



AIHPC

All Ireland Institute of
Hospice and Palliative Care

POSITION STATEMENT ON PALLIATIVE CARE EDUCATION ON THE ISLAND OF IRELAND

“Education is the most powerful weapon
which you can use to change the world.”
Nelson Mandela

Dr Michael Connolly
Karen Charnley
All Ireland Palliative Care Education Network

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Preface

Since it was established All Ireland Institute of Hospice and Palliative Care (AIHPC) has worked to support and promote the continued development of Palliative Care Education on the island of Ireland. Through the promotion and facilitation of collaboration and its work to develop the Palliative Hub, incorporating the Palliative Hub Learning Platform, AIHPC has created the infrastructure to provide a resource that can be used to enhance the opportunities for and delivery of palliative care education in new and innovative ways. This is an important legacy of the work of AIHPC in its first five years.

AIHPC has also established and facilitated the All Ireland Palliative Care Education Network which represents over sixty organisations that provide, commission, regulate, fund and consume palliative care education in the Republic of Ireland and Northern Ireland.

The All Ireland Palliative Care Education Network has contributed to the development of this Position Statement on Palliative Care Education on the Island of Ireland, which sets out the current position of palliative care education and also provides recommendations for the future of palliative care education on the island of Ireland. It is our belief that education providers and regulators across the island of Ireland will find this document a strategic framework upon which to develop and expand the provision of palliative care education for both current and future healthcare professionals.

I would like to thank the members All Ireland Palliative Care Education Network for their contribution to and support of the work of AIHPC. I wish to particularly acknowledge the work of Dr Michael Connolly (Head of Education, AIHPC) and Karen Charnley (Programme Manager Education and Communications Hub, AIHPC) for the leadership, governance and delivery of this report and indeed, for establishing a viable and dynamic education forum for the palliative care community in Ireland.



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1. Introduction & Background

There is a strong tradition of providing good evidence-based palliative care education on the island of Ireland. Palliative care education continues to evolve and aims to be responsive to the needs of the palliative care community. In the Republic of Ireland the *Report of the National Advisory Committee on Palliative Care* (2001), which was adopted as government policy, provided initial guidance and recommendations for the development and provision of palliative care education. In the context of palliative care for children and young people, *Palliative Care for Children With Life-limiting Conditions in Ireland - A National Policy* (2009), identified developments needed for the education and training of health care staff and carers. In Northern Ireland *Living Matters: Dying Matters* (2010), the current end of life strategy for adults, outlines key areas for consideration in respect of providing education about palliative care to the general public and health and social care providers. Recently the Department of Health, Social Services and Public Safety (DHSSPS) completed a public consultation on the palliative and end of life care needs of children and young people in Northern Ireland. Findings will inform the development of a ten year strategy which it is anticipated will be published in late 2015.

This position paper arose out of a consultation process with the All Ireland Palliative Care Education Network (Appendix 1). The All Ireland Palliative Care Education Network is facilitated by the All Ireland Institute of Hospice and Palliative (AIHPC), with membership drawn from over 60 organisations that provide commission, regulate, fund and consume palliative care education in the Republic of Ireland and Northern Ireland.

The consultative process for the development of this position paper was initially facilitated by a workshop and subsequently with virtual interaction to arrive at a consensus in respect of this document. The position paper has also been informed by a number of initiatives both national and international, i.e. WHA Resolution WHA67.19 (Appendix 1), which was adopted in May 2014 and which calls on member states to strengthen palliative care as a component of comprehensive care throughout the life course and includes significant reference to the inclusion of palliative education in curricula for health and social care professionals who provide palliative care at various levels; the publication and implementation of the *Palliative and End of Life Care Competency Assessment Tool* (2011) in Northern Ireland and the publication of the *Palliative Care Competence Framework* (2014) in the Republic of Ireland; and the publication of the *Report of the Community Learning Project* (2015). All these publications taken together provide the basis for quality evidenced-based palliative care education.

2. Current status

In the Republic of Ireland and Northern Ireland there is a vast range of palliative care education programmes offered and those providing this education are drawn from various clinical and academic backgrounds.

As part of its ongoing work to ensure that relevant palliative care education is available and accessible and to support the development and provision of palliative care education AIHPC maintains the Palliative Care Education Database, in collaboration with the Irish Hospice Foundation and the Irish Association for Palliative Care. Currently 250 education programme in palliative care, end of life care and bereavement are listed on the Palliative Care Education Database (Table1). These courses are offered at varying levels of qualification, ranging from Quality and Qualifications Ireland (QQI - formally FETAC) Level 5 to PhD. A total of 47 different education providers from a variety of academic backgrounds offer these education programmes (Figure 1).

Table 1: Number of courses, academic level and number of provider

	Number of courses										
	Total number of Providers	FETAC	Other FE (NI)	BSc	Grad Cert	Post Grad	MSc	PhD	HE Short Module	Short Course	All Courses
Charity	7	2								34	36
Further Education (FE)	16	24	0							4	28
Higher Education Institute (HEI)	11			1	5	10	12	1	10		39
Health	6	3								28	31
Hospice	7	1								115	116
Totals Numbers	47	30	0	1	5	10	12	1	10	181	250

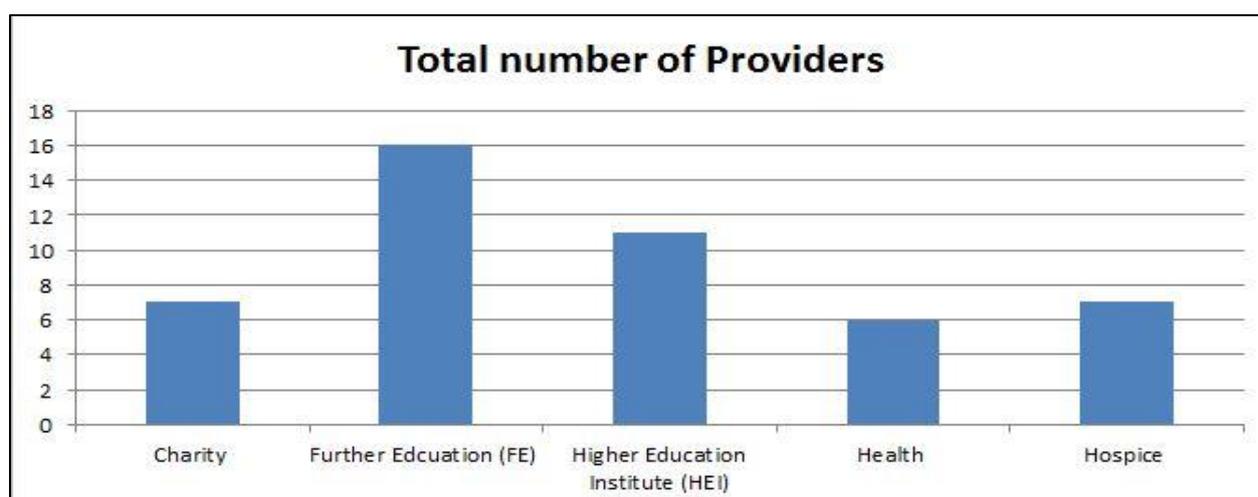


Figure 1: Education providers by type and number of programmes offered

Although a wide range of subjects are covered in the courses currently being offered, there does appear to be some similarity in the focus which could indicate the possibility of duplication in the provision of some programmes (Figure 2). This duplication does not make economic sense for individual education providers and presents the possibility of a reduction in the size of the audience reached.

The All Ireland Palliative Care Education Networks in its deliberations on the provision of palliative care education highlighted the need for an appropriate system that could be adopted to ensure that palliative care education programmes are designed, developed and delivered by individuals and groups who have the required, skills, experience and expertise in palliative care. The All Ireland Palliative Care Education Network also highlighted the importance of ensure that palliative care education programmes support the education and development needs of the entire palliative care community, including health and social care professionals and the public.

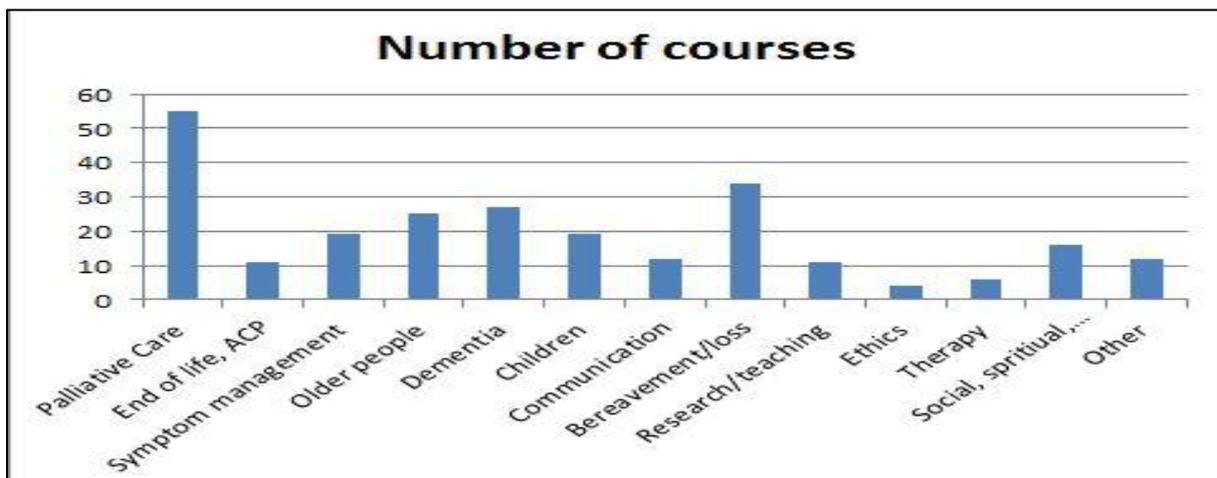


Figure 2: Number of providers on key topics

3. Impact and importance

The importance of palliative care education is well recognised within the health and social care system. In May 2014, the World Health Assembly adopted resolution WHA67.19. This resolution calls on members to develop and implement policies which ensure that evidenced based, effective and equitable palliative care is integrated into national health services as an element of the continuum of care. The resolution also explicitly recognises that the provision of palliative care is dependent on the availability of professionals with the competence and confidence to meet the care needs of individuals with life-limiting conditions and their families, and so it urges members to include palliative care education as an integral part of training for all health and social care professionals.

The European Association for Palliative Care (EAPC) has continually advocated for palliative care to be incorporated into curriculum for health and social professionals. Recently the EAPC has updated its recommendations for the development of undergraduate curricula in Palliative Medicine at European Medical Schools (EAPC, 2013). In 2004, the EAPC published a guideline for the development of palliative nurse education, which is currently being updated and is due for publication later in 2015.

In Northern Ireland, the *Palliative and End-of-Life Care Competency Assessment Tool* (2011) was developed in accordance with the document *Living Matters: Dying Matters, a Strategy for Palliative and End of Life Care for Adults in Northern Ireland* (DHSSPS, 2010). The purpose of the Competence Assessment Tool is to assist individual health and social care professionals to build on their existing skills and support the enhancement of their professional practice. The Competence Assessment Tool is also a useful resource to assist health and social care professionals to identify both individual and team training and development needs, which has the potential to ensure continuous improvement in the quality of care delivered to those with palliative care needs.

In the Republic of Ireland the *Palliative Care Competence Framework* (Ryan *et al.*, 2014) describes core competences in palliative care whilst also detailing individual competences for various health and social care disciplines. It is envisioned that the framework will support the development of evidence-based palliative care education by informing academic curricula and professional development programs. This in turn has the potential to enhance the care of people with life limiting conditions by fostering greater inter-professional and inter-organizational collaboration in palliative care provision.

The *Report of the Community Learning Project (2015)*, commissioned by AIHPC, identified and evaluated the community's learning needs in the context of palliative care and proposed key components of learning resources for local communities on the island of Ireland. It makes a series of recommendations about the types of information that the general public require about palliative care, as well as the need for education for users and carers. The report also highlights of delivery mechanisms for this information and education including The *Palliative Hub*.

4. Recommendations

The recommendations in this paper reflect the considered opinion of members of the All Ireland Palliative Care Education Network and have been influenced by the adoption of WHA Resolution WHA67.19, and the publication of the *Report of the Community Learning Project (2015)*. These recommendations are presented under a number of headings which emerged at an initial facilitated workshop of the All Ireland Palliative Care Education Network:

- (i) the need for clarity about the meaning and purpose of palliative care;
- (ii) the importance of palliative care education;
- (iii) the key issues in palliative care education;
- (iv) the key question of who is being educated about palliative care;
- (v) factors that would enhance or improve palliative care education

4.1 The meaning and purpose of palliative care

An important issue to be considered is the need to ensure that users, carers and health and social care professionals understand that many palliative care needs can be met without the need for referral to specialist palliative care. A corollary of this is the need to appreciate and understand when it is appropriate to refer to specialist palliative care services.

The most widely used definition of Palliative Care comes from the World Health Organisation (2002): Palliative care is 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. Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;

- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

Essentially palliative care is care which aims to meet the physical, practical, social, emotional and spiritual needs of patients and their carers facing progressive illness that may limit or shorten their lives and includes bereavement support. This care can be provided at any stage following diagnosis and when it is clear there is little or no likelihood of cure of an illness. Palliative care is for people of all ages to help them live as well as possible until they die.

There is evidence to suggest that applying a palliative care approach when caring for someone with a life limiting condition and their family is both cost effective and efficient (Stjernswärd, 2007). This view is reflected in the World Health Assembly Resolution on Palliative Care (WHA 67.19) which calls on member states to recognize

the existence of diverse cost-effective and efficient palliative care models, acknowledging that palliative care uses an interdisciplinary approach to address the needs of patients and their families, and noting that the delivery of quality palliative care is most likely to be realized where strong networks exist between professional palliative care providers, support care providers (including spiritual support and counselling, as needed), volunteers and affected families, as well as between the community and providers of care for acute illness and the elderly. (WHA 67.19, pp2)

There is also evidence that early palliative care intervention has a positive effect on patient's quality of life (Temel *et al.*, 2010). However in order to apply the palliative care approach and provide palliative care, irrespective of the level at which it is provided, health and social care professionals need the necessary education.

4.1 The All Ireland Palliative Care Education Network recommends that:

Palliative care education providers should work to ensure that those accessing and using palliative care services, their carers and all health and social care professionals understand what palliative care is, who needs palliative care, how and when palliative care is provided and how it is accessed, so that palliative care to be provided in an appropriate and timely manner.

4.2 The importance of palliative care education

The World Health Assembly has highlighted the need to 'ensure adequate domestic funding and allocation of human resources, as appropriate ... for palliative care initiatives, including ... education and training' (WHA67.19, pp3). The resolution goes on to identify the need for palliative care to be

included as an integral part of the education and training (WHA 67.19, pp3-4), indicating that basic training and continuing education on palliative care be provided as a routine element of undergraduate education for health and social care professionals and as part of on-going and continuing in-service education. The resolution goes further suggesting that intermediate education should be offered to health and social care professionals who routinely care for individuals with a life limiting condition and their families. It concludes that specialist palliative care training should be available to health and social care professionals whose core function is the care of individuals with life limiting conditions who have complex care needs.

4.2 The All Ireland Palliative Care Education Network recommends that:

Palliative care education design and development should be influenced by adhering to a competence framework. *The Palliative Care Competence Framework* (Ryan *et al.*, 2014) and the *Palliative and End of Life Care Competency Assessment Tool* (PELCCT) (HSC, 2012) are competence based frameworks that can assist with curriculum design and programme development. These frameworks identify the varying levels of palliative care specialisation and education and the competences needed to meet the palliative care needs of individuals with life limiting condition and their family irrespective of the place of care (Table 2).

Table 2: Levels of Palliative Care Specialisation

Level	Department of Health & Children, 2001:32)	EAPC White Paper on Core Competencies in Palliative Care (Gamondi, Larkin & Payne , 2013:87)
Level 1 Palliative Care Approach	Palliative care principles should be practiced by all health care professionals. The palliative care approach should be a core skill of every clinician at hospital and community level. Many individuals with progressive and advanced disease will have their care needs met comprehensively and satisfactorily without referral to specialist palliative care units or personnel.	A way to integrate palliative care methods and procedures in settings not specialised in palliative care. Should be made available to general practitioners and staff in general hospitals, as well as to nursing services and nursing home staff. May be taught through undergraduate learning or through continuing professional development
Level 2 General Palliative Care	At an intermediate level, a proportion of individuals and families will benefit from the expertise of health care professionals who, although not engaged full time in palliative care, have had some additional training and experience in palliative care, perhaps to diploma level. Such intermediate level expertise may be available in hospital or community settings. Health care professionals who wish to undertake additional training in palliative care should be supported in this regard by the health board or other employing authority.	Provided by primary care professionals and specialists treating patients with life-threatening diseases who have good basic palliative care skills and knowledge. Should be made available to professionals who are involved more frequently in palliative care, such as oncologists or geriatric specialists, but do not provide palliative care as the main focus of their work. Depending on discipline, may be taught at an undergraduate or postgraduate level or through continuing professional development.
Level 3 Specialist Palliative Care	Specialist palliative care services are those services whose core activity is limited to the provision of palliative care. These services are involved in the care of individuals with more complex and demanding care needs, and consequently, require a greater degree of training, staff and other resources. Specialist palliative care services, because of the nature of the needs they are designed to meet, are analogous to secondary or tertiary health care services.	Provided in services whose main activity is the provision of palliative care. These services generally care for patients with complex and difficult needs and therefore require a higher level of education, staff and other resources. Specialist palliative care is provided by specialised services for patients with complex problems not adequately covered by other treatment options. Usually taught at a postgraduate level and reinforced through continuing professional development

4.3 Key issues in palliative care education

4.3.1 What are the key issues?

The All Ireland Palliative Care Education Network identified a number of key issues that arise in the context of palliative care education, including the perceived and actual palliative care education needs of the general public, users and carers and health and social care professionals and the availability and accessibility of this education.

4.3.2 General public, users and carers

The *Report of the Community Learning Project (2015)*, highlighted the need for the Palliative Care Community to harmonise the vocabulary and definitions of palliative care and related services that are used in communications, literature and websites – for example, in the uses and definition of terms such as ‘life-limiting illness.’ In essence the palliative care education needs of the general public, and users and carers need to be better understood. Palliative Care education needs of the general public would most likely centre on providing information about palliative care to promote a better understanding and dispel myths and misconceptions: first that it is applied only toward the very end of life; and second, that it is synonymous with late-stage cancer care.

The education needs of users and carers would go beyond just information and needs to include: details about palliative care services and how to access them; information on specific conditions; and practical advice on living with a life limiting condition and caring for a person with a life-limiting condition.

4.3.2 The All Ireland Palliative Care Education Network recommends that:

- a. Palliative care education providers ensure that members of the public and users and carers have access to appropriate and relevant palliative care learning opportunities
- b. Palliative care education providers be cognisant of the learning needs of the general public, and of users and carers. when developing informational materials
- c. Different and innovative delivery mechanisms should be utilised when designing, planning and developing palliative care education programmes , in order to provide relevant and accessible information for the public and relevant and accessible education for users and carers.

4.3.3 Health and social care professionals

It is imperative that palliative care education spans the various levels of education (WHA, 2014) and it is essential that palliative care be embedded within undergraduate curricula for all health and social care professionals.

4.3.3 The All Ireland Palliative Care Education Network recommends that:

- a. Co-operation between all palliative care education providers in both hospice and academic institutions be improved in order to ensure that programmes which prepare health and social care professionals for practice are fit for purpose
- b. Palliative care education providers should recognise the diversity of need among health and social care professionals, the general public, users and carers, and should commit to meet these needs in a more collaborative and cooperative way
- c. There is equitable access and availability of palliative care education programmes across the island of Ireland
- d. Palliative care education providers should promote and support the use innovative methods of education programme delivery (e.g. e-learning, blended learning, videos, pod casts) in order to ensure the widest possible access to ongoing palliative care education
- e. The value of interdisciplinary palliative care education be recognised and, where appropriate, be promoted in order to reflect the person-centred team approach used in palliative care practice

4.4 Who is being educated?

In addressing this question the All Ireland Palliative Care Education Network posit that to answer appropriately one must identify who requires and who is looking for education.

Individuals working as health and social care professionals may be in need of specific and targeted education related to the particular population they currently care for, e.g. older person, people with intellectual disabilities, etc.). Ideally these education needs should be met through the provision of accessible programme of study which support learning and development. Innovative delivery mechanisms should be considered in order to facilitate on-line learning and student led learning.

Given the current availability of 28 courses at post-graduate level (Table 1) it could be argued that health and social care professionals who work in specialist palliative care currently have their education needs met. There is, however evidence to suggest that at present on the island of Ireland, the majority of individuals undertaking post-graduate palliative care education come from the nursing profession.

The general public, users and carers have education needs regarding palliative care, meeting care needs and accessing care services. However, they will probably not seek to complete a distinct programme of education. The *Report of the Community Learning Project (2105)* suggests that these education needs could be met through well-structured and easy to use online resources. In some instances, learning needs related to information regarding services and supports, is available through information portholes via relevant statutory and voluntary websites. AllHPC is also meeting these information needs via The Palliative Hub, which provides information for people with palliative care needs, their carers, families and the general public (www.thepalliativehub.com).

4.4 The All Ireland Palliative Care Education Network recommends that:

- a. Post-graduate education in palliative care is sufficiently accessible for all health and social care professionals
- b. Palliative care education providers contribute and support the development of education and learning resources for the general public, users and carers.

4.5 Factors that would enhance or improve palliative care education

A number of issues that need to be considered so that palliative care education can be enhanced:

4.5 The All Ireland Palliative Care Education Network recommends that:

- a. Palliative care education providers should consider the development of interactive tools to educate the general public about Palliative Care and to counter common misperceptions about palliative care. Some suggested ways of doing this are highlighted in Report of the Community Learning Project (O’Sullivan & O’Mahoney, 2014:22)
- b. Palliative care education providers promote best practice in the development, design and delivery of programmes
- c. The palliative care community promote the inclusion of palliative care into all curricula for health and social care professional education
- d. Innovative ways of ‘Keeping up to date’ be promoted (e.g. journal clubs, clinical case reviews, increased access to on-line resources).

5. AIHPC role in supporting Palliative Care Education

AIHPC is currently providing ongoing support and assistance for the development of innovative ways to deliver palliative care education. AIHPC is also working to promote and support greater access to online learning through the establishment and development of The Palliative Hub which includes the Palliative Hub Learning Platform and the Palliative Hub – Professional. This type of infrastructural resource is a key element in the design, development and delivery of a range of education programmes and materials.

AIHPC will also support and facilitate on-going and continued collaboration between palliative care education providers including the hospice education providers and the universities in order to promote a coherent approach to meeting the palliative care learning needs of health and social care professionals and the general public.

It is through education that care can be improved and so to the experience of the individual with a life limiting condition and their family.

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Appendix 1 Current Membership of the All Ireland Palliative Care Education Network

ORGANISATION	CURRENT REPRESENTATIVE
AIGNA	Linda Kearns
AONTAS	Jacinta Cuthbert
Association of Occupational Therapists Ireland	Catriona Power
Centre of Children's Nurse Education	Cecila McGarry
Centre of Children's Nurse Education	Cecila McGarry
Centres for Nurse and Midwife Education Association (Chair)	Dr Mary Hodson
CORU	Aoife Sweeney
Donegal Hospice	Helen McMahan
Dublin City University	Dr Eileen Courtney
Dublin Institute of Technology	Shiela Sugrue
Foyle Hospice	Yvonne Martin
Galway Hospice Foundation	Nicola Purcell
General Medical Council Northern Ireland	Nicola McGarrell
Head of Department of Nursing of Institutes of Technology	Dr Pearse Murphy
Health and Information and Quality Authority	Marie Kehoe O'Sullivan
Health and Social Care / Clinical Education Centre	Deidre Cunningham
Health Service Executive	Sheilagh Reaper-Reynolds
Health Service Executive	Lorna Peelo-Kilroe
Higher Education Authority	Dr Abigail Chantler
IAPC	Dr Geralyn Hynes
ihcp (Independent Health & Care Providers)	Pauline Shepherd
Irish Association of Social Workers	Louise Casey
Irish Association of Speech & Language	Claire Parkes
Irish College of General Practitioners	Nicholas P Fenlon
Irish Hospice Foundation	Orla Keegan
Irish Institute of Pharmacy	Catriona Bradley
Irish Medical Council	
Irish National Extended Care Medicine Association (INECMA)	Dr Siobhan Kennelly
Irish Nutrition & Dietetic Institute	Claire O'Brien
Irish Society of Chartered Physiotherapists	Shirley Real
LauraLynn Irelands Children's Hospice	Claire Quinn
Lecturer from Institute of Technology engaged in teaching Palliative & Hospice Care	Claire O'Gorman
Marie Curie Hospice	Melanie Legg
Marymount Hospice	Gerardine Lynch

Milford Care Centre	Breda Trimble
National University of Ireland Galway	Laura Dempsey
North West Hospice	Hazel Smullen
Northern Ireland Executive Committee Royal College of General Practice	Prof Max Watson
Northern Ireland Hospice	Sue Foster
Northern Ireland Hospice Children's Services	Karen Carr
Northern Ireland Medical and Dental Training Agency (NIMDTA)	
Northern Ireland Social Care Council	Paul Rooney
Northwest Regional College	Margaret McChrystal
Nursing & Allied Health Professionals Education – Department of Health, Social Services and Public Safety	Caroline Lee
Nursing and Midwifery Board of Ireland (An Bord Altranais agus Cnáimhseachais na hÉireann)	Judith Foley
Nursing & Midwifery Council (Northern Ireland Representative)	
Nursing Homes Ireland	Gaynor Rhead
Our Lady's Hospice & Care Services	Patricia Hallahan
Psychological Society of Ireland (PSI)	Dr Paul D'Alton
Queens University Belfast	Richard Henry
Royal College of Physicians of Ireland (RCPI)	Dr Regina McQuillan
Royal College of Surgeons Ireland	Siobhán McCarthy
Southern Area Hospice Services	Carmel Campbell
St Luke's Home	Bruce Pierce
St. Francis Hospice	Barbara Sweeney
The Pharmaceutical Society of Ireland	Dr Lorraine Horgan
Trinity College Dublin	Dr Elizabeth Fahy McCarty
University College Cork (Medicine)	Dr Catherine Sweeney
University College Cork (Nursing)	Ann McAuliffe
University College Dublin (Nursing)	Dr Mary Casey
University of Limerick	Maria Bailey
University of Ulster	Prof George Kernohan