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

One of the privileges extended to nurses is the ability to provide care for people as they try to lead as normal a life as possible while encumbered with serious and often debilitating health conditions. This includes the delivery of palliative care, often for a significant proportion of a person's life, culminating in the need to work with that person and their family to ease their death in the most comfortable way possible.

As nurses we have all faced the challenges of assisting people as they deal with and experience the inevitability of conditions that lead to an untimely end, including the specific requirements of pain management and psychosocial support. We would all like to think we can do this well, and of course our education prepares us for these situations, at least up to a point.

What we do know is that palliative care nursing, whether in the context of a person dealing with cancer or living with another intractable condition, requires a specialist set of skills. These skills can be demonstrated at varying levels depending on the extent to which a nurse is actively involved in palliation, from the nurse on a general ward to one working in specialised settings such as hospice care.

The need to describe the distinctive contribution of nursing within differing specialities is now recognised as integral to advancing nursing practice. Around the world nurses are seeking to articulate their increasing levels of specialised knowledge and skill within a particular practice context. An example from near to home is the Australian EdCaN project and its resulting publication A National Professional Development Framework for Cancer Nursing (http://www.edcan.org/), which has informed the present work.

Our document represents a preliminary step in an attempt to produce a national professional competency Framework for palliative care nursing in New Zealand, mapped against existing Frameworks such as the Nursing Council generic competencies and the principles underpinning professional development and recognition programmes.

The process of drafting and consultation associated with this publication has stimulated a valuable dialogue and exchange of ideas on the best way to describe specialist nursing practice. It is hoped that future revisions of this document, along with the production of similar Frameworks in other specialities, will help nurses to locate themselves on a continuum of the skills and competencies required to provide increasingly complex care in the differing environments in which they work.

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Acknowledgements

This National Professional Development Framework 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 2005–2010. We would like to thank everyone who, individually or as a representative of their organisation, contributed to this Framework by providing feedback and suggestions for its direction and content. A list of those organisations and individuals that provided feedback can be found at the end of this document.

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This publication is endorsed by Palliative Care Nurses New Zealand.
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Introduction

This National Professional Development Framework was developed by the Palliative Care and Cancer Nurses Education Group (PCNEG) as part of the implementation of the New Zealand Palliative Care Strategy (Ministry of Health 2001) and the Cancer Control Strategy Action Plan 2005–2010 (Ministry of Health 2005).

Under the New Zealand Cancer Control Strategy (Ministry of Health 2003), funding was made available to improve patient care through supporting the professional development of palliative care and cancer nursing. A National Professional Development Framework for Cancer Nursing in Aotearoa New Zealand (in publication) and A National Professional Development Framework for Palliative Care Nursing in Aotearoa New Zealand provide 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 cancer control and palliative care. They also provides resource materials to help nurses acquire these competencies. While the cancer nursing Framework refers only to one family of diseases, the palliative care nursing Framework refers to any life-limiting disease.

The development of a professional development Framework for palliative care nursing and the accompanying education resources are part of national initiatives to improve the delivery of palliative care in New Zealand. In recognition of the contribution all nurses make to palliative care, it is expected that competencies for nurses working in other roles, including nurse assistants and nurse practitioners, will be developed for inclusion in subsequent editions of this Framework. It is proposed to review this document in two years’ time.

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

This Framework has been developed as part of the Ministry of Health’s Cancer Control Strategy work programme following a workforce review by the University of Auckland (University of Auckland 2008) and consultation with nurses providing palliative care across a wide range of clinical settings.

The following principles underpin the Framework.

a) The priorities, needs and experiences of people with palliative care needs resulting from a life-threatening 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-threatening 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-threatening 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-threatening 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, population health needs and the New Zealand Palliative Care Strategy (Ministry of Health 2001) and New Zealand Cancer Control Strategy (Ministry of Health 2003).

f) Nurses need to be responsive to the needs of people with palliative care needs resulting from a life-threatening illness by incorporating new practice areas and capabilities as they evolve, and negotiating their scope of practice with other health professionals involved in palliative care.
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-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, according the World Health Organization definition 2002.

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

**Generalist 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 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 working exclusively in palliative care services and meets specific palliative care standards as they are developed nationally. These services may be provided by hospice or hospital-based palliative care services where patients have access to at least medical and nursing palliative care specialists. Specialty palliative care nursing practice builds on the palliative care provided by generalist nurses and reflects a higher level of expertise in complex symptom management, psychosocial support, grief and bereavement.

**Palliative care 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 palliative care is to be available throughout the course of a life-threatening illness, 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 generalists 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 quality of life of patients and their families facing the problems of living with a life-threatening illness 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 working in specialty palliative care settings
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-threatening illness
f) ensure the professional development of nurses working in palliative care is consistent with nationally agreed standards for the profession of nursing and for cancer control.

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-threatening illness, whenever they need it, regardless of the place of care, be it home, hospital, hospice or residential aged-care setting. The overall purpose of the New Zealand Cancer Control Strategy (Ministry of Health 2003) is to reduce the burden of cancer, which includes improving access to essential palliative care services that provide appropriate symptom relief.

Both strategies 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 to the needs of communities affected by life-threatening illness. 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 aged residential care. The population-based approach also allows a broad perspective on strategies to improve the delivery of palliative care at individual, family and broader social levels.

A life-threatening illness has a profound impact on individuals’ and family 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 specialist palliative care services will also vary.

Nurses provide services that are integral to reducing the burden of a life-threatening illness 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. Professional scopes of practice are set by legislation and normally articulate expected practice at a beginning level. From this starting point, 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 needs.
Although the dynamic and complex nature of contemporary practice environments means it is not easy to provide clear definitions of the scope of nursing practice or 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 scope of practice and 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-threatening illness 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 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 scope of practice and associated nursing competencies.

**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-threatening illness will require services from nurses in generalist 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-threatening illness 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 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-threatening illness. 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-threatening 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 and/or extended 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. For nurse practitioners in palliative care, competency will also be based on the nurse practitioner competencies developed by the Nursing Council of New Zealand (2002). As advanced and extended practice roles in palliative care expand, it is expected that a set of competencies for nurse practitioners in palliative care will be included in subsequent editions of this Framework.
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-threatening illness across a variety of clinical settings.

This knowledge is developed further in the new entry to practice (NETP) programmes, where a core component will prepare nurses to care for those with a life-threatening illness, 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 most 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**

<table>
<thead>
<tr>
<th>Experience and learning</th>
<th>Education Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor</td>
<td>Development of the competencies required to deliver care at the end of life in a variety of clinical settings</td>
</tr>
<tr>
<td>Undergraduate programmes</td>
<td><em>All nurses</em></td>
</tr>
<tr>
<td>New Entry to Practice (NETP) programmes or new to specialty</td>
<td></td>
</tr>
<tr>
<td><em>All nurses</em></td>
<td></td>
</tr>
<tr>
<td>AND</td>
<td></td>
</tr>
<tr>
<td>Postgraduate</td>
<td></td>
</tr>
<tr>
<td><em>Many nurses</em></td>
<td></td>
</tr>
<tr>
<td>Bachelor +/- postgraduate</td>
<td></td>
</tr>
<tr>
<td>Master’s</td>
<td>Development of competencies acquired at NETP level to an advanced level specific to a specialist palliative care setting</td>
</tr>
<tr>
<td>Postgraduate study to master’s level</td>
<td></td>
</tr>
<tr>
<td><em>Some nurses</em></td>
<td></td>
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</tbody>
</table>
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 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-threatening illness 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-threatening illness (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 New Zealand Nursing Council competencies, the capabilities required of nurses working with people affected by a life-threatening illness 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 and nurse entry to practice (NETP) programmes.

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 clients’ safety, independence, quality of life and health.

- **Domain 2: Management of nursing care** – competencies related to client assessment and managing client care, which are responsive to clients’ needs, and which are supported by nursing knowledge and evidence-based practice.

- **Domain 3: Interpersonal relationships** – competencies related to interpersonal and therapeutic communication with clients, 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**

<table>
<thead>
<tr>
<th>Core competency in palliative care</th>
<th>Nursing Council competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applies legal and ethical decision-making principles in planning and delivering palliative care for people with a life-threatening illness</td>
<td>Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements</td>
</tr>
<tr>
<td>Demonstrates a holistic model of care for those with a life-threatening illness, encompassing the Māori philosophy of health and wellbeing – Te Whare Tapa Wha</td>
<td>Demonstrates the ability to apply the principles of the Treaty of Waitangi / Te Tiriti o Waitangi to nursing practice</td>
</tr>
<tr>
<td>Understands the role of others in palliative care and the accountability of the registered nurse in planning and evaluating care</td>
<td>Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by nurse assistants, enrolled nurses and others</td>
</tr>
<tr>
<td>Understands the impact that a life-threatening illness has on a person, their family/whānau and wider community, and provides support to facilitate their own decision-making</td>
<td>Promotes an environment that enables client safety, independence, quality of life and health</td>
</tr>
<tr>
<td>Recognises the uniqueness of individuals and their families/whānau and demonstrates the provision of sensitive and culturally appropriate nursing care to those with a life-threatening illness</td>
<td>Practises nursing in a manner that the client determines as being culturally safe</td>
</tr>
</tbody>
</table>
## Domain 2: Management of nursing care

<table>
<thead>
<tr>
<th>Core competency in palliative care</th>
<th>Nursing Council competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>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-threatening illness</td>
<td>Provides planned nursing care to achieve identified outcomes</td>
</tr>
<tr>
<td>Undertakes a comprehensive nursing assessment and delivers nursing care that incorporates all aspects of the person – physical (te taha tinea), spiritual (te taha wairua), emotional (te taha hinengaro) and social (te taha whānau)</td>
<td>Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings</td>
</tr>
<tr>
<td>Accurately documents a nursing assessment, management plan and evidence of ongoing evaluation of clinical outcomes and symptom control</td>
<td>Ensures documentation is accurate and maintains confidentiality of information</td>
</tr>
<tr>
<td>Provides adequate explanation and support to those with a life-threatening illness and their families/whānau, facilitating informed decision-making regarding proposed management plans</td>
<td>Ensures the client has adequate explanation of the effects, consequences and alternatives of proposed treatment options</td>
</tr>
<tr>
<td>Recognises potential palliative care emergencies and initiates a plan of care that anticipates and limits distress for those with a life-threatening illness and their families/whānau</td>
<td>Acts appropriately to protect oneself and others when faced with unexpected client responses, confrontation, personal threat or other crisis situations</td>
</tr>
<tr>
<td>Understands the normal responses to grief and loss, which may be expressed in emotions that are confrontational</td>
<td></td>
</tr>
<tr>
<td>Determines the effectiveness of nursing care on clinical outcomes via regular and ongoing assessment of the person with a life-threatening illness</td>
<td>Evaluates clients’ progress towards expected outcomes, in partnership with clients</td>
</tr>
<tr>
<td>Provides an appropriate level of information and education that enables self-management, as appropriate, in the care of a person with a life-threatening illness</td>
<td>Provides health education appropriate to the needs of the client within a nursing framework</td>
</tr>
<tr>
<td>Uses reflective practice to identify areas for further learning, and documents needs and actions in a professional portfolio</td>
<td>Reflects on, and evaluates with peers and experienced nurses, the effectiveness of nursing care</td>
</tr>
<tr>
<td>Demonstrates an awareness of current gaps in knowledge of palliative care, and uses available resources to develop the skills required to care for people with a life-threatening illness</td>
<td>Maintains professional development</td>
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</table>
### Domain 3: Inter-professional health care and quality improvement

<table>
<thead>
<tr>
<th>Core competency in palliative care</th>
<th>Nursing Council competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates and networks with the wider interdisciplinary team and activates a referral to the appropriate service in a timely fashion</td>
<td>Collaborates and participates with colleagues and members of the health care team to facilitate and co-ordinate care</td>
</tr>
<tr>
<td>Recognises when there is a need for specialist palliative care input, and is aware of how to access this support for the person with a life-threatening illness</td>
<td>Recognises and values the roles and skills of all members of the health care team in the delivery of care</td>
</tr>
<tr>
<td>Participates in quality improvement activities to promote the continuing development of quality palliative care</td>
<td>Participates in quality improvement activities to monitor and improve standards of nursing</td>
</tr>
</tbody>
</table>

### Domain 4: Interpersonal relationships

<table>
<thead>
<tr>
<th>Core competency in palliative care</th>
<th>Nursing Council competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates empathy and sensitivity in developing a therapeutic relationship with patients and their families/whānau</td>
<td>Establishes, maintains and concludes therapeutic interpersonal relationships with client</td>
</tr>
<tr>
<td>Actively encourages a partnership model of care for people living with a life-threatening illness and their families/whānau, acknowledging and clarifying their goals, priorities and choices in care</td>
<td>Practises nursing in a negotiated partnership with the client where and when possible</td>
</tr>
<tr>
<td>Demonstrates effective communication skills collaborating with the interdisciplinary team in order to achieve the best possible outcome for the patient and family/whānau</td>
<td>Communicates effectively with clients and members of the health care team</td>
</tr>
</tbody>
</table>

#### 2.2 Specialty palliative care competencies for registered nurses

The competencies for the specialty palliative care nurse are intended for those nurses who choose to work in a specialist palliative care setting.

These competencies are intended for nurses who work in specialist palliative care services and may be primarily responsible for a defined group of people who have complex needs related to a life-threatening illness. In addition, they will have a role in supporting generalist 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 judgements and interventions for people affected by life-threatening 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 are simply reformulated specifically for the palliative care specialty and several practice indicators for each competency are given.

**Domain 1: Professional responsibility**

This domain relates to the specialty palliative care nurse’s professional, legal and ethical responsibilities and cultural safety related to palliative care. 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 a client’s quality of life, independence and health.

<table>
<thead>
<tr>
<th>Palliative care specialty competency</th>
<th>Practice indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practises in accordance with legislative, cultural and ethical standards for palliative care nursing</td>
<td>Responds effectively to complex ethical and legal issues that arise in palliative care, such as withdrawing/withholding treatment and euthanasia. Practises in a way that acknowledges the impact a life-threatening illness has on an individual and their family/whānau, including acknowledging their culture, spirituality, dignity, beliefs and rights. Advocates for those groups under-represented in palliative care, such as Māori and Pacific people.</td>
</tr>
<tr>
<td>Engages in and contributes to informed critique, and influences the professional and systems level of palliative care nursing</td>
<td>Understands national and global trends in palliative care. Understands the impact of health and organisational policy on the delivery of palliative care. Participates in activities that contribute to improved service delivery in palliative care across clinical settings – including primary, tertiary and aged residential care.</td>
</tr>
<tr>
<td>Uses appropriate mechanisms for monitoring own performance and competence</td>
<td>Participates in professional supervision and peer-review processes to monitor personal and professional responses to clinical situations. 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. Participates in performance appraisal and or credentialing processes.</td>
</tr>
</tbody>
</table>
Domain 2: Management of nursing care

This domain relates to the specialty palliative care nurse’s client assessment and management of care, which is responsive to the client’s need and which is supported by nursing knowledge and evidence-based practice in palliative care.

<table>
<thead>
<tr>
<th>Palliative care specialty competency</th>
<th>Practice indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates in the safe and effective nursing care of people with a life-threatening illness who have complex palliative care needs</td>
<td>Collaborates with the client, their caregiver, family/whānau and other team members in planning and implementing a nursing plan of care</td>
</tr>
<tr>
<td></td>
<td>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-threatening illness with complex palliative care needs</td>
</tr>
<tr>
<td></td>
<td>Demonstrates skilled use of therapeutic nursing interventions required to meet the physical, social, spiritual and emotional needs of the person with a life-threatening illness</td>
</tr>
<tr>
<td></td>
<td>Recognises the need for referral to other services, and demonstrates a knowledge of the roles these services have in achieving best possible care</td>
</tr>
<tr>
<td></td>
<td>Continuously evaluates and reassesses the effectiveness of palliative care interventions in a timely manner and modifies plans to meet the needs of the client, caregiver and family/whānau</td>
</tr>
<tr>
<td></td>
<td>Uses effective evidence-based strategies in developing the knowledge and self-care abilities of clients, caregivers and family/whānau</td>
</tr>
</tbody>
</table>
**Domain 3: Interpersonal relationships**

This domain reflects the specialty palliative care nurse’s role in developing interpersonal and therapeutic relationships using effective communication with clients, families/whānau and the interdisciplinary team.

<table>
<thead>
<tr>
<th>Palliative care specialty competency</th>
<th>Practice indicator</th>
</tr>
</thead>
</table>
| Develops therapeutic relationships with clients to anticipate and meet their multiple care needs across the palliative care continuum | Uses effective communication skills to establish and maintain therapeutic relationships with clients  
Actively works alongside the client and their family/whānau, supporting them to identify goals of care that are unique to those individuals  
Provides clients with appropriate and accurate information that will facilitate informed decision-making on all aspects of care  
Supports and builds the personal resources and strengths of the person with a life-threatening illness, 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 |
| Initiates and ensures ongoing collaborative relationships with clients and colleagues                | Practice reflects the philosophy that the person with the life-threatening illness and their family/whānau remain at the centre of care  
Demonstrates a comprehensive understanding of the roles of team members and their contribution to achieving effective outcomes for the person with a life-threatening illness  
Initiates and responds to referrals in collaboration with the team, according to the needs and preferences of the client |
Domain 4: Inter-professional health care and quality improvement

This domain reflects the specialty palliative care nurse’s role as a member of the health care team in evaluating the effectiveness of care and promoting a nursing perspective in the inter-professional activities of the team.

<table>
<thead>
<tr>
<th>Palliative care specialty competency</th>
<th>Practice indicator</th>
</tr>
</thead>
</table>
| Contributes to quality improvement activities that contribute to improved delivery of specialist palliative care | Assesses and critiques palliative care outcomes against established standards and guidelines  
Initiates and contributes to activities that contribute to improvement in the safety and quality of outcomes for people with a life-threatening illness  
Demonstrates the skills and values of critical reflection and life-long learning to generate practice knowledge |
| Practises from an evidence-based Framework and contributes to the development of evidence-based practice | Identifies and integrates research evidence that improves the delivery of palliative care  
Fosters a spirit of inquiry and contributes to improving the quality of palliative care nursing |
| Provides advice and mentorship to colleagues and other health professionals involved in the delivery of palliative care | Acts as an expert resource for generalist providers of palliative care, as required  
Develops and contributes to education and team development activities with colleagues and generalist providers of palliative care  
Provides leadership, mentorship and professional support to colleagues developing specialty skills in palliative care related to clinical and professional issues in palliative care nursing  
Disseminates evidence-based practice information and research to colleagues and generalist providers of palliative care, as required |
Glossary

**Burden of life-threatening illness**: 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.

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

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

**Life-threatening illness**: 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 assistant**: a nurse who assists a registered nurse to deliver nursing care to individuals in community, residential and hospital settings, and is required to practise in the specific area of focus of their education programme, as specified on their practising certificate.

**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.

**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: Development of the Framework

This National Professional Development Framework is one outcome of a project, supervised by the Palliative Care and Cancer Nurses Education Group (PCNEG), which aims to improve professional development in these two nursing specialties. This document was drafted by members of the group, peer reviewed by nursing experts in the specialty, then put out for wide consultation with relevant groups within the sector.

PCNEG members

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Capital & Coast DHB
Mid-Central DHB
Hospice East Bay of Plenty
Hospice Taranaki team
Hospice Waikato
Ministry of Health
New Zealand Nurses Organisation (NZNO)
Northland DHB
NZNO Cancer nurses section
NZNO PDRP group
Palliative Care Nurses New Zealand (PCNNZ)
Taranaki DHB
Waipua Hospice
Waitemata DHB
References


