

African Palliative Care Association

Core Competencies



A framework of core
competencies for palliative care
providers in Africa



ISBN 978 9970 204 06 9

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This publication was made possible by the support of the American people through the United States Agency for International Development (USAID) and the AIDSTAR-One project. The contents of this publication are the sole responsibility of the African Palliative Care Association and do not necessarily reflect the views of USAID or the United States government.

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FOREWORD

To guide the provision of quality palliative care services across the African region, the African Palliative Care Association (APCA) has developed a framework of core palliative care competencies that can be used by service providers, educators and other stakeholders to guide programmes development.

The competencies are developed based on the following principles:

- All patients have access to high-quality palliative care regardless of their care settings
- National standards for education and practice are adapted/adopted for all palliative care providers to ensure provision of quality care.

The competencies have been developed through a participatory approach, bringing on board key stakeholders in palliative care service provision and education in the region.

The term ‘competency’ has been defined as the “skills, knowledge, experience, attributes and attitude/behaviours required by an individual in order to perform a job effectively”. Consequently these core competencies serve as a guide for ensuring that palliative care service providers and educators are ‘fit for practice’, prepared and skilled enough to provide palliative care services and education that is up to standard. Palliative care services engage a dedicated and trained inter-disciplinary team to provide quality compassionate care. The competencies are building blocks for effective palliative care service provision and education and are an important tool for monitoring and evaluating the knowledge, skills and attitudes of care providers. These competencies also provide useful guidance when designing and implementing targeted and effective education programmes in palliative care, aimed at producing highly competent care providers.

This framework presents a set of competencies required to provide palliative care services and education by different cadres, and they are appropriate for qualified and unqualified providers working at different levels of care, including primary, secondary and tertiary. They are intentionally broad so that they can be adapted at the national level in line with national policies and according to the responsibilities of specific cadres in palliative care delivery in each country. The competencies are underpinned by the APCA Standards for the Provision of Quality Palliative Care Services and are aligned with existing generic and more specialised palliative care education programmes, including the APCA core curriculum for introductory palliative care training.

It is imperative that palliative care providers and educators are aware of and aim to meet the competencies required to provide quality palliative care services at all levels and settings of care. To support the integration of the competencies within education, APCA has also developed A Guide to Palliative Care Teaching Methodologies and a Palliative Care Education Monitoring and Evaluation Framework, both of which can be used in conjunction with this competencies guide.

APCA hopes that all these documents will support ongoing quality improvement in Africa’s palliative care service provision and education. APCA encourages all users to provide useful feedback to support regular review and updating of these core competencies.

Dr Faith Mwangi-Powell
Executive Director, APCA

ACKNOWLEDGEMENTS

The African Palliative Care Association (APCA) wishes to thank the following teams, organisations and individuals for their contribution to the development and publication of these core competencies for palliative care:

- Palliative care educators and service providers from across Africa who were part of the AIDSTAR-One working group who supported an initial review of the core competencies
- Dr Julia Downing, former (2006–10) Deputy Executive Director, African Palliative Care Association, for initially drafting these competencies, and Mrs Consilous Rwanyonga for reviewing the document
- Mrs Gillian Kasirye, Makerere University, Kampala, for bringing in expert knowledge, experience and guidance for the finalisation of the core competencies
- Personnel within APCA itself: Dr Faith Mwangi-Powell, Executive Director, for providing leadership throughout the process of developing the competencies; Rachel Crosby, Programmes Manager, Mackuline Atieno, Programmes Officer for Education and Standards, and Fatia Kiyange, Programmes Director, who all worked tirelessly to complete this work; and other APCA staff members who supported the process and provided input at various stages.

APCA would like to acknowledge the generous support for this work from USAID-JSI through AIDSTAR-One.

CHAPTER I:

INTRODUCTION

I. Introduction

Palliative care education is one of the four components of the World Health Organization's enhanced public health strategy for palliative care which must be addressed for the effective integration or scale-up of palliative care services at the national level to ensure access to care for those who need it¹. Palliative care education and training can make a significant contribution to ensuring that service providers and educators acquire the knowledge, skills and abilities they need to provide quality care. This is particularly true if the education and training are competency based. It is also important that individuals and institutions have clarity on the specific knowledge, skills and abilities (competencies) that are required by palliative care service providers in order to deliver quality care at the primary, secondary and tertiary levels of service delivery. Palliative care education and training should therefore be looked at as a continuum, which begins at undergraduate level and moves through to specialist training and into continuing education which enables service providers to develop their competencies.

If service providers are to develop their competencies, the education and training they receive should not just aim at providing knowledge and skills but should also address the attitudes, beliefs and values of those trained. It should include diverse strategies, including theoretical training and hands-on experience through clinical placement and ongoing mentorship and support supervision. In education, as in other areas of clinical practice, the early experiences are very important in sending messages of enthusiasm for the subject, of its excitement, its place in medicine as a whole, and its value to patients and the public. Palliative care needs well qualified leaders if it is to continue to grow and develop as a specialism. However, such leaders can only be produced if palliative care education programmes are effective enough to produce competent care providers who are able to provide quality services to patients and their families.

The African Palliative Care Association (APCA) has therefore developed a framework of core competencies for palliative care to guide service providers and educators in supporting the development of an inter-disciplinary team of competent care providers at the various levels of care provision in Africa.

¹ Stjernsward, J, Foley, K and Ferris, F (2007), 'WHO Public Health Approach for Palliative Care', in *Journal of Pain and Symptom Management*, 33(5), May 2007.

CHAPTER 2:

THE RATIONALE FOR CORE COMPETENCIES

2. The rationale for core competencies

The competencies aim to ensure that palliative care service provision and education is meeting the APCA Standards for the Provision of Quality Palliative Care Services across Africa. Thus the core competencies are underpinned by the standards for palliative care and by the following two principles:

- All patients have access to high-quality palliative care regardless of their care settings
- National standards for education and practice are adapted/adopted for all palliative care providers to ensure provision of quality care.

The competencies are expected to support ongoing improvement in knowledge, skills and attitudes among care providers and will provide guidance to organisations in designing staff development strategies. They can be used as performance indicators to assess the level of mastery which an individual has attained in a competency area.

From the education point of view, the competencies will support the design and implementation of curricula and education programmes which aim to produce competent care providers and educators. Competencies are useful for identifying areas of training to achieve desired outcomes.

APCA has also developed a competency audit-tool template (similar to the palliative care standards audit tool). Service providers and educators can adapt the template to assess the levels of expertise which their care providers are demonstrating within the inter-disciplinary team and to identify competency gaps that require further development to ensure delivery of quality palliative care at the various levels of care provision in Africa.

Before describing the competencies, it is also important to understand the key principles which underpin APCA's palliative care quality framework and the context into which these core competencies fit. This is presented in section 3.

CHAPTER 3:

THE CONTEXT OF THE CORE COMPETENCIES

3 The context of the core competencies

3.1 Definition of palliative care

APCA subscribes to the definition of ‘palliative care’ set down by the World Health Organization (WHO), which is as follows²:

An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:

- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten nor postpone death;
- Integrates the psychological and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death;
- Offers a support system to help the family cope during the patient’s illness and in their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counselling if indicated;
- Will enhance quality of life, and may also positively influence the course of illness;
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

The WHO also highlights the need for palliative care for both adults and children, stating³:

Palliative care for children is the active total care of the child’s body, mind and spirit, and also involves giving support to the family. It begins when illness is diagnosed, and continues regardless of whether a child receives treatment directed at the disease. Health providers must evaluate and alleviate a child’s physical, psychological and social distress. Effective palliative care requires a broad multi-disciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited. It can be provided in tertiary care facilities, in community health centres, and even in children’s homes.

The core competencies in this framework are underpinned by this definition and the principles of palliative care.

3.2 The APCA standards for the provision of quality palliative care

As well as ensuring increasing coverage of palliative care across Africa, it is important to ensure the quality of palliative care. Thus, in 2010, APCA published the APCA Standards for Providing Quality Palliative Care across Africa, which provide a framework for the provision of quality palliative care. The standards are applicable to everyone with a life-threatening illness (adults, children and adolescents, and the elderly) and their families and cover the whole continuum of care, including prevention, care and support, treatment and end-of-life care within the context of palliative care. They cover key service components and principles, including: organisational management; holistic care provision for both adults and children; education and training; and research and the management of information⁴.

²WHO (2002), ‘Palliative care’. Available at www.who.int/hiv/topics/palliative/PalliativeCare/en/.

³WHO (2002), ‘Palliative care’. Available at www.who.int/hiv/topics/palliative/PalliativeCare/en/.

⁴APCA (2010), ‘Standards for Providing Quality Palliative Care Across Africa’

The standards aim to be flexible, to represent the continuum of care provision, and to provide for the needs of individuals at all levels of service delivery and across the range of settings in Africa. The core competencies in this framework are aligned with these components and principles to support care providers in meeting the standards. The core competencies are based on levels of expertise required to provide quality services at the various levels of service delivery which are outlined in the standards (i.e. primary, secondary and tertiary levels) and in all settings of care. The APCA standards for providing palliative care therefore form the foundation and basis for the core competencies.

3.3 The public health approach and integration at all levels of service provision

Like the standards, the framework for palliative care competencies is aligned with the WHO enhanced public health approach. The WHO identifies a four-pillar enhanced public health model of palliative care provision which includes: appropriate government policies; adequate drug availability; the education of health professionals and all other cadres involved in care provision; and, critically, implementation of palliative care at all levels, to ensure its integration into national health systems⁵.

In order to extend coverage of palliative care across the region, it is important to understand the public health approach to palliative care development, which is population- and risk-factor-oriented rather than symptom- or disease-oriented. The core competencies framework also aims to ensure that there are competent cadres who are able to support an effective national palliative care programme. Thus, the framework outlines the core competencies required of professional and community care providers in ensuring that the four-pillars are in place in their setting.

Underlying the palliative care standards and the competencies is the notion that in order to ensure accessibility and availability of palliative care to all, it must be integrated into all levels of the national health care systems⁶. Care will be provided at the community level, through local, district and national health facilities as well as through the provision of specialist palliative care; hence the development of core competencies which are required for providing quality palliative care services across all levels and settings of care.

3.4 Palliative care and human rights

Palliative care is a health service. Yet health is a fundamental human right enshrined in numerous international human rights instruments⁷. Countries have an obligation to progressively implement palliative care services, which, according to the WHO, must have “priority status within public health and disease control programmes”⁸. Countries must ensure an adequate policy and regulatory framework, develop a plan for implementing these services, and take all steps that are reasonable within available resources to execute the plan. As part of this positive obligation, nations have to take steps to protect people from unnecessary pain related to a health condition. Failure to attach adequate priority to developing palliative care services within health care services will violate the right to health.

⁵ Sternsward J, Foley K, Ferris F (2007), ‘The Public Health Strategy for Palliative Care’, in *Journal of Pain and Symptom Management*, 33: 486–93.

⁶ WHO (1990) *Cancer Pain Relief and Palliative Care*. Technical Report Series 804. Geneva: World Health Organization.

⁷ Human Rights Watch (2009) ‘Please, do not make us suffer any more...’, in *Access to Pain Treatment as a Human Right*. USA: 13

⁸ WHO (2002), ‘National Cancer Control Programme: Policies and Managerial Guidelines’, as cited in Human Rights Watch (2009) – see fn 7 above.

According to the 2002 Cape Town Palliative Care Declaration, “Palliative care is a right of every adult and child with a life-limiting disease.”⁹ The Korea Declaration on Hospice and Palliative Care of March 2005 agreed that governments must: make access to hospice and palliative care a human right; include palliative care in their national AIDS strategies; include hospice and palliative care in their national cancer control programmes; strive to make hospice and palliative care available to all citizens in the setting of their choice, including acute-care hospitals, long-term care facilities (nursing homes), residential hospices and in the patient’s home¹⁰, among others. Both the Cape Town and Korea declarations call for an integration of hospice and palliative care education and training into the undergraduate and postgraduate curricula of medicine, nursing, research and other disciplines, and for the provision of training, support and supervision of non-professional care workers. Excellence in end-of-life care is more than simply good and compassionate medicine. It has an equal foundation in international human rights law¹¹, and it is therefore critical for care providers to understand and view palliative care as a human right and to aim to provide services of high quality to patients and their families as an obligation. This further provides the rationale for developing and making available core competencies to support the provision of quality services.

There are various holistic care values that underpin the provision of palliative care. These include the provision of care, with the patient and family being the centre of that care. Holistic care is based on the fundamental principles of human rights and ethical treatment¹². According to the declaration of Alma-Ata of 1978, primary health care requires and promotes maximum community and individual self-reliance; furthermore, participation in the planning, organisation, operation and control of primary health care should make the fullest use of local, national and other available resources. To this end, it develops through appropriate education the ability of communities to participate¹³.

Self-determination and full participation of all members of a community in choosing how their resources are distributed to ensure fair, equitable treatment is a core value in good care. The most appropriate approach to care is one which values people with life-threatening illnesses as the centre and owners of their own care – as people with the lived experience, expertise and solutions to meet their own needs. To achieve the larger goals of justice and equity, it is imperative that a community acknowledges and addresses people living with HIV and AIDS (PLHIV) and those living with other life-threatening illnesses as active agents in the planning and implementation of their own care, support and treatment²⁴.

No one should have to face their diagnosis, care and treatment, and the possibility of illness and death, alone. While individual members of the community must be at the centre of the care process, they should also be surrounded by family, friends and members of the local community, who they need and deserve to have, to support them in their care and treatment processes. The community in turn should provide support and resources both to the individual being cared for and to one another. For sustainability of services, it is essential to enable people at different levels and settings of care to act collaboratively in service provision in order to ensure effective use of scarce resources.

⁹ Mpanga Sebuyira L, Mwangi-Powell F, Pereira J, Spence C. ‘The Cape Town Palliative Care Declaration: Home-Grown Solutions for Sub-Saharan Africa’, in *Journal of Palliative Medicine*. June 2003, 6(3): 341–3.

¹⁰ Korea Declaration on Hospice and Palliative Care, March 2005. Available at www.hospicecare.com/resources/pain_pallcare_hr/docs/Korea_Declaration.pdf

¹¹ Gywther L (2007). ‘Palliative Care as a Human Right’. Presentation at the 2nd APCA Conference: Palliative care: Making it real. 19–21 September 2007, Nairobi, Kenya.

¹² Karpf T, Ferguson JT, Swift R, Lazarus JV (eds) *Of the WHO Regional Office for Europe 2008. Restoring Hope: Decent Care in the midst of HIV and AIDS*. Palgrave Macmillan: London, UK.

¹³ Declaration of Alma-Ata International Conference on Primary Health Care, Articles IV and VII, Alma-Ata (Kazakhstan), USSR, 6–12 September 1978. www.who.int/hpr/NPH/docs/declaration_almaata.pdf

Therefore quality care is provided by health care workers who:

- Endeavour to maintain the dignity of the patient, their caregiver/s and family
- Work with the strengths and limitations of the patient and their caregiver/s and family to empower them in managing their own situation
- Act with compassion towards the patient and their caregiver/s and family
- Consider equity in the accessibility of services and in the allocation of resources
- Demonstrate respect for the patient, their caregiver/s and family
- Advocate on behalf of the expressed wishes of patients, caregiver/s, families and communities
- Are committed to the pursuit of excellence in the provision of care and support
- Are accountable to patients, caregiver/s, families and the community¹⁴.

In order to ensure that high-quality, patient-focused and evidence-based services are available to meet patient needs, health care professionals should also:

- Follow established practice standards and requirements for quality management, such as leadership and governance, human resource management, safe practice, information management and continual quality improvement
- Adhere to professional and organisational codes of practice and ethics
- Reflect on and evaluate current practice, and incorporate new evidence into protocols, policies and procedures
- Participate in continuing professional development in the knowledge, attitudes and skills required to deliver quality palliative care as this relates to the standards in this document¹⁵.

Competent care providers should be able to demonstrate all the values outlined above in their practice, and the core competencies provide a guide in developing and using the values in service provision.

3.5 Basic ethical principles in palliative care

The ethics of care require a delicate balance between the conventional practice of medicine and the wishes of the patient, appreciating that each human situation is unique. Not only should treatment options and likely outcomes be considered, but also patient values, hopes and beliefs. Patients and families must be properly informed to make appropriate treatment decisions and help reset the goals of care at all stages of illness. Four basic ethical principles¹⁶ must be observed in the provision of palliative care services: autonomy, beneficence, non-maleficence and justice.

The respect for autonomy recognises the right and ability of an individual to decide for him/herself, based on his/her own values, beliefs and life span. The patient's decision should be informed and well-considered, reflecting his/her values. It is acceptable, for example, that a patient refuses certain therapy according to that patient's religious beliefs. Many factors interfere with the expression and appreciation of the patient's preferences: compromised competence of the patient, the stress of illness, difficulty of comprehension, etc. Respect for autonomy implies truth-telling and an exchange of accurate information about status, goals of care, options and expectations.

¹⁴ Palliative Care Australia (2005), Standards for Providing Quality Palliative Care for all Australians. PCA Australia.

¹⁵ Ibid.

¹⁶ Ibid.

Beneficence requires the prevention or removal of harm, while doing or promoting good. It implies that the health care team should do positive acts in maximising the benefits of treatment. Examples include: delivering effective and beneficial treatments for pain or other symptoms; providing sensitive support; and assisting patients and their families in any way possible.

Non-maleficence supposes that 'one ought not to inflict harm deliberately'. Violation of this concept may include offering information in an insensitive way, providing inappropriate treatment of pain or other symptoms, continuing aggressive treatment when it is not suitable to the patient's condition, providing unwanted sedation, or withholding or withdrawing treatment.

Justice relates to fairness in the application of care. It implies that patients receive care to which they are entitled medically and legally. Justice can be translated into 'give to each equally' or 'to each according to need' or 'to each his due'. The principle of justice implies a consideration for a common good and for society.

Observing these four ethical principles provides a foundation for effective care which strives to meet the needs of patients and their families. The principles have also provided a foundation for the development of the core competencies, which must ensure that ethical care is provided to patients and their families at all levels and all settings of care.

CHAPTER4:

ABOUT THE CORE COMPETENCIES FRAMEWORK

4 About the core competencies framework

Core competencies in palliative care represent the essential knowledge, skills and attitudes that an individual is expected to possess in order to perform a task or set of tasks effectively in a specified field or context. Competencies are attitudinal/behavioural and are useful for describing the individual's quality in relation to the demands of the tasks that they are required to perform¹⁷. They provide building blocks for effective palliative care practice and the use of an overall holistic approach to care provision.

Competencies are developed through focused teaching or training/practice. They are usually defined by a social group whose expectations are shaped by their identity within that group; they therefore relate to social norms. Being expressed in terms of quality, a competency has implications for measurable demonstration of its mastery by that individual.

4.1 How the competency framework was developed

The process of the development of a framework of core competencies for palliative care in Africa was a comprehensive one. It was based on building consensus, reviewing existing competencies from around the world, and linking in with other ongoing collaborations for competency development along with the development of the APCA standards for palliative care in Africa. Experts from across the region, as well as international experts, have been involved in the development–and-review process.

The thinking behind these competencies draws on the work of APCA, the Canadian Hospice and Palliative Care Association (CHPCA), Palliative Care Australia (PCA), the European Association of Palliative Care (EAPC), and the End-of-Life Nursing Education Curriculum (ELNEC). The relevant work has been reviewed by experts at various stages during development. Therefore, the competencies included in the framework reflect input from experts from across the region and internationally.

4.2 Domains of competency

There are numerous ways of organising competencies into domains. Some organisations group competencies according to generic skill areas, others use the patient journey, while others use aspects of interaction¹⁸. APCA has chosen to organise the competency framework in line with the principles used in the *APCA Standards for Providing Quality Palliative Care across Africa*. This will facilitate easy reference for service providers who are using those standards to improve their services and workforces so that they can easily identify the relevant competency areas. It also links in to the structure of the *APCA Palliative Care Core Curriculum: Introductory Course in Palliative Care*, thus providing consistency across the resources. See Appendix A for a table which cross-references the APCA resources.

¹⁷ Larkin P (2009), 'Critical complexity – guidelines for clinical competencies in palliative nursing: a global perspective'. Report from the International Working Group on Palliative Nursing Education, Rome.

¹⁸ Scottish Partnership for Palliative Care (2007), *A Guide to Using Palliative Care Competence Frameworks*. NHS Education for Scotland.

It should be noted, that the domains are interrelated and some competencies could be found in more than one domain; however, for ease of use and to avoid repetition they have only been included under one domain. The domains and their related competency areas are summarised in Table 1. Each of the domain areas has several specific competencies, and these are presented in section 5.

It is recognised that there are specific competencies needed for providing palliative care for children. However, since the competency areas are the same as for adults, APCA has opted to integrate them. Thus, in the competency framework there is not a separate domain called ‘Children’s palliative care’ – the competencies for children’s palliative care can be found in the relevant competency areas under the other domains.

Table 1: Domains and competency areas

Domain – as per the principles of APCA's Standards for Providing Quality Palliative Care across Africa	Competency areas
Organisational management	<ul style="list-style-type: none"> • Management and leadership • Integration of palliative care in the health care system • Service development
Holistic care provision	<ul style="list-style-type: none"> • Philosophy and practice of palliative care • Organisation of care • Access to care • Patient and family education • Collaboration and networking • Quality of life • Communication in palliative care • Pain and symptom management • Disease-specific conditions and opportunistic infections • Psychosocial care • Spiritual and cultural care • Care of special needs populations • End-of-life care • Grief, loss and bereavement care • Ethical care, human rights and legal support • Inter-disciplinary teamwork • Self care
Education and training	<ul style="list-style-type: none"> • Advocacy • Professional education
Research and management of information	<ul style="list-style-type: none"> • Research and audit • Monitoring and evaluation (clinical and educational)
Children's palliative care	<i>Children's palliative care has been integrated into holistic care provision</i>

4.3 Levels of competency

The level of knowledge and practical abilities that are needed by an individual will vary according to their formal role, the setting in which they are working, their level of responsibility, the degree of their involvement within an inter-disciplinary team, and the amount of involvement with patients and their families. Therefore, the competencies are divided into levels of expertise. These levels reflect the expertise that is expected of palliative care providers in light of the variables above.

- **Basic competency level:** Basic-level competencies are the minimum competencies that are expected of the different cadres following an introductory training in palliative care that is accompanied by support supervision and mentorship from more experienced care providers.
- **Intermediate competency level:** Intermediate-level competencies are those that care providers would be able to display after having undertaken further training, having had the opportunity to practise in their respective field and having had mentorship support from expert palliative care providers.
- **Specialist competency level:** Specialist-level competencies represent those that would be demonstrated by someone who has undergone formal specialist training in palliative care, has extensive practical experience, and is able to take responsibility for a service or programme, train and offer expert support and mentorship for other care providers within their own team and outside, and can take an active role in palliative-care-related research and advocacy.

It is important to note that the levels are simply a guide and there is some flexibility between them. The assumption is made that care providers will build upon their competencies as they become more experienced and specialised.

The levels of expertise should not be confused with the levels of service provision (primary/secondary/tertiary). Levels of expertise refer to an individual's knowledge, skills and abilities, whereas levels of service provision are defined by the complexity of the services delivered by a health care system.

The levels of expertise may be of use for those planning health services as they decide the level of knowledge, skill and attitude that their staff will need to possess in order for them to work at the particular service level. It should be noted that the three levels of expertise (competency) do not necessarily correspond directly to the three levels of service provision. Service providers need to ensure they have the right mix of staff with an appropriate level of competency for their particular role and the services that are offered. A suggested level of competency at the levels of service delivery is presented in Table 2. This is aligned with the WHO-recommended network of palliative care teams that should be in place at the various levels of health care.

Table 2: Service levels and required level of competency

Service level	WHO-recommended palliative care personnel for the given level of health care ¹ (adapted)	Competency (knowledge, skills and attitudes) level suggested
Community level	Community leaders, traditional healers, and family caregivers who are trained to provide basic home-based care, and who are supervised by primary-care-level nurses.	Basic
Primary-care level	Nurses trained in basic palliative care who are supervised by a relevant professional at the district level and who train and supervise community care givers and families	Basic
Secondary-care level	Specialist palliative care team members: physician, nurse who supervises primary health-care clinics, part-time social worker, and pharmacist	Basic to Intermediate
Tertiary-care level	Specialist palliative care team members: physician, nurse, part-time social worker and pharmacist. All health care workers dealing with life-threatening illness provide basic palliative care and are supervised by the specialist team.	Intermediate to Specialist Basic

Whilst initially developed for nurses, it is felt that the competency levels can be applied across the range of palliative care providers – e.g. doctors, clinical officers or medical assistants, and allied or social care providers. Within the African context, the roles of community health workers and care providers are key to the provision of palliative care; hence a level of competency for community care providers working under the supervision of professional care providers has been included.

4.4 Adapting the framework to the local context

The provision of quality palliative care relies on the work of an inter-disciplinary team. Each cadre has a unique contribution to make to palliative care. However, the roles of a particular cadre vary from country to country depending on the structure of the health care system. So, for instance, in some countries nurses are able to prescribe opioids, while in others they are not. For this reason, the competencies are presented in a framework divided by professional care providers (doctors, nurses, clinical officers, social workers, spiritual care providers and others) and community care providers, but they are not further specified for each cadre. It will be the work of each country/institution to select the appropriate competencies from the framework for each of the cadres in their service/training programmes.

As the primary mode of palliative care service delivery in Africa is home-based care (HBC), which is predominantly dependent upon community care providers, it is imperative that African palliative care providers ensure that the HBC services provide an acceptable standard of patient palliative care. For this reason, APCA has included competencies for community care providers. These too should be adapted for the local context, choosing/adapting the most relevant knowledge, skills and behaviours/abilities that are needed for quality palliative care services locally.

4.5 How to use the competency framework

The competency framework can be used in a variety of ways by different stakeholders in order to build quality into palliative care service provision and education. Some guidelines for each group of stakeholders are set out next.

Policy makers

Policy makers may find the competencies useful as they set out their national and local strategies for palliative care provision, especially as they think through the scheme of work, deployment and motivation issues for specialist palliative care providers. Core competencies therefore provide a guide for planning palliative care workforce-related strategies.

Managers of palliative care services

Competencies can be an effective human resource planning and management tool for those who are responsible for workforce planning and managing staff. The competencies can be used to guide the planning of the mix of skills that are needed to provide quality palliative care in a given setting.

The competencies can also be used to inform the job profiles for the professionals that are to be recruited, as well as to set objectives and for performance management. Competencies relate to the expected standards of attitude/behaviour, skill and knowledge that are expected from each of the palliative care team members. As they are measurable, they can be used as the basis for measuring performance and identifying areas for future staff development. For this to be effective, there must be clear agreement on the competencies that are expected of the staff member, as well as consistent feedback provided to staff on the degree to which they have or have not displayed the specific competencies set out in their job profile for their level. A competency audit-tool template has also been developed to support individual assessment against the competencies, with the aim of identifying areas that require improvement.

Individuals providing palliative care

The competencies are foremost and above all for the professionals and community care providers who are providing palliative care. It provides them with a clear indication of the attitude/behaviours, skills and knowledge which are required of them by their organisation in the provision of quality services to patients and their families as well as the wider team involved in care. By conducting regular competency audits, they can also identify areas for further professional development.

Educators

The competencies can serve to guide the development, monitoring and evaluation of training curricula and education programmes. By having a clear understanding of the attitude/behaviour, skills and knowledge that are desired of professionals providing palliative care, it is possible to develop, monitor and evaluate a competency-based curriculum and education programme that can support palliative care providers to develop these skills during their training. APCA has developed a competency-based core curriculum for an introductory course in palliative care in Africa, which is aimed at developing some of the competencies to the basic level. However, countries and teaching institutions (including centres of excellence for palliative care) can work further to develop or review their existing curricula to ensure the development of competencies from basic to intermediate and specialist levels.

CHAPTER 5:

CORE COMPETENCIES FRAMEWORK FOR PALLIATIVE CARE PROVIDERS IN AFRICA

5 Core competencies framework for palliative care providers in Africa

5.1 Competencies for professional palliative care providers

‘Professional palliative care providers’ here covers doctors, clinical officers, nurses, social workers, pharmacists, psychologists, spiritual workers and other professional grades.

Domain I: Organisational development

Competency statement: The individual is aware of the organisational philosophy, vision, mission and objectives and uses them to guide practice at all times.

DPI.I Management and leadership			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the principles and concepts of management and leadership and their importance to development of palliative care services • Understands the relevant organisational policies and procedures for staff management • Knows the importance of the effective use of resources • Understands the vision and mission of the organisation • Understands the roles of governance, leadership and management in own setting • Understands the basic principles of mentorship and supervision • Understands policies that define recruitment, induction, appraisals and staff development 	<ul style="list-style-type: none"> • Provides clear leadership at the operational level • Plans monitoring processes for effective use of resources • Able to communicate the organisational vision and mission to all stakeholders • Ensures that the vision and mission are documented and known to staff and community care providers • Demonstrates an alignment of personal values with organisational values • Works with other staff to develop organisational policies and procedures and updates them accordingly • Illustrates approaches for effective use of organisational resources • Provides support supervision and mentoring to community care providers • Plans recruitment, induction, appraisals and staff development 	<ul style="list-style-type: none"> • Sensitive • Respectful • Non-discriminatory
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to develop policies and procedures that govern the organisation. 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Supports effective use of policies and procedures that govern the organisation. 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Responsible • Has integrity • Demonstrates leadership

DPI.I Management and leadership			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<ul style="list-style-type: none"> • Understands the principles of monitoring organisational resources. • Knows how to set up a system for effective resource utilisation • Knows how to monitor the effective use of resources • Understands how to plan and organise activities, emphasising delegation • Appreciates the role of mentorship and understands approaches for mentoring those supervised 	<ul style="list-style-type: none"> • Manages a system for effective resource utilisation and monitoring. • Plans and organises activities, emphasising delegation where need be • Mentors those whom they supervise 	<ul style="list-style-type: none"> • Self-driven • Convincing • Empowering • Validating
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to influence change in an organisation for effective delivery of services • Understands the theory and tools for resource planning (human, financial and physical) • Recognises that there are times when a leader needs support from others 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Provides leadership on relevant organisational changes • Manages the services being provided • Develops plans for human, financial and physical resources • Ensures all staff receive mentoring, and supports others to become mentors • Supports ongoing quality improvement • Seeks support from others when necessary 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Supportive • Visionary • Inspiring

DPI.1 Management and leadership			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<ul style="list-style-type: none"> • Knows how to develop and implement guidelines regarding recruitment and performance appraisal • Understands advanced mentorship techniques that can be used to support all staff 	<ul style="list-style-type: none"> • Provides vision and influences change in all areas of palliative care development • Provides leadership for the review of policies and procedures, and updates them accordingly • Develops and implements guidelines regarding staff performance appraisal 	

DPI.2 Integration of palliative care in the health care system			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Knows the meaning of health systems • Has an understanding for palliative care concepts and principles • Understands the different models of palliative care and how they can be integrated into health systems • Aware of the key stakeholders and their role within the health system in own setting • Knows the importance of integrating palliative care in own setting within wider health care system 	<ul style="list-style-type: none"> • Assesses opportunities and gaps for palliative care integration into own setting and wider health services • Supports the development of appropriate models of integration • Creates local awareness for palliative care services among patients and their families, thus creating a conducive environment for access to services 	<ul style="list-style-type: none"> • Sensitive • Respectful • Supportive • Persuasive

DPI.2 Integration of palliative care in the health care system			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to plan for the integration of palliative care into different aspects of own programme and the wider health care system • Understands the best-practice models for different health care settings • Understands who else is important in realising an integrated approach to health care 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Advocates for palliative care integration in own setting • Plans for the integration of palliative care into different aspects of the health care system in own setting and wider services • Identifies and recommends best-practice models for integration into different health care settings – e.g. home and hospital, rural and urban • Influences key stakeholders to integrate palliative care 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Demonstrates leadership • Facilitative • Analytical • Influential
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands advocacy approaches and tools • Knows how to develop, discuss and implement strategies for the scale-up of best-practice models and new palliative care interventions in all settings 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Advocates for the integration of palliative care into the formal health sector • Develops and implements strategies for the scale-up of appropriate best-practice models and new palliative care interventions in all settings 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Credible • Has integrity • Persuasive • Is a change agent • Consistent

DPI.2 Integration of palliative care in the health care system			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<ul style="list-style-type: none"> • Knows how to evaluate the provision of palliative care and identify lessons learnt • Recognises the role of evidence in influencing palliative care integration 	<ul style="list-style-type: none"> • Evaluates the provision of palliative care, identifies lessons learnt and applies these to new and differing situations • Uses evidence to influence palliative care integration 	

DPI.3 Service development			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the need for palliative care services • Understands the elements needed to develop a stand-alone and/or integrated palliative-care service • Understands how to conduct a basic analysis to identify gaps in holistic palliative care services and opportunities for development • Knows what services are being provided by other providers in the area • Understands the local health system 	<ul style="list-style-type: none"> • Identifies gaps in own palliative care service provision and knows where and how to refer patients to meet these needs • Develops and implements palliative care activities within their own department/service • Liaises with other services in the community to ensure appropriate referral and linkages 	<ul style="list-style-type: none"> • Team player • Demonstrates leadership • Collaborative

DPI.3 Service development			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the importance of, and the process for, making referrals • Understands the value of integrated services • Knows about lessons and experiences of others who have developed similar services 	<ul style="list-style-type: none"> • Develops palliative care as an integrated service rather than a parallel service • Uses lessons from others who have developed services before 	
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to implement, monitor and evaluate activities to address gaps and improve service delivery at own service • Understands the processes for developing and sustaining palliative care services (whether stand-alone or integrated) 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Implements, monitors and evaluates activities to address gaps and improve service delivery at own service • Recommends and supports additional services to address gaps in palliative care provision in the wider health service 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Motivated • Creative • Persistent
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows what the important elements are for palliative care services at all levels • Knows how to plan and implement activities to improve service provision, ensuring collaboration and networking amongst different organisations 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Develops palliative care services at the regional level • Supports the development of palliative care services at smaller units 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Innovative • Visionary

DPI.3 Service development			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<ul style="list-style-type: none"> • Knows how to lead the development and improvement of holistic palliative care services • Has in-depth knowledge of and links with other service providers in the region 	<ul style="list-style-type: none"> • Leads the development and improvement of holistic palliative care services across collaborative networks 	

Domain 2: Holistic care provision

Competency statement: The patient and family have access to holistic and quality palliative care which responds at the location of their choice.

DP2.1 Philosophy and practice of palliative care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic level	<ul style="list-style-type: none"> • Understands the definition of palliative care • Understands holistic needs of palliative care patients and their families • Defines palliative care using local languages in order to help patients and their families appreciate it and consequently begin to utilise the service • Aware of palliative care principles and the components of holistic care 	<ul style="list-style-type: none"> • Applies the palliative care principles and approaches in own setting • Integrates the missing or weaker components of palliative care in own setting • Supports the strengthening of skills and abilities for delivery of palliative care in own setting • Identifies skills and abilities required to implement palliative care practices 	<ul style="list-style-type: none"> • Communicative • Respectful • Passionate • Self-driven • Demonstrates leadership • Sensitive • Team player

DP2.1 Philosophy and practice of palliative care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic level	<ul style="list-style-type: none"> • Demonstrates an understanding of different palliative care models • Understands the different skills that are required in order to deliver holistic care, and understands the concept of inter-disciplinary teams in palliative care 		
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to select and use age-appropriate holistic assessment tools • Understands their own role and the roles of others in the inter-disciplinary palliative care team • Knows how to document procedures for follow-up on adherence • Aware of how to provide support to nurses and clinical officers as they holistically assess and manage pain for patients and their families • Understands how to document referral networks 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Assesses and manages the holistic needs of adults and children • Works in an inter-disciplinary team to provide holistic palliative care to patients and their families • Documents care and follow-up procedures • Supports other team members to document care • Provides support supervision to other members of the inter-disciplinary team as they holistically assess and manage the needs of patients and their families • Coordinates care 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Inspirational • Facilitative • Supportive • Mentor

DP2.1 Philosophy and practice of palliative care			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands complex needs in palliative care and the services that can address these • Understands the complexity of health systems • Understands how to design programmes for the integration and implementation of palliative care • Aware of advocacy techniques that can be used to support inclusion of palliative care in policy at the national level • Understands the principles of developing and evaluating palliative care standards • Knows who the key policy makers, decision making bodies, community leaders and other stakeholders are at the regional and national level 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Provides specialised palliative care for patients and their families especially those with complex needs • Designs programmes for the integration and implementation of palliative care using the most appropriate model • Advocates for the inclusion of palliative care in policy at the national level • Takes the lead in developing and evaluating palliative care standards • Networks with policy makers, decision making bodies, community leaders and other stakeholders to integrate palliative care in their activities • Supports navigation of complex health systems 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Visionary • Analytical • Influential

DP2.2 Organisation of care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the basic principles around patient assessments • Appreciates the value of patient care plans • Demonstrates an understanding of the palliative care plan and its importance • Understands the principles of care entry points for admission to palliative care services • Identifies needs and opportunities for referral 	<ul style="list-style-type: none"> • Develops basic patient care plans that include physical, psychological, social and spiritual needs • Discusses the palliative care plan with the patient and their family • Communicates the basic concepts of care entry points with patients • Includes palliative care in the care plans for patients who need it • Documents the implementation of the care plan • Uses the different models to ensure that patients receive appropriate care within their settings • Makes patient referrals and follow-up as required • Coordinates patient care 	<ul style="list-style-type: none"> • Empathetic
Intermediate	<p>Basic Level <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands how to plan and set up comprehensive palliative care services • Knows how to use relevant tools to assess the effectiveness of a palliative care service • Can identify changing needs and circumstances of patients and their families and knows how to plan and adapt services to meet the changing needs 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Plans for and sets up comprehensive palliative care services • Works with others to assess the effectiveness of a palliative care service • Plans and adapts services to meet the changing needs and circumstances of patients and their families 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Reflective • Supportive

DP2.2 Organisation of care			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<ul style="list-style-type: none"> • Knows how to monitor and lead a team to ensure that they follow and update patients' palliative care plans • Demonstrates in-depth knowledge of how to effectively communicate with patients and their families • Understands holistic needs arising from each palliative care plan 	<ul style="list-style-type: none"> • Ensures all the team members are following and updating patients' palliative care plans • Implements care plans in accordance with each patient's preference, allied to professional and medical ethics • Communicates the importance of, and information about, a care plan to the patient and their family for their informed decision • Supports meeting of all needs in the care plan by an inter-disciplinary or multi-skilled team • Coordinates referral and follow-up for all needs to be met 	
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands advanced and complex patient needs and the need to include these in a care plan • Knows how to develop guidelines and protocols of care that are consistent with the policies and procedures of the organisation • Knows how to formulate policies on the establishment and implementation of palliative care services • Understands how to conduct an assessment of areas in the organisation of care which will be used to formulate policies 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Includes complex patient and family needs in care plans • Supports team members to develop a feasible palliative care plan • Leads the process of developing guidelines and protocols for organisational care • Formulates policies for the establishment and implementation of palliative care services • Leads the assessment to identify areas in the organisation of care which will be used to formulate protocols 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Self-driven • Visionary

DP2.2 Organisation of care			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<ul style="list-style-type: none"> • Knows how to initiate and promote discussions on the development of organisational care guidelines and protocols • Knows how to lead regular, effective palliative-care team meetings to discuss and adjust patient care plans • Understands how to monitor the implementation of care plans and to provide feedback to team members • Knows how to supervise and mentor team members to review and update care plans and to make appropriate referrals 	<ul style="list-style-type: none"> • Promotes discussion of the development of organisational care guidelines and protocols • Leads regular inter-disciplinary team meetings which discuss patient-care-related challenges and solutions • Monitors the implementation of care plans and provides feedback to team members • Supervises and mentors team members to review and update care plans and to make appropriate referrals 	

DP2.3 Access to care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the importance of coordinated palliative care services • Understands the network of service providers within the setting of care • Recognises the role of collaboration, networking and referral in promoting access to palliative care services 	<ul style="list-style-type: none"> • Provides basic palliative care services • Plans sensitisation programmes on palliative care for local stakeholders – both professionals and community care providers • Establishes referral networks and appropriate tools • Organises referrals appropriately within the network of services available • Evaluates referrals through follow-up and feedback processes 	<ul style="list-style-type: none"> • Sensitive • Respectful • Collaborative • Demonstrates leadership

DP2.3 Access to care			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the public health approach to palliative care • Is aware of the existing referral system • Recognises the importance of support supervision in palliative care service provision 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Provides comprehensive palliative care services • Plans access to care programmes using the public health approach • Organises seamless referrals • Arranges mentorship and support supervision for professional and community care providers • Acts as a resource for mentorship and support supervision • Responds appropriately to referrals from the existing network of services 	<ul style="list-style-type: none"> • Basic level <i>plus</i>: • Facilitative • Motivating • Supportive
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands own role in a seamless referral system • Knows the elements of effective referrals • Recognises access to care as an important measure of effective and quality palliative care services 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Manages a documented system of patient and family referrals and feedback • Provides mentorship to professional and community care providers to establish and maintain effective referral networks • Measures, documents and disseminates the impact of care on patients and their families • Leads quality improvement activities 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Demonstrates leadership • Team player • Decisive

DP2.4 Patient and family education			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the basic principles of palliative care • Knows how to deliver one-on-one patient/family education sessions • Understands issues with regard to self care and patient support • Is aware of the scope of patient and family information needs 	<ul style="list-style-type: none"> • Refers to evidence while practising palliative care • Applies learning from continuing professional development sessions into daily practice • Facilitates patient and family access to simple education materials on palliative care 	<ul style="list-style-type: none"> • Knowledgeable • Facilitative • Confident
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to identify palliative care training needs for patients and their families in their own setting • Understands best practices supporting patients and family to learn the skills needed to care for the patient • Knows how to plan sessions and educate others about patient and family needs in palliative care 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Educates the patient and the family with regard to self care and issues around the provision of palliative care in an appropriate manner based on identified education needs • Articulates best practices supporting patients and family to learn skills needed to care for the patient • Plans sessions and educates others about patient and family needs in palliative care • Develops simple education materials on palliative care for use by patients and their families 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Communicative • Reflective

DP2.4 Patient and family education			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the principles and usefulness of information, education and effective communication in palliative care • Understands how to draw on research and literature to influence specialist and advanced clinical practice • Understands how to evaluate the impact of patient and family education and revise according to impact and need 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Develops comprehensive education materials on palliative care for use by the patient and their family e.g. patient information leaflets • Draws on research and literature to influence specialist and advanced clinical practice • Develops palliative care education materials for patients and families • Evaluates the impact of patient and family education and revises according to impact and need 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Analytical • Creative

DP2.5 Collaboration and networking			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the value of collaboration and networking in palliative care • Knows how to fill in patient records • Knows how to develop partnerships and collaborations • Aware of service networks within the local setting • Knows the roles and work of existing and potential collaborations or networks 	<ul style="list-style-type: none"> • Works collaboratively within the organisation • Keeps basic patient records and provides relevant information when referring a patient elsewhere • Maintains good relationships with existing collaborative networks • Identifies potential collaborative partnerships for networking • Initiates collaborative relationships 	<ul style="list-style-type: none"> • Honest • Open • Respectful • Sensitive • Professional • Team player • Sharing • Compliant

DP2.5 Collaboration and networking			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to initiate and monitor the provision of palliative care as part of the continuum of care, including referrals • Understands how to identify gaps in collaboration and referral systems • Knows how to complete and organise comprehensive written patient records, including the documentation, assessment, management and evaluation of care • Understands how to create an effective system for managing and following up on referrals at all levels of care • Understands approaches for stakeholder engagement • Understands the process, approaches and tools used in effective communication and collaboration with stakeholder networks • Appreciates the changing environment and needs of collaborating networks • Understands the importance of coordinated collaborative relationships • Knows the value of effective partnerships • Appreciates the varying information needs for partners 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Initiates and monitors the provision of palliative care as part of the continuum of care, including referrals • Identifies gaps in collaboration and referral systems • Keeps comprehensive written patient records, including documentation of the assessment, management and evaluation of care • Creates an effective system for managing and following up on referrals at all levels of care • Involves collaborators in relevant organisational activities and events • Shares relevant information with collaborating networks • Develops a communications strategy with collaborative networks • Keeps a register of collaborative networks • Develops a memorandum of understanding (MoU) or terms of reference (ToR), as necessary, to guide effective management of key relationships • Conducts a regular analysis of collaborations in light of changing environment and needs • Coordinates networks and collaborations • Coordinates effective referrals to network organisations • Supports mentorship and training on effective networking for professional and community care providers • Develops simple information materials for partners, based on 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Cooperative • Organised

DP2.5 Collaboration and networking			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the added value of collaboration and networking and how to build networks • Knows how to support the integration of palliative care into alternative settings through networking and collaboration • Knows how to initiate and influence policy at all levels for the purposes of fostering effective palliative care services • Understands how to manage and audit a system for effective written record keeping and referral documentation • Knows how to build and maintain relationships with external organisations to enhance patient referrals • Understands the importance of stakeholder consultations and involvement 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Uses networking and collaboration principles to support the integration of palliative care into alternative settings through networking and collaboration. • Initiates and influences policy at all levels for the purposes of fostering effective palliative care services • Manages and audits systems for effective written record keeping and referral documentation • Builds relationships with external organisations to enhance patient referrals • Engages in stakeholder consultations on matters of interest • Responds to stakeholder concerns in a timely manner • Resolves conflicts which may arise with collaborators • Shares updates on important developments with collaborators • Develops comprehensive information materials for partners, based on their needs 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Collaborative • Influential • Approachable

DP2.6 Quality of life			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the role of palliative care in improving the quality of life of patients with life-threatening illness and their families • Aware of the difference between curative and palliative care • Demonstrates an understanding of how palliative care enhances the quality of life 	<ul style="list-style-type: none"> • Differentiates palliative care from curative care and plans to integrate palliative care into their practice • Explores with the patient and family what impacts their quality of life and their priorities • Plays a role in enhancing patients' quality of life based on those patients' priorities and preferences 	<ul style="list-style-type: none"> • Empathetic • Reflective • Sensitive • Respectful • Self-aware • Ethical • Professional
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the meaning and dimensions of quality of life in palliative care • Knows the appropriate palliative care therapeutic interventions, such as holistic pain and symptom management 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Demonstrates the role of palliative care in improving quality of life, rather than providing a cure, for patients and their families as the disease progresses • Applies appropriate therapeutic interventions such as holistic pain and symptom management • Works in close collaboration with other team members to support the quality-of-life decisions of the patient and their family • Acts as a link with other team members to support the quality-of-life decisions of the patient and their family 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Facilitative • Collaborative • Communicative

DP2.6 Quality of life			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the principles and techniques of support supervision for professional care providers • Knows how to use appropriate techniques to support the patient and their family in coming to terms with the focus of care shifting from cure to quality of life. • Understands the importance of access to palliative radiation and palliative chemotherapies • Understands the best approaches to support those who find the shift from curative to palliative care difficult (particularly with regard to complicated cases) 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Provides support supervision to professional care providers • Supports the patient and their family in coming to terms with the focus of care shifting from cure to quality of life. • Ensures availability of palliative radiation and palliative chemotherapies at the local site, or provides a clear procedure of referral for access to such treatments 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Supportive • Empathetic • Teacher

DP2.7 Communication in palliative care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the basic skills of effective communication in palliative care • Recognises the outcome of effective communication (or a lack of it) with patients and their families, whether good or bad news • Understands the information needs of patients with life-threatening illnesses, and their family members or carers • Understands how to use basic communication skills in palliative care to communicate effectively with children • Knows the different communication approaches for patients who do not use commonly used languages • Understands the basic methods of how to verify patient/family understanding of palliative care information • Appreciates patient fears with regard to life-threatening illnesses • Appreciates patient and family ethnic, cultural and religious backgrounds 	<ul style="list-style-type: none"> • Applies basic communication skills in communicating and sharing information with patients and their families on any situations, good or bad • Identifies the basic information needs of a patient and their family, especially in important areas such as disclosure, diagnosis, prognosis and transition to palliative care • Addresses patient and family information needs and makes an appropriate referral for complex needs to be met • Applies appropriate communication skills to address children and special needs populations • Uses different communication approaches to address language barriers • Probes and allays patient's fears and concerns with regard to life-threatening illness, and advises on resources available to counter these • Reflects on the effectiveness of their own communication skills, strengthens these and mitigates weaknesses • Builds rapport with patients, families, health professionals and community care providers • Educates family members on how to communicate well with the patient and care providers • Respects patient's and family's ethnic, cultural and religious values and practices • Allows patients and families to express their emotions – e.g. crying 	<ul style="list-style-type: none"> • Sensitive • Observes patient confidentiality • Respectful • Honest • Patient • Empathetic • Compassionate • Supportive • Shows integrity • Assertive • Reflective • Self-aware • Creative • Consistent • Reliable

DP2.7 Communication in palliative care			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to use effectively tools that can facilitate the restoration of family relationships that may have soured due to illness • Appreciates the importance of documenting important communications • Understands the techniques of effective communication and how to communicate with patients (adults and children) and their families in delivering difficult information • Knows how to support patients and their families through the uncertainties caused by life-threatening illnesses • Knows what information to share with patients with life-threatening illnesses and their families • Knows basic counselling skills 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Provides helpful tools and facilitates the restoration of family relationships that may have soured due to illness • Documents important communications • Discusses disease progression and end-of-life care with the patient and family • Communicates effectively with team members, patients and their families by delivering difficult information honestly and clearly • Supports patients and families through uncertainty, using knowledge of the impact of a life-threatening illness and its treatment to discuss care options and coping strategies • Provides patients (adults and children) and their families with clear, relevant, timely and honest information regarding the illness and the care options • Applies basic counselling skills – e.g. mediation skills – in facilitating challenging situations such as breaking bad news 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Confident • Influential • Demonstrates leadership

DP2.7 Communication in palliative care			
Competency level	Knowledge	Skills	Attitude/behaviour
	<ul style="list-style-type: none"> • Knows how to conduct family meetings • Understands the importance of communicating evidence-based palliative care information • Appreciates the unique nature of communication with children 	<ul style="list-style-type: none"> • Identifies and deals with issues on the patients' agenda that may potentially lead to psychological morbidity, referring to colleagues as appropriate • Acts as a link between referrals to ensure that patients access all the care they need • Uses family meetings to identify and meet a patient's and their family's information and care needs • Initiates research into effective communication in palliative care • Discusses issues of palliative care with the general public, policy makers and the media • Uses appropriate techniques to communicate with children – e.g. through drawing, story telling 	
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to analyse complex patient situations and share insights with others • Understands advanced communication and counselling skills for facilitating complex situations • Knows which communication techniques can best be used to reach policy makers and other stakeholders 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Analyses complex patient situations and shares insights with others • Applies advanced communication and counselling skills in addressing complex situations • Uses appropriate communication techniques to approach policy makers and other stakeholders to incorporate palliative care in health policies 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Influential • Analytical • Facilitative • Collaborative

DP2.7 Communication in palliative care			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<ul style="list-style-type: none"> • Has an in-depth understanding of effective communication skills • Understands the elements needed to foster positive inter-disciplinary team relationships • Knows the importance of guidelines for communicating with patients and families, especially on difficult issues such as death and dying 	<ul style="list-style-type: none"> • Mentors junior staff in effective communication and counselling skills • Creates an environment which allows inter-disciplinary teams to develop positive relationships • Develops guidelines for communicating with patients and families on difficult issues 	

DP2.8 Pain and symptom management			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the domains of pain – physical, psychological, social and spiritual – and the interaction between each of them • Understands the common symptoms in adults and children in palliative care • Understands the basic principles and tools for pain and symptom assessment and control • Knows how to document pain and symptom assessments • Understands the different types and causes of pain and symptoms 	<ul style="list-style-type: none"> • Holistically assesses pain and symptoms in adults and children using appropriate tools • Manages pain and symptoms in adults and children by prescribing medication (or referring, as appropriate), utilising the principles of the WHO analgesic ladder or using known non-pharmacological interventions • Identifies other sources of pain apart from physical pain using age-appropriate tools 	<ul style="list-style-type: none"> • Understanding • Empathetic • Responsive • Confident • Believes the patients when they say something hurts • Thorough

DP2.8 Pain and symptom management			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the different medications that can be used to address pain and symptoms • Understands the referral pathways for managing pain and symptoms • Understands basic non-pharmacological interventions that can be used to address pain and symptoms • Appreciates the role of patients in the accurate assessment and management of pain and symptoms 	<ul style="list-style-type: none"> • Involves the patient in pain and symptom assessment and management • Makes appropriate referrals for further pain management 	
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to analyse the pathophysiology of pain and its therapeutic implications • Knows how to undertake a comprehensive assessment of pain and symptoms • Has knowledge of how to access pain medications • Knows when to consult with colleagues • Understands how to identify complex symptoms and make referrals to tertiary-level services for advanced management • Is aware of non-pharmacological interventions for pain management • oneself on pain and symptom management 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Analyses the pathophysiology of pain and its therapeutic implications • Identifies complex symptoms, including pain • Treats and makes referrals to tertiary-level services for advanced management • Assesses and manages pain – including complex pain issues – in adults and children in a holistic manner, and describe pain syndromes • Provides to patients and their families non-pharmacological interventions of pain management 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Analytical • Communicative • Responsive

DP2.8 Pain and symptom management			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<ul style="list-style-type: none"> Understands how to apply the principles of symptom control, diagnose, and care for patients with the diagnosed symptoms Understands the importance of including a patient's pain and symptoms in the care plan Appreciates the role of inter-disciplinary CPE (continuing professional education) in updating 	<ul style="list-style-type: none"> Applies the principles of symptom control, diagnoses, and cares for patients with the diagnosed symptoms Provides patients and their families with clear information on available interventions to manage symptoms and pain Ensures patient access to pain medications Consults other members of the inter-disciplinary team when necessary Includes pain and symptoms in the patient care plan Coordinates continuing education sessions on pain and symptom control 	
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Knows how to undertake the effective assessment, diagnosis and management of complex symptoms in palliative care Knows how to assess and manage complex pain in adults and children using a holistic approach Understands the principles of the WHO analgesic ladder, including the use of morphine and adjuvant analgesia in complex pain management. 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Demonstrates effective assessment, diagnosis and management of complex symptoms in palliative care Uses appropriate tools to assess complex pain in adults and children using a holistic approach Trains and mentors less experienced care providers in pain assessment and management 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Team player Supportive Facilitative Analytical Empowering Demonstrates leadership

DP2.8 Pain and symptom management			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<ul style="list-style-type: none"> • Has a sound understanding of the use of non-pharmacological interventions in pain management • Understands the role of nutrition and hydration in palliative care and the appropriateness of this at different stages of disease trajectory • Knows how to identify emotional, social and spiritual needs and understands how to address them as part of holistic management of symptoms • Knows the importance of supporting and mentoring other members of the inter-disciplinary team to effectively manage complex pain and symptoms • Knows how to facilitate referral for specialised interventions in the control of complex pain and symptoms – e.g. to radiation services • Knows the importance of evidence-based practice in effective pain and symptom control 	<ul style="list-style-type: none"> • Demonstrates effective practical application of the WHO analgesic ladder, including the use of morphine and adjuvant analgesia in complex pain management • Demonstrates skills in the provision of non-pharmacological interventions in pain management • Applies a sound clinical knowledge of the role of nutrition and hydration in palliative care and their implications in the different stages of disease trajectory • Provides emotional, social and spiritual support as part of the holistic management of symptoms • Supports and mentors others to effectively manage complex pain and symptoms • Facilitates referrals to specialised interventions such as radiation therapy to treat complex pain and/or symptoms • Conducts and shares evidence on pain and symptom control with the inter-disciplinary team and other stakeholders 	

DP2.9 Disease-specific conditions and opportunistic infections (OIs)			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the value for appropriate management of OIs in disease-specific conditions • Knows the various guidelines for the screening and management of disease-specific OIs • Understands other disease-specific issues that affect palliative care patients • Understands the appropriate therapies for diseases such as HIV and AIDS, and the pathways for access to treatment • Understands the side effects of ART (antiretroviral therapy) and how this can be managed • Understands common OIs that occur with life-threatening illnesses such as HIV and AIDS • Understands referral pathways and linkages that can support the treatment of OIs • Appreciate the importance of education on OIs to primary care providers of patients • Aware of the changing and dynamic approaches for investigating and managing OIs 	<ul style="list-style-type: none"> • Carries out the basic screening and management of disease-specific OIs in accordance with relevant guidelines • Makes referrals for further investigation and management of complex OIs • Identifies patients in need of ART and refers appropriately • Initiates ART treatment or supports ongoing treatment • Identifies and manages any side effects of ART and other treatments for OIs • Assesses common OIs for patients at risk • Uses referral pathways to support patient care in relation to OIs • Educates the primary care providers of patients on OIs and how to make appropriate referrals for management • Supports patients on other select treatments, such as radiation therapy, chemotherapy etc • Accesses up-to-date information on the management of OIs 	<ul style="list-style-type: none"> • Non-discriminatory • Sensitive • Non-judgemental • Responsive • Respects patient confidentiality • Supportive

DP2.9 Disease-specific conditions and opportunistic infections (OIs)			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the relevance of the principles of palliative care in the management of disease-specific OIs arising from HIV and AIDS, cancer and other chronic conditions • Understands how to thoroughly assess and manage OIs in adults and children • Understands the holistic needs of the patient and family at different stages of disease progression and the importance for disclosure • Knows appropriate treatments for disease-specific OIs • Knows how to prevent OIs 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Applies the principles of palliative care in the management of disease specific OIs arising from HIV/AIDS, cancer and other chronic conditions • Performs a thorough assessment of OIs by patient history and physical examination • Carries out holistic management of OIs in adults and children, including psychosocial and spiritual issues • Makes appropriate referral to tertiary services for the relevant investigation and management of complex OIs • Administers disease-specific treatments • Supports the prevention of OIs 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Collaborative
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the pathology of the different conditions, its implications for the disease process and palliative care, and takes appropriate clinical decisions • Understands the pathophysiology of opportunistic infections in HIV and AIDS 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Analyses the pathology of the different conditions, its implications for the disease process and palliative care, and takes appropriate clinical decisions • Analyses the pathophysiology of opportunistic infections in HIV and AIDS • Assesses and manages OIs, including complex ones 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Analytical • Teacher • Facilitative • Empathetic

DP2.9 Disease-specific conditions and opportunistic infections (OIs)			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<ul style="list-style-type: none"> • Has an in-depth understanding of how to assess and manage OIs, including complex ones • Knows the strategies that contribute to the improvement of care for patients with HIV and AIDS • Understands the pathophysiology of ART and supportive treatments, including related complex issues • Knows how to analyse complex clinical data and information • Knows how to develop a facilitative relationship with patients and their families • Has an excellent understanding of the tools and approaches available to carry out holistic assessments • Knows how to support access to other specialised treatments such as radiation therapy • Understands potential overlapping toxicities, drug interactions and possible immune reconstitution 	<ul style="list-style-type: none"> • Takes advantage of opportunities to share their knowledge through teaching and mentoring others to effectively screen and manage OIs • Recommends strategies that contribute to the improvement of care for those with HIV and AIDS • Discusses the pathophysiology of ART and supportive treatments, including related complex issues and reactions • Analyses complex clinical data and information to inform diagnosis and decision making • Develops a facilitative relationship with patients and their families to involve them in decision making • Undertakes holistic assessments of psychological, cultural, social and ethical issues that affect patients' and their families' well-being, care and treatment • Ensures patient access to other specialised treatments such as radiation therapy • Considers potential overlapping toxicities, drug interactions and possible immune reconstitution in deciding treatment 	

DP2.10 Psychosocial care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the psychological and social needs of a patient and their family (including children) and the impact of these needs on quality of life • Understands the range of patient and family needs embedded in psychosocial issues • Understands the methods for undertaking a basic assessment of patients' and families' psychosocial issues • Knows the role of basic communication and counselling skills in effective psychosocial care for both children and adults • Knows where to refer patients with more complex psychosocial needs • Knows the basic support that patients should be given to address psychosocial issues • Recognises the interplay between individuals, families and communities, and the importance of that interplay in patient care • Knows the practical approaches that are relevant for easing the social burden placed on a patient and their family due to a life-threatening illness 	<ul style="list-style-type: none"> • Initiates conversations with patients and their families to explore the social and emotional impact of illness • Undertakes a basic assessment of the psychosocial needs of the patient and their family • Provides basic psychosocial support and makes appropriate referrals for the management of more complex needs • Educates families and the community on the psychological and social impact of illness and death • Demonstrates basic communication and counselling skills that assist the patient (whether adults or child) and their family to address the emotional and social impact of the illness • Acts as a resource for patients and families • Demonstrates awareness of their own reactions to patients' situations through self-reflection 	<ul style="list-style-type: none"> • Self-aware • Conscious of stigma • Supportive • Empathetic • Reflective • Approachable • Having excellent interpersonal skills • Compassionate • Honest • Accepting • Respectful • Ethical and professional • Sensitive • Non-judgemental

DP2.10 Psychosocial care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the impact that stigma can have on the overall outcome of care and on quality of life for patients and their families • Knows that psychosocial interventions need to be documented 	<ul style="list-style-type: none"> • Coordinates practical support for patients and families in meeting psychosocial needs • Explores and addresses the presence of stigma and discrimination relating to the illness, both within and outside the family • Maintains the autonomy of patients and their families, including respect for their dignity and their opportunity to exercise choice • Documents psychosocial interventions 	
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Recognises the importance of supervision of psychosocial care by a relevant member of the inter-disciplinary team • Knows how to conduct a thorough assessment and management of psychosocial needs • Understands how to manage mental health issues • Has an in-depth knowledge of the complex health care and social care systems • Understands advanced counselling techniques 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Ensures that psychosocial care is supervised by a relevant member of the inter-disciplinary team • Conducts a thorough assessment of psychosocial needs • Recognises and initiates the management of mental health conditions • Ensures that psychosocial needs are included and being addressed in the holistic care plan • Supports patients and their families to navigate through the health care and social care systems • 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Assuring • Confident • Committed • Genuine

DP2.10 Psychosocial care			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<ul style="list-style-type: none"> • Understands the importance of family meetings in assessing and managing relationship needs • Knows the value of a clearly designed psychosocial programme in achieving holistic care • Knows how to assess and manage distress • Understands the importance of knowing the family's strength and vulnerabilities in planning care • Knows the importance of family and community awareness of the support needs of adults and children with life-threatening illnesses 	<ul style="list-style-type: none"> • Applies advanced counselling skills that assist the patient (whether adult or child) and their family to address the emotional and social impact of their illness • Conducts family meetings in collaboration with the patient and their family in dealing with relationship issues • Supports the designing of a psychosocial care programme that includes the management of referrals • Assesses and manages distress using appropriate tools • Uses the family's strengths and vulnerabilities in planning appropriate psychosocial care • Initiates awareness programmes for the community on the needs of children and adults with life-threatening illnesses • Supports and mentors other members of the inter-disciplinary team in meeting patients' and families' psychosocial needs 	

DP2.10 Psychosocial care			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to manage complex mental health issues • Has in-depth understanding of the mental health needs of children and adults • Understands the key elements needed for effective psychosocial programmes/interventions • Knows how to undertake a detailed holistic assessment and to undertake management of advanced emotional and social difficulties • Knows the usefulness of clinical guidelines for the management of psychosocial issues • Understands the importance of evidence-based practice in psychosocial care 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Manages complex mental health issues • Designs services that take into account mental health needs of patients (adults and children) • Leads the design of effective psychosocial programmes/interventions • Undertakes detailed holistic assessment and manages advanced emotional and social difficulties • Adapts clinical practice guidelines for the management of psychosocial symptoms • Manages necessary consultations for complex emotional and social issues • Leads advocacy efforts for the inclusion of emotional and social issues in care and training programmes • Performs auditing and evaluation of psychosocial care 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Analytical • Highly ethical and professional

DP2.11 Spiritual and cultural care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the meaning of spiritual and cultural care • Understands spiritual and cultural issues that affect patients with life-threatening illnesses • Understands assessment tools and procedures for the basic assessment of spiritual needs • Is aware of referral pathways for addressing spiritual needs • Understands when to initiate discussions on spiritual issues with patients • Knows the implication of spiritual and cultural beliefs on a patient's and their family's perception of illness and death • Understands patients' and families' backgrounds, beliefs, rituals and practices • Understands the wider spiritual needs of patients with life-threatening illness, and those of their families • Is aware of own spiritual needs and in what ways these differ from those of a patient and their family 	<ul style="list-style-type: none"> • Recognises the spiritual and cultural needs of patients and families, and offers basic support • Makes appropriate referrals for complex spiritual needs to be met • Collaborates with spiritual care providers so that patients and families have access to them if required • Initiates discussion to explore spiritual and cultural beliefs surrounding illness and death • Initiates discussions to explore the spiritual and cultural beliefs and needs of the patient and their family • Reflects on own spiritual and cultural beliefs and how these may have an impact on their work • Adapts and includes simple questions on spirituality in patient assessment tools to guide discussion of spiritual issues • Learns from patients and their families about their background, beliefs, rituals and practices, and respects these • Documents spiritual care interventions 	<ul style="list-style-type: none"> • Respectful • Reflective • Self-aware • Supportive • Showing integrity • Non-judgmental • Not imposing own beliefs • Sensitive

DP2.11 Spiritual and cultural care			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to identify certain beliefs and practices which may affect treatment • Knows how to provide appropriate support and referral for specialist care when necessary • Knows how to use advanced counselling techniques • Knows the importance of including spiritual care in the patient's care plan • Understands the relationship between a patient's and their family's spirituality and their stage of grief • Is aware of the cultural and spiritual needs of children • Is aware that the cultural and spiritual needs of patients and their families override their own needs 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Works with patients and their families to identify what their particular beliefs and practices entail, and takes them into account during treatment • Incorporates identified spiritual and cultural needs into the care plan • Provides appropriate support and referral when necessary to the spiritual care provider of the patient's choice • Supports the patient and their family to identify their spiritual and cultural needs through skilled counselling • Draws on a patient's and their family's spirituality in supporting them through their grief • Adapts appropriate approaches for supporting children's cultural and spiritual needs 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Communicative • Patient • Approachable • Analytical

DP2.II Spiritual and cultural care			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the different models of spiritual and cultural assessment and care • Knows where to refer patients and their families for appropriate spiritual and cultural support • Knows how to manage complex spiritual and cultural needs in collaboration with relevant care providers • Knows where to seek guidance to reflect on own spirituality • Appreciates the value of evidence of spiritual and cultural care • Knows how to educate others on cultural and spiritual issues within palliative care 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Fosters and implements a culturally and spiritually sensitive environment of care • Supports the implementation of different models of spiritual and cultural assessment and care • Identifies and elicits appropriate spiritual and cultural support for patients and the family • Manages complex spiritual and cultural needs in collaboration with relevant care providers • Explores, respects and supports the fulfilment of a patient's wishes on important personal matters – e.g. where the patient wishes to die • Discusses with patients and families any cultural beliefs and practices that may be dangerous to their well-being • Creates time for guided reflection on own spirituality and how this may influence care for others • Leads research on spiritual and cultural care • Designs education programmes which include spiritual and cultural issues 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Collaborative

DP2.12 Care of special needs populations			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the common palliative care needs of children and adolescents according to their developmental stages • Understands the circumstances of patients with special needs and their families, and appropriate referral pathways • Is aware of any potential prejudice and bias on special needs populations such as prisoners • Knows the appropriate means of managing care for special needs populations • Understands the non-discriminatory nature of life-threatening illnesses 	<ul style="list-style-type: none"> • Assesses the common palliative care needs of children and adolescents according to their developmental stages, and addresses them accordingly • Assesses the palliative care needs of other unique groups and undertakes referral as appropriate • Assesses and provides basic care for unique groups, fostering a supportive environment • Identifies the needs of unique populations in the communities and refers appropriately • Establishes and maintains relationships with institutions of special needs populations • Adapts a flexible approach to care provision which aims to meet the needs of potentially highly vulnerable patients • Seeks support and supervision in dealing with potential prejudice and bias • Uses an appropriate means of managing care for special needs populations – e.g. involvement of peers • Pays attention to the decision-making and care delivery process, which is supported by other agents such as authorised guardians, while keeping the needs of the patient as the primary focus. 	<ul style="list-style-type: none"> • Non-judgemental • Confident • Trustworthy • Accepting • Flexible • Sensitive • Self-aware • Attentive • Conscious of stigma in some special needs populations

DP2.12 Care of special needs populations			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the challenges faced by care providers caring for unique groups • Understands the holistic care needed for unique groups with palliative care needs. • Understands basic advocacy tools and approaches • Understands how basic psychosocial interventions can support unique groups 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Provides support for professional care providers caring for unique groups • Works with other team members to put in place models of service delivery, including a mobile component to cater for mobile populations • Acts as a resource for other team members to put in place models of service delivery, including a mobile component to cater for mobile populations • Provides holistic care for unique groups with palliative care needs • Enters into formal relationships with institutions for special needs populations and supports care provision • Advocates for the development of palliative care services for these unique groups 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Collaborative • Innovative • Creative • Empathetic
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands how to integrate the needs of unique populations into palliative care training programmes • Knows how to assess services to ensure holistic care for unique groups • Understands communication links within the institutions for special needs populations 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Integrates the needs of the unique populations in palliative care training programmes • Identifies and recommends improvements within the services provided for special needs populations, to ensure holistic care for them • Supports institutions for special needs populations in their development of palliative care programmes within their institutional health care programmes 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Facilitative • Engaged

DP2.12 Care of special needs populations			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<ul style="list-style-type: none"> • Knows the legal, ethical and human rights needs of special needs populations • Understands the key elements of palliative-care/psychosocial interventions and programmes which can address unique and individualised needs 	<ul style="list-style-type: none"> • Leads the creation of a network database or directory which assists referrals for people with special needs to access services • Plays a role in the integration of legal, ethical and human rights issues into care for special needs populations • Designs palliative-care/psychosocial interventions or programmes for those with unique and individualised needs • Documents best practices in palliative care for special needs populations 	

DP2.13 End-of-life care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the issues around death and dying for patients in palliative care • Understands issues around dignity and death • Knows how to provide care for dying patients • Understands the relevant teams who can support the patient and their family, and knows how to work with such teams 	<ul style="list-style-type: none"> • Discusses issues of death and dying with patients (adults and children) and their families, given that they represent a stage along the continuum of care • Works closely with other service providers to ensure that patients die in peace and dignity 	<ul style="list-style-type: none"> • Respectful • Sensitive • Supportive • Communicative • Collaborative • Empathetic

DP2.13 End-of-life care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Recognises signs of dying and imminent death • Knows how to communicate with patients at the end of life, as well as their families 	<ul style="list-style-type: none"> • Acknowledges, respects and supports patients' wishes relating to their death and cultural practices • Provides basic care and support for the dying and the family members within their preferred setting. • Applies basic communication and counselling skills to effectively communicate and support adults and children facing the end of life, as well as their families 	
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to assess, document and manage symptoms in a dying patient • Understands ethical issues related to death and dying • Knows how to discuss issues of death and dying with patients (adults and children) and family 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Assesses, documents and manages symptoms in dying patients • Identifies and addresses ethical issues related to death and dying • Provides care and support based on the wishes of patients and their families • Supports bereaved family members and caregivers in adjusting to the loss of their loved one 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Observant • Honest

DP2.13 End-of-life care			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to manage challenging and complex situations in relation to a dying patient and their family • Knows how to advocate for the integration of the issues of death and dying into health care systems • Understands the legal needs and psychosocial interventions of dying patients (adults and children) and their families 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Manages challenging and complex symptoms and situations in relation to dying patients and their families • Advocates for the integration of issues of death and dying into health care and health education • Provides legal and psychosocial support to dying patients (adults and children) and their families • Supports other care providers in providing care to the dying and their families within sites/hospitals and communities • Makes advice and guidance available to patients, family members and care providers in relation to end-of-life issues • Takes a lead on establishing good practice for end-of-life care and the evaluation of such care 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Articulate • Highly ethical and professional

DP2.14 Grief, loss and bereavement care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Is aware of the grief and bereavement needs of a patient (whether child or adult) and their family • Understands the expected emotional reactions to living with a life-threatening illness and loss, and is able to explain and normalise this process with the family • Understands how to provide emotional support to a patient (whether adult or child) and their family, referring to other inter-disciplinary team members as appropriate • Understands the principles of supportive listening to help bereaved adults and children adjust to their grief • Knows how to use bereavement support tools • Is aware of own grief 	<ul style="list-style-type: none"> • Identifies the grief and bereavement needs of patients (children and adults) and the families • Explains and normalises to patients and their families the emotional reactions related to life-threatening illness and loss • Provides emotional support to patients (adults and children) and their families, referring to other inter-disciplinary team members as appropriate • Applies supportive listening to help bereaved adults and children adjust to their grief • Educates the family and community about issues relating to death, dying and bereavement • Recognises, and makes appropriate referrals for, families experiencing complicated grief reactions • Explores and respects the wishes, beliefs and practices associated with grief, loss and bereavement of patients and their families, and the wider community. • Deals with own grief separately from that of patients and their families 	<ul style="list-style-type: none"> • Sensitive • Supportive • Empathetic • Non-judgemental • Respectful • Reflective

DP2.14 Grief, loss and bereavement care			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the signs of complicated grief reactions in adults and children • Knows how to use counselling techniques to support and empower families experiencing loss, grief and bereavement • Knows how to undertake a comprehensive assessment of grief and bereavement needs 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Identifies signs of complicated grief reactions in adults and children and undertakes appropriate management or referral • Undertakes a comprehensive assessment of grief and bereavement needs and manages complex situations • Applies counselling skills to support and empower families experiencing loss, grief and bereavement • Initiates programmes to raise awareness in the community of chronic illness and bereavement 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Resourceful • Empowering
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the stages, phases and tasks of grief and bereavement • Knows how to support integration of this component in health care services, programmes and research • Knows how to develop guidelines for providing grief and bereavement support to the patient, their family and other care providers • Understands how to identify future care options for the bereaved (adults and children) 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Assesses and manages complex grief and bereavement needs, including complicated grief reactions • Adapts and coordinates a bereavement programme • Recommends the integration of grief, loss and bereavement support in health care services, programmes and research. • Develops guidelines for providing grief and bereavement support to patients, their families and other care providers • Identifies future care options for the bereaved (adults and children) • Evaluates and audits grief, loss and bereavement care 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Analytical • Influential • Responsive

DP2.15 Ethical care, human rights and legal support			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Is aware of the legal, human rights and ethical issues involved in palliative care and the options available to adults and children • Knows how to initiate conversations with patients and their families on the need for a will and/or further legal support • Understands the unique legal and human rights issues faced by children and their families • Understands the need to practise within legal and ethical frameworks in palliative care • Aware of the network of resources available to support patients and families in meeting legal, ethical and human rights needs 	<ul style="list-style-type: none"> • Provides basic support in meeting legal needs • Respects the decisions of the patient and family members (within the law) on difficult ethical questions • Initiates conversations with patients and their families on the need for a will and/or further legal support • Recognises the unique legal and human rights issues faced by children and their families, and makes appropriate referrals • Practises within legal and ethical frameworks in palliative care • Works with other care providers to protect and advance the rights of patients • Helps patients to understand their rights • Documents legal, ethical and human-rights-related interventions 	<ul style="list-style-type: none"> • Respectful • Articulate • Ethical • Collaborative • Trustworthy • Non-discriminatory
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands legal and ethical issues that can affect clinical decisions in palliative care • Understands how to communicate with patients and their family members on difficult ethical issues 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Makes appropriate clinical decisions that demonstrate an understanding of legal and ethical issues in palliative care • Leads conversations with the patient and family members on difficult ethical issues 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Non-judgemental • Supportive • Responsible • Demonstrates leadership

DP2.15 Ethical care, human rights and legal support			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<ul style="list-style-type: none"> • Knows how to explore and address the ethical issues in palliative care practice • Understands how to support patients and their families to work through difficult ethical decisions • Knows how to support other members of the inter-disciplinary team in recognising and managing legal and human rights issues 	<ul style="list-style-type: none"> • Leads team discussions on the ethical issues that they face in palliative care practice • Supports patients and their families to work through difficult ethical decisions • Ensures that legal aspects are included in care plans, clinical protocols, and monitoring and evaluation plans • Supports the development and access to legal and human-rights resources and materials by patients, families and care providers 	
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the key elements needed for clear information, education and communication materials • Understands legal and human-rights issues that affect palliative care policy • Understands the national legal framework that governs issues such as inheritance and will making 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Works with legal practitioners in developing information, education and communication materials on legal, human-rights and ethical issues with regard to palliative care, and interprets laws appropriately • Works with legal practitioners to include legal aspects of palliative care in policy documents • Advocates for the legal rights of people with palliative care needs • Analyses and discusses legal issues and laws relevant to palliative care, such as inheritance and will making, with the patient and family members, and refers as appropriate 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Analytical • Confident • Influential • Mentor • Strategic thinker

DP2.15 Ethical care, human rights and legal support			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<ul style="list-style-type: none"> Understands the basic legal rights of people with palliative care needs 	<ul style="list-style-type: none"> Supports the integration of legal, human-rights and ethical issues in programmes of partner organisations Plans tailored training and mentorship on legal and human-rights issues in palliative care 	

DP2.16 Inter-disciplinary teamwork			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> Understands the different professions that make up the palliative care inter-disciplinary team Is aware of team communication principles Appreciates the different roles of team members Understands how holistic care can be delivered in situations where an inter-disciplinary team is unachievable Recognises own strength and vulnerabilities Understands the importance of the family and community resources in care provision 	<ul style="list-style-type: none"> Promotes quality holistic care provided by an inter-disciplinary team Puts in place effective channels of communication within the caring team and with all others involved in patient and family care Contributes to inter-disciplinary planning and decision making meetings Understands and respects the differing roles and approaches of inter-disciplinary team members Shares relevant and appropriate information with other team members Adapts a multi-skilling approach where necessary Values supervision and support from other team members Recognises and uses family and community as important resources in care provision 	<ul style="list-style-type: none"> Team player Collaborative Flexible Has good interpersonal skills Professional

DP2.16 Inter-disciplinary teamwork			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the principles of team building and how to design activities intended to help patients and their families to benefit from the different skill mix of the team • Knows how to ensure that there is access to other team members with specific skills (such as psychologists, physiotherapists or occupational therapists) through referrals • Understands the methods of fostering collaborative working with other team members • Recognises the best ways to facilitate communication among team members, fostering an inter-disciplinary approach • Knows the value of regular meetings to jointly plan, monitor and evaluate patient care • Understands the need for all team members and partners to have a basic level of knowledge of palliative care 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Initiates team-building activities intended to help patients and their families to benefit from the different skill mix of the team • Ensures that patients and their families have access to other team members with specific skills (such as psychologists, physiotherapists or occupational therapists) through referrals • Fosters collaborative working with other team members • Facilitates communication among team members, fostering an inter-disciplinary approach • Attends regular meetings to jointly plan, monitor and evaluate patient care • Gives communities an opportunity to contribute to the development of care systems and services • Supports other team members and partner organisations in understanding palliative care 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Considerate • Facilitative • Communicative • Supportive

DP2.16 Inter-disciplinary teamwork			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the key elements that are needed for programmes which enhance shared goals, ethos and values vital to the healthy functioning of palliative care teams • Understands how to work in partnership with those providing generalist palliative care to ensure that patients' and their families' complex needs are met • Is aware of professional boundaries and is able to identify the skills of other team members, in order to provide holistic care to patients and their families 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Designs programmes that will enhance shared goals, ethos and values vital to the healthy functioning of palliative care teams • Provides specialised interventions to patients and their families • Provides support to other team members • Works in partnership with those providing generalist palliative care to ensure that patients' and their families' complex needs are met • Harnesses the skills of other team members in order to provide holistic care to patients and their families 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Demonstrates leadership • Enthusiastic • Creative • Reflective • Self-aware • Professional
Specialist	<ul style="list-style-type: none"> • Understands how to formulate policies and procedures for the provision of support to the team • Has an in-depth knowledge of team dynamics • Understands how to influence the integration of palliative care into other specialist teams, as appropriate • Knows the elements needed for effective facilitation and planning 	<ul style="list-style-type: none"> • Participates in the formulation of policies and procedures for the provision of support to the team • Designs and leads team-building activities and meetings • Resolves conflicts within the team skilfully and ethically • Provides palliative care input into other specialist teams as appropriate • Facilitates team planning meetings • Leads the establishment and maintenance of collaborative relationships within and outside the organisation 	

DP2.17 Self care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the signs and symptoms of stress in self and among members of the team • Knows the basic techniques to address stress in self and among members of the team • Knows how to identify manifestations of stress in care providers and in themselves • Recognises the value of team-working in stress management 	<ul style="list-style-type: none"> • Recognises signs of stress in own practice and in team members • Helps team members to identify and address the causes of stress in their work • Supports care providers and other team members regarding self care • Practises stress management techniques in own work • Participates in debrief sessions related to patient care and other team activities such as meetings • Uses personal coping strategies based on own belief systems, lifestyle management and family support 	<ul style="list-style-type: none"> • Self-aware • Reflective • Supportive • Maintains team confidentiality • Has good interpersonal skills • Understanding • Honest • Sensitive
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the self-care needs of team members and care providers • Understands how to advocate for organisations to provide support for care providers • Understands the need to balance work and personal life • Recognises own strengths and vulnerabilities, and the value of having personal coping strategies 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Ensures the availability of services within their own setting which support all team members and provide care for the care providers • Advocates for organisations to provide support for care providers – e.g. through development of a ‘care of the caregiver’ programme, regular debrief sessions etc. • Recognises manifestations of stress in care providers and in oneself during ongoing work with patients in facilities or communities, and makes appropriate referrals for staff and carers to deal with their stress 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Respectful • Resourceful • Influential • Collaborative • Professional • Trustworthy

DP2.17 Self care			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<ul style="list-style-type: none"> Understands the causes of conflict and stress 	<ul style="list-style-type: none"> Balances work and personal life Responds appropriately to the needs of other team members Seeks support and supervision from other team members Resolves conflicts in a healthy and professional manner 	
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Knows how to plan support services for care providers to develop self-awareness and deal with difficult issues and situations Understands how to evaluate the impact of services provided for care providers 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Plans support services for care providers to develop their self-awareness and an ability to deal with difficult issues and situations Evaluates the impact of services provided for care providers Advocates for and leads team-building activities to help team members manage and cope with stress in palliative care Ensures that self care and care for care providers is included in organisational policies, plans and budgets, clinical protocols, and monitoring and evaluation plans Designs and leads the implementation of programmes on self care and care for carers 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Empathetic Creative Demonstrates leadership

Domain 3: Education and training

Competency statement: All professional and community care providers receive initial and ongoing training in palliative care-giving knowledge and skills.

DP3.1 Advocacy			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> Understands the key principles and approaches for advocacy in palliative care Is aware of the key issues that are a challenge to palliative care development Knows who the key players and influential stakeholders are that can support palliative care development 	<ul style="list-style-type: none"> Advocates for the needs of palliative care patients and their families at this level Advocates for palliative care service provision in different settings Educates patients and families on their right to palliative care Educates communities on palliative care 	<ul style="list-style-type: none"> Passionate Persuasive Confident
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Understands how to plan an advocacy strategy and develop tools for the implementation and monitoring of palliative care provision Understands how to make decisions that will position the organisation so it can advocate for palliative care provision Knows how to work with other team members to identify strategies and targets that are appropriate when advocating for palliative care services 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Plans an advocacy strategy and develops tools for the implementation and monitoring of palliative care provision Makes decisions that will position the organisation so it can advocate for palliative care provision Works with other team members to identify strategies and targets that are appropriate when advocating for palliative care services Uses evidence to advocate for palliative care 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Change agent Resourceful Influential Innovative Collaborative

DP3.I Advocacy			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to plan and implement an advocacy campaign within own setting • Understands who are the key stakeholders at the national level who can jointly advocate for palliative care as a human right, for policies for palliative care, and for availability and accessibility of essential palliative care medications • Knows how to influence policy makers and key stakeholders to improve palliative care service provision • Has an in-depth understanding of advocacy tools and strategies used for advocating for palliative care 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Plans and implements advocacy campaigns within own setting • Collaborates with other stakeholders at the national level to advocate for palliative care as a human right, for policies for palliative care, and for availability and accessibility of essential palliative care medications • Influences policy makers and key stakeholders to improve palliative care service provision • Selects and applies appropriate advocacy tools and strategies when advocating for palliative care • Generates evidence for palliative care • Adapts or designs, and disseminates, resources and materials for palliative care advocacy • Leads a situational analysis of palliative care at institutional and national level 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Articulate • Strategic thinker • Demonstrates leadership

DP3.2 Professional education			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Aware of the training needs of other care providers • Understands the basic principles of undertaking a training needs assessment • Knows the different teaching methods that are appropriate for palliative care education • Knows the value of ongoing education and support supervision in palliative care 	<ul style="list-style-type: none"> • Sensitises colleagues, communities and other stakeholders on palliative care • Supports training needs assessments • Plans and delivers continual medical education (CME) sessions for colleagues and others at this level • Selects and uses appropriate teaching methods to educate others about palliative care issues in their jurisdiction • Seeks ongoing education and support supervision in palliative care 	<ul style="list-style-type: none"> • Communicative • Articulate • Reflective • Passionate
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the principles of teaching adult learners through actual teaching/training • Knows how to identify palliative care training needs in own setting • Knows how to monitor and evaluate the impact of palliative care education • Appreciates the importance of monitoring and evaluating the impact of palliative care education • Knows the importance of providing support supervision and mentorship to those trained in palliative care 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Facilitates sessions in palliative care training activities for communities and professionals • Applies the principles of teaching adult learners through actual teaching/training • Identifies palliative care training needs in their own setting • Adapts palliative care training programmes to address needs in own setting • Provides support supervision and mentorship for other care givers • Participates in the monitoring and evaluation of the impact of palliative care education 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Facilitative • Creative • Analytical • Supportive

DP3.2 Professional education			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands all the components needed in effective palliative care training programmes • Understands a competency-based framework • Understands how to use tools to evaluate the impact of palliative care training • Knows how to use effective teaching methods in palliative care institutions • Knows how to conduct the monitoring and evaluation of the impact of palliative care education • Appreciates the value of adapting palliative care education programmes and resources, rather than 'reinventing the wheel' • Understands support supervision and mentorship needs for those trained in palliative care • Appreciates the contribution of evidence to palliative care education 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Adapts competency-based palliative care training programmes • Evaluates the impact of palliative care training and revises according to impact and need • Teaches and supports competency-based palliative care education at tertiary institutions • Works in collaboration with other care providers and educators to adapt specialist palliative care training • Adapts palliative care training materials • Reviews palliative care training programmes and materials • Leads training needs assessments at institutional and national level • Generates and disseminates evidence on palliative care education • Offers highly skilled support supervision and mentorship to those trained in palliative care, at institutional and national level 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Organised • Responsible • Confident • Demonstrates leadership • Mentor

Domain 4: Research and management of information

Competency statement: Service providers are committed to ongoing quality improvement of care through research and audit of service models, care components and quality.

DP4.1 Research and audit			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the value of research in palliative care • Understands the basic concepts of research in palliative care • Knows how to undertake clinical (standards) audits in palliative care 	<ul style="list-style-type: none"> • Participates in the generation of evidence for palliative care – e.g. through data collection • Accesses, reads, evaluates and uses literature and research findings to support palliative care • Utilises effective monitoring and evaluation methods and tools, including report writing • Participates in the development of clinical and audit guidelines in own setting 	<ul style="list-style-type: none"> • Inquisitive • Reflective • Engaged
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to interpret literature and data and apply them appropriately to own workplace • Understands how to initiate and conduct service audits and research intended to improve practice • Knows how to design and implement quality improvement strategies and evaluate their outcome • Knows how to work with team members to ensure that audit and research results are incorporated into service development and implementation 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Interprets literature and data and applies it appropriately to own workplace • Initiates and conducts service audits and research intended to improve practice • Develops and integrates quality improvement activities in programmes, and evaluates their outcome • Works with team members to ensure that audit and research results are incorporated into service development and implementation 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Analytical • Reflective • Communicative • Creative • Compliant

DP4.1 Research and audit			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<ul style="list-style-type: none"> • Knows the importance of involving the population being served in service audits and research • Understands how to design an audit programme for own workplace • Is aware of research and audit compliance requirements at institutional and national levels 	<ul style="list-style-type: none"> • Ensures that the populations served are involved as appropriate in the service audits and/or research undertaken and that they receive feedback • Participates in publishing and disseminating research findings • Ensures that research is conducted in compliance with the existing guidance and legal requirements of national ethical research agencies, and of any additional ethics bodies as required within the country 	
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to develop a research protocol and undertake a research project • Understands how to avail staff with information and resources on research and evidence-based practice • Knows how to appraise literature and data • Understands how to design a research policy and agenda on palliative care for own institution in collaboration with other team members 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Develops research protocols and leads research projects • Avails staff with information and resources on research and evidence-based practice • Appraises literature and data and applies it appropriately, both within own workplace and in the wider palliative care context • Designs a research policy and agenda on palliative care for own institution in collaboration with other team members • Uses evidence to undertake institutional, national, regional and international advocacy for palliative care 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Enquiring • Collaborative • Tenacious/persistent

DP4.1 Research and audit			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist		<ul style="list-style-type: none"> Establishes and maintains strategic collaborative relationships to support palliative care research advancement Leads capacity building of individuals and institutions on palliative care research 	

DP4.2 Monitoring and evaluation (clinical and educational)			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> Understands that meaning of patient outcomes in palliative care Knows how to use the appropriate tools that evaluate the outcome of palliative care in adults and in children Appreciates the need for ongoing quality improvement 	<ul style="list-style-type: none"> Evaluates the outcome of holistic palliative care given to individual patients (adults and children) and their families Participates in identifying and implementing areas of quality improvement in own setting Collects data on all domains of palliative care Supports incorporation of monitoring and evaluation into service development planning Shares critical monitoring and evaluation results with the community being served Documents best practices 	<ul style="list-style-type: none"> Engaged Enquiring

DP4.2 Monitoring and evaluation (clinical and educational)			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<p>Basic level plus:</p> <ul style="list-style-type: none"> • Understands how to use valid tools and methods for evaluating palliative care services and training in own organisation • Knows how to evaluate the outcome of palliative care training programmes 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Uses valid tools and methods for evaluating palliative care services and training in own organisation • Evaluates the outcome of palliative care training programmes • Supports the development of a monitoring-and-evaluation strategy for own organisation 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Compliant • Analytical
Specialist	<p>Basic and Intermediate levels plus:</p> <ul style="list-style-type: none"> • Knows how to undertake the monitoring and evaluation of palliative care programmes in different settings • Understands how to assess, monitor and evaluate the impact of palliative care service provision and training • Knows how to document, interpret and disseminate evaluation results 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Takes a lead in developing monitoring-and-evaluation strategies for palliative care programmes in different settings • Assesses, monitors and evaluates the impact of palliative care service provision and training, and develops services accordingly • Documents, interprets and disseminates evaluation results • Takes a lead in the development and monitoring of strategic plans and accompanying monitoring-and-evaluation frameworks • Advocates for the development of a monitoring-and-evaluation culture to underpin palliative care, both nationally and regionally • Provides mentorship for monitoring and evaluation to other team members 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Organised • Influential • Demonstrates leadership

5.2 Competencies for community care providers

Domain I: Organisational development

Competency statement: The individual is aware of the organisational philosophy, vision, mission and objectives and uses them to guide practice at all times.

DCI.I Management and leadership			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands own role in supporting the organisation to deliver its mission and vision • Knows own immediate supervisor and source of support in the organisation 	<ul style="list-style-type: none"> • Demonstrates an understanding of organisational vision and mission • Seeks support from immediate supervisor in achieving own role 	<ul style="list-style-type: none"> • Compliant • Engaged
Intermediate	Basic level <i>plus</i> : <ul style="list-style-type: none"> • Understands the organisational policies that affect own work 	Basic level <i>plus</i> : <ul style="list-style-type: none"> • Applies organisational policies in own day-to-day work 	Basic level <i>plus</i> : <ul style="list-style-type: none"> • Respectful
Specialist	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> • Knows how to develop guidelines for community work through teamwork 	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> • Contributes to the development of guidelines for identifying patients who require palliative care in their community • Participates in quality reviews of the services of the organisation 	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> • Participative • Collaborative

DCI.2 Integration of palliative care in the health care system			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> Understands how local health systems and structures work and how they support patients' needs 	<ul style="list-style-type: none"> Participates in activities geared to integrating palliative care into local health care systems and structures 	<ul style="list-style-type: none"> Inquisitive Supportive
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Knows how to identify opportunities for palliative care integration into the local health systems and structures 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Identifies aspects of palliative care in communities that are to be integrated into health care systems and structures Advocates for the integration of all components of palliative care into local health systems and structures Reaches out for support from professional care providers, when necessary, during advocacy efforts Plans palliative care sensitisation programmes for communities 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Persuasive Analytical
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Understands how to work with others to formulate guidelines for integrating palliative care into local health care systems and structures Knows the relevant local leaders in palliative care advocacy 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Participates in the formulation of guidelines for integrating palliative care into local health care systems and structures Carries out palliative care sensitisation programmes targeting local leaders 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Advocate and spokesperson

DCI.3 Service development			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Knows the network of services available in the community • Understands the referral pathways 	<ul style="list-style-type: none"> • Articulates to community members the palliative care services available from the network of providers • Identifies and makes appropriate referrals for patients and their families to access relevant services 	<ul style="list-style-type: none"> • Articulate • Respectful
Intermediate	Basic level <i>plus</i> : <ul style="list-style-type: none"> • Knows how to assess gaps and opportunities for service development in the community 	Basic level <i>plus</i> : <ul style="list-style-type: none"> • Communicates gaps identified in services to the palliative care team • Participates in improving services in the community 	Basic level <i>plus</i> : <ul style="list-style-type: none"> • Aware • Observant • Communicative • Collaborative
Specialist	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> • Understands how to facilitate community meetings and discussions on palliative care services 	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> • Leads community meetings and makes recommendations for service development or improvement to professional care-provider teams • Represents own community on relevant service development committees 	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> • Innovative • Facilitative • Confident

Domain 2: Holistic care provision

Competency statement: The patient and family have access to holistic and quality palliative care which responds to their own needs and is available at the location of their choice.

DC2.1 Philosophy and practice of palliative care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic level	<ul style="list-style-type: none"> • Is aware of the basic principles of palliative care • Understands the nature of patients who require palliative care • Understands referral pathways 	<ul style="list-style-type: none"> • Demonstrates an understanding of the basic principles of palliative care • Identifies patients with palliative care needs in the community and makes appropriate referrals 	<ul style="list-style-type: none"> • Supportive • Sensitive to patient needs • Self-driven • Respectful • Non-judgemental
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands basic palliative care interventions • Knows when to ask for support from professional care providers 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Provides basic palliative care to patients with life-threatening illnesses and their families within various communities and health settings • Seeks support from professional care providers when necessary 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Passionate • Considerate • Collaborative
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Has an in-depth knowledge of services offered at different facilities and how they can be accessed 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Supports patients as they navigate a variety of services at different facilities • Discusses service options with patients and their families • Undertakes follow-up with service providers to ensure that patients are accessing their required services 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Facilitative

DC2.2 Organisation of care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Demonstrates an understanding of different palliative care models • Understands all opportunities for referrals • Understands basic care plans for patients 	<ul style="list-style-type: none"> • Shares with the communities the entry point for admission to palliative care service • Makes patient referrals as needed • Undertakes follow-up on referrals made, and provides and maintains relationships with the relevant palliative care teams • Supports the professional teams in implementing patient care plans as required 	<ul style="list-style-type: none"> • Maintains patient confidentiality • Sensitive • Communicative • Respectful
	Basic level <i>plus</i> : <ul style="list-style-type: none"> • Understands how to provide information to the community on the model of care 	Basic level <i>plus</i> : <ul style="list-style-type: none"> • Provides information on the model of care to the community • Maintains communication with a named professional care provider for each patient in a given community or setting • Provides regular feedback to a named professional care provider on the situation of each patient and their family 	Basic level <i>plus</i> : <ul style="list-style-type: none"> • Confident • Collaborative
	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> • Knows how to develop basic service improvements plans 	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> • Formulates recommendations on how community services can be improved 	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> • Analytical • Self-driven

DC2.3 Access to care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> Understands the components of palliative care services and who is eligible for them Understands the local networks and referral systems in place Knows basic nursing skills 	<ul style="list-style-type: none"> Identifies patients needing palliative care services and provides basic services Makes referrals to professional care providers and follows up Supports professional care providers in providing basic care at home, based on the patient's and family's priorities – e.g. escorting a patient to a health facility Acts as the entry point and key contact for professional care providers into the community Supports palliative care activities in the community – e.g. through community sensitisation programmes 	<ul style="list-style-type: none"> Sensitive Respectful Maintains patient confidentiality
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Understands the steps needed to ensure patients are referred appropriately 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Refers patients needing palliative care to local services 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Supportive Communicative
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Understands patient care plans and how to implement them 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Acts as a resource within the network and referral system Provides feedback to professional care providers on the impacts of patient care, in order to support quality improvement 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Compliant

DC2.4 Patient and family education			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the definition of holistic palliative care and services available in own area • Understands the advantages and disadvantages of different approaches to educating patients, families and community members 	<ul style="list-style-type: none"> • Provides basic palliative care information to patients, their families and other team members • Makes referrals for patients and families to obtain more complex information from professional care providers • Delivers messages to patients and wider stakeholders through creative approaches such as music and drama 	<ul style="list-style-type: none"> • Confident • Honest • Collaborative • Knowledgeable • Creative
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the skills needed to care for patients with palliative care needs 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Reflects upon and learns from own practice • Participates in training of family members and carers on basic care for patients 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Reflective • Self-aware • Communicative
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows the various situations where palliative care patients and families may require information • Knows when to seek support from a professional care provider • Appreciates the value of available (and reliable) published information in delivering accurate education sessions 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Provides accurate information to patients and families through education sessions • Draws on support from professional care providers in delivering accurate information when necessary • Uses reliable published information that is available, in order to deliver education sessions 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Articulate • Analytical

DC2.5 Collaboration and networking			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Knows the key local service providers and how they work together • Knows the eligibility criteria for different services 	<ul style="list-style-type: none"> • Supports patients to access different services for different needs 	<ul style="list-style-type: none"> • Has initiative • Reflective
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands how the referral system works • Understands the value of collaboration 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Explains to community members how the referral system works • Provides useful feedback to the professional care providers on the effectiveness of the networking and referral system 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Shows initiative • Articulate
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to introduce the inter-disciplinary team approach of palliative care to other relevant organisations in the community that can support holistic patient care 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Persuades other relevant organisations in the community to adapt and use the inter-disciplinary team approach in service provision 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Facilitative • Collaborative • Persuasive

DC2.6 Quality of life			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> Understands the importance of palliative care in improving quality of life 	<ul style="list-style-type: none"> Explains to own communities the importance of palliative care in improving quality of life 	<ul style="list-style-type: none"> Supportive Sensitive Knowledgeable
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Knows the various interventions that improve quality of life 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Provides basic interventions to address quality-of-life issues Demonstrates best practices in the provision of care that aim to address quality-of-life issues, and acts as a role model 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Respectful Maintains confidentiality Facilitative Empathetic Compassionate
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Understands how to identify patients needing interventions to improve quality of life 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Supports palliative care providers to develop interventions that can improve the quality of life of patients and their families in the community 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Creative Collaborative A role model

DC2.7 Communication in palliative care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> Understands the basic principles of communication in palliative care Understands how to use the basic principles around communicating with children and adults in palliative care 	<ul style="list-style-type: none"> Communicates simple palliative care information orally or in written form Applies appropriate and effective communication skills when dealing with children and special needs populations 	<ul style="list-style-type: none"> Sensitive Maintains patient confidentiality Respectful Empathetic Supportive Compassionate

DC2.7 Communication in palliative care			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Understands how and where to access appropriate palliative care information for the community 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Communicates patient needs and concerns accurately and in a timely fashion to other palliative care team members Acts as a link for the community to other palliative care resource persons in the process of obtaining information Maintains contact with relevant professional care providers 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Resourceful Self-driven
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Knows how to communicate with families in the community about palliative care services 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Raises awareness with families and in the community about palliative care services 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Articulate

DC2.8 Pain and symptom management			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> Understands the common symptoms in adults and children related to palliative care Understands the different types of pain in adults and children Knows the referral pathways for patients needing pain and symptom management 	<ul style="list-style-type: none"> Identifies adults and children presenting common symptoms in palliative care and refers them appropriately Identifies adults and children with pain and refers them appropriately Undertakes follow-up on referrals Provides practical support (within own capability) to patients and families in managing symptoms 	<ul style="list-style-type: none"> Sensitive Maintains patient confidentiality Respectful Honest

DC2.8 Pain and symptom management			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Understands common non-pharmacological interventions that can be used to relieve pain and symptoms in adults and children 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Identifies adults and children presenting complex symptoms and refers them appropriately Demonstrates non-pharmacological interventions to patients and their families 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Empathetic Supportive Responsible
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Understands the principles of basic pain and symptom management 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Provides basic education to patients and their families on common symptoms in palliative care Provides basic education to patients and their families on pain management 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Patient Articulate

DC2.9 Disease-specific conditions and opportunistic infections			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> Understands the basic signs and symptoms of diseases such as HIV, AIDS and TB Understands referral pathways for HIV, AIDS and TB Understands prevention strategies Understands the issues around patient confidentiality and disclosure 	<ul style="list-style-type: none"> Supports team members to identify patients with life-threatening illnesses and refers as appropriate Discusses prevention with family members and carers Applies the principles of confidentiality when dealing with patients and their families Supports patients in their adherence to treatments – e.g. through timely reminders 	<ul style="list-style-type: none"> Non-discriminatory Sensitive Non-judgemental Maintains confidentiality

DC2.9 Disease-specific conditions and opportunistic infections			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	Basic level <i>plus</i> : <ul style="list-style-type: none"> • Knows basic counselling skills and how to support patients in their community 	Basic level <i>plus</i> : <ul style="list-style-type: none"> • Provides basic counselling and support to patients in their community 	Basic level <i>plus</i> : <ul style="list-style-type: none"> • Self-aware • Reflective • Supportive
Specialist	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> • Knows how to transfer basic intervention skills to new community care providers 	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> • Transfers basic intervention skills to new community care providers through the dissemination of knowledge and information 	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> • Patient • Communicative

DC2.10 Psychosocial care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Knows the basic psychosocial issues that affect palliative care patients • Has basic counselling skills to support patients with psychosocial issues 	<ul style="list-style-type: none"> • Recognises patients and families with psychological, social, spiritual and/or cultural needs, and refers them to other levels as appropriate • Uses basic counselling skills when communicating with patients and their families • Works closely with patients' families and community social networks to support patients and their families in meeting basic psychosocial needs 	<ul style="list-style-type: none"> • Self-aware • Conscious of stigma • Supportive • Empathetic • Assuring

DC2.10 Psychosocial care			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands the impact of social and emotional issues brought about by illness and death • Knows how to support patients and their families to cope with the impacts of illness 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Educates patients, families and communities about the emotional and social impacts brought about by illness and death • Provides basic support to patients and their families to cope with the impacts of illness and death • Makes appropriate referrals when necessary 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Confident • Communicative • Collaborative
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to recognise psychological and social needs in patients and communities in care programmes 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Recommends the inclusion of psychological and social interventions in care programmes 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Analytical

DC2.11 Spiritual and cultural care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands how spiritual issues can affect patients with life-threatening illnesses • Knows how to identify spiritual issues faced by patients and their families • Is aware of networks where referrals can be made for patients and families to access spiritual support • Is aware of own spiritual needs and is able to separate these from those of the patient 	<ul style="list-style-type: none"> • Identifies patients with spiritual and cultural issues and refers them appropriately • Respects each patient's and family's background, beliefs, rituals and practices, with no intention to change them but to support them within their context • Separates own spiritual needs from those of the patients, which are the primary focus in offering spiritual support 	<ul style="list-style-type: none"> • Respectful • Reflective • Self-aware • Showing integrity • Non-judgemental • Sensitive

DC2.11 Spiritual and cultural care			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Understands how to communicate about spiritual and cultural issues that may affect the quality of life of patients with life threatening illnesses 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Provides information to family members about spiritual and cultural issues that may affect the quality of life of patients with life-threatening illnesses Provides basic spiritual support, guided by each patient's preferences Makes appropriate referrals for meeting complex spiritual needs 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Not imposing own beliefs Supportive
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Understands basic interventions to address patients' and families' basic spiritual and cultural needs 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Attends to patients' and families' basic spiritual and cultural needs 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Sensitive

DC2.12 Care of special needs populations			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> Understands the definition of 'special needs populations' in palliative care 	<ul style="list-style-type: none"> Works with other team members to identify special/unique groups from communities and refer them to access services Participates in community rehabilitation interventions for special needs populations 	<ul style="list-style-type: none"> Non-judgemental Respectful Accepting Conscious of stigma in some special needs populations

DC2.12 Care of special needs populations			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Understands how to work with other team members providing care to provide support to the unique groups, and how to make appropriate referrals 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Works with other team members providing care to provide support to the unique groups, making referrals as appropriate Initiates community rehabilitation programmes for special needs populations Uses appropriate communication and counselling skills to support families with a patient with special needs 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Empathetic Sensitive Supportive Communicative Understanding
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Knows how to identify palliative care needs of unique groups in the communities Knows how to advocate for the provision of services to special needs populations 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Advocates for access to palliative care by unique groups from the communities Creates awareness at community and service-provider levels on the needs of special groups Advocates for the integration of the requirements of special needs populations in local health systems and services Establishes and maintains relationships with institutions taking care of special needs populations 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Articulate

DC2.13 End-of-life care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the issues around death and dying for patients in palliative care • Understands issues around dignity in death and dying 	<ul style="list-style-type: none"> • Reflects on own understanding of death and dying • Educates communities about dignity in death and dying and the needs of palliative care patients and their families 	<ul style="list-style-type: none"> • Self-aware • Reflective • Respectful
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows the appropriate information to give patients (adults and children) and families about issues of death and dying • Knows the techniques for providing information to patients (adults and children) about death and dying 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Provides appropriate information to patients (adults and children) and families about issues of death and dying 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Non-judgemental • Resourceful • Sensitive
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Knows how to recognise patients (adults and children) approaching their last days 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Recognises patients (adults and children) approaching their last days and refers them to professional care providers as appropriate • Offers basic physical support to patients facing the end of their life, and to their families – e.g. physical presence 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> • Supportive

DC2.14 Grief, loss and bereavement care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> Understands the basic process of grief and bereavement in adults and children Understands the various ways through which people grieve 	<ul style="list-style-type: none"> Recognises the basic signs of bereavement in adults and children and makes appropriate referrals Carries out bereavement support visits to bereaved families Respects patient's and family's grief and bereavement styles 	<ul style="list-style-type: none"> Sensitive Supportive Empathetic Respectful Sensitive
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Knows how to recognise the signs of bereavement in adults and children Understands the various grief responses of patients and families 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Responds appropriately and normalises grief responses Mobilises community support groups that may complement own work in assisting the terminally ill or bereaved Supports bereaved individuals (adults and children) and families in the communities and refers as appropriate 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Non-judgemental Resourceful
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Understands how to provide basic education to patients (adults and children) and their families on bereavement interventions 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Provides basic education to patients (adults and children) and their families on bereavement interventions Recognises and makes relevant referrals for people experiencing complicated grief reactions 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Articulate Patient Analytical

DC2.15 Ethical care, human rights and legal support			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> Understands basic legal and human-rights issues around palliative care 	<ul style="list-style-type: none"> Explains palliative care as a legal and human right Recognises the unique legal and human-rights issues faced by children and their families and makes appropriate referrals Provides simple information to patients, families and communities on legal and human-rights issues in palliative care Identifies palliative care patients and families with legal and human-rights-related needs, and makes appropriate referrals to help those needs to be met 	<ul style="list-style-type: none"> Respectful Confident
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Understands the importance of a will and inheritance and how to write a will Knows the network of legal and human-rights organisations which support patients and families with legal and human-rights needs 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Explains the importance of a will and inheritance to community members Establishes and maintains relationships with legal and human-rights organisations which receive and support palliative care referrals 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Communicative Assertive
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Understands how to organise community workshops with a palliative care team and legal advisers to discuss legal and ethical issues 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Organises community workshops with a palliative care team and legal advisers to discuss legal and ethical issues Advocates for the integration of legal and human-rights issues in local health services 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Collaborative Organised Demonstrating leadership

DC2.16 Inter-disciplinary teamwork			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the different team members that make up the palliative care inter-disciplinary teams • Appreciates the different roles of team members 	<ul style="list-style-type: none"> • Identifies their roles within the inter-disciplinary team • Supports patients to access different team members as needed 	<ul style="list-style-type: none"> • Supportive • Team player • Responsible
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Understands how own role links to the roles of other team members • Knows that the patient, family and community are important partners in palliative care service provision 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Communicates patients' needs effectively with the appropriate team members • Creates and maintains strong links with patients, their families and their community as important partners in care provision • Acts as a link between professional care providers and the patients, their families and their community 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> • Respectful • Works well with others • Considerate • Collaborative

DC2.16 Inter-disciplinary teamwork			
Competency level	Knowledge	Skills	Attitude/behaviour
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Understands the importance of inter-disciplinary meetings to discuss the care of new and existing patients 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Attends and actively contributes to regular inter-disciplinary team meetings to discuss the care of new and existing patients Participates in the team events of own organisation Articulates the needs of community care providers to the professional care providers in the inter-disciplinary team 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Articulate Participative

DC2.17 Self care			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> Understands the importance of self care and where to seek support 	<ul style="list-style-type: none"> Applies the basic principles of self care Seeks for support from professional care providers and fellow community care providers when required Balances care provision with own routines 	<ul style="list-style-type: none"> Self-aware Reflective

DC2.17 Self care			
Competency level	Knowledge	Skills	Attitude/behaviour
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Knows how to identify signs of stress in self and other community care providers and how to seek an appropriate response 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Identifies signs of stress in self and other community care providers and seeks an appropriate response Articulates own needs to the professional care provider who is in charge of his/her work 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Supportive Sensitive Empathetic Honest Articulate
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Knows how to lead sessions with other community care providers on how to manage stress 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Leads sessions with other community care providers on how to manage stress Designs self-care programmes that can be utilised by other community care providers 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Communicative Creative Demonstrating leadership

Domain 3: Education and training

Competency statement: All professional and community care providers receive initial and ongoing training in palliative care to enhance their care-giving knowledge and skills

DC3.I Advocacy			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> • Understands the key principles around advocacy in palliative care • Understands own role in advocacy • Knows the basic challenges of palliative care development 	<ul style="list-style-type: none"> • Demonstrates an understanding of own role in advocating for palliative care in communities 	<ul style="list-style-type: none"> • Passionate • Confident • Demonstrating leadership
Intermediate	Basic level <i>plus</i> : <ul style="list-style-type: none"> • Understands how to advocate for the use of palliative care services in communities 	Basic level <i>plus</i> : <ul style="list-style-type: none"> • Advocates for the use of palliative care services in communities 	Basic level <i>plus</i> : <ul style="list-style-type: none"> • Change agent • Persuasive • Influential
Specialist	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> • Understands the key elements of an advocacy strategy in own setting 	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> • Participates in the development of an advocacy strategy in own setting • Advocates for the setting-up of community-based palliative care programmes that link with health facilities 	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> • Innovative • Resourceful

DC3.2 Professional education			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> Understands the different teaching methods that are appropriate for palliative care education in the community Knows own needs for ongoing education in palliative care 	<ul style="list-style-type: none"> Demonstrates the basic methods to be used to train in palliative care at community level Seeks ongoing training and support supervision in palliative care 	<ul style="list-style-type: none"> Communicative Articulate Reflective Honest Self-aware
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Knows how to facilitate sessions in palliative care training activities for communities 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Facilitates sessions in palliative care training activities for communities 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Confident Respectful
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Knows how to evaluate the outcome of palliative care training provided in communities Understands community needs for palliative care education 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Evaluates the outcome of palliative care training that he/she has provided in communities Supports the adaptation of palliative care training programmes and materials for community care providers 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Analytical Demonstrating leadership

Domain 4: Research and management of information

Competency statement: Community care providers are committed to ongoing quality improvement of care through research and audit of service models, care components and quality.

DC4.1 Research and audit			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> Understands the meaning of service audits and their role in palliative care 	<ul style="list-style-type: none"> Contributes constructive feedback on services during audits of them 	<ul style="list-style-type: none"> Engaged Analytical Enquiring
Intermediate	Basic level <i>plus</i> : <ul style="list-style-type: none"> Understands the value of research in palliative care 	Basic level <i>plus</i> : <ul style="list-style-type: none"> Explains to community members the value of palliative care research Mobilises communities to participate in relevant research Plans feedback sessions for communities from research undertaken Seeks support from professional care providers in own role in research and audit 	Basic level <i>plus</i> : <ul style="list-style-type: none"> Articulate Leadership Collaborative
Specialist	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> Knows how to collect data in the community Understands community needs in palliative care and knows how to identify gaps that exist in services 	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> Participates in community data collection and analysis Articulates community needs and identifies exiting gaps in palliative care services Participates in service development and implementation 	Basic and Intermediate levels <i>plus</i> : <ul style="list-style-type: none"> Engaged Compliant

DC4.2 Monitoring and evaluation (clinical and educational)			
Competency level	Knowledge	Skills	Attitude/behaviour
Basic	<ul style="list-style-type: none"> Knows how to collect basic patient information to inform the development of services 	<ul style="list-style-type: none"> Collects information from communities to inform evaluation exercises Writes and submits simple reports on own activities to the professional care provider in charge of his/her work 	<ul style="list-style-type: none"> Engaged Enquiring Compliant
Intermediate	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Knows how to present collected information from the communities to inform an evaluation 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Presents collected information from the communities to inform an evaluation Supports other community care providers in collecting and submitting basic information Provides feedback to professional care providers on the impacts of service provision in the community 	<p>Basic level <i>plus</i>:</p> <ul style="list-style-type: none"> Articulate Supportive Demonstrating leadership
Specialist	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Understands how to work with the inter-disciplinary team to document and disseminate evaluation results to communities 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Works with the inter-disciplinary team to document and disseminate evaluation results to communities Uses simple palliative care outcome tools to collect data on patients', families' and community satisfaction 	<p>Basic and Intermediate levels <i>plus</i>:</p> <ul style="list-style-type: none"> Motivated Communicative

CHAPTER 6:

COMPETENCY AUDIT TOOL

6 Competency audit tool

APCA recommends that when countries or institutions adapt or adopt this framework to define their own competencies, they should also use an audit tool. The purpose of an audit tool is to enable palliative care providers to analyse their strengths and weaknesses in regard to the competencies that they are expected to demonstrate for their particular role. It can be used for self-assessment or as part of regular performance management. It will help the individual or institution to identify areas that require further development.

6.1 Audit tool template

An audit tool template is shown below. The example below is for a professional care provider for the competency area DPI.I Management and leadership in the domain of organisational development.

Position/Cadre:	Expected competency level:		
Date of review:	Name of staff member:		
Competencies expected for this cadre	Evidence of use of the competency	Score	Action needed
DOMAIN I: ORGANISATIONAL DEVELOPMENT			
DPI.I: Management and leadership			
BASIC level of competency			
Knowledge: <ul style="list-style-type: none"> • Understands the principles and concepts of management and leadership and their importance to development of palliative care services • Understands the relevant organisational policies and procedures for staff management • Knows the importance of the effective use of resources • Understands the vision and mission of the organisation • Understands the roles of governance, leadership and management in own setting • Understands the basic principles of mentorship and supervision • Understands policies that define recruitment, induction, appraisals and staff development 			

Skills:

- Provides clear leadership at the operational level
- Plans monitoring processes for effective use of resources
- Able to communicate the organisational vision and mission to all stakeholders
- Ensures that the vision and mission are documented and known to staff and community care providers
- Demonstrates an alignment of personal values with organisational values
- Works with other staff to develop organisational policies and procedures and updates them accordingly
- Illustrates approaches for effective use of organisational resources
- Provides support supervision and mentoring to community care providers
- Plans recruitment, induction, appraisals and staff development

Attitude/behaviour:

- Sensitive
- Respectful
- Non-discriminatory

Total score for this competency level:

General comment for this competency level:

INTERMEDIATE level of competency – all of Basic level *plus*:**Knowledge:**

- Knows how to develop policies and procedures that govern the organisation.
- Understands the principles of monitoring organisational resources.
- Knows how to set up a system for effective resource utilisation
- Knows how to monitor the effective use of resources
- Understands how to plan and organise activities, emphasising delegation
- Appreciates the role of mentorship and understands approaches for mentoring those supervised

Skills:

- Supports effective use of policies and procedures that govern the organisation.
- Manages a system for effective resource utilisation and monitoring.
- Plans and organises activities, emphasising delegation where need be
- Mentors those whom they supervise

Attitude/behaviour:

- Responsible
- Has integrity
- Demonstrates leadership
- Self-driven
- Convincing
- Empowering
- Validating

Total score for this competency level:

General comment for this competency level:

SPECIALIST level of competency – all of Basic and Intermediate levels *plus*:**Knowledge:**

- Knows how to influence change in an organisation for effective delivery of services
- Understands the theory and tools for resource planning (human, financial and physical)
- Knows how to develop and implement guidelines regarding recruitment and performance appraisal
- Understands advanced mentorship techniques that can be used to support all staff
- Recognises that there are times when a leader needs support from others

Skills:

- Provides leadership on relevant organisational changes
- Manages the services being provided
- Develops plans for human, financial and physical resources
- Provides vision and influences change in all areas of palliative care development
- Provides leadership for the review of policies and procedures, and updates them accordingly
- Develops and implements guidelines regarding staff performance appraisal
- Ensures all staff receive mentoring, and supports others to become mentors
- Supports ongoing quality improvement
- Seeks support from others when necessary

Attitude/behaviour: <ul style="list-style-type: none"> • Supportive • Visionary • Inspiring 			
Total score for this competency level:			
General comment for this competency level:			

6.2 Adapting the competency audit tool template

In order to adapt the competency audit tool template to a national or institutional context, the competencies for each cadre need to be adapted. Once these are defined, the template should be filled in using the agreed local competencies. The adapted template should include all of the domains and the areas (the one above is for one competency area, in domain 1). It is useful to show the three levels (basic, intermediate and specialist) of competency for each area as an individual working at intermediate level might be demonstrating specialist-level competency in a given area. Furthermore, the competencies build on each other, so the intermediate level includes all of the basic competencies as well as additional knowledge, skills and attitudinal/behavioural characteristics, while the specialist level includes all of the basic-level and intermediate-level knowledge, skills and attitudes/behaviours.

6.3 Using the competency audit tool

The audit tool can be used for a self-assessment or as part of a more formal staff performance review. Some key points to consider when using the tool are as follows:

- To do a self-assessment or for use in a formal performance review, the individual will need to have a clear understanding of which competencies are the expected ones for their cadre, and at what level they are expected to operate. The audit tool should contain only the competencies that have been agreed for their role.
- The individual being assessed should complete the form and should bear the following in mind:
 - **Evidence of use of the competency:** This column should be used to provide specific examples of when the person being assessed demonstrated the knowledge, skills and attitude/behaviour for that competency area. This should be as specific as possible.

Score: Reflecting on the examples provided as evidence, a score should then be assigned for each competency where:

- 1** = never demonstrates this competency
- 2** = rarely demonstrates this competency
- 3** = sometimes demonstrates this competency
- 4** = often demonstrates this competency
- 5** = always met this competency.

The total possible score for a given competency area will depend on the number of individual points under knowledge, skills and attitude/behaviour. If there are three attributes under each, the total possible score could then be 45 (3 attributes × 3 levels × 5 points). This maximum will of course vary in line with the number of attributes which have been locally agreed for each of the competency areas.

The scores are there as a guide and to be indicative, but the most important part of the audit is in fact, the reflection on the evidence of when the competencies were demonstrated and the ensuing action points that arise to improve performance. Thus it is important to avoid over-emphasising the value of a particular score.

- **Action needed:** Where there are particular weaknesses in a competency, specific action should be identified that will help overcome these or will help to further strengthen the individual's proficiency in this area. This could include actions such as further training, mentorship, support supervision, access to specific resources, etc. Given the large number of competencies, it is important that the actions agreed are specific, that there are clear ways to measure them, and that they are realistic – there is no point in agreeing a set of actions which are not achievable. So it is important to analyse the time and resources that will be needed and that are realistically available to implement each action.
- If the tool is being used as part of a formal appraisal, once it is completed the individual should meet to discuss it with their immediate supervisor and agree on the action plan.
- Where the audit tool is being used with all members of a team, it may be useful for the manager to analyse the data as a whole to identify any specific competencies where the team as a whole needs additional development. This should be done respecting the fact that individual scores and results are confidential and should not be shared with third parties unless there is explicit agreement from the individuals concerned.

CHAPTER 7:

DEFINITION OF TERMS

7 Definition of terms

Assessment: The comprehensive evaluation of a patient's needs (physical, psychological, social and spiritual) and clinical history. It includes an evaluation of how the illness is affecting the whole family and their care needs.

Bereavement: The state of having suffered a loss and incorporating the period of adjustment in which the bereaved person learns to live with the loss.

Care provider: Anyone who is involved in the care of a patient, whether they be professional care providers, community care providers or family members.

Clinical supervision: A formal process of professional support and learning which enables individual care providers to develop knowledge and skills, assume responsibility for their own practice and enhance patient protection and safety of care. Clinical supervision allows staff to continually improve their clinical practice, develop professional skills, maintain and safeguard standards of practice.

Community: A group of people or organisations that are linked by social ties and interaction, that share common perspectives and values, and that engage in joint action in geographical locations or settings.

Community care provider: Someone (generally from the same community providing care for a patient and their family with supervision from professional care providers, but who does not have a professional qualification recognised by the Ministry of Health – e.g. community health workers, community volunteers, lay care-givers, nursing aides. They will, however, have had some training to prepare them for their role.

Competency: A specified attribute that an individual is expected to possess in order to perform a task or set of tasks effectively in a specified field or context. It is useful for describing that individual's qualities in relation to the demands of the tasks that he or she is required to perform, including knowledge, attitudes and behaviours, and skills. A person who is said to have achieved a given competency needs to have demonstrated that he or she has acquired a particular skill and is able to practise it to an acceptable standard.

Data collection: The process by which information is gathered using specified methods, such as in research.

Education: A programme of instruction of a specified kind or level; an instructive or enlightening experience and should impact knowledge, skills and attitudes. It is concerned with task-based problems and always has a value base.

End of life: The period when it has become obvious that death is inevitable and imminent. The primary aim of any treatment at this stage is to improve the patient's quality of life as opposed to extending length of life or curing the illness.

Ethics: A code of attitude/behaviour that is adhered to, especially by a particular group, profession or individual – e.g. medical ethics. Ethics give the moral basis for a decision or a course of action.

Evaluation: A systematic process of collecting and analysing information to assess the effectiveness of an organisation in achieving its goals. Evaluation provides regular feedback that helps an organisation analyse the consequences, outcomes and results of its actions and thereby draw conclusions that may inform future programmes.

Grief: The normal, dynamic process that occurs in response to any type of loss. It includes physical, emotional, cognitive, spiritual and social responses to loss.

Holistic history: The encompassment of the physical, psychological, social, spiritual and cultural needs of an individual – all of which should be considered when taking a patient's history in connection with palliative care services.

Holistic needs: The physical, psychological, social, spiritual and cultural needs of an individual, all of which should be taken into account when providing palliative care.

Inter-disciplinary team: A team where professionals consistently work closely together to deliver joint care for their patients. Team membership varies but is composed according to the identified expectations and needs of the target population. The team typically includes doctors, nurses, social workers, counsellors, pharmacists, personal support workers and volunteers, but other disciplines (e.g. psychologists, physiotherapists) may sometimes be part of the team. Members contribute from their particular expertise, and the team shares information and decisions and works interdependently. Teams meet on a regular basis to discuss patient care and develop a unified plan of management for each patient, and also provide support for other members of the team.

Life-limiting illness: Illness where the likelihood of a potentially fatal outcome is high unless the course of the disease is interrupted. This does not mean that the disease is going to result in death immediately, because there might be a chance of long-term survival.

Non-pharmacological methods: Therapies not involving the use of medicines – e.g. massage.

Opioids: Narcotic drugs, which are usually prescribed to manage pain.

Outcomes: Results relating to intermediate change and effects sought, leading to longer-term impacts.

Outputs: Results relating to short-term or immediate change effects and results sought, leading to outcomes.

Pain: An unpleasant sensory and emotional experience associated with actual or potential tissue damage – what the patient says hurts. It is frequently inadequately treated, resulting in unnecessary suffering. People's experience of pain is affected by physical, emotional, social and spiritual factors, so the 'total pain' experience of an individual is important.

Palliative care: An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems – physical, psychosocial and spiritual (WHO, 2002).

Palliative care for children: The active total care of a child's body, mind and spirit, which also involves giving support to the family (WHO, 1998). Palliative care for children is a specialist field, albeit closely related to adult palliative care.

Patient: A person living with a life-threatening illness who is in contact with a health system in order to seek attention for a health condition. The term 'patient' (as opposed to 'client') is used in recognition of the individual's potential vulnerability at any time during the illness.

Pharmacological methods: Therapies that involve the use of medicines to treat symptoms and illnesses.

Psychological: Related to or arising from the mind or the emotions (as opposed to 'physical').

Psychosocial care: Care concerned with the psychological and emotional well-being of the patient, their family and carers. It includes issues of self-esteem, insight into adaptation to the illness and its consequences, communication, social function and relationships, as well as practical aspects of care such as finance, housing and assistance with daily living.

Research: Any process in which data is collected, processed and analysed in a systematic, rigorous manner, and which is then used to improve the services offered. Research seeks new knowledge and what the 'ideal' might be, and may take the form of an audit.

Service provider: An organisations or programme providing care.

Special needs populations: Disadvantaged or marginalised groups in the community; people who may have characteristics (medical, cultural, cognitive, racial, physical or some combination) that set them apart from other individuals in terms of needs.

Spirituality: An existential construct that includes all the ways in which a person creates meaning and organises his or her sense of self around a personal set of beliefs, values and relationships. This is sometimes understood in terms of transcendence or inspiration. Involvement in a community of faith and practice may or may not be a part of an individual's spirituality. Spirituality is also defined as a capacity and tendency that is innate and unique to all people. The spiritual tendency moves the individual towards knowledge, love, meaning, peace, hope, transcendence, connectedness, compassion, well-being and wholeness. It includes the capacity for creativity, growth and the development of a value system.

Standard: The desired achievable level of performance against which actual performance can be measured – a standard explains the level of performance to be achieved. It is a level of excellence required or specified. It serves as a basis for comparison and is a statement of expectation: an expected level of performance or quality.

WHO analgesic ladder: Guidelines issued by the World Health Organization to help clinicians manage pain using a three-step process (ladder). While originally developed with cancer pain in mind, the analgesic ladder has successfully been used for the management of other palliative-care-related pain, such as that experienced by people with HIV and AIDS.

CHAPTER 8:

APPENDIX A

APPENDIX A: Links between APCA standards, competencies and core curriculum

APCA standards and principles		Competency domains and areas		Curriculum sessions that develop this competency (module/session)*	
I.0 Organisational development/management					
I.1	Governance leadership and management	I.1	Management and leadership	M7 S4	Developing and sustaining palliative care
		I.2	Integration of palliative care in the health care system		
I.2	Human resource management	I.1	Management and leadership	M7 S4	Developing and sustaining palliative care
I.3	Performance management	var	All domains	M7 S4	Developing and sustaining palliative care
I.4	Risk management	2.9	Disease-specific conditions and opportunistic infections	M7 S4	Developing and sustaining palliative care
I.5	Roles of stakeholders	I.3	Service development	M7 S4	Developing and sustaining palliative care
2.0 Holistic care provision					
		2.1	Philosophy and practice of palliative care	M1 S1	Introduction to concepts and principles
				M1 S2	Need for and status of palliative care
				M4 S2	Holistic history taking
2.1	Planning and co-ordination of care	2.2	Organisation of care	M1 S1	Introduction to concepts and principles
				M1 S3	Models of palliative care
		2.4	Patient and family education	M5 S5	Working with families and communities
2.2	Access to Care	2.3	Access to care	M7 S4	Developing and sustaining palliative care services
		2.5	Collaboration and networking		
		2.6	Quality of life		
2.3	Communication in palliative care	2.7	Communication in palliative care	M2 S1	Self awareness
				M2 S2	Review of basic communication
				M2 S3	Delivering bad news

APCA standards and principles		Competency domains and areas		Curriculum sessions that develop this competency (module/session)*	
2.4	Pain and symptom management	2.8	Pain and symptom management	M4 S1	Concept of total pain
				M4 S3	Assessment of physical pain
				M4 S4	Pain management
				M4 S5	The use of opioids in pain management
				M3 S1	Principles of symptom control
				M3 S2	Assessment and management of common symptoms
		2.9	Disease-specific conditions and opportunistic infections	M3 S3	Palliative care emergencies
				M3 S4	Nutrition and hydration
2.5	Management of opportunistic infections	2.9	Disease-specific conditions and opportunistic infections		
2.6	Management of medications	2.8	Pain and symptom management	M4 S4	Pain management
		2.9	Disease-specific conditions and opportunistic infections	M4 S5	The use of opioids in pain management
2.7	Psychosocial care			2.10	Psychosocial care
		M5 S2	Basic counselling		
		M5 S8	Psychosocial and spiritual assessment tools		
		M5 S6	Sexuality and gender issues		
2.8	Spiritual care	2.11	Spiritual and cultural care	M5 S7	Assessment and management of spiritual and cultural needs
2.9	Cultural care	2.11	Spiritual and cultural care	M5 S7	Assessment and management of spiritual and cultural needs

APCA standards and principles		Competency domains and areas	Curriculum sessions that develop this competency (module/session)*
2.10	Complementary therapies in palliative care	2.8 Pain and symptom management	M4 S4 Pain management
2.11	Care for special needs populations	2.12 Care of special needs populations	
2.12	End-of-life care	2.13 End-of-life care	M3 S5 Managing symptoms at the end of life
2.13	Grief, loss and bereavement care in adults	2.14 Grief, loss and bereavement care	M5 S3 Grief, loss and bereavement care
2.14	Ethical care, human rights and legal support	2.15 Ethical care, human rights and legal support	M6 S1 Palliative care as a legal and human-rights issue
			M6 S2 Ethical principles in palliative care
			M6 S3 Integration of legal and human-rights support in palliative care services
		3.1 Advocacy	M7 S3 Advocacy in palliative care
2.15	Clinical supervision		
2.16	Inter-disciplinary team	2.16 Inter-disciplinary teamwork	M1 S3 Models of palliative care delivery; inter-disciplinary teamwork
2.17	Providing support to care providers	2.17 Self care	M5 S9 Care for carers
3.0 Children's palliative care			
3.1	Holistic care provision in children		
3.2	Pain and symptom management in children	2.8 Pain and symptom management	
3.3	Psychosocial care for children	2.10 Psychosocial care	
3.4	End-of-life care in children	2.13 End-of-life care	

APCA standards and principles		Competency domains and areas		Curriculum sessions that develop this competency (module/session)*	
3.5	Bereavement care in children	2.14	Grief, loss and bereavement care	M5 S4	Grief, loss and bereavement care in children
3.6	Ethical care, human rights and legal support for children	2.15	Ethical care, human rights and legal support		
4.0 Education and training					
4.1	Training for professional care providers	var	Captured in most domains		
4.2	Training for community care providers	var	Captured in most domains		
4.3	Continuous education in palliative care	3.2	Professional education		
4.4	Competencies for different cadres	var	The full set of competencies as set out in the competency framework		
4.5	Supervision and mentorship	var	Captured in most of the expert level		
5.0 Research and management of information					
5.1	Research	4.1	Research and audit	M7 S2	Introduction to palliative care standards
5.2	Monitoring and evaluation	4.2	Monitoring and evaluation (clinical and educational)	M7 S1	Introduction to research, monitoring and evaluation in palliative care
5.3	Data management				
5.4	Reporting				

* As the APCA core curriculum is for an introductory course, it does not address all the competencies that might be needed for an intermediate or specialist level for a professional.

Key: M = module; S = session; var = various.

ABOUT APCA



The African Palliative Care Association (APCA) is a non-profit-making pan-African membership-based organisation, which was provisionally established in November 2002 and formally established in Arusha, Tanzania, in June 2004. Acknowledging the genesis of modern palliative care within the United Kingdom, APCA strives to adapt it to African traditions, beliefs, cultures and settings, all of which vary between and within communities and countries on the continent. As such, APCA being a recognised regional voice for palliative care in Africa works in collaboration with its members and partners to seek African solutions to African problems.

APCA's vision is to ensure access to palliative care for all in need across Africa, while its mission is to ensure that palliative care is widely understood, underpinned by evidence, and integrated into all health systems, to reduce pain and suffering across Africa. APCA's broad objectives are to:

- Strengthen health systems through the development and implementation of an information strategy to enhance the understanding of palliative care among all stakeholders
- Provide leadership and coordination for the integration of palliative care into health policies, education programmes and health services in Africa
- Develop an evidence base for palliative care in Africa
- Ensure good governance, efficient management practices and competent human resources to provide for institutional sustainability
- Position palliative care in the wider global health debate in order to access a wider array of stakeholders and to develop strategic collaborative partnerships
- Diversify the financial resources base to meet APCA's current funding requirements and to ensure the organisation's future sustainability.

APCA works to build effective linkages between all our key stakeholders, including: patients, their families and communities; carers (both family and volunteers); health care providers and educators; African governments, policy makers and decision-makers; its constituent members (both individuals and organisations); national palliative care associations, hospices and palliative care organisations; academic institutions; the media; governmental and non-governmental donors (both within and outside the continent), and the general public, in a network of national, regional and international partnerships.

The development of a core curriculum for palliative care is one of the strategies through which palliative care can be integrated in existing pre service and post service health education programmes. This is instrumental in ensuring that palliative care is integrated into the wider health systems across the African continent.

www.africanpalliativecare.org

ABOUT AIDSTAR-ONE



The AIDS Support and Technical Resources (AIDSTAR) mechanism is an indefinite quantity contract (IQC) managed out of the Office of HIV and AIDS in USAID's Bureau for Global Health. AIDSTAR-One is a flexible mechanism available to US Government (USG) country teams, USAID/Washington operating units, missions and other USG agencies to access technical expertise and implementation support across a broad range of HIV- and AIDS-related technical areas. AIDSTAR-One may be used for:

- Long- or short-term technical assistance and programme implementation support in specialised HIV and AIDS technical areas, including behaviour change, clinical and community-based HIV and AIDS services, care for orphaned and other vulnerable children, monitoring and evaluation, and health systems strengthening specific to HIV and AIDS services
- Long- or short-term in-country support for coordination and scale-up for HIV and AIDS activities in support of US Government country strategies
- Documenting and disseminating successful innovative approaches and sustainable models; evidence-based best practices and lessons learned; and new approaches, tools and methodologies in HIV and AIDS programming.

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