

**1.Name of your organisation**

British Geriatrics Society (BGS)

**2.Name of person completing the form**

Lucy Aldridge

**3.Job Title**

Policy Co-ordinator

**4.Are the definitions and terminology used throughout the document understandable and consistent?**

Yes

No

The BGS, the membership organisation for multidisciplinary professionals with an interest in improving healthcare for older people, has consulted its diverse membership in developing a response to this consultation. Most BGS members consulted agree that the definitions are clear, consistent and well defined in the glossary, with two exceptions. Firstly, the framework refers to “dieticians”, but it is more commonly spelt as “dietitians” in Wales. Secondly, some members have concerns about the use of the word “life-shortening” due to implications it may cause psychological distress to patients. Instead, the term “life-limiting” is recommended.

**5.Does the framework clearly communicate its purpose and intended outcomes?**

Yes

No

**6.Are the generic domains of competence logically organised linking with the basic, intermediate, and complex?**

Yes

No

**7.Does the tiered structure (Basic, Intermediate, Complex) make sense for your profession or role?**

Yes

No

Most BGS members consulted agree that the tiered structure aligns with their profession or role, with some exceptions. Geriatricians already perform some of the complex competencies within the medicine section. Palliative and end of life care

planning is conducted as part of Comprehensive Geriatric Assessments (CGAs), and those with training in geriatric medicine specialise in caring for those with complex health conditions at the end of life, including the need for parallel care planning.

Additionally, the framework states that dietitians “should acquire the Intermediate competencies by the end of completion of any specialist training”, however, there is rarely specialist training for dietitian roles. Instead, training is achieved through learning on the job. It may be more appropriate to state “a dietitian in a specialist role”.

In the pharmacy section, the section covers both pharmacists and pharmacy technicians. Each role is distinct and the basic, intermediate and complex skills will not be the same for each role.

**8.Can you see how this framework would be used in practice (e.g., in training, supervision, service planning and curriculum development)?**

Yes

No

**9.Do the profession-specific competencies accurately reflect the knowledge and skills required in your profession?**

Yes

No

Most BGS members consulted broadly agree that the profession-specific competencies align with the knowledge and skills of their profession. However, within the paramedic section, it is recommended that the *domain of competence* 6 section is edited to change the last complex competence (“Describe, demonstrate, and justify the procedural, legal and ethical aspects of implementing Recognition of Life Extinct/Pronouncement of Life Extinct (ROLE/PLE) procedures”) to a basic competence. All registered pharmacists should have the skills to carry out Recognition of Life Extinct/Pronouncement of Life Extinct (ROLE/PLE) procedures.

Within the pharmacist section, many of the competencies, such as dealing with errors, being open and honest, and managing stock recalls, are considered standard practice and may be unnecessarily duplicated in the framework. The more complex responsibilities of pharmacists are missing from the framework, such as assessments, investigations, diagnosis, and symptom management.

**10.How can this framework support your personal and professional development?**

As a multidisciplinary membership organisation for healthcare professionals with an interest in improving healthcare for older people, we have sought the views of our

diverse membership. As such, our responses to some of the survey questions will be split by profession.

**Paramedics:** the framework provides clear expectations for practice, helping to benchmark and guide ongoing personal and professional development in palliative and end of life care. It affirms the essential role of paramedics in providing emergency care to patients nearing the end of their life. It provides structure to reflective practice, supervision, and CPD planning, particularly in communication, anticipatory care planning, and symptom management.

**Occupational therapists:** the framework provides a clear overview of the competencies needed to provide palliative and end of life care in a logical and stepwise manner. It recognises that learning is a gradual process that takes place over time, and much can be learnt through working in a multidisciplinary team. This recognition will support personal and professional development.

**Geriatricians:** the medicine section may provide a useful structure to support personal and professional development for some medical specialties. However, for geriatricians, the framework describes the palliative and end of life care they will already be providing through a Comprehensive Geriatric Assessment (CGA).

**Dieticians:** the framework provides a practical tool personalised to each profession to support personal and professional development.

### **11. What resources or learning opportunities would help you achieve the competencies outlined?**

BGS members consulted, including geriatricians, paramedics, occupational therapists, dietitians, agreed that eLearning modules would be beneficial. Training should be tailored to healthcare professions and focused on pre-hospital, hospital, and community settings. Suggested topics include ethical issues, grief management, shared decision making, rapid transitions across settings, and advance care planning. Opportunities for joint training with palliative care teams, GPs, and community nurses would enhance collaborative working and contextual understanding, particularly for the intermediate and complex competencies.

### **12. Do you anticipate any challenges implementing this framework within your profession?**

**Paramedics:** paramedics often have unpredictable working patterns and time pressures, limiting opportunities for in-depth learning and structured follow-up. Role variation across Welsh ambulance services and primary care settings may present difficulty in standardising and embedding the framework across all settings.

**Dietitians:** there is often a presumption that once a patient is nearing the end of life, dietitians are no longer needed. However, they can play an important role in improving

the quality of life of someone at the end of life. This type of service is predominantly only available to oncology patients. There needs to be a culture change, so that dietitians are available to support everyone at the end of life, particularly older people with multiple health conditions.

### **13. Is there anything you feel is missing from the framework**

**Paramedics:** a section acknowledging lone working and how that impacts ethical reasoning, communication with families, and access to support would strengthen the relevance for paramedic practice.

#### **Occupational therapists:**

- Information on environmental modification in a formal care setting and at home.
- A competency on completing non-intrusive monitoring of patients, including using emerging wearable sensors.
- A competency focused on equipment, including sourcing, understanding local provision and commissioning arrangements, and demonstrating use.
- An intermediate and complex competency around sharing best practice within the multidisciplinary teams and OT colleagues.
- Information on providing support to pre-registration students and more junior members of staff, especially around personal management of grief.
- A competency on advance care planning.
- More competencies under communication, such as understanding cultural differences around death and dying.

**Geriatricians:** the framework outlines a clear purpose but there is little detail on how it will be implemented and measured.

**Dietitians:** on page 86, it states that dietitians should have an “awareness and understanding of the concept of irreversible weight loss and anorexia that may occur as end of life approaches”. We recommend adding that dietitians should have an awareness of how to discuss this with patients. Additionally, there should be an awareness around changing the focus of dietetic plans to focus on quality of life rather than factors such as weight management. This will ensure that plans remain patient focused and reduces anxiety around weight at the end of life.

**Pharmacists:** there is little information on the complex role of pharmacists, such as managing medications in response to changing pharmacokinetics, carrying out assessments, investigations, diagnosis, and symptom management. There is a trend for most pharmacists to move towards advanced practice, and it would be beneficial for the framework to reflect advanced skills. Under the basic competency section for pharmacists, we recommend including or editing the following:

- Add a competency requiring pharmacists to demonstrate an understanding of local hospice services.
- The competency stating that pharmacists should “demonstrate the ability to identify and respond to ethical dilemmas in the best interests of the individual” may be beyond the scope of an individual pharmacist. We recommend adding “in conjunction with the multidisciplinary team”.
- For the competency around demonstrating leadership, it would be useful to have discrete objectives.
- Care settings should be defined within the competencies.
- In the intermediate section for domain one, it would be useful to include a competency around education and training in leadership skills which will act as a precursor to the competencies listed in the complex section.
- The competency that requires pharmacists “to seek opportunities to develop advanced communication skills” should also include a requirement for them to use and demonstrate these skills. This should be moved to the intermediate section.
- An addition of a competency requiring training for pharmacists and pharmacy technicians to handle complex communication and sensitive conversations.
- An addition of a competency in the complex section of domain 3 around developing guidance to support comfort and quality of life.
- It may not be appropriate for the complex competencies within domain 5 to be led by a pharmacy team, as other health professionals are more qualified to lead in this area.

#### 14. We’d love to hear more, any extra thoughts on the framework?

Yes

No

**Paramedics:** The framework is a positive step towards more integrated, multi-disciplinary palliative and end of life care.

**Geriatricians:** The framework aligns with the core person-centred values of Comprehensive Geriatric Assessment (CGA). Geriatricians and those working in Geriatric Medicine will sit in a middle ground of having a mix of intermediate and complex levels of competency, especially when end of life care is provided for older people with multiple health conditions rather than a single life limiting illness. There are specific challenges in caring for older people nearing the end of their life with frailty, and expert understanding of older people’s healthcare is needed to identify people at the end of life and when there may be reversibility of decline.

**Dietitians:** We recommend that the framework is complemented by a training plan correlating with the competencies.