understanding of these informs their role, clinical practice and decision-making for all people with life-limiting conditions and their families/carers.	2.1; 2.2	Co-ordinating education supervisor report Multi-source feedback Associate workplace supervisor report Reflective log Self-assessment of learning needs Personal development plan
L1.2 Negotiate their scope of practice within organisational and professional governance and evaluate own practice to demonstrate the impact of advanced practice on palliative and end-of-life care service delivery and quality.	2.3; 2.11	
L1.3 Facilitate effective membership across different teams, participating, contributing to and influencing a team so they are better able to develop and deliver effective, safe and high- quality palliative and end-of-life care.	2.3; 2.4	
L1.4 Analyse the role, availability of, and indications for, referral to other services to facilitate delivery of palliative and end-of life care in any setting, identifying gaps in service provision and opportunities for service and workforce development.	2.4; 2.7	
L1.5 Exemplify team and service leadership and resilience to manage situations that are uncertain, complex or unpredictable and build confidence in others.	2.8; 2.10	Evidence of literature search

L1.6 Initiate and lead the development of effective and authentic relationships, fostering clarity of roles across teams and services providing palliative and end of life care.	2.1; 2.4	and critical appraisal of research and health policy Involvement in development of clinical guidelines Quality improvement reports Evidence of research activity Evidence of networking Patient and family feedback/ survey
L1.7 Work collaboratively at a strategic level with local, regional and national services/voluntary organisations to engage in short- and long-term strategic planning, peer review and team/service evaluation to encourage innovation, facilitate effective change, and to evaluate the impact of advanced practice and the quality of palliative and end-of-life care and services.	2.3; 2.4; 2,5	
L1.8 Formulate and implement strategies to act on learning from a range of sources (audit, service user feedback, research, policy) and knowledge of the funding of palliative and end-of-life care services in the NHS and third sector to make improvements, influence and lead new practice and service redesign solutions to reduce variation, promote access to underserved communities and enhance quality in response to feedback, evaluation and need.	2.4; 2.5; 2.7; 2.9	
L1.9 Actively seek feedback from individuals, families, carers, communities and colleagues to understand the wider role of palliative care services in supporting health promotion at the end of life and work in partnership with local communities to improve equity of access for the population.	2.2; 2.5; 2.6	

Focus: Developing a learning culture

Advanced practice pillar:

Education: Develops, within the context of advanced-level practice, as a learner, educator and supervisor, contributing to a learning culture which promotes safe, evidence-based and competent palliative and end of-life care.

Capabilities	2017 *Framework* capability	Evidence to inform decision
The advanced practitioner will:		
E1.1 Critically assess own learning and development needs to negotiate a personal development plan, incorporating knowledge and skills development across the four pillars of advanced practice in palliative and end-of-life care, identifying strategies to meet these needs through CPD activities, postgraduate education, self-directed and workplace-based learning opportunities, clinical supervision and critical reflection.	3.1; 3.2	Co-ordinating education supervisor report Multi-source feedback Associate workplace supervisor report Teaching observation
E1.2 Act as a professional role model, educator, supervisor and coach advocating for, and contributing to, a culture of palliative and end-of-life care learning for generalist and specialist providers and public audiences.	3.4; 3.8	
E1.3 Critically analyse and lead the development of the workplace as a learning environment to enhance the knowledge, skills and capabilities of health and care colleagues to deliver evidence-based generalist and specialist palliative and end-of-life care, evaluating the impact and application of learning to clinical practice.	3.7	Teaching evaluation/ feedback

E1.4 Support and coach members of the wider multi-professional specialist palliative care team to develop as educators across all settings, undertake peer observation and evaluation of teaching/ learning to identify further development needs.	3.5; 3.6	Reflective log Self-assessment of learning needs Personal development plan Evidence of attendance at supervisor and/or educator training
E1.5 Appraise and respond to learning/information needs of individuals, families, carers and communities delivering informal learning opportunities and formal/structured education and training to people with palliative and end-of-life care needs, their families and carers to promote self-care, support health literacy and empower participation in decision-making about aspects of their palliative and end-of-life care, management and treatment.	3.3; 3.8	

Focus: Enhancing palliative and end of life care, services and care systems

Advanced practice pillar:

Research: Functions at an advanced level within healthcare organisational and management systems, working collaboratively at a strategic level with local, regional and national services/ organisations to improve palliative and end-of-life care practice and lead change within their scope of practice/ service delivery and sphere of influence.

Capabilities	2017 *Framework* capability	Evidence to inform decision
The advanced practitioner will:		
R1.1 Use current best evidence in clinical decision-making and service development to enhance quality and safety of palliative and end-of-life care through application of knowledge/ understanding of research methods, critical appraisal and evaluation to distinguish quality of evidence.	4.1; 4.3	Co-ordinating education supervisor report Multi-source feedback Associate workplace supervisor report
R1.2 Lead and contribute to identifying focus/gaps for palliative care research, audit and quality improvement to add to the evidence base (wider body of knowledge) and to inform recommendations for service development and evaluation in own service.	4.2; 4.4	
R1.3 Critically analyse national policies/guidelines, evidence and research for improving palliative and end-of-life care to provide a rationale for the development of own service/organisation and to seek out opportunities to lead and contribute to service improvement initiatives.	4.5	Reflective log Self-assessment of learning needs Personal development plan Evidence of literature search and critical
R1.4 Apply a range of quality assurance and research methodologies, selecting and applying rigorous and systematic methods, to evaluate own and others' clinical practice, disseminating and using the findings to identify strategies to improve/enhance palliative and end-of-life care and services.	4.2	
R1.5 Disseminate best practice findings and quality improvement projects (research/audit/service improvement/evaluation) to promote the delivery enhanced palliative and end-of-life care.	4.7	

R1.6 Appraise current and implement robust governance systems and systematic documentation/data processes for monitoring and evaluating advanced level palliative and end-of-life care and service delivery, including drawing on service user feedback.	4.6	appraisal of research and health policy
R1.7 Proactively network to develop and facilitate collaborative links with specialist palliative services and active researchers in academic and clinical settings to identify potential for further research in palliative and end- of-life care and opportunities to apply for funding and disseminate research and quality improvement through relevant media and fora.	4.5; 4.7; 4.8	Involvement in development of clinical guidelines Quality improvement projects and reports Evidence of research activity Evidence of networking Dissemination activities – presentations, publications

Appendix 2

Examples of assessment tools and forms

It is the responsibility of higher education institutions delivering this area specific capability framework to work in partnership with employers to construct and use assessment tools that appropriately test trainees' fulfilment of the outcomes and capabilities in practice set out in the document.

Examples of workplace-based assessment tools and forms are provided below.

Case Based Discussion (CbD)
https://www.jrcptb.org.uk/sites/default/files/CbD%20CMT%20SLE%20August%202014.docx

Direct Observation of Procedural Skills (DOPS) Formative routine
https://www.jrcptb.org.uk/sites/default/files/DOPS%20formative%20routine.docx

Summative routine
https://www.jrcptb.org.uk/sites/default/files/DOPS%20summative%20routine.docx

Mini-Clinical Evaluation Exercise (mini-CEX) https://www.jrcptb.org.uk/documents/mini-cex-cmt-sle-august-2014

Multi-Source Feedback (MSF)
https://www.jrcptb.org.uk/sites/default/files/MSF%20August%202014.docx

Patient Survey form
https://www.jrcptb.org.uk/sites/default/files/Patient%20survey%20form%202021.pdf

Patient Survey summary form
https://www.jrcptb.org.uk/sites/default/files/Patient%20survey%20summary%20form%202021.pdf

Quality Improvement Project Assessment Tool (QIPAT)
https://www.jrcptb.org.uk/sites/default/files/QIPAT%20May%202017.docx

Teaching Observation form https://www.jrcptb.org.uk/sites/default/files/Teaching%20Observation%20August%202014.docx

Teaching Observation guidance https://www.jrcptb.org.uk/sites/default/files/Teaching%20Observation%20Guidance%202015.pdf

Appendix 3

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Appendix 4

Glossary of key terms

Term	Definition/explanation
Principles of palliative care (IAHPC, 2019)	• Includes prevention, early identification, comprehensive assessment and management of physical issues, including pain and other distressing symptoms, psychological distress, spiritual distress and social needs. Whenever possible, these interventions must be evidence based. • Provides support to help patients live as fully as possible until death by facilitating effective communication, helping them and their families determine goals of care. • Is applicable throughout the course of an illness, according to the patient's needs. • Is provided in conjunction with disease modifying therapies whenever needed. • May positively influence the course of illness. • Intends neither to hasten nor postpone death, affirms life, and recognises dying as a natural process. • Provides support to the family and the caregivers during the patient's illness, and in their own bereavement. • Is delivered recognising and respecting the cultural values and beliefs of the patient and the family. • Is applicable throughout all health care settings (place of residence and institutions) and in all levels (primary to tertiary). • Should be provided by professionals with fundamental palliative care training. Requires specialist palliative care with a multi-professional team for referral of complex cases.
Scope of palliative and end-of-life care delivery	**Palliative care** • Is focused around the needs of each child, young person and adult with a life-limiting or life-threatening condition, whatever that may be, and extends to supporting those close to them - their carers, friends, siblings and family - before and after bereavement. • Offers equitable access and delivery of care for people with life-limiting conditions of all ages and from different backgrounds, ethnicities, cultures, beliefs, sexualities and gender identities in their own home, in the community or hospital or in any setting where their needs are supported and managed. • Is provided by multi-disciplinary teams of professionals and volunteers who offer generalist and specialist expert support that places equal emphasis on a person's clinical, physical, emotional, social, cultural, and spiritual needs with the understanding that everyone will be different. Rehabilitative palliative care integrates rehabilitation, self-management and self-care into the holistic model of palliative care. Rehabilitative palliative care aims to

	optimise people's function and wellbeing and to enable them to live as independently and fully as possible, with choice and autonomy, within the limitations of advancing illness. It is an approach that empowers people to adapt to their new state of being with dignity and provides an active support system to help them anticipate and cope constructively with losses resulting from deteriorating health. Rehabilitative Palliative Care supports people to live fully until they die (Tiberini and Richardson 2018).
Person centred care	An approach where the person is at the centre of the decision-making processes and the design of their care needs, their care and management plan. The Health Foundation (2014) has identified a framework that comprises four principles of person-centred care: 1. Affording people dignity, compassion and respect 2. Offering coordinated care, support or treatment 3. Offering personalised care, support or treatment 4. Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life. In person-centred care, health and social care professionals work collaboratively with people who use services. Person-centred care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care. It is coordinated and tailored to the needs of the individual, to ensure that people are always treated with dignity, compassion and respect.
Holistic care	Refers to the provision of care to patients that are based on a mutual understanding of their physical, psychological, emotional, and spiritual dimensions. A holistic approach to the care of people is essential and procedures should be carried out in a way which reflects cultural awareness and ensures that the needs, priorities, expertise, and preferences of people are always valued and taken into account.
Vulnerable people	Those who, at any age including neonates, children and young people with life limiting conditions, are at a higher risk of harm than others. Vulnerability might be in relation to a personal or protected characteristic (Equality Act 2010), capacity to make decisions about their health, wellbeing, care or finances, or their situation. The type of harm may be emotional, physical, sexual, psychological, material, or financial, or may be due to neglect.
Equality, diversity and inclusion	Specialist palliative care professionals and services should provide accessible services, delivered in an inclusive way that respects the diverse needs of each individual and does not exclude anyone. People with palliative care needs and those towards the end of life, whoever they are, should: • Have timely access to palliative and end of life care if they have a life-limiting condition • Receive the support that is appropriate for their individual needs

	• Benefit from greater understanding and knowledge within specialist palliative care services of the met and unmet need in their diverse populations. Receive more joined up and expert support, due to better collaboration between hospices, primary care, and other relevant clinical and social care teams and more systematic sharing of expertise
Recipients of palliative and end of life care (Richardson and Cooper, 2020)	These recipients of palliative and end of life care are identified as: • The person who is dying • The family, siblings, household, community and those close to them • Their informal carers • The wider multi-disciplinary team Other services and agencies.
Professional ethics, standards and codes of practice	All healthcare professionals are accountable to the regulatory body relevant to the practice of their profession. Each regulator sets standards of practice and codes of conduct for registrants. This includes, but is not limited to, the following: Health and Care Professions Council: https://www.hcpc-uk.org/standards/standards-of-conduct-performance-andethics/ Nursing and Midwifery Council: https://www.nmc.org.uk/standards/code/

Appendix 5

Development of this area specific capability framework

The content of this document was developed between October 2019 and September 2021, with the COVID-19 pandemic affecting progress between February 2020 and March 2021. During its development, the Steering Group held monthly online meetings. Following an initial scoping of the literature and policy to create an initial draft, virtual engagement events were held between May 2020 and May 2021. These drew in representation from across professions from those with expertise in specialist palliative and end-of-life care, patient and carer feedback, and/or advanced practice education and practice.

In response to the feedback received, changes and improvements were made. In July and August 2021, a formal period of national consultation was undertaken via an online survey. Feedback was received from families and carers, health care professionals providing general and specialist palliative and end-of-life care, and academics responsible for developing and delivering higher education institutions' advanced practice education. The consultation feedback led to further improvements to the document being made.

The document was submitted for consideration for endorsement as an area specific capability framework by the Centre for Advancing Practice in September 2021.

The document was endorsed by the Centre as an area specific capability framework in June 2022. It will be kept under periodic review, in line with Centre processes, to ensure that it remains current, reflects developments, and is responsive to changing needs.

Examples of frameworks that the development of this document are listed below.

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Appendix 6

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The development of this area specific capability framework was led by a steering group co-chaired by the following:

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- Association of Chartered Physiotherapists in Oncology and Palliative Care (ACPOPC)

- Association of Advanced Practice Educators UK (AAPE)
- Hospice UK – Education Network
- Macmillan Cancer Support AHP Expert Advisory Group
- Marie Curie UK Practice Development Task & Finish Group
- National Nurse Consultant Group (NNCG)
- St Christopher's Hospice (Joint Chief Executives)
- Together for Short Lives (Director of Service Development and Improvement).