

**A National Professional
Development Framework
for Palliative Care Nursing
in Aotearoa New Zealand**

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Foreword

The nursing workforce makes a significant contribution to providing palliative care across a range of clinical settings in New Zealand. Palliative care is everyone's business. The effects of an ageing population and people living longer with a life limiting illness is changing the face of palliative care as it becomes an essential part of quality end of life care and becomes embedded in a variety of specialities and services across the health sector. Increasing complexity and acuity requires all nurses to have well developed skills that enable them to meet the physical, psychosocial, emotional and spiritual needs of people living with a life limiting illness. These skills are first developed in under graduate training programmes and consolidated in the clinical environment and for many nurses supported by ongoing post graduate study. The way in which palliative care is provided is contingent on having a nursing workforce that is capable of meeting the health care needs of health consumers with a life limiting illness.

First developed in 2008, the *National Professional Development Framework for Palliative Care Nursing Practice in Aotearoa New Zealand* set out to describe the competencies required for all nurses to provide palliative care across a range of clinical settings. The Framework has been reviewed and updated to ensure it remains relevant within a changing health care environment. The addition of narratives from service and education providers provides examples of practical application of the Framework in a variety of context. These narratives highlight the role of the Framework in informing the development of the nursing workforce across the health care sector.

Palliative Care Nurses New Zealand (PCNNZ) remains invested in supporting New Zealand's nursing workforce, recognising the need for skilled nurses to enable quality and compassionate palliative care for both the individual and their family/whanau regardless of their diagnosis or place of care. This Framework brings together two key focuses of PCNNZ, firstly to promote and validate the role of nursing in palliative care and secondly to support the development of the workforce.

PCNNZ views this Framework as a 'living' document and to that end will continue to fortify links and collaboration within the sector to support future reviews'. It is acknowledged that competencies for enrolled nurses and nurse practitioners currently fall outside the scope of the Framework. PCNNZ see this as an important inclusion in future revisions.



Jacqui Bowden-Tucker
Chair, PCNNZ
2012–2014

Acknowledgements

This National Professional Development Framework for Palliative Care Nursing Practice in Aotearoa New Zealand has been reviewed from its original publication in 2008. The first version was developed by the Palliative Care and Cancer Nurses Education Group (PCNEG) as part of the implementation of the Palliative Care Strategy and the Cancer Control Strategy Action Plan in 2008.

A working group was formed by PCNNZ, to review the Framework to ensure it was still relevant for the sector. This process involved content review and sector consultation.

PCNNZ would particularly like to thank the working party who progressed this review with enthusiasm and passion. Members of the working party are identified in Appendix 1.



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National Professional Development Framework for Palliative Nursing Practice in
Aotearoa New Zealand

If you have any enquiries regarding this framework or wish to provide any feedback, please use the feedback field on the PCNNZ website

www.pcnnz.co.nz

alternatively you can use following link

<http://www.pcnnz.co.nz/feedback-xidc58855.html>

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Introduction

A National Professional Development Framework for Palliative Care Nursing Practice in Aotearoa New Zealand provides a way forward for the development of the nursing workforce in New Zealand using a Framework and a set of competency indicators outlining the role expectations of nurses working in palliative care.

The Framework was first developed by the Palliative Care and Cancer Nurses Education Group (PCNEG) in 2008 as part of the Ministry of Health's Cancer Control work programme. It was one of a number of initiatives intended to improve the delivery of palliative care within New Zealand. The overarching purpose of the Framework remains, as then:

To improve the care of patients and families facing the problems of living with a life limiting condition by providing a framework to guide the development of a sustainable nursing workforce capable of providing high quality services.

During the review process a survey was made of the nursing sector to explore how the Framework was being used. The narratives included in the appendix demonstrate the value of the Framework and provide examples to services on how it can be used to develop their palliative care nursing workforce.

A National Professional Development Framework for Palliative Care Nursing consists of two parts.

Part 1 includes:

- the purpose, aims and objectives of the Framework
- an overview of the context of nursing in palliative care
- a model for professional development for nurses in palliative care
- pathways for the development of nursing competency in palliative care nursing.

Part 2 consists of:

- core palliative care competencies for all registered nurses
- specialty palliative care competencies for registered nurses.

Principles underpinning the Framework

The following principles underpin the Framework.

- a) The priorities, needs and experiences of people with palliative care needs resulting from a life-limiting illness should be central to the development of palliative care programmes, and to the involvement of all nurses in such programmes.

- b) Efforts to provide a comprehensive holistic service to all people with palliative care needs in our community require a population-based approach to health service planning and delivery. The particular geographical, social and cultural needs of people affected by a life-limiting illness should be considered to ensure a responsive and inclusive approach to palliative care, including:
- the needs of specific population groups such as Māori and Pacific people
 - socioeconomically disadvantaged people
 - those with a non-malignant illness
 - people in rural and remote areas.
- c) People affected by a life-limiting illness may have a variety of complex palliative care needs. Interdisciplinary practice is an established standard of care for meeting these needs.
- d) Nurses are essential to interdisciplinary palliative care because nurses make an important contribution to meeting the needs of people with palliative care needs resulting from a life-limiting illness.
- e) Nurses' involvement in palliative care is governed by the values, guidelines and principles set out by regulatory and professional bodies, taking account of current evidence, and population health needs as outlined in the *National Health Needs Assessment for Palliative Care Phase 1 report (Palliative Care Council, 2011)*, the *National Health Needs Assessment for Palliative Care Phase 2 report (Palliative Care Council, 2013)* and the *Resource and Capability Framework for Integrated Adult Palliative Care Services in New Zealand (Ministry of Health, 2012)*.
- f) Nurses need to be responsive to the needs of people with life limiting conditions by incorporating new practice areas and capabilities as they evolve.

Key definitions

The key concepts used in this Framework are defined below. A more extensive glossary is also included at the end of this document.

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-limiting or life threatening conditions, 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, according the World Health Organization definition 2002.

People affected by a life-limiting condition refers to people affected by those conditions that cannot be cured and that at some point may lead to death – whether years, months, weeks or days away. It encompasses those people living with a life-limiting condition, their family/whānau, carers and significant others.

Generalist (primary) palliative care nursing is provided as an integral part of standard clinical practice by any nurse who is not part of a specialist palliative care team. It is provided in hospitals by nursing staff, as well as by disease-specific teams such as nurses working in oncology, respiratory, renal and surgical teams. Generalist (Primary) palliative care nurses will have defined links with specialist palliative care teams for the purposes of support and advice, or in order to refer people with complex needs.

Specialty palliative care nursing is provided by nurses who have undergone specific training in palliative care, working in the context of an interdisciplinary team of palliative care health professionals. Specialist palliative care may be provided by hospice or hospital based palliative care services where patients have access to at least medical and nursing palliative care specialists (Palliative Care Council, 2012).

Specialty palliative care nursing practice builds on and supports the care provided by generalist (primary) palliative care nurses and reflects a higher level of expertise in complex symptom management, psychosocial support, grief and bereavement.

Palliative care nursing in Aotearoa New Zealand

A professional development Framework for palliative care nursing needs to reflect the unique way in which the definitions of palliative care are applied in New Zealand.

As a result, the Framework recognises:

- the fundamental place of the Treaty of Waitangi and the principles of partnership, participation and protection
- holistic Māori philosophies and models of health and wellbeing, such as Te Whare Tapa Wha (the four-sided house), as appropriate when applied to palliative care
- that palliative care continues to evolve and service provision needs to be flexible enough to adapt to changes in society, disease and illness, and individuals' and society's expectations, and that the nursing workforce needs to develop in response to these changes
- the rights of patients as detailed in the Code of Health and Disability Services Consumers' Rights (Health and Disability Services Commissioner 2006)
- that generalist (primary) palliative care is to be available throughout the course of a life-limiting condition, with specialist palliative care provided on the basis of assessed need, rather than simply diagnosis or prognosis, so that palliative care will be available wherever the patient is – whether at home, or in a hospital, residential care or hospice
- the diverse cultural beliefs, values and practices of patients and their families or whānau in contemporary New Zealand society
- that palliative care is best delivered through an integrated approach to care that recognises the role and responsibilities of both palliative care generalist (primary) and specialists in meeting palliative care need
- that the patient's primary health care team will continue to provide continuity of care through illness (depending on need, the involvement of specialist palliative care may be episodic or continuous).

Part 1: National Professional Development Framework for Palliative Care Nursing

1.1 Purpose

Improve the care of patients and their families facing the problems of living with a life-limiting condition by providing a Framework to guide the development of a sustainable nursing workforce capable of providing high-quality services.

1.2 Aim

Provide a Framework to support nurses' professional development in palliative care.

1.3 Objectives

The objectives of the Framework are to:

- a) define nursing's contribution to palliative care
- b) highlight the need for all nurses to participate in palliative care, irrespective of where they work
- c) guide the development of skills and knowledge in palliative care nursing through the undergraduate programmes and the Nurse Entry to Practice programmes, and in their ongoing professional development in palliative care articulate the capabilities expected of nurses caring for those with palliative care needs
- d) promote the development of learning resources that support the professional development of nurses providing palliative care, regardless of clinical setting
- e) provide a national standard for professional development programmes aimed at strengthening nurses' abilities to care for people living with a life-limiting condition
- f) ensure the professional development of nurses working in palliative care is consistent with nationally agreed standards for the profession of nursing.

1.4 Context

The aim of *the New Zealand Palliative Care Strategy* (Ministry of Health 2001) is to set in place a systematic and informed approach to the provision and funding of palliative care services. The vision is to have an appropriate level of palliative care accessible for all people with a life-limiting condition, whenever they need it, regardless of the place of care, be it home, hospital, hospice or residential aged-care setting.

More recently the Palliative Care Council in its Phase 1 of the *National Health Needs Assessment for Palliative Care* (Palliative Care Council, 2011) examined the key drivers of palliative care need in New Zealand and used mortality and hospital discharge data to develop estimates of palliative care need on a population basis. Phase 2 of the *National Health Needs Assessment for Palliative Care* (Palliative Care Council, 2013) is primarily concerned with access to palliative care.

Of relevance to the nursing workforce the *National Health Needs Assessment for Palliative Care*, phase 2 report highlighted the following:

- estimated a 24% increase in the number of people who might benefit from palliative care over the next 15 years.
- 72% current palliative care workforce employed in Hospices and DHBs were nurses
- after hours telephone advice is predominantly provided by nurses (90% of hospice services).

The report recommends that DHBs and services within DHBs work and collaborate to ensure access to specialist palliative care nurses as well as other disciplines in palliative care. In addition the *Resource and Capability Framework for Integrated Adult Palliative Care Services in New Zealand* (Ministry of Health, 2013) provides recommendations to inform planning and strategic development of palliative care services.

The Nursing Council of New Zealand workforce survey in 2012 identified 1423 nurses who reported that palliative care was one of their practice areas (two practice areas can be recorded). It was found that 914 nurses have palliative care as their main practice or employment setting, of whom 816 were registered nurses, 96 were enrolled nurses and two were nurse practitioners.

All documents emphasise the importance of having a skilled workforce that is capable of meeting the needs of people requiring palliative care at all stages of the illness. A broad, population-based approach underpins the Framework, enabling an understanding of nurses' professional development needs in parallel with the needs of communities affected by life-limiting conditions. This facilitates a proactive response to emerging or identified trends and issues, such as unmet needs or prevalence as determined by epidemiological studies. In addition, a population-based approach encompasses the spectrum of care, from primary to tertiary, and the full range of care settings, including home, hospice, hospital and residential aged care. The population-based approach also allows a broad perspective on strategies to improve the delivery of palliative care at individual, family/whānau and broader social levels.

A life-limiting condition has a profound impact on individuals' and family/whānau members' health and wellbeing, including physical, social, emotional, psychological, informational, spiritual and practical aspects. People will experience varying health and support needs, which are likely to change over time, and will require a range of health and support services from community, primary, secondary and tertiary care agencies. Throughout their illness, people's needs for palliative care services will also vary.

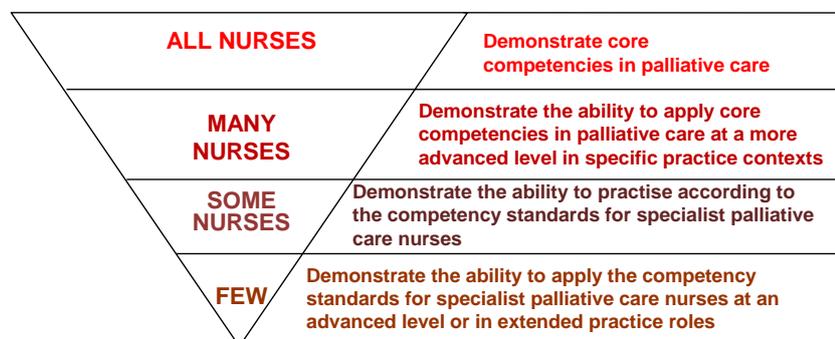
Nurses provide services that are integral to reducing the burden of a life-limiting condition on individuals and communities across all services. This professional development Framework for nurses in palliative care reflects nurses' many roles in responding to the varying needs of people at different points in the illness and in a range of health care settings.

1.5 Nursing and palliative care

A professional scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity which individuals within the profession are educated, competent and authorised to perform. Under the *New Zealand Health Practitioners Competence Assurance Act (2003)*, a registered nurse has a defined scope of practice as outlined by the Nursing Council of New Zealand. Each nurse's scope of practice develops over time and is influenced by factors such as the context of practice and organisational policies, the needs of consumers, and the practitioner's education and experience.

The model presented in Figure 1 describes nurses' varying contributions to palliative care, outlining the competencies required of nurses working in different roles, in different settings, and at different points along the illness trajectory. According to this model, *all* nurses, regardless of practice setting, are likely to have contact with people requiring a palliative care approach and will therefore require some level of capability in palliative care. *Some* nurses will, however, require specialised and advanced competencies in palliative care, because their practice requires them to respond to more complex patient and family/whānau needs.

Figure 1: A professional development model for nursing in palliative care



Although the dynamic and complex nature of contemporary practice environments means it is not easy to provide clear definitions of discrete levels of practice, four broad groups of nursing services are defined in this Framework. These groups are not a hierarchy of practice, but are intended to represent the associated areas of competence required of nurses working in different contexts at different times in palliative care.

The Framework also recognises that within each of the four groups nurses may function at varying levels of competence, from beginning through to advanced levels, characterised by more effective integration of theory, practice and experience, along with increasing degrees of autonomy in judgements and intervention.

This Framework recognises the need for universal services for all people requiring palliative care. Many of these services may be provided by nurses working in non-specialist practice settings and augmented by the specialised services that people affected by a life-limiting condition require at particular points of their illness. Specialist palliative care services are more likely to be required by people with complex needs at risk of experiencing adverse outcomes, or whose needs cannot safely be met by non-specialist or generalist (primary) services.

Below is a brief description of the four broad groups of nursing in palliative care defined in Figure 1. The descriptions provide examples of the nursing competencies.

All competencies for registered nurses are based on the Nursing Council of New Zealand Registered Nurse Competencies (2007). For Nurse Practitioners in palliative care, competencies should be based on the Nurse Practitioner competencies developed by the Nursing Council of New Zealand (2008), and for enrolled nurses the Competencies for Enrolled Nurses (2012). For the purposes of the Framework, palliative care competencies for Nurse Practitioners and Enrolled Nurses are currently out of the scope of this document and acknowledged as an area for inclusion in future reviews.

All nurses

All nurses, regardless of practice setting, need to work collaboratively with those requiring palliative care. At all stages of the illness trajectory people affected by a life-limiting condition will require services from nurses in generalist (primary) settings such as general practice, community and hospital services, and aged residential care. When in contact with people requiring a palliative care approach, all nurses need to be capable of applying generic nursing competencies to meet the health needs of these individuals. For example, some of the key palliative care concepts identified as relevant for nurses entering practice include beginning-level skills in communication, psychological, social and emotional support, and conceptualisation of the meaning of palliative care.

The core competencies required for all nurses who provide services for people requiring palliative care are outlined in Part 2 of this Framework. These competencies will be achieved through an appropriate level of palliative care education in the undergraduate curriculum and participation in an accredited Nursing Entry to Practice programme that incorporates an appropriate level of palliative care in its content.

Many nurses

Many nurses will participate more frequently or for short intensive periods in the care of people affected by a life-limiting condition due to their expertise in addressing specific health needs. Although not in specialist palliative care nursing roles, some of these nurses will be working in specialty areas such as oncology and with chronic illnesses such as heart failure, chronic obstructive pulmonary disease and neurological diseases. They may also be in community health or rural and remote settings where they often come into contact with people requiring palliative care. These 'many' nurses will demonstrate the application of core capabilities at a more advanced level in the particular palliative care contexts in which they practise. These nurses will require access to further education in areas of specialty palliative care with a direct application to their role.

Some nurses

Some nurses will choose to work in the specialty of palliative care. Specialty palliative care nurses work in dedicated palliative care services such as a specialist hospice service or the hospital palliative care team. They may be primarily responsible for a specific group of people with complex needs, and will have a role in supporting generalist (primary) providers in the care of people with less complex needs, acting as educators and specialist resource nurses.

This Framework specifies a set of competencies that reflect the specialised knowledge and skills required to provide safe and competent palliative care to people affected by a life-limiting condition. The speciality palliative care nurse competencies are a minimum standard. It is expected that as their practice advances, specialty palliative care nurses will demonstrate more effective integration of theory, practice and experience, along with increasing degrees of autonomy in judgements and interventions for people affected by a life-limiting illness. To guide this development, an education Framework has been developed which demonstrates the progression of education requirements for all nurses involved in palliative care.

A few nurses

A few nurses will become competent and authorised to practise in an advanced role in palliative care. These nurses will build on the capabilities of the specialty palliative care nurse through additional experience and education at the master's level or equivalent. The practice of nurses in this group reflects a more advanced application of the specialty nursing competencies.

1.6 Professional development for nurses in palliative care

Consistent with the model for palliative care nursing outlined in Figure 1, nurses require access to ongoing professional development opportunities that enable them to develop the level of competence in palliative care required to meet the changing needs of the populations they serve and the context of their practices. The way in which competencies are developed is outlined in Figure 2.

On completion of a Bachelor of Nursing programme, *all* nurses will have developed the core competencies, as outlined in Part 1 of the professional development Framework. To achieve this, all undergraduate programmes will have a component of palliative care in the curriculum that prepares nurses to care for those with a life-limiting condition across a variety of clinical settings.

This knowledge is developed further in the new entry to practice (NETP) programmes, where palliative care knowledge learned in the under graduate programme will be developed further and contextualised to the clinical setting of the new graduate. In addition, *many* nurses will go on to develop their skills and knowledge to an advanced level by completing postgraduate study in palliative care specific to their clinical specialty.

Some nurses will continue with postgraduate study to master's level, which will be contextualised within a specialist palliative care setting. These nurses will develop an advanced level of palliative care knowledge and skill required to care for those with the complex palliative care needs, as outlined in Part 2 of the Framework.

Part 2 of the Framework outlines the level of competence required for nurses working at the different levels of practice. Typical learning experiences that contribute to the development of the required level of competence in palliative care include:

- actual practice situations involving working with people requiring palliative care, where reflection and learning from practice experiences are facilitated
- structured learning experiences, including palliative care learning activities in undergraduate programmes and Nurse Entry to Practice programmes, continuing professional development programmes relevant to palliative care, or postgraduate speciality palliative care courses
- ongoing learning about current practices and new advances in palliative care through activities such as reviewing research developments, participating in continuous improvement activities, or participating in professional meetings.

Figure 2: Education and professional development Framework

		Education Framework	
		Education	Professional Development
Experience and learning	Bachelor	Undergraduate programmes All nurses	Development of the competencies required to deliver care at the end of life in a variety of clinical settings
	Bachelor +/- postgraduate	New Entry to Practice (NETP) programmes or new to specialty All nurses AND Postgraduate Many nurses	Development of the competencies acquired in undergraduate programmes, contextualised to a specific clinical setting – generalist (primary) or specialist Development of competencies at a more advanced level, contextualised to a specific clinical setting – generalist (primary) or specialist
	Master's	Postgraduate study to master's level Some nurses	Development of competencies acquired at NETP level to an advanced level specific to a specialist palliative care setting

Part 2: Competencies for Palliative Care Nursing

2.1 Core palliative care competencies for all registered nurses

Registered nurses must meet the New Zealand Nursing Council competencies for registered nurses (Nursing Council of New Zealand, 2007). These competencies are developed through education programmes that prepare nurses for entry to practice. By applying these competencies to the care of people requiring palliative care, the core palliative care competencies required for all nurses have been derived. These core competencies are relevant to nurses who work in non-specialist or generalist (primary) palliative care settings, such as primary care settings, hospital services, aged residential care, or other practice settings where the people receiving services may have a life-limiting condition that requires a palliative approach.

The ‘many’ nurses group in palliative care, who participate more frequently or for short intensive periods in the care of people affected by life-limiting conditions (eg, oncology nurses or nurses in district nursing services), will also demonstrate these core capabilities at a more advanced level in the particular palliative care context in which they practise.

Consistent with the Nursing Council of New Zealand competencies, the capabilities required of nurses working with people affected by a life-limiting condition are identified within the four domains of nursing practice. These four domains provide an organising Framework for categorising core competencies in palliative care required of all nurses, thus enabling the capabilities to be integrated with the existing undergraduate curriculum frameworks, nurse entry to practice (NETP) programmes and professional development recognition programmes (PDRP).

The four domains of nursing practice are as follows.

- **Domain 1: Professional responsibility** – competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement, and being accountable for one’s own actions and decisions, while promoting an environment that maximises health consumer safety, independence, quality of life and health.
- **Domain 2: Management of nursing care** – competencies related to client assessment and managing health consumer care, which are responsive to the consumers’ needs, and which are supported by nursing knowledge and evidence-based practice.
- **Domain 3: Interpersonal relationships** – competencies related to interpersonal and therapeutic communication with health consumers, other nursing staff and inter-professional communication and documentation.

- **Domain 4: Inter-professional health care and quality improvement** – competencies to demonstrate that, as a member of the health care team, the nurse evaluates the effectiveness of care and promotes a nursing perspective with the inter-professional activities of the team.

Domain 1: Professional responsibility

Core competency in palliative care	Nursing Council competency
Applies legal and ethical decision-making principles in planning and delivering palliative care for people with a life-limiting condition	Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements
Demonstrates a holistic model of care for those with a life-limiting condition, encompassing the Māori philosophy of health and wellbeing – Te Whare Tapa Wha	Demonstrates the ability to apply the principles of the Treaty of Waitangi / Te Tiriti o Waitangi to nursing practice
Understands the role of others in palliative care and the accountability of the registered nurse in planning and evaluating care	Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by nurse assistants, enrolled nurses and others
Understands the impact that a life-limiting condition has on a person, their family/whānau and wider community, and provides support to facilitate their own decision-making Demonstrates practice which promotes safe and independent care for the person with a life-limiting condition while maintaining their quality of life	Promotes an environment that enables health consumer safety, independence, quality of life and health
Recognises the cultural uniqueness of individuals and their families/whānau and demonstrates the provision of sensitive and culturally appropriate nursing care to those with a life-limiting illness Demonstrates the ability to gain cultural support and assistance from appropriate sources if/when needed	Practises nursing in a manner that the health consumer determines as being culturally safe

Domain 2: Management of nursing care

Core competency in palliative care	Nursing Council competency
Applies knowledge of the pathophysiology of common symptoms to achieve effective symptom control, thereby improving the quality of life and reducing the burden for people with a life-limiting condition	Provides planned nursing care to achieve identified outcomes
Undertakes a comprehensive nursing assessment and delivers nursing care that incorporates all aspects of the person – physical (te taha tinana), spiritual (te taha wairua), emotional (te taha hinengaro) and social (te taha whānau)	Undertakes a comprehensive and accurate nursing assessment of health consumers in a variety of settings
Accurately documents a nursing assessment, management plan and evidence of ongoing evaluation of agreed patient goals and symptom control and demonstrates understanding of the importance of confidentiality	Ensures documentation is accurate and maintains confidentiality of information
Provides adequate explanation and support to those with a life-limiting illness and their families/whānau, facilitating informed decision-making regarding proposed plan of care Demonstrates an ability to access other support (as required) in order to meet the person and their family/whānau's need for information/explanation	Ensures the health consumer has adequate explanation of the effects, consequences and alternatives of proposed treatment options
Demonstrates knowledge of common palliative care emergencies and is able to plan care so as to anticipate and limit distress for those with a life-limiting condition and their families/whānau Understands the normal responses to grief and loss, which may be expressed in emotions that are confrontational	Acts appropriately to protect oneself and others when faced with unexpected health consumer responses, confrontation, personal threat or other crisis situations
Determines the effectiveness of nursing care on clinical outcomes via regular and ongoing assessment of and with the person with a life-limiting condition and their family/whānau/	Evaluates health consumers' progress towards expected outcomes, in partnership with health consumers
Provides health education appropriate to the needs of the health consumer and their family/ whānau within a nursing framework which enables self-management	Provides health education appropriate to the needs of the health consumer within a nursing framework
Uses reflective practice to identify areas for further learning, and documents needs and actions in a professional portfolio Demonstrates an awareness of current gaps in knowledge of palliative care, and takes responsibility to seek and use available resources to develop the skills required to care for people with a life-limiting condition and their family/whānau Accesses advice, assistance, debriefing and direction as necessary	Reflects on, and evaluates with peers and experienced nurses, the effectiveness of nursing care
Engages in self-care practices and encourages colleagues with similar activities to foster a caring environment that supports all levels of staff through challenging end-of-life situations Maintains professional development in regard to advancing knowledge and skills in palliative care	Maintains professional development

Domain 3: Interpersonal relationships

Core competency in palliative care	Nursing Council competency
Demonstrates empathy and sensitivity in developing a therapeutic relationship with patients and their family/whanau	Establishes, maintains and concludes therapeutic interpersonal relationships with health consumers
Actively encourages a partnership model of care for people living with a life limiting condition and their families/whanau, acknowledging and clarifying their goals, priorities and choices in care	Practises nursing in a negotiated partnership with the health consumer where and when possible
Demonstrates effective communication skills collaborating with the interdisciplinary team in order to achieve the best possible outcome for the patient and family/whanau	Communicates effectively with health consumers and members of the health care team

Domain 4: Inter-professional health care and quality improvement

Core competency in palliative care	Nursing Council competency
Communicates and networks with the wider interdisciplinary team and activates a referral as/when required Demonstrates collaboration in delivery of palliative care with other members of the interdisciplinary-disciplinary team	Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care
Recognises when there is a need for specialist palliative care input, and is aware of how to access this support	Recognises and values the roles and skills of all members of the health care team in the delivery of care
Participates in quality improvement activities promoting the development of quality palliative care within their practice setting	Participates in quality improvement activities to monitor and improve standards of nursing

2.2 Specialty palliative care competencies for registered nurses

The competencies for the specialty palliative care nurse are intended for those registered nurses who work in a specialist palliative care setting. They will be primarily responsible for a defined group of people who have complex needs related to a life-limiting condition. In addition, they will have a role in supporting generalist (primary) providers in the care of those with less complex needs, acting as an educator and specialist resource.

The competencies are intended to represent the minimum standard required for specialist practice in palliative care nursing. As their specialist practice advances, palliative care nurses will demonstrate more effective integration of theory, practice and experiences, along with increasing degrees of autonomy in decision making and interventions for people affected by life-limiting illness.

The four domains of practice defined in the Nursing Council Competencies for the Registered Nurse provide an organising Framework for categorising the competencies required of specialty palliative care nurses. Whereas the core palliative care competences have been presented beside the relevant generic nursing competencies, in this section the generic competencies have been reformulated specifically for the palliative care specialty and several practice indicators for each competency are given. These practice indicators are able to be linked to professional development recognition programmes in specialist services up to expert and senior level.

Domain 1: Professional responsibility

Palliative care specialty competency	Practice indicator
Practises in accordance with legislative, professional, cultural and ethical standards for palliative care nursing	<p>Acknowledges, assesses and responds effectively to complex ethical and legal issues that arise in palliative care, such as withdrawing/withholding treatment and euthanasia</p> <p>Practises in a way that acknowledges the impact a life-limiting illness has on an individual and their family/ whānau, including acknowledging their culture, spirituality, dignity, beliefs and rights</p> <p>Advocates for those groups under-represented in palliative care, such as Māori and Pacific people linking such groups with appropriate cultural support when needed</p>
Engages in and contributes to the local, national and international activities regarding palliative care thereby influencing the professional standing and development of palliative care nursing in New Zealand	<p>Understands national and global trends in palliative care</p> <p>Understands the impact of health and organisational policy on the delivery of palliative care</p> <p>Participates in activities that contribute to improved service delivery in palliative care across clinical settings – including primary, tertiary and aged residential care</p>
Uses appropriate mechanisms for monitoring own performance and competence	<p>Participates in professional supervision, reflective practice or peer-review processes to monitor personal and professional responses to clinical situations</p> <p>Engages in self-care practices and encourages colleagues with similar activities to foster a caring environment that supports all levels of staff through challenging end-of-life situations</p>

Domain 2: Management of nursing care

Palliative care specialty competency	Practice indicator
Participates in the safe and effective nursing care of people with a life-limiting condition who have complex palliative care needs	<p>Collaborates with the health consumer, their caregiver, family/whānau and other team members in planning and implementing a nursing plan of care</p> <p>Demonstrates advanced knowledge of management protocols, clinical guidelines and end-of-life care pathways, including pharmacological interventions, in the care of a person with a life-limiting condition with complex palliative care needs</p> <p>Recognises and responds appropriately to palliative care emergencies</p> <p>Demonstrates skilled use of therapeutic nursing interventions required to meet the physical, social, spiritual and emotional needs of the person with a life-limiting condition</p> <p>Recognises the need for referral to other services, and demonstrates a knowledge of the roles these services have in achieving best possible care</p> <p>Continuously evaluates and reassesses the effectiveness of palliative care interventions in a timely manner and modifies plans to meet the needs of the health consumer, caregiver and family/whānau</p> <p>Uses effective evidence-based strategies in developing the knowledge and self-care abilities of the health consumer, caregivers and family/whānau</p>

Domain 3: Interpersonal relationships

Palliative care specialty competency	Practice indicator
Develops therapeutic relationships with health consumers to anticipate and meet their multiple care needs across the palliative care continuum	<p>Uses and role models effective communication skills to establish and maintain therapeutic relationships with health consumers</p> <p>Actively works alongside the health consumer and their family/whānau, supporting them to identify goals of care that are unique to those individuals</p> <p>Provides health consumers with appropriate and accurate information that will facilitate informed decision-making on all aspects of care</p> <p>Supports and builds the personal resources and strengths of the person with a life-limiting condition, their caregivers and family/whānau, to enable them to participate in decision-making, and documents their preferences while recognising that these may change over time</p>
Initiates and ensures ongoing collaborative relationships with health consumers and colleagues	<p>Practice reflects the philosophy that the person with the life-limiting condition and their family/whānau remain at the centre of care</p> <p>Demonstrates a comprehensive understanding of the roles of team members and their contribution to achieving effective outcomes for the person with a life-limiting condition</p> <p>Initiates and responds to referrals in collaboration with the team, according to the needs and preferences of the health consumer</p> <p>Participates, and leads when appropriate, clinical decision making within teams and across settings</p>

Domain 4: Inter-professional health care and quality improvement

Palliative care specialty competency	Practice indicator
<p>Contributes to quality improvement activities that improve the delivery of specialist palliative care</p>	<p>Assesses and critiques palliative care outcomes against established standards and guidelines</p> <p>Initiates and contributes to activities that contribute to improvement in the safety and quality of outcomes for people with a life-limiting condition</p> <p>Demonstrates the skills and values of critical reflection and life-long learning to generate practice knowledge</p> <p>Contributes to leadership in the development of nursing and service level palliative care policies, audits and other quality improvement activities</p>
<p>Practises from an evidence-based Framework and contributes to the development of evidence-based practice</p>	<p>Identifies and integrates research evidence that improves the delivery of palliative care</p> <p>Fosters a spirit of inquiry and contributes to improving the quality of palliative care nursing</p> <p>Supports and contributes to research and evaluation relevant to palliative care specialty nursing</p>
<p>Provides advice and mentorship to colleagues and other health professionals involved in the delivery of palliative care</p>	<p>Acts as an expert resource for generalist (primary) providers of palliative care, as required</p> <p>Maintains and develops a range of collaborative working relationships within and external to the palliative care specialty, to enhance care for health consumers and their families and whanau</p> <p>Develops and contributes to education and team development activities with colleagues and generalist (primary) providers of palliative care</p> <p>Provides leadership, mentorship and professional support to colleagues developing specialty skills in palliative care related to clinical and professional issues in palliative care nursing</p> <p>Disseminates evidence-based practice information and research to colleagues and generalist (primary) providers of palliative care, as required</p>

Glossary

Burden of life-limiting condition: the impact of the disease, including its incidence, morbidity, mortality rates and financial impact on the individual and broader community.

Competence: the ability to fulfil the nursing role effectively, recognising that there are various levels of competence which reflect knowledge, experience and responsibilities. Competence is the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area.

Competency: an attribute of a person that results in effective performance.

Competency standard: expected levels of knowledge, attitudes, skills and behaviours of a nominated role.

Enrolled Nurse: a nurse who practises under the direction and delegation of a registered nurse or nurse practitioner to deliver nursing care and health education across the life span to health consumers in community, residential or hospital settings.

Family/whānau: an identified group of individuals who are bound by strong ties to the person diagnosed with a life-limiting illness.

Interdisciplinary team: health care providers with training in distinct disciplines, working together for a common purpose.

Life-limiting condition: a range of diseases, both malignant and non-malignant, for which cure is not possible and the goal of care is quality of life. Prognosis may be in terms of days, weeks, months or even years. Active treatment aimed at prolonging life may still be appropriate.

Nurse Practitioner: a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role in a designated scope of practice.

Professional development recognition programmes (PDRP): programmes developed by employers and professional organisations, and are approved by the Nursing Council of New Zealand. They are designed to develop and recognise the levels of expertise of nurses in clinical practice, with assessment processes based on the submission of a practice portfolio. The criteria for advancement through these programmes are determined by the organisation and not by the Nursing Council.

Registered nurse: a nurse who practises independently and in collaboration with other health professionals, and may be required to work in a specific area of practice according to their qualifications or experience.

Appendix 1: Working Party members

This National Professional Development Framework was reviewed by a work party set up and led by PCNNZ.

- **Helen Sawyer**, Palliative Care Clinical Nurse Specialist, Southern DHB, Dunedin
- **Jacqui Bowden-Tucker**, Clinical Nurse Specialist Palliative Care Education, Hospice Marlborough, Blenheim
- **Fiona Sheppard**, Unit Nurse Manager, Iona Home & Hospital, Oamaru
- **Teresa Read**, Quality Manager and Strategy Advisor, Mary Potter Hospice, Wellington
- **Suzanne Brocx**, Northland Palliative Care Specialist Nurse Educator/Advisor, North Haven Hospice, Whangarei
- **Mary-Anne Offner**, Clinical Nurse Specialist, Palliative Care, Hospice North Shore
- **Jackie Robinson**, Palliative Care Nurse Practitioner, Auckland District Health Board and Professional Teaching Fellow, School of Nursing, University of Auckland
- **Lynley Batson**, Clinical Nurse Specialist, Mary Potter Hospice, Wellington.

Appendix 2: Narratives

The following narratives provide examples of how the Framework is being used to support the development of the palliative care nursing workforce.

The potential use of this document is wide ranging and to have the Framework reviewed and developed would greatly enhance its value. The development of Knowledge and skills framework similar to that of the Respiratory and Diabetes nurses would also add real value to palliative care nursing in New Zealand. This is particularly important when the palliative care sector is developing regional approaches and resource and capability frameworks. To have one document that describes the Professional Development and the Knowledge and skills of palliative care nurses throughout New Zealand (specialist and non specialist) can only help build capacity and capability of nursing.

Bridget Marshall, LCP National Office

I use the nephrology frame work in my role to assess nurse's skill and performance. We looked at the palliative frame when I was working with the advisory group of the RSA. Your frame work was a great tool to use as reference and base our frame work. We used the Holloway model to under pin our frame work. These frame works are great for managers to assess an RN because the standard is related to the speciality practice. This ensures the RN is being assessed fairly. Also the RN can see for themselves the level they need to demonstrate to achieve the right level.

Philip Jarvis, Clinical Nurse Manager, Northland Health DHB

Lake Taupo Hospice uses the Framework as part of our clinical quality plan. It is integrated into our community palliative care nurse nursing job descriptions, as part of our PDRP programme alongside Lakes DHB competencies at Senior Nurse level, and is part of our annual appraisals. The shortage of specialist palliative care nurses within our community means we almost always have to recruit from outside the specialty, and grow our own experts. The framework gives nurses a very clear set of competencies to work towards, and allows me as the manager to identify gaps, and source appropriate training.

Suzie Kuper, Clinical Manager, Lake Taupo Hospice

Hospice Mid Northland has recently used the National Professional Development Framework for Palliative Care Nursing as a guide when conducting our yearly nursing appraisals. The palliative care specialty competencies combined with the practice indicators highlights the specialist palliative care skills and knowledge required and acts as a benchmark for assessing our team members. This process assists us to recognise advanced nursing practice in this specialty area. The frameworks' stated purpose "to guide the development of a sustainable nursing workforce" is being considered and utilised as we develop a Professional Development Recognition Programme for the Mid Northland area.

Jenny Coleman, Clinical Manager, Hospice Mid Northland

In my role as a clinical educator I am responsible for palliative care education to residential care providers, undergraduate programmes, NETP, competency assessment programmes for overseas nurses and also for some education for registered nurses working in specialist palliative care (hospice settings). It has been very helpful for me to have an understanding of the palliative care framework as I am aware that all nurses require education in the core palliative care competencies as described in the framework. I also used the framework when I was completing my Level 4 PDRP. This ensured that my portfolio met the standards of a specialist palliative care nurses working at an advanced level. The competencies described in Domain 4 of the framework accurately describe my role. I was able to provide evidence in my PDRP that demonstrated that I had met the competencies at that level.

Dianne Boon, Clinical Educator

The Framework is really helpful in outlining how palliative care is best delivered through an integrated approach to care which highlights the varieties of roles and responsibilities of both palliative care generalist and specialists nurses have. The way the core palliative care competencies are linked and tightly aligned to the New Zealand Nursing Council competencies is very helpful especially for generalist (primary) nurses. The Framework has been used to inform the development of palliative care through the undergraduate curriculum and in a number of post graduate courses. The Framework is a way of highlighting to nurses the role of palliative care and its importance across primary, secondary and tertiary care settings. This document is particularly helpful for generalist nurses, and I am seriously considering this document as a recommended reading on some of the nursing courses I coordinate.

**Stacey McLaughlan, Professional Teaching Fellow,
School of Nursing, University of Auckland**

This document has proved to be a valuable resource for informing programme content and maintaining a strategic view of, and approach to, palliative care workforce development in the context of the Postgraduate Certificate in Hospice Palliative Care qualification offered by Whitireia Community Polytechnic and the University of Canterbury. This document is highlighted to students as a key NZ palliative care document that sets a national standard of competence for specialty palliative care practice and supports the alignment of learning within clinical practice settings.

The final assessment point of the Postgraduate Certificate in Hospice Palliative Care is the Professional Practice (Clinical) Assessment and the required competencies embedded in this assessment are informed by the National Professional Framework for Palliative Care Nursing (2008). It has been useful in identifying those students who require further development in palliative care practice expectations.

**Kate Reid, Senior Lecturer in Palliative Care,
School of Health Science College of Education, University of Canterbury**

**Julie Maher, Senior Lecturer/Programme co-ordinator,
Post Graduate Certificate in Palliative Care, Whitireia**

New graduate nurses need to be able to meet the changing demands of the population requiring palliative care. The Framework states that on completion of a Bachelor of Nursing programme, all nurses should have developed the necessary core competencies to provide palliative care regardless of their clinical setting. Undergraduate programmes should have a component of palliative care in the curriculum that prepares nurses to care for those with a life-threatening illness across a variety of clinical settings.

As the coordinator of the palliative care component of the Bachelor of Nursing programme at the School of Nursing, University of Auckland, I have used the Framework as an informing document to contextualise palliative care teaching to the New Zealand environment. This has been particularly useful as resources from the PCC4U programme which were developed in Australia have recently been introduced into some components of the undergraduate curriculum. For example, the Framework specifically recommends the use of the Maori health and well being model, Te Whare Tapa Wha to ensure the palliative care needs of Maori are met. This will not be found in any curriculums developed for populations other than in New Zealand.

Cath Aspinall, Professional Teaching Fellow, University of Auckland

Appendix 3: Reference Group Members

Chris Murphy, Community Liaison – Palliative Services, Mary Potter Hospice

Vanessa Davey, Palliative Care Coordinator, Palmerston North

Jean Clark, Clinical Nurse Specialist, Palmerston North Hospital

Karyn Bycroft, Nurse Practitioner, Paediatric Palliative Care Team, Auckland

Sandra Driver, Clinical Nurse Specialist, Hospital,

Deborah Wise, Clinical Nurse Specialist, Hospital, Lower Hutt

Jane Heather, Clinical Nurse Educator, Nelson Tasman Hospice, Nelson

Annie Wallace, Clinical Nurse Educator, Nelson Tasman Hospice, Nelson

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