Future of Palliative Care Education In Ireland: A Discussion Paper

Planning Group of Round Table of Palliative Care Education in Ireland

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May 2007

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EXECUTIVE SUMMARY

In June 2006, a national invitational Round Table about education in palliative care in Ireland was planned and convened by three major Irish palliative care organisations: the National Council for Specialist Palliative Care (NCSPC); the Irish Association for Palliative Care (IAPC); and the Irish Hospice Foundation (IHF). Invited participants represented stakeholders in palliative care education and included policy makers such as the Health Service Executive (HSE) and the Health Services National Partnership Forum, education providers (in both generalist and specialist palliative care), representative of those who provide palliative care at all levels; and users of palliative care services. The aims of the Round Table were to:

1. explore current provision of education in palliative care; and
2. begin to identify strategic directions.

In November 2006, the NCSPC invited the planning group to reconvene and deliberate the strategic implications arising from the Round Table. The planning group reviewed a body of material about palliative care in education in Ireland (Monaghan & IHF, 2006) as well as the report and discussions that arose at the Round Table.

Three strategic concerns were identified:

1. The changing nature of palliative care needs should be addressed in palliative care educational provision, such as the palliative care of those with non-malignant conditions and the care of the older person;

2. The need for national coordination and support of existing and future academic activities;

3. A requirement for five expanded levels of palliative care education was identified and include:
    a. Level One: Pre-qualification professional training, the foundations of a 'palliative care approach'
    b. Level Two: Generalist Continuing Professional Education (CPE);
    c. Level Three: Specialist preparation;
    d. Level Four: Post-specialist support for leadership; and
    e. Level Five General public education and information.

Each of the five proposed levels of education was examined relative to current provision in Ireland and to international models.
Broadly, the current pre-qualification provision for non-specialists is deemed to be fragmented with little integration of core palliative care competencies.
Level Two palliative care training is developed independently with accreditations offered primarily through nursing and medical councils. Postgraduate training for

doctors varies in palliative care content, for example it is not explicitly represented in cardiology or respiratory medicine.
While specialist palliative care training (Level Three) is relatively well provided for, further developments are required, particularly for the preparation of allied health professionals.
Models of life-long learning should extend to developing leaders and experts in a field (Level Four). There are no programmes of advanced educational support in Ireland and few models available elsewhere to address such needs.
A strategic approach to public education (Level Five) has been posited as a means of improving access to palliative care services, empowering users and involving communities in planning.

Recommendations are made for further consideration.

Level	Recommendation
	1. In addition to policy recommendations outlined in the report of the National Advisory Committee for Palliative Care (DOHC, 2001), further structures should be considered to support existing and future academic activities nationally in palliative care (such as an all-Ireland Institute for Hospice and Palliative Care).
1	2. Specific palliative care skills should be embedded as core competencies in pre-qualification education. Statutory regulation bodies, third level education providers and service providers should be approached to engage with this work. 3. Increased awareness is needed of existing international curricula for Core Competency development in pre-qualification education in palliative care. Exploration of how to use these curricula in an Irish context should be encouraged. 4. Specialist palliative care practitioners, statutory bodies and education providers, should identify a range of palliative care placements for all students to experience palliative care at this level as these students develop core competencies in palliative care. 5. Appropriate palliative care education, e.g. FETAC Palliative Care Support module, should be embedded into the organisational quality standards as required for institutional accreditation, in care settings such as hospitals, nursing homes, specialist palliative care units.

2.	6. Palliative care practitioners, third level educationalists, specialist palliative care educationalist and statutory bodies should develop an award framework to accumulate and accredit continuing professional education in palliative care. 7. A database should be developed of flexible, accessible, academically accredited continuing professional education provision in palliative care for multidisciplinary practitioners. This will require a sponsor, clearing house and maintenance structure. 8. Statutory bodies should require palliative care content in the preparation of non-palliative care specialists in diseases where death occurs, such as cardiovascular and respiratory diseases.
3	9. An increase is recommended in the places on flexible and accessible programmes available for preparation of palliative care nurse specialists. 10. Social work, pastoral care, physiotherapy and occupational therapy practitioners and statutory bodies should be supported as they explore specialist preparation.
4.	11. High level education for leadership, collaboration and innovation in palliative care should be explored and established.
5	12. A national survey into public knowledge and understanding of palliative care should be undertaken which can be used to inform the development of programmes to improve public awareness. 13. A database should be established of existing education materials available for the general public about principles of palliative care. The database should be preceded by a 'scoping study' to establish the levels and character of public education. The exiting materials can then be reviewed in light of the national survey of public education needs for comprehensiveness and coherence. On the basis of this review, additional materials should be developed. Potential partners could include the Health Promotion Agency as well as specialist palliative care providers. 14 Generic educationalists should be supported to integrate palliative care into existing second level Life Skills curricula.

1. INTRODUCTION

Palliative care has a long and strong history in Ireland. This paper represents a synopsis of recent initiatives in education in Ireland and sets out to provide a discussion paper to support future planning. Drawing on a number of sources including the history of palliative care in Ireland, various seminal reports identified below, discussions from a round table of palliative care education stakeholders held in June 2006, further deliberations by the planning group of the Round Table, and using selected published literature, it identifies some considerations for a way forward. Thus, on one hand it is a 'think piece' about expanding and developing levels of palliative care education. On another it addresses some workforce planning issues arising out of the Baseline Study (IHF, 2005). Finally, it is an audit of current educational provision.

This paper has a number of objectives:

- To describe in detail a framework to underpin palliative care education developments in Ireland

- To summarise the current context for palliative care education in Ireland, including provision and projected requirements (workforce planning)

- To suggest ways forward for developments at each of the five levels identified in the framework

- To provide a resource to the National Council for Specialist Palliative Care, the Irish Association of Palliative Care and the Irish Hospice Foundation to frame education developments for the public, general health care professionals and specialists in palliative care.

The World Health Organisation defines palliative care as

> "an approach that improves the quality of life of patients and their families facing the problem 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"(2002).

Palliative care uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated. It affirms life and regards dying as a normal process and intends neither to hasten nor postpone death. Palliative care knowledge and skills are relevant to all health carer workers, whether qualified or not, generalist or specialist.

1.1 Background

The Department of Health and Children (DOHC) adopted a proactive and supportive role in promoting the appropriate and structured development of palliative care services in Ireland as evidenced in a number of policy documents and initiatives. The National Health Strategy, *Shaping a Healthier Future,* first recognised the important role of palliative care services in improving quality of life (DOHC, 1994). Palliative medicine was formally recognised as a distinct medical specialty in Ireland in 1995, the second European country to do so. A 1996 position paper on the development of hospice and palliative care services in Ireland then highlighted the important role of training and education, and suggested that this area should be specifically addressed in plans for future development of such services (Irish Association for Palliative Care, 1996).

The Department of Health and Children in 1999 initiated a process whereby an expert committee was convened to prepare a report on palliative care services in Ireland. This National Advisory Committee on Palliative Care published its report in 2001 and the report was adopted as DOHC policy These recommendations are reproduced in Appendix A. The recommendations suggested that stakeholders work together to develop the speciality to its full potential. These current stakeholders were identified as specialist palliative care services, universities, professional bodies and charities, and included both statutory and voluntary bodies. A core recommendation was to establish key academic posts in third level educational institutions, i.e. universities, to develop inter-disciplinary courses for all professionals involved in the delivery of palliative care. A particular recommendation was the development of a 'core curriculum' for medicine. Specific recommendations for each of the disciplines of the specialist palliative care team were articulated, taking account of the planned shift to third level education institutions of entry to practice and professional criteria for specialist practice. Also included in the focus of discussion was education for care attendants and informal carers, acknowledging the key role they play in the delivery of palliative care (DOHC, 2001).

There are two reasons why it is appropriate to explore palliative care education in Ireland at this time.

First, there are national drives to develop quality care for those facing death. This is demonstrated in several threads: the emerging iHIQA quality frameworks include one for specialist palliative care units; the recommendations of the Report of the National Advisory Committee on Palliative Care (2001) outlines a service development model; an International Expert Advisory Group Report on Palliative Care(Marymount Hospice et al, 2005) proposed a standards framework for palliative care. In addition, concerns about the quality of services for people confronting death and dying are evident through the published high profile reports from the Ombudsman's Office (2005) and the Madden Report (2005); as well the

national opinion survey about death and dying in Ireland undertaken for the Health Services National Partnership Forum and the Irish Hospice Foundation (Weafer, 2004).

Second, the National Advisory Committee's Report in 2001 identified requirements for the comprehensive provision of palliative care in Ireland which included a consideration of the human resources. Educational preparation is necessary to underpin these personnel requirements. Education providers need to offer programmes which develop the appropriate number of practitioners for the variety of settings where palliative care is delivered and at all levels of service provision. A Baseline Study on the Provision of Hospice /Specialist Palliative Care Services in Ireland (2005) identified specific specialist staff deficits across disciplines and settings. The results provided information about disciplinary variations, i.e. nursing, medicine, social work, physiotherapy, occupational therapy, pharmacy. Regional differences were highlighted as well as summary national deficits. To complement the Baseline Study (IHF, 2005) an assessment of education provision in palliative care in Ireland was undertaken (Monaghan & IHF, 2006).

On 23rd of June 2006, a consortium of Irish palliative care organisations – the National Council for Specialist Palliative Care (NCSPC), the Irish Association for Palliative Care (IAPC) and the Irish Hospice Foundation (IHF) planned and convened an invitational Round Table or forum of stakeholders in palliative care education. Forty-four participants were invited and these included representatives from the HSE and Health Services National Partnership Forum, education providers (both generalist and specialist palliative care), and representatives of those who provide palliative care at all levels as well as users of palliative care services. See Appendix B for a list of the Invitees. The aims of the day were to: 1) explore current provision of education in palliative care; and 2) begin to identify strategic directions for palliative care education.

1.2 Educational Support

Education may be defined as the process by which learning is facilitated, and results in changing knowledge skills, attitudes and/or behaviour (Calman, 2004). In practice-based professional disciplines such as those involved in health, education occurs on a continuum.

Basic or foundation learning in health care is extended through practice experience and encounters with the nuances of clinical care. Advanced theoretical understanding through postgraduate study allows the transfer of learning to new contexts and settings. Finally, critical reflection and systematic rigorous exploration through doctoral study leads to uncovering embedded or new knowledge and facilitates the development of the specialty and subject.

Educational support needs to be shaped by the proposed learning outcomes at each stage of practitioner development. At the same time, the technologies of support are increasing and changing in character, moving education beyond the traditional face-to-face formal setting. Alternatives include packages for self-directed learning, e-learning modules, and interactive websites. Techniques for learning, especially in palliative care, focus on experiential strategies that are particularly helpful in communication skills development, and in psychosocial and ethical aspects of care.

Within Ireland, the National Qualifications Authority of Ireland (NQAI) developed a comprehensive and coherent framework for educational qualifications with descriptions of learning at each level and the award to recognise learning at each level (NQAI, 2006). The NQAI accreditation framework spans vocational training through to doctoral learning and is reproduced in Appendix C. Using these identified levels of accreditation, education for palliative care practitioners is summarised in Table 1.

Table 1. NQAI Award for Learning in Palliative Care

Practitioner	Education Course	Awarding Body	NQAI Level Award
Care Assistant	Module –Palliative Care Support D20170	Further Education & Training Awards Council (FETAC)	Level 5 (old NCVA Level 2)
Professional Entry to Practice* Medicine, Nursing Pharmacy,	Ordinary and Honours Bachelor Degree	-Higher Education & Training Awards Council (HETAC) -University -Statutory Registration Body	Level 7/8
Experienced qualified health care workers not working exclusively in palliative care	Higher / Postgraduate Diploma	HETAC University	Level 8/9
Specialist practitioner in palliative care	Masters Degree	HETAC University Professional Body	Level 9

* Physiotherapy, Occupational Therapy, Social Work are moving toward degree entry to practice and will be similar to Medicine, Nursing & Pharmacy.

A specific aspect of palliative care is the recognition and value of the multi-professional support that is required to address the holistic impact of facing death. So while foundation knowledge of the specific health-related profession

will be uniprofessional, there are strong reasons to provide advanced training in the context of interprofessional learning.

1.3 Paediatric palliative care education

This paper will focus on adult palliative care. Paediatric palliative care education in Ireland has been defined and is currently being actively addressed based on findings from the Palliative Care Needs Assessment for Children (DOHC,2005) and a subsequent forum of paediatric and palliative care stakeholders (January 2006). Through a HSE-convened implementation group, an educational framework proposal has been developed. This comprises two defined programmes, taking account of the needs of differing levels of practitioners and commenced in February 2007.

2. STRATEGIC ISSUES

2.1 Changing nature of palliative care

Traditionally, palliative care has been provided in specialist palliative care units where members of the patient population primarily have a cancer diagnosis. There are a number of strands of change evident in Ireland. First, there is emerging provision in acute hospitals setting and primary care settings which will have distinctive characteristics.

Second, the imperative to strategically explore requirements and provide palliative care in non-malignant clinical contexts has been identified (DOHC, 2001). In 2004, 28,151 deaths were registered in Ireland with half of them caused by diseases of the circulatory and respiratory systems (CSO, 2007). Many of the clinical problems that confront dying people will be similar regardless of the underlying illness – e.g. pain, breathlessness, fatigue, anxiety, depression and yet they may require different clinical approaches (Higginson, 1997). Table 2 identifies the principal causes of death in Ireland.

Table 2. Principal Causes of Death registered in Ireland in 2005 (CSO, 2007)

Cause of Death	Number of Deaths registered Number (% of all deaths)
Cancers	7,717 (27.4)
Diseases of Circulatory System	10,608 (37.7)
Diseases of Respiratory System	4,060 (14.4)
Injuries & Poisonings	1,241 (4,4)
Other Deaths	4,525 (16.1)
Total Deaths	28,151 (100.0)

The implications of expanding palliative care provision to patients with this range of diagnoses will include fundamental educational developments.

Finally, demographic changes in Ireland also provide a strong impetus for the exploration of palliative care for the older person and those from a non-Irish background.

2.2 A need to co-ordinate education activities

Currently, palliative care educational endeavours in Ireland are highly localised with little evidence of national planning or co-operation (Higgins, 2005; Larkin, 2005). While some developments are evident, for example in the nursing curriculum, there are few strategic directions for the inclusion of palliative care in undergraduate curricula. Similarly, training programmes may lack academic accreditation and nationally agreed links to core competencies. Clear leadership

can promote educational developments in palliative care and foster strategic development. Evidence of academic accreditation will gain in importance in a climate of organisational accreditation and professional competency assurance. National co-ordinated support could eliminate duplication and competition and maximise provision.

Recommendation

In addition to policy recommendations outlined in the report of the National Advisory Committee for Palliative Care (DOHC, 2001), further structures should be considered to support existing and future academic activities nationally in palliative care (such as an all-Ireland Institute for Hospice and Palliative Care).

2.3 Five levels of education provision

Palliative care is offered in varying service provision contexts and different national and European bodies have suggested frameworks to illustrate the continuum of palliative care provision and associated education requirements. The Report of the National Advisory Committee for Palliative Care (DOHC, 2001) outlined a three level palliative care framework:

> Level One a palliative care approach and is the core education for all who are involved in clinical care and thus relevant to all health care professionals (HCPs) who should apply the principles of palliative care;
>
> Level Two comprising general palliative care where qualified practitioners have additional training and expertise because their work involves some palliative care; and
>
> Level Three relating to the speciality of palliative care and professionals who core activity is the provision of palliative care.

The European Association for Palliative Care (EAPC) identified three specific levels for nurse education, (Level A undergraduate through to Level C Specialist Postgraduate) which in turn map to levels of palliative care service provision. Both frameworks are summarised in Appendix D. In comparing these two schemes, it becomes clear that there is agreement in some areas (particularly for specialist levels), yet differences underscore that there is no agreed criteria in defining the categories or that the categories are mutually exclusive. What is clear is that both schemes endorse palliative care education be available across the education continuum for health care professionals.

For the purposes of this paper, we used the scheme from the Irish Report of the National Advisory Committee (DOHC, 2001).

During the national Round Table in June 2003, two further levels appropriate for education interventions were identified that were not cited in either scheme. The first of these (proposed as 'Level Four') identified that qualified specialists in palliative care required advanced educational support. This group will need continued updating with attendance at ongoing programmes such as the annual Oxford Clinical Updating Series as well as national and international conferences, i.e. Irish Association of Palliative Care, Congresses of the European Association of Palliative Care. At present specialists engage with formal post-specialisation education primarily outside of Ireland. Practitioners at this level will have a range of advanced educational needs, including supporting leadership and managerial roles as palliative care further develops and expands in Ireland.

The second additional level identified through the Round Table (proposed as 'Level Five') emphasised public education. The general public require education in order to understand palliative care and to engage with services. The public also shapes a political agenda and as such should be knowledgeable. Finally, this group provides support to existing palliative care services throughout Ireland through fundraising and volunteering.

Table 3 summarises these five levels.

Table 3 Five Levels of Palliative Care Provision

Level of Provision	Focus of Edcuation
Level One Foundations of a 'Palliative Care Approach' for all Health Care Workers	Developing an understanding and practice of the principles of palliative care – including communication, importance of symptom management, social, psychological and spiritual issues and care for the family. Includes health care professionals during their initial training and non-professionally qualified health care workers who work with people facing death. Includes education for the families and informal carers of those facing death
Level Two Intermediate Education for Generalist Health Care Professionals	Skill-based education for professionally qualified health care practitioners who work in general health care settings and are confronted with conditions and situations requiring both a palliative care approach and knowledge of palliative care. Includes practitioners who work in specialties where they encounter death such as oncology, respiratory care, cardiac care and care of the elderly.

	Includes 'catch-up' programmes for professionals whose original training preceded the introduction of taught palliative care and health care professionals who trained in other countries with no palliative care input to pre-qualification programmes
Level Three Specialist Preparation in Palliative Care	Specialist palliative care practitioners whose core activity is focussed on the provision of palliative care. Education interventions are specially devised to develop these core specialist skills .
Level Four Post- specialist education	Education support for those who are already experienced specialist practitioners in palliative care and have managerial or clinical expertise
Level Five General public education	Education of the public regarding the nature of palliative care and health and support services for those facing dying and bereavement.

Against this background and context, the planning group for the education Round Table, comprising representatives of the National Council for Specialist Palliative Care, the Irish Association for Palliative Care and the Irish Hospice Foundation, reconvened with the objective of making recommendations relevant to each of the levels of intervention identified in the *five level model* described above.

3. LEVELS OF PALLIATIVE CARE EDUCATION

3.1 Level One. Foundations of a palliative approach for health care workers

Definition

Level One focuses on developing an understanding and practice of the principles of palliative care – including communication, importance of symptom management, social, psychological and spiritual issues and care for the family. It includes health care professions during their initial training as well as all non-professionally qualified health care workers who work with people facing death. Finally, it also includes education for the families and informal carers of those facing death.

Current Levels of Provision

Provision of Level One palliative care should be underpinned by a defined and accredited curriculum. Ideally, pre-qualification education should have a coherent and comprehensive standard of palliative care content. While palliative care is a relatively young specialty, there has been work done internationally on defining the content at this level. Table 4 identifies pre-qualification programmes in Ireland for health care professionals and indicates where palliative care content is taught. The content and amount of palliative care input varies across centres.

Table 4: Providers of pre-registration medical, nursing and allied health care professional education and identified palliative care input to undergraduate programmes (Monaghan & IHF, 2006; Round Table, 2006)

Institution	Med	Nursing	SW	OT	PT
Athlone Institute of Technology (IT)		X			
Dublin City University (DCU)		X Optional			
Dundalk IT		X			
Galway Mayo IT		X			
Tralee IT		X Oncology			
Letterkenny IT		X			
National University of Ireland, Galway (NUIG)	X	X Integrated	X	X	
Royal College of Surgeons Ireland (RCSI)	X	X			X

St. Angela's Sligo		X			X
Trinity College, Dublin (TCD)	X	X Integrated	X	X	X
University College, Cork (UCC)	X	X	X	X	
University College, Dublin (UCD)	X	X – 8 hours in 4th year Chronic Illness module	X		
University of Limerick (UL)		X		x	X
Places offered per year	782	1076	201	115	150

Medicine

The General Medical Council (GMC) is the registration body for medicine and as such regulates the provision of undergraduate training. The GMC undertook a series of reports looking into the provision of education, culminating in the publication of the Fottrell Report (DOHC, 2006) which raised concerns regarding the quality of undergraduate medical education and the ability of the current system to increase capacity to meet future manpower and shifting demographic demands. Recommendations include that there should be:

- A defined set of programme outcomes regarding knowledge, skills, competencies, values and attitudes, with an emphasis that these should be based on a national framework;

- A particular emphasis on the development of communication skills as well as the 'recognition of a partnership ethos that underpins all decision making and interactions with patients.'

- Delivery of education in more diverse settings and an increase in multidisciplinary fora.

Undergraduate medical curricula in palliative care, including core competencies, have been developed in several national contexts (Association for Palliative Medicine for Great Britain and Ireland, 1992; Association of Faculties of Medicine of Canada, 2004). In a review of undergraduate medical schools teaching in palliative care undertaken in Ireland (Dowling & Broomfield, 2002), most schools reported specific dedicated time, usually limited to a day or less. Some schools had optional or lottery placements in palliative care, due to the limited capacity of specialist units to support students. For example, the RCSI and NUI Galway had clinical visits to specialist settings. TCD students had a 2 week clinical attachment to a hospice, 50% of UCD students were allocated to the same

clinical hospice attachment. UCC allocates 12-15% of students to a 4 week clinical palliative care attachment.

Nursing

An Bord Altranais (ABA) is the registration body for nursing in Ireland, and as such regulates the provision of undergraduate nurse training as well as governing the initial and continuing registration of nurses. Relative to the general core competencies, ABA views palliative care as an important component of nurse training. However, while ABA oversees the framework for education, each programme is developed and delivered independently, and there is no absolute requirement for specific palliative care content and placements. Thus, within the 13 Irish nursing programmes, where known, the palliative care content is identified either as part of oncology modules, or integrated into general modules or offered as an option.

Examples of international palliative care nursing curricula and education frameworks at Level One include the 1998 American Association of Colleges of Nursing's *Peaceful Death: Recommended Competencies and Curricular Guidelines for End-of-Life Nursing Care*. From that base, an independent project (ELNEC) developed a core curriculum for undergraduate nurses covering nine areas. The European Association of Palliative Care (EAPC) developed *A Guide to the Development of Palliative Nurse Education in* Europe (2004) that defines the content at each level of nursing practice, including the Basic level, Level One.

Social Work

In social work, as with other professions allied to medicine, a statutory registration of practitioners is being established which will also promote high standards in education (Health and Social Care Professionals Act, 2005). Currently, social work programmes are offered in four centres with some offered at undergraduate level and others at post-graduate level. While there is no specific reference to palliative care content in the curriculum, there is a focus on developing communication skills, exploring the impact of loss on individuals and the existing larger social network of individuals.

Pastoral Care Workers

Chaplaincy and pastoral care services hold an important role in the education and support of both patients and health care professionals when it comes to spiritual care. Health and social care workers often feel awkward about discussing, or even considering, their own spiritual needs as professional carers, and this has an impact on how they are able to deal with the difficult issues that arise for patients and families. Spiritual or pastoral care may be provided by:

- The patient's own family, friends or faith group;

- Staff groups (of any discipline) with all care settings;

- Officially appointed faith leaders and pastoral care workers selected and trained to work within a palliative care setting.

There are areas of good practice with respect to defining competencies and standards in this area which could be drawn upon to help develop education and training initiatives for all health care professionals, e.g. '*Spiritual and Religious Needs of Patients and Staff*' (Marie Curie Cancer Care, 2003). Information on chaplain education and pastoral care training at undergraduate and postgraduate level in Ireland is currently unavailable.

Physiotherapy

Currently, there are no specific references to palliative care content within course curriculum or placement examples. Informal discussions with practitioners indicate that there may be formal content of varying length with an optional or lottery approach to placements.

Occupational Therapy

Currently, there are no specific references to palliative care content within course curriculum or placement examples. Informal discussions with practitioners indicate that there may be formal content of varying length with an optional or lottery approach to placements.

Other Health Care Workers

There are other health care workers who also contribute to a 'palliative care approach'. These other workers who are non-professionally qualified, work in a variety of health care settings include, for example, volunteers, health care assistants and bereavement support workers. Often the professionally non-qualified staff are prepared and supervised using on-the-job training and support.

The Further Education and Training Awards Council (FETAC) accredits a locally provided Palliative Care Support module for care assistants (FETAC, 2004). Some education units in specialist palliative care centres offer courses for care assistants, such as Palliative Care of the Older Person (St Francis Hospice, Dublin), Care Assistants and Palliative Care (Milford Care Centre, Limerick) which may or may not be accredited.

Education for families and informal carers is currently not evident in curricula with specific reference to palliative care. However organisations such as the Carers Association convene generic training programmes currently under review for FETAC accreditation.

In summary, basic or foundation health care education in Ireland suffers from a lack of a comprehensive and coherent definition of palliative care competencies that are in line with existing international work. There is also a lack of national co-ordination as evidenced by variations in how palliative care content is taught and assessed (Higgins, 2005; Larkin, 2005).

Recommendations at Level One

Specific palliative care skills should be embedded as core competencies in pre-qualification education. Statutory regulation bodies, third level education providers and service providers should be approached to engage with this work.

Increased awareness is needed of existing international curricula for Core Competency development in pre-qualification education in palliative care and exploration of how to use these curricula in an Irish context should be encouraged.

Specialist palliative care practitioners, statutory bodies and education providers, should identify a range of palliative care placements for all students to experience palliative care at this level as these students develop core competencies in palliative care.

Appropriate palliative care education, i.e. FETAC Palliative Care Support module, should be embedded into the organisational quality standards as required for institutional accreditation, in care settings such as hospitals, nursing homes and specialist palliative care units.

3.2. Level Two: Intermediate Support for Generalist Health Care Professionals

Definition

Level Two focuses on the largest cohort of qualified health care practitioners who work in general health care settings and who are confronted with conditions and situations requiring both a palliative care approach and knowledge of palliative care. It includes practitioners from specialties including oncology, respiratory care, cardiac care, care of the elderly and primary care.

Level Two education interventions also include 'catch-up' programmes for professionals whose original training preceded the introduction of taught palliative care in undergraduate and postgraduate programmes. This also includes health care professionals who trained in other countries where palliative care may not be included in pre-qualification programmes.

Rationale for Provision

Almost 30,000 people die annually in Ireland, of whom 77 per cent are aged 65 years and over (CSO, 2006). The majority of people (almost 75%) die in hospitals and institutions of care and 40% of all deaths occur in acute hospitals. For many of these patients, their palliative care needs can be met by generic health care workers at this level.

Dying people will also be cared for in long-stay units and by primary care services. In each of these care settings, there will be people confronting death and dying who will require a palliative 'approach' and a level of skill to support them as they die. However, the demand for palliative care is intermittent. Consequently, foundation learning in palliative care from Level One will need to be reviewed and updated.

Learning at this level best develops with the recognition that the learners are 'adult learners'. Principles of Adult Learning include:

1. learning to be perceived as purposeful and relevant, reflecting a felt learning need which in turn, provides the motivation for learning;

2. active learning with participation that allows validation of the new learning as effective;

3. recognising that learners come with experiences, and knowledge that contribute to new learning;

Finally, it should also be recognised that it is from this group of practitioners that specialists in palliative care will be recruited.

Current Levels of Provision

In Ireland, this group of practitioners make up the largest cohort who may have palliative care education requirements (See Table 5). Nurses make up 75% and General Doctors 20% of this number and they work in all health settings: acute inpatient units, community and long-stay units, as well as primary care settings. Their education needs should be met through continuing professional education (CPE) in general postgraduate training and through specific palliative care training programmes.

Table 5. Generic Health Practitioners by Discipline in Ireland

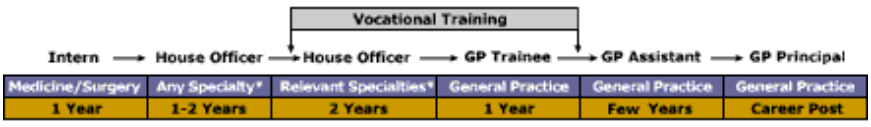
Health Discipline	Number of generic practitioners currently practicing in Ireland
Medicine	17,000+
Nursing	62,639
Social Work (qualified & in posts)	440
Physiotherapy	2000+
Occupation Therapy	550

<u>Medicine</u>

After pre-qualification training, post graduate training can take one of several pathways as illustrated below.

Hospital-based Specialties

General Practice



Hospital –based specialties will have various elements of palliative care in the published requirements; for some it is considered essential, in others, it is optional and in others there is no mention. Palliative care content is summarised in Table 6.

Table 6. Palliative Care Reference in Higher Medical Training by Speciality
(Royal College of Physicians in Ireland; College of Anaesthetists
Cited in Monaghan & IHF, 2006)

Specialty	Essential / Optional	Formal content
Anaesthesia	Essential	As part of Intensive Care Medicine. Required to demonstrate competency in end of life decisions, diagnosis of brain-stem death, organ donation, management, ethical issues in withdrawing/withhold care and palliative care.
Gastroenterology	Optional	Pain relief, hospice, terminal care, palliative endoscopic techniques
General Internal Medicine	Essential competency	Pain, vomiting, distress, terminally ill, immediate grief, DNR orders, organ donation
Geriatric Medicine	Essential	Demonstrable understanding of principles of palliative care
GU Medicine	Essential	HIV – terminal care, pain relief
Haematology	Essential	Part of general aspects of Haematological Practice -palliative care, communication skills
Medical Oncology	Essential	Pain, symptom control, hospice & home care
Neurology	Essential	A component of general skills
Obstetrics & Gynaecology	Essential	A component of gynaecological oncology
Rehabilitation Medicine	Optional	An optional 3 month short attachment. Additional training in spinal paralysis.
General Paediatrics	Additional training in oncology module	Component to oncology/ person experience not required
Public Health Medicine	Essential	Part of the ‘Standard of Care’ module
Cardiology Immunology Infectious Diseases Nephrology Occupational Medicine Respiratory Medicine Rheumatology	No reference	
Radiology Psychiatry Surgery	No data found	

In Cardiology and Respiratory Medicine, specialties where palliative care needs may be an expected component of end-stage disease, there are no explicit content or competencies noted.

General Practice training

The Irish College of General Practitioners (ICGP) is currently developing a core curriculum for GP training, which includes defined learning outcomes relating to palliative care. The whole curriculum is enormous and it is envisaged that it will not be possible to measure all learning outcomes; rather they will be 'sampled' in assessments.

In regard to continuing professional education (CPE), the ICGP has provided courses in palliative care in various formats since the mid-1990s. Currently a Distance Learning Certificate of Palliative Care is offered by the ICGP. It ranges over one academic year and consists of 8 units: Introduction to Palliative Care; Management of Pain; Ethics & Decision-making; Bereavement; Management of Respiratory Symptoms; Palliative Care in Non-Malignant Conditions; The Terminal Phase and Miscellaneous Symptoms. There are two 2-day workshops which include a variety of topics including communication skills.

Other opportunities for CPE are available through the specialist palliative care education centres and may carry CME credits, both from the RCP and ICGP.

Nursing

Nurses work in a variety of general settings from acute hospitals through to the community and long term residential care and would benefit from additional training and experience in palliative care (DOHC, 2001). Currently, additional education is undertaken as CPE courses or sessions. These are offered either through education centres in specialist palliative care units or regional Centres of Nursing Education if no education unit in specialist palliative care centres is available. The courses vary in length and are often accredited with An Bord Altranais. These courses are developed independently, based on local needs, and are not academically accredited and do not count toward a recognised award.

Some examples of these courses are: Introduction to Palliative Care for Registered Nurses offered at all four specialist palliative care education centres and Care of the Older Person (St Francis, Dublin; Our Lady's Hospice, Dublin; Milford Care Centre, Limerick; Marymount Hospice, Cork).

Some new HSE regions have appointed Regional Nurse Coordinators for Palliative Care Services who develop educational programmes for nursing staff in their areas. For example, in the South East programmes include a 2 day course

for nurses working in the community and another on Palliative Care: the Patient and Family.

Other professional groups and interested people

General training and education programmes relevant to care for the dying and bereavement issues are available in Ireland with a Level Two focus – these include some training and workshop programmes convened through the local specialist palliative care education centres, the Irish Cancer Society and the Irish Hospice Foundation. Professional accreditation systems currently apply to medical and nursing professions only.

The Irish Hospice Foundation (Certificate in Children and Loss) and Personal Counselling Institute (Advanced Diploma in Children and Loss) offers academically accredited courses focusing on children's grief issues, again aimed at multiple disciplines and at professionals from different settings. The Irish Institute of Counselling and Psychotherapy Studies at Turning Point provides a Certificate and Diploma programme in bereavement counselling accredited through DCU. The Irish Hospice Foundation Higher Diploma in Bereavement Studies is now offered at MSc/Postgraduate Diploma level, accredited through National University of Ireland/ RSCI.

Recommendations at Level Two

Palliative care practitioners, third level educationalists, specialist palliative care educationalist and statutory bodies should develop an award framework to accumulate and accredit continuing professional education in palliative care.

A database should be developed of flexible, accessible, academically accredited continuing professional education provision in palliative care for multidisciplinary practitioners. This will require a sponsor, clearing house and maintenance structure.

Statutory bodies should require palliative care content in the preparation of non-palliative care specialists in diseases where death occurs, such as cardiovascular and respiratory diseases.

3.3 Level Three: Preparation for Palliative Care Specialists

Definition

Specialist palliative care practitioners are those whose core activity is focused on the provision of palliative care.

Rationale for Provision

The National Advisory Committee's Report in 2001 identified requirements for the comprehensive provision of palliative care in Ireland which included a consideration of human resources.

Current Provision

The Baseline Study on the Provision of Hospice /Specialist Palliative Care Services in Ireland identified specific staff deficits across disciplines and settings (IHF, 2005). This study explored regional provision as well as defining disciplinary representation. The provision required to address the recommendations are summarised in Table 7.

Table 7 Specialist Palliative Care Resources in Ireland: Desired vs. Actual Resources in Place in 2004 (Baseline Study, 2005)

Personnel with basis for recommended level	Current staffing levels (2004)	Recommended number of personnel	Deficit
Medical Consultants (at least 1 Whole Time Equivalent-WTE- per 160,000 population with minimum of 2 per Health Board)	21	25	4
Specialist Nurses **			
In-patient Hospice Units ** (Not < 1 WTE per bed)	149.5	390	251.5
Community ** (1 WTE per 25,000 population)	148.5	156	23.5
General Hospital team ** (min 1 per 150 beds)	38	73.5	35.5
Day-care centre ** (min 1 per daily attendees)	10	20	12

Physiotherapists In-patient specialist units (at least 1 WTE per 10 beds, min of 1 per unit) Community (At least 1 WTE specialist per 125,000 population)	11 2	36.5 31	26 29
Occupational Therapists In-patient specialist unit (at least 1 WTE per 10 bed, min of 1 per unit) Community (at least 1 WTE specialist per 125,000 population)	6.5 2	36.5 31	30 29
Social Workers Specialist unit (at least 1 WTE per 10 beds, min of 1 per unit) Community (at least 1 WTE specialist per 125,000 population) Acute general hospital (at least 1 WTE specialist where specialist team working)	10.5 11.5 8.5	36.5 31 35	26 19.5 26.5
Spiritual Care (at least 2 suitable trained chaplains in each specialist unit, available 24/7)	11.5	16	4.5
Pharmacists ** (at least 1 WTE per specialist unit)	4.	11	7.5
Care Attendants In-patient specialist unit (not < 0.5 WTE per bed) Community	79.5 Not counted	195 Not defined	116 Not known
Volunteer Co-ordinators I WTE per Specialist unit	5	11	6

**"That the figures do not add up to the national deficit numbers indicated is explained by the fact that local circumstances in certain regions have resulted in staffing levels in excess of the 2001 recommendations in these categories" (IHF, 2005, p. 90).

When looking at the numbers, it is clear that there are deficits to be addressed in preparation of specialists in several disciplines. However, where programmes

exist, the capacity to address the deficits is dependent on places available, which are summarised in Table 8.

Table 8. Summary of Capacity of Education Programmes to Address Specialist Practitioner Deficits in Ireland by Discipline (Baseline Study, 2006; Monaghan & IHF, 2006)

Level 3 Specialist Palliative Care	Deficit - number of specialist posts required	Appropriate training available in Ireland	Number of Education Centres	Number of Education places per annum
Nursing (Intermediate Pathway)	71 (72) Total 143	H Dip Palliative Care	5	38
Social Work	72	***Generic*** Bachelor and Masters level	4	201
Physiotherapy	55	***Generic*** Bachelor level	4	150
Occupational Therapy	59	***Generic*** Bachelor and Masters level	4	115

Irish definitions of specialist competencies and accredited pathways exist for the preparation of specialist palliative care practitioners in nursing and medicine. Both professions require clinical attachments. Thus, the programmes to prepare these specialists are linked to specialist palliative care centres.

In medicine, while the SpR programme in palliative care currently takes a minimum of four years to complete, the implications of the Fotterell Report (DOHC, 2006) will have an impact on both specialist palliative care education and those working within non-consultant hospital doctor roles. The Report recommends that postgraduate education be based on the ability to meet competencies rather that time spent working. It also recommended that specialist training be based within a strong research environment.

In nursing, the specialist accrediting body in Ireland, the National Council for Professional Development in Nursing and Midwifery (NCNM), identifies that for a clinical nurse specialist, experience is to be supplemented with formal educational preparation at postgraduate diploma level. The contribution of the formal post graduate programme is to provide a comprehensive framework to support the broader demands of specialist practice. Thus beyond the major clinical focus, these demands include the participation and dissemination of "research and audit; the provision of consultancy in education, clinical practice to nursing colleagues and the wider interdisciplinary team" (NCNM, 2004; p.7).

Postgraduate nursing palliative care courses are offered at the following universities, often in partnership with hospices -: University College Dublin, University of Cork, University of Limerick, Trinity College Dublin, and the National University of Ireland Galway. These courses have only been established in universities for 2-3 years. In May 2001, 124 experienced nurses were accredited as Clinical Nurse Specialists via an 'immediate pathway', i.e. given specialist status on the basis of experience in the context of absent or nascent academic programmes, to address the demands arising in community palliative care services. After May 2001 an 'intermediate pathway' was established whereby the nurse would be accredited as a specialist with the requirement of contractual agreement with their employer to undertake a relevant higher diploma within a mutually agreed time frame (NCNM, 2004; p.8). To date, 72 nurses have been certified as palliative care specialist nurses by this route (personal communication, NCNM, 2007). Thus nursing has one of the highest needs for specialists, and the ability to fully meet that need will take time with current capacity of post graduate programmes as listed in Table 8.

Table 8 shows the deficits in specialist palliative care disciplines and the corresponding education programmes currently available. At the end of 2005, only nurse specialist training was available and this to Higher Diploma level. Other professions allied to medicine engaged in generic education courses with no specialist practice definition or preparation identified. The table shows that unfeasibly large proportions of new graduates would need to opt for palliative care specialty if the current deficits are to be filled.

Specialist programmes have been developed in palliative care in other national contexts. For example, in the UK the Chartered Society of Physiotherapy has explored specialist roles and the effectiveness of physiotherapy in palliative care of older people (see http://www.cps.org.uk/uploads/documents/evidence brief-palliative-careE804.pdf), while the American National Association of Social Workers has developed practice standards (see http://www.socialworkers.org/practice/bereavement/standards). In Ireland, the IAPC Social Work Group, is currently exploring the implications of specialist role and preparation.

Recommendations for Level Three

An increase is recommended in the places on flexible and accessible programmes available for preparation of palliative care nurse specialists.

Social work, pastoral care, physiotherapy and occupational therapy practitioners and statutory bodies should be supported as they explore specialist preparation.

3.4 Level Four Specialist Support for Leadership

Definition

This level focuses on support for those who are already experienced specialist practitioners in palliative care.

Rationale for Provision

Whilst palliative care is being established in Ireland and has been recognised as a specialty since 1995, there are currently no programmes to address the advanced educational needs of senior practitioners who aspire to or hold key leadership roles in palliative care. Since entry to practice for health care practitioners in Ireland is at undergraduate degree and specialist preparation is undertaken at post-graduate level, it is appropriate to consider development at the doctoral level to fill the gap in professional development of experienced palliative care professionals.

Current Levels of Provision

There are no palliative care programmes at this level available, nationally or internationally.

Recommendation for Level Four

High level education for leadership, collaboration and innovation in palliative care should be explored and established.

3.5 Level Five Developing Public Understanding of Palliative Care

Definition

Education of the public is integral to the further development of palliative care services in Ireland and such education should clarify the nature of palliative care. The general public is defined as the community or people as a whole group (SOED, 2002) and is in contrast to specific groups of people who will have defined and specific needs for information. The general public will then include all ages and social groups. Because of the importance of equity, special attention should be paid to the provision of education about palliative care to disadvantaged groups such as the elderly, prisoners, people with intellectual disabilities, ethnic minorities and asylum seekers. Public education should be informed by both the education and health promotion literature.

Rationale for Provision

Societal changes and technological advances resulted in death becoming a 'taboo subject and dying patients being viewed as medical failures' (Clark & Seymour, 1998). The Report of the National Advisory Committee on Palliative Care recognizes the effect this has on the delivery of palliative care services, and has drawn attention to the 'urgent need to address some of the understandable fears and anxieties associated with specialist palliative care or hospice programmes' (DOHC, 2001).

The objective of education is to raise awareness of what constitutes palliative care. The Scottish Partnership for Palliative Care (Wallace, 2003) identified three arguments for raising public awareness of palliative care:

1. to improve access to palliative care services;

2. to empower patients and their carers; and

3. to support community involvement in palliative care services.

A lack of awareness of palliative care and the services that are available can lead to negative impressions of end of life care. Clark suggests (1997) that palliative care is an alternative way to think about, understand, and experience the end of life. Negative attitudes about facing death and a lack of knowledge about the holistic focus of palliative care can reduce the willingness to suggest such care when necessary by both general health care providers or by policy makers when planning for end of life provision of services. Also, individuals and their carers facing the end of life may be less likely to accept such care if offered. It is especially important in clinical circumstances where palliative care input can improve the quality of life of both patients and carers by supporting them to live

until the death. This is true when accessing services other than inpatient care such as day therapy and community care.

An increasing awareness of palliative care may encourage patients and their carers to take an active role in decisions about their care. Adequate information and knowledge about palliative care will facilitate decision-making based on the choices available. The lack of information about services means that exercising choice may not be realized.

Much palliative care provision has its roots and reality in charitable support. Both volunteering, an important aspect of palliative care provision, and the financial support that is raised from the community are critical to palliative care provision and connectedness. Education may maintain and enhance this social capital.

Finally, there is also the potential for skill development for lay and family carers through public education, who are increasingly taking on caring responsibilities at the end of life.

Current Levels of Provision

Current public education is provided via several routes. The media provides information that is often crisis or controversy-driven using emotive and negative cases. Another aspect of public education consists of hospice staff speaking on an ad hoc basis to community groups, such as women's groups or teacher training groups. Fund raisers also provide highly focused and sometimes limited information about hospice activities. However, at present, most of the public receive information about palliative care during their time of greatest need – a 'just in time approach' (Canadian Secretariat on Palliative and End of Life Care (2006)

Printed material is available from several sources:

> Irish Cancer Society's website (http://www.cancer.ie/publications/) and include downloadable booklets such as, *A Time to Care: Caring for someone seriously ill at home;*
>
> Health Service Executive (Galway, Mayo & Roscommon) publishes *Palliative Care: An Information Booklet for Patients and Families* and provides general information about palliative care as well as specific regional information about benefits and services and how to access these services. A similar publication is available from the Health Service Executive South.

Other nations have addressed this area in a variety of ways.

In the United Kingdom, Help the Hospices provide a webpage about palliative care as well as two training packs for schools to use with 11 to 14 year olds and sixth form students. These can be accessed at http://www.helpthehospices.org.uk/education.

The National Cancer Institute (USA) has produced a booklet, *Coping with Advanced Cancer* and it is available to download at http://www.nci.nih.gov/concertopics/advancedcancer/pdf

The Canadian Secretariat on Palliative and End-of-Life Care devised a Hospice Palliative Care Public Awareness Framework. The goal is to enhance public awareness in a context of limited resources by providing integrated, consistent messages across different organizations to achieve maximum effectiveness. The Framework can be viewed at http://www.hc-sc.gc.ca/hcs-sss/pub/care-soins/2006palliati-public/index_e.html.

In summary as a newly identified area of educational provision, it is not clear what is available. Coherence or comprehensiveness in this area in line with strategic concerns cannot be evaluated at this time.

Recommendations for Level Five

A national survey into public knowledge and understanding of palliative care should be undertaken which can be used to inform the development of programmes to improve public awareness.

A database should be established of existing education materials available for the general public about principles of palliative care. The database should be preceded by a 'scoping study' to establish the levels and character of public education. The exiting materials can then be reviewed in light of the national survey of public education needs for comprehensiveness and coherence. On the basis of this review, additional materials should be developed. Potential partners could include the Health Promotion Agency as well as specialist palliative care providers.

Generic educationalists should be supported to integrate palliative care into existing second level Life Skills curricula.

4. SUMMARY AND RECOMMENDATIONS

4.1 Summary

An expanded framework for education was developed through the June 2006 Round Table. This framework identifies five levels to focus education developments in palliative care. Suggested recommendations are made at each level. Together these suggested recommendations emphasise the need for a central mechanism to drive these types of strategic and integrated initiatives. The planning group identified relevant initiatives but has not identified the appropriate structures to take them forward. As the national agency advising on palliative care development, the National Council for Specialist Palliative Care may consider developing an education task force or steering group.

4.2 Recommendations

Level	Recommendation
	1. In addition to policy recommendations outlined in the report of the National Advisory Committee for Palliative Care (DOHC, 2001), further structures should be considered to support existing and future academic activities nationally in palliative care (such as an all-Ireland Institute for Hospice and Palliative Care).
1	2. Specific palliative care skills should be embedded as core competencies in pre-qualification education. Statutory regulation bodies, third level education providers and service providers should be approached to engage with this work. 3. Increased awareness is needed of existing international curricula for Core Competency development in pre-qualification education in palliative care. Exploration of how to use these curricula in an Irish context should be encouraged. 4. Specialist palliative care practitioners, statutory bodies and education providers, should identify a range of palliative care placements for all students to experience palliative care at this level as these students develop core competencies in palliative care. 5. Appropriate palliative care education, i.e. FETAC Palliative Care Support module, should be embedded into the organisational quality standards as required for institutional accreditation, in care settings such as hospitals, nursing homes, specialist palliative care units.

2.	6. Palliative care practitioners, third level educationalists, specialist palliative care educationalist and statutory bodies should develop an award framework to accumulate and accredit continuing professional education in palliative care. 7. A database should be developed of flexible, accessible, academically accredited continuing professional education provision in palliative care for multidisciplinary practitioners. This will require a sponsor, clearing house and maintenance structure. 8. Statutory bodies should require palliative care content in the preparation of non-palliative care specialists in diseases where death occurs, such as cardiovascular and respiratory diseases.
3	9. An increase is recommended in the places on flexible and accessible programmes available for preparation of palliative care nurse specialists. 10. Social work, pastoral care, physiotherapy and occupational therapy practitioners and statutory bodies should be supported as they explore specialist preparation.
4.	11. High level education for leadership, collaboration and innovation in palliative care should be explored and established.
5	12. A national survey into public knowledge and understanding of palliative care should be undertaken which can be used to inform the development of programmes to improve public awareness. 13. A database should be established of existing education materials available for the general public about principles of palliative care. The database should be preceded by a 'scoping study' to establish the levels and character of public education. The exiting materials can then be reviewed in light of the national survey of public education needs for comprehensiveness and coherence. On the basis of this review, additional materials should be developed. Potential partners could include the Health Promotion Agency as well as specialist palliative care providers. 14 Generic educationalists should be supported to integrate palliative care into existing second level Life Skills curricula.

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Appendix A

Education Section from the Report of the National Advisory Committee for Palliative Care (2001)

10.1 INTRODUCTION

Education is a core component of specialist palliative care. The importance of disseminating the principles of palliative care is central to the philosophy of empowering not only other health care professionals but also the patient, family and carers. Similarly, the application of research findings encourages the growth and development of a specialty and is a critical element in defining a specialist palliative care service.

A strategy for developing education and research in palliative care in Ireland is vital to enable the specialty to develop to its full potential. In broad terms this requires the current stakeholders, namely specialist palliative care services, universities, professional bodies and charities to work together towards supporting the provision of continuing educational and research opportunities for those who work in this area.

There should also be a commitment from both statutory and voluntary bodies to support education and research in palliative care in all disciplines.

This chapter briefly documents the current situation regarding education and research in palliative care in Ireland. It describes the recent changes in nursing education and training in Ireland. Finally, it makes recommendations with regard to the future direction of education and research in the specialist palliative care services.

10.2 EDUCATION AND TRAINING

Palliative care is quite different from any other area of health care practice. The needs of patients and families receiving palliative care are often diverse. In delivering palliative care, these needs are often best addressed by multi-professional teams rather than by single practitioners. These different professional groups will have areas of common interest, but require different levels of specialist knowledge.

The establishment of a number of academic departments of palliative medicine is essential to the overall development of the specialty. These should offer inter-disciplinary educational opportunities to all health care providers involved in the delivery of palliative care. The National Advisory Committee recommends that academic departments of palliative medicine should be established in each medical faculty to develop and support education and research in all disciplines.

The culture of continuing professional education and development should be promoted in all areas of palliative care. Continuing education should be the joint responsibility of both staff and employers.

Specialist palliative care libraries should be further developed, with up-to-date information technology, to access information on palliative care. Funding should be made available to develop an educational website in palliative care that could be a resource for all.

KEY RECOMMENDATION

Academic departments of palliative medicine should be established in each medical faculty, with the development of inter-disciplinary courses for all professionals involved in the delivery of palliative care.

2.1 MEDICAL EDUCATION

Medical undergraduates receive limited formal teaching in palliative medicine from consultants who hold lecturer appointments. They may also have the opportunity to visit their local palliative care unit. The number of hours devoted to palliative medicine during the student's time at university is very small and is inadequate. A core curriculum for medical undergraduates should be developed and should be introduced throughout medical undergraduate training.

With regard to post-graduate education, general practice (GP) trainees generally have some teaching on palliative care from general practice (GP) trainers. More recently, a distance-learning module has been successfully introduced by the Irish College of General Practitioners (ICGP). The National Advisory Committee recommends the continued development of the ICGP palliative care programme.

Non-consultant hospital doctors (NCHDs) may have occasional lunchtime lectures and, depending on location, may interface with a hospital-based specialist palliative care team. Further training in palliative care should be developed for NCHDs in all specialties, with a particular emphasis on communication skills.

Specialist registrars in palliative medicine have a defined curriculum and training programme with supervision from a consultant trainer. The Committee recommends the creation of new lecturer posts at specialist registrar level to allow specialist registrars increased opportunities for education and research.

10.2.2 NURSING EDUCATION

The appointment of a nurse tutor to Our Lady's Hospice, Dublin, in 1987 was the first formal recognition of the importance of palliative care education for nurses. A purpose built education unit was developed, supported by the Irish Hospice Foundation, facilitating formal palliative care education. Palliative nursing is now formally recognised as an accredited specialty.

Irish nursing is currently undergoing a significant change from the perspective of education. This change will transfer learning from schools of nursing to third level university programmes. There is now a third level course in palliative nursing, the Higher Diploma in Nursing Studies (palliative nursing) offered by University College Dublin, in partnership with Our Lady's Hospice. On completion, students may proceed to further studies to obtain a Bachelor Degree or a Master Degree. A similar programme was introduced by University College Cork in 1999.

The Report of the Commission on Nursing[1] recommended two levels of specialist nurse and highlighted a perceived level of academic attainment to underpin this:

- Clinical Nurse Specialist - education to Diploma/Bachelor level with at least five years clinical experience in the area of the specialty

•Advanced Nurse Practitioner - education to Masters level and holding at least ten years experience

It is recognised that specialist palliative nursing is a new and evolving specialty, and that nursing education in this area of care is in its early stages. Therefore, as an interim measure, the National Advisory Committee recommends that services should recognise the practical experience of senior nurses who do not hold recognised post-registration qualifications, when appointing nurses to senior posts in the specialist palliative care service.

The Committee recommends that each specialist palliative care unit should be encouraged to set up a nursing practice development unit to develop, implement, and monitor nursing practice in the unit. A clinical practice development co-ordinator should be employed in each specialist palliative care unit to develop a nursing practice development unit and quality assurance programmes, and to co-ordinate student placements.

The Committee recommends that specific palliative care university courses should be developed in collaboration with service providers, which should meet the needs of nurses wishing to acquire different levels of academic education. Nurses in specialist palliative care posts should be enabled to develop their professional expertise.

10.2.3 PARAMEDICAL EDUCATION

An inter-disciplinary team approach is central to the provision of palliative care services. Existing training opportunities for paramedical professionals who work in palliative care are very limited. Placement of undergraduate students from different disciplines in specialist palliative care settings would be of benefit. This has already been piloted in the Social Work Department of Our Lady's Hospice, Dublin.

The National Advisory Committee recommends that additional places for paramedical training should be provided as an urgent measure to meet the requirements of specialist palliative care services.

The development of university based courses, such as an inter-disciplinary diploma in palliative care, would also improve access to educational opportunities for paramedical staff.

10.2.4 CARE ATTENDANTS

Specific recognised courses in core caring skills should be offered to care attendants working in specialist palliative care units, community hospitals, nursing homes and those working with patients in the home environment.

10.2.5 INFORMAL CARERS

Care is often provided at home by informal carers, such as a relative, partner or friend. There are no formal educational opportunities for carers to help them cope with this demanding role. The palliative care professional involved with the patient should have a role in educating carers about the relevant issues involved in their area of expertise.

Appendix B

Invitees to Round Table for Palliative Care Education, June 2006

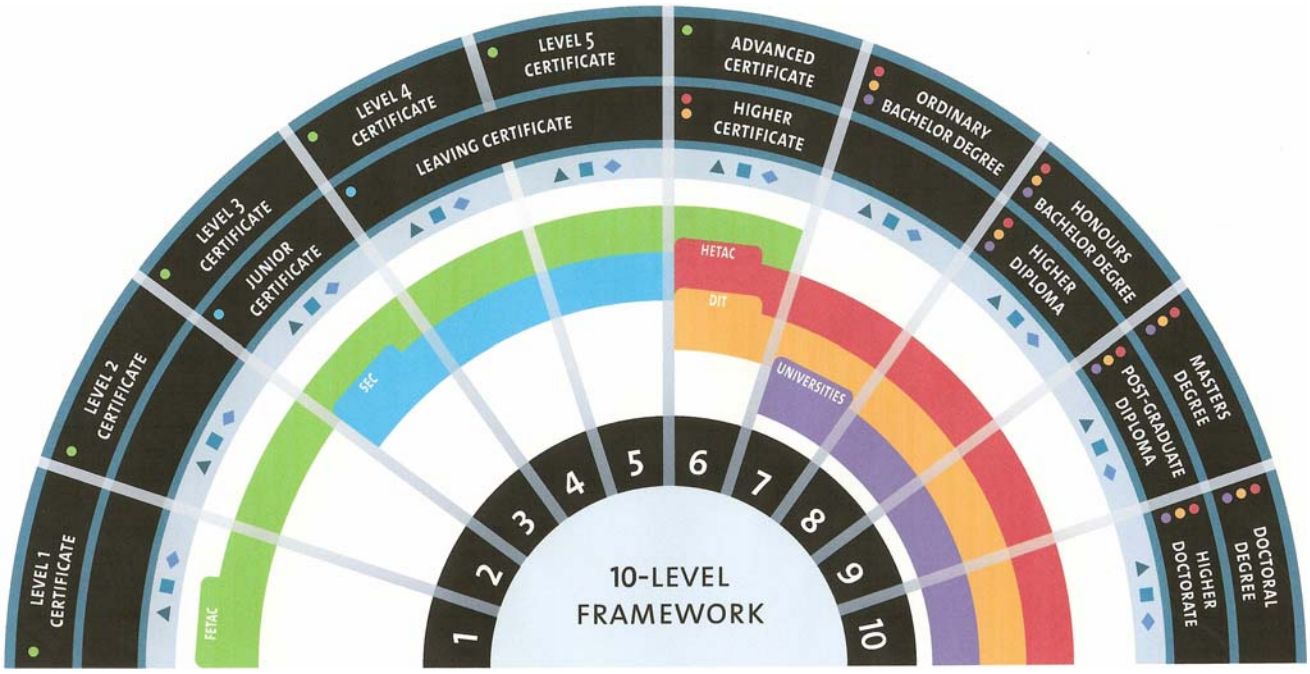
Name	Position	Organisation
Jide Afolabi	Physiotherapist	Our Lady's Hospice
Ann Bambrick	Pastoral Care Coordinator	Milltown Institute
Ursula Bates	Clinical Psychologist	Blackrock Hospice St Vincent's Hospital
Catherine Blake	Head of Department, Physiotherapy	University College Dublin
Anne Carmichael	Pharmacist	Marymount Hospice
Brid Carroll	Bereavement Care Liaison Officer	Irish Hospice Foundation HSE South
David Clark	Visiting Professor in Hospice Studies	Trinity College Dublin University College Dublin
Kevin Connaire	Director of Education	St. Francis Hospice
Michael Connolly	Lecturer, Nursing	University College Dublin
Esther Mary D'Arcy	Partnership Facilitator President	Health Services National Partnership Forum Irish Society of Chartered Physiotherapists
Ginny Dunn	Project Manager, Postgraduate Education	Irish Hospice Foundation
Brenda Farrelly	Volunteer Coordinator	St. Francis Hospice
Nick Fenlon	Director of Distant Learning	Irish College of General Practitioners
Mary Godfrey	Principal Nurse Tutor	Our Lady's Hospital for Sick Children
Gerry Hanley	Group Services Manager	Health Service Executive
Anne Hayes	Complementary Therapist	Lois Aoibhinn
Agnes Higgins	Lecturer, Nursing	Trinity College Dublin
Morna Hogan	Palliative Care Team Chair	St. James's Hospital Palliative Care Nurses in Acute Hospitals
Jenny Hogan	Professional Development Officer	National Council for the Professional Development of Nurses & Midwives
Noreen Holland	Nurse Tutor	Our Lady's Hospice
Anne Keane	Head of Education & Training	The Medical Council of Ireland
Orla Keegan	Head of Education, Research & Bereavement Services	Irish Hospice Foundation
Phil Larkin	Lecturer, Nursing	National University of Ireland, Galway

Julie Ling	Advisor on Palliative Care	Department of Health & Children
Emer Loughrey	Coordinator for Certificate in Palliative Care	Irish College of General Practitioners
Geraldine Lynch	Education Coordinator	Marymount Hospice
Jean Manahan	Programme Executive	The Atlantic Philanthropies
Elizabeth McKay	Head of Department, Occupational Therapy	Limerick University
Maureen McNulty	Director of Nursing	Marymount Care Centre
Eugene Murray	Chief Executive Officer	Irish Hospice Foundation
Doiminic O'Brannagain	Consultant, Palliative Care Chair, Consultant Group	HSE North Irish Association for Palliative Care
Tony O'Brien	Consultant, Palliative Care Chair	Marymount Hospice National Council for Specialist Palliative Care
Liz O'Donoghue	Clinical Nurse Specialist, Paediatric Palliative Care	Our Lady's Hospital for Sick Children
Eileen O'Leary	Regional Palliative Care Coordinator	HSE South
Maeve O'Reilly	Consultant, Paediatric Palliative Care	Our Lady's Hospital for Sick Children
Finola O'Sullivan	Director of Nursing Chair, Directors of Nursing	Marymount Hospice Irish Association for Palliative Care
Pat Quinlan	Chief Executive Officer Chair	Milford Care Centre Irish Association for Palliative Care
Jim Rhatigan	Senior Social Worker Chair, Social Workers in Palliative Care	Milford Care Centre Irish Association for Palliative Care
Deirdre Rowe	Occupational Therapist	Our Lady's Hospice
Anne Marie Ryan	Chief Education Officer	An Bord Altranais
Karen Ryan	Specialist Registrar, Palliative Care Chair, Education & Research	St. Francis Hospice Irish Association for Palliative Care
Mervyn Taylor	Programme Leader	Hospice Friendly Hospitals
Larry Walsh	Director	Health Services National Partnership Forum
Trish Walsh	Lecturer, Social Work	Trinity College Dublin
Brenda Wheeler	User of Health Services	Irish Patients Association

Appendix C

Awards Framework

(National Qualifications Authority of Ireland, 2006)



Appendix D

Comparison of Levels of Service Provision and Educational Preparation for Palliative Care (DOHC, 2001; DeVlieger et al, 2004)

NACPC Level of Palliative Care Provision	NACPC Expertise required to provide service	EAPC Level of Palliative Care Education for Nurses	EPAC Expertise required to provide service
Level One Palliative Care Approach	Palliative care principles should be appropriately applied by all health care professionals (HCPs)	Level A Basic (undergraduate)	Future nurses during their initial training
Level Two – General Palliative Care	An intermediate level where qualified practitioners, although not engaged full time in palliative care, will have some additional training & expertise in palliative care	Level A Basic (postgraduate)	Qualified nurses working in a general health care setting who may be confronted with situations requiring a palliative care approach
		Level B Advanced (postgraduate)	Qualified nurses who either work in specialist palliative care, or in a general setting where they fulfil the role of a resource person. Qualified nurses who are frequently confronted by palliative care situations, e.g. oncology, community care, paediatrics & elderly care.
Level Three Specialist Palliative Care	Those whose core activity is limited to the provision of palliative care	Level C Specialist (postgraduate)	Qualified nurses who are responsible for palliative care units, or who offer a consultancy service and /or who actively contribute to palliative education & research.