HEIW Consultation – PEOLC Core Competency Framework

All Wales Competency Framework for Palliative and End of Life Care - HEIW

August 2025

Consultation Questions

1. **Name of organisation**: General Medical Council
2. **Name of person completing the form**: Natasha Wynne
3. **Job title**: Policy and External Affairs Manager, Wales

4. **Are the definitions and terminology used through the document understandable and consistent? Y/N (Please explain if no)**

- We consider the document to be broadly consistent, however we note two specific points in relation to how understandable the guidance may be for doctors, physician associates and anaesthesia associates.
- In the guidance, on page 3, the document states that 'As the delegator you are accountable for your decision to delegate, and you remain accountable for the delegated task (RCN 2024b)'. In the GMC's guidance on delegation and referral, which applies to all our registrants, our principles are more nuanced than this. The standards acknowledge that you are accountable for your decision to delegate or refer care, the steps you take to make sure patient safety isn't compromised, the instructions you give and the overall management of a patient if you're the responsible consultant or clinician. However, it also recognises that when you delegate or refer a patient's care to a colleague or service in line with the principles set out in the guidance, you are not accountable for the actions (or omissions) of those to whom you delegate or refer care. Could the GMC guidance be considered in this paragraph/ can the text be reworded? gmc-guidance-for-doctors---delegation-and-referral_pdf-58834134.pdf. It is important to ensure accuracy and alignment with the standards.
- It would be useful to be explicit early in the framework on what is meant by specialist training for the purposes of the framework as distinct from palliative medicine specialty training as outlined in the GMC-approved palliative medicine specialty curricula.

5. **Does the framework clearly communicate its purpose and intended outcomes? Y/N (Please explain if no)**

6. **Are there any issues where the language differs unnecessarily between professions?**

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

8. **Does the tiered structure (basic, intermediate and complex) make sense for your profession or role?**

- The framework identifies 5 domains focusing on 3 tiers of competency – basic, intermediate and complex for each domain.
- The three tiers of competencies for doctors in each of the domains may have been achieved through meeting GMC outcomes through approved undergraduate, Foundation and Specialty training programmes.
- While many of the AWCF competencies are likely to already be included in GMC education published outcomes (e.g. Outcomes for Graduates, Generic Professional Capabilities and GMC-approved Foundation and royal college specialty curricula), it is unclear whether any further, enhanced or separate training (outside of GMC approved training programmes) will be delivered to meet the tiered competencies in each of the domains. It is also unclear who will deliver these and how they will be quality managed, controlled and assured. This would be particularly relevant for International Medical Graduate (IMG) doctors.

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

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

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

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

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

14. **Is there anything you feel is missing from the framework?**

- There is no information about when the framework will be reviewed, which will be important if the framework is to stay up to date (for example, see in our further comments about the GMC's planned future personal beliefs guidance review).
- There is no mention of assisted dying within the framework, or evidence of future proofing for this change should the Terminally Ill Adults (End of Life) Bill become law. We recognise this is currently challenging as we await next steps for the legislation. The GMC doesn't take a position on what the law should be on this matter, but we

anticipate that we will need to review our end of life care guidance, personal beliefs guidance and decision making and consent, to make sure they reflect changes in the law. We won't begin to do this until we have further information about the legislation.

- On page 14., the framework references the PACER review of education frameworks. In this paper, we did not identify any mention or reference to GMC Outcomes outlined in Outcomes for Graduates, Generic Professional Capabilities, the Medical Licensing Assessment content map or in any of the GMC approved Foundation Programme or Royal College curricula for specialties and sub-specialties where end of life capabilities and outcomes are well specified for the four nations including for Wales. To ensure clarity and consistency, we recommend you map this framework against Royal College curricula and GMC Outcomes for Graduates.
- We acknowledge that it would not be appropriate to include all healthcare professions within the framework. However, given the explicit statement about the plans to update the document once Registered Nursing Associates (RNAs) are legalised to practise in Wales, has any consideration been given to the competencies of Physician Associates or Anaesthesia Associates, who already practise in Wales? (Note: we refer to physician associates and anaesthesia associates which are protected titles set out in the Anaesthesia Associates and Physician Associates Order 2024. On 16 July Professor Gillian Leng's *Independent review into physician associate and anaesthesia associate professions* in England recommended physician associates and anaesthesia associates in should be renamed 'physician assistant' and 'physician assistants in anaesthesia' respectively. We look forward to working on the aspects of the report that relate to the GMC and with others where there is a shared responsibility to deliver change, including regarding implications for Wales.)

15. Any further comments?

- The document is very lengthy, particularly for busy healthcare professionals. Is there anything that could be done to help break it down or improve accessibility for those using it, for example, having separate documents for each type of healthcare professional? Is the plan to present the final version digitally, and if so, does this offer opportunities to make it more accessible?
- We have reviewed the framework in relation to our own guidance. The reference to the GMC's end of life care guidance is accurate. The framework is also in line with our current guidance on patients' personal beliefs. We will be consulting on our guidance on personal beliefs in 2026 so it may be appropriate to update the framework in light of any changes. We would be happy to discuss this further with you when appropriate.