



Royal College
of Nursing



**NURSING
PRACTICE
ACADEMY**

A Competency Framework for Nurses Caring for People with Liver Disease including Liver Transplantation

NURSING PRACTICE ACADEMY

Fourth edition

Acknowledgements

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Foreword

It is our privilege to introduce this updated edition of *A Competency Framework for Nurses Caring for People with Liver Disease including Liver Transplantation*. This edition builds upon the solid foundation laid by previous versions, reflecting the increasing complexity of hepatology and the growing demand for highly skilled nursing care across the UK and the drive for equity in health and clinical outcomes.

This work is the result of dedicated collaboration from hepatology nurses across the UK. Their insights, energy, and unwavering commitment to excellence have shaped this framework. We would also like to extend heartfelt thanks to those who took the time to review and refine this work, ensuring it is both clinically relevant and practically applicable.

Liver disease is now the only major cause of death that continues to rise year-on-year in the UK. More than 12,300 people died from liver disease in 2023. Shockingly, over 60% of these deaths occur in working-age adults, particularly between ages 45 to 64. Mortality has quadrupled over 50 years, disproportionately affecting the most deprived communities and resulting in higher rates of social stigma and reduced health care access.

Liver cancer, particularly hepatocellular carcinoma (HCC), is the fastest-rising cause of cancer-related death. With more than 6,200 diagnoses annually, HCC incidence has increased by 50% over the last decade. Yet only 20% of liver cancers are currently diagnosed at an early stage, making early detection and surveillance critical.

The *NHS 10-Year Health Plan (Fit for the Future, 2025)* sets out a vision to transform the NHS from a system focused on treating sickness to one centred on prevention, shifting care into community settings, and harnessing digital innovation to reduce inequalities and improve outcomes. Liver disease must not be left behind in this transformation.

For hepatology, this means embedding early detection, tackling health inequalities, and supporting coordinated, community-based care. One of the most impactful developments has been NHS England's *Community Liver Health Check* programme, using mobile FibroScan units to screen high-risk groups – those with obesity, diabetes, alcohol use, or living in deprivation. This initiative consistently shows that one in 10 individuals screened have signs of advanced liver disease requiring urgent follow-up.

To meet the NHS ambition of diagnosing 75% of cancers at stage 1 or 2 by 2028, liver disease requires strengthened and equitable surveillance pathways, embedding liver health checks into community diagnostic centres, and aligning with ICS-level planning, is essential to expand reach and reduce unwarranted variation in outcomes.

This must also be accompanied by integrated care models involving not only primary and specialist services, but also social care and allied health professionals – ensuring wraparound support for patients at risk and making prevention and personalised care a lived reality.

In parallel, the field has made conscious moves toward stigma reduction through language. The adoption of updated, non-judgemental nomenclature such as “metabolic dysfunction-associated steatotic liver disease (MASLD)” represents a shift towards person-centred, evidence-based terminology that empowers both professionals and people living with liver disease.



Liver disease is deeply rooted in health inequality. Mortality rates are five times higher in the most deprived communities. Almost three-quarters (73%) of people living with liver disease have experienced stigma, and nearly a third report this has prevented them from accessing care. These figures represent real barriers that nursing professionals are uniquely placed to address, through compassionate, accessible, and inclusive care.

This framework reflects and supports national initiatives and standards published by the British Liver Trust, British Liver Nurses Association (BASL), British Society of Gastroenterology (BSG) and Improving Quality in Liver Services (IQILS). It utilises the clinical application of care bundles. Competency frameworks like this equip nurses across all levels – from registered to consultant level – to deliver consistent, effective, and patient-centred care. They empower nurses to contribute meaningfully to multidisciplinary teams, shape services, and support national ambitions in prevention, early detection, survivorship, and end-of-life care. Nurses have played a central role in designing, implementing, and evaluating these interventions. This work recognises that nurses are no longer passive participants – they are innovators, researchers, and leaders driving system change.

Professionalism in nursing is not simply a list of behaviours – it is a deeply held sense of identity, accountability, and ethical responsibility. It ensures quality, consistency, and public trust. The NMC is clear: professionalism is non-negotiable. It must be visible at every level of practice – from newly qualified staff to senior leaders.

It is through professionalism that nurses advocate, challenge stigma, and uphold the rights and dignity of those living with liver disease. When professionalism is absent, trust, equity, and quality are at risk. This framework promotes shared goals, values, and expectations that underpin effective, reliable, and respectful care.

As hepatology services evolve, the expansion of roles such as clinical nurse specialists, enhanced, advanced practitioners, and consultant nurses is critical. Nurses are increasingly conducting complex assessments, leading clinics, managing surveillance pathways, and contributing to research and education. This framework aims to uplift these roles by embedding professionalism, critical thinking, leadership, and high standards of clinical competence.

Hepatology is a rapidly growing specialty with a rising burden of disease, a pressing need for early detection, and an urgent call for equitable care. This edition of the framework integrates not only clinical standards but recognises the social, ethical, and systemic context in which liver care is delivered. Nurses are central to the story of liver disease – whether in identifying early signs, delivering care, co-ordinating services, or leading change. With the right tools, support, and opportunities, they will continue to be at the forefront of transforming outcomes for people with liver disease.

The aim of these competencies is to support liver transplant nursing, engendering a workforce capable to provide high quality care, regardless of location or proximity to a transplant centre. They cover all aspects of the transplant patient journey including the assessment, waiting period, immediate and long-term post-transplant care. It provides a structure and is an invitation to raise the profile of liver health, support a thriving workforce, and ensure that every patient receives the care, dignity, and compassion they deserve.

Katharine Caddick and Katie Ramos

Introduction

This competency framework details the professional standards expected of practitioners when caring for people with liver disease including liver transplantation. Nurses are key to the prevention of liver disease.

The original document was a joint development between a selected group of liver nurses on behalf of the Department of Health, England and the RCN Gastrointestinal Nursing Forum. This is the fourth edition of the competency framework, which offers contemporary professional standards across liver and liver transplant nursing in the UK.

The framework focuses on the needs of people with liver disease and is intended to be used alongside local policies and pathways within the scope of practice undertaken by nurses working at all levels. It has been produced to provide a framework on which skills, knowledge and understanding can be assessed. A survey of nurses from the RCN Gastrointestinal Nurses forum, British Liver Nurses' Forum and British Association for the Study of Liver Disease Nurses Forum (2025) found that the framework helped liver nurses plan their appraisals, identify development needs in their role, develop new roles and help to upskill ward teams.

This framework may be useful for other health care professionals, for example, GPs, social workers, dietitians and drug and alcohol workers who are working with patients with or at risk of liver disease or liver transplantation in primary or secondary care. It may be useful as part of their professional learning and development. The document can also be used by nursing students to improve their knowledge, understanding and skill acquisition of caring for people with, or at risk of, liver disease.



Competency versus capability

Understanding the difference between competency and capability is essential. Competency typically refers to the skills and knowledge required to perform tasks or procedures effectively, such as completing assessments and administering medication. Capability encompasses a broader range of attributes which should be fostered in addition to competency and include facets such as critical thinking, adaptability, communication skills – all of which enable nurses to provide comprehensive nursing care and adapt to a variety of different patient needs and situations. Competency is a measure of performance, while capability is a combination of factors that affect an outcome.

While we value competency in nursing and it is a nursing priority, we also recognise and value the strategic importance of capability.

Aims of the framework

The revised competency framework has been reformatted so that it reflects the Nursing and Midwifery Council (NMC), *The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives* (2018). Each competency has been linked to the NMC standards: *Prioritise People, Practise Effectively, Preserve Safety and Promote Professionalism and Trust* (NMC, 2018).

It aims to enhance the specialty of liver nursing, addressing challenges of recruitment, retention, sustainability, benchmarking and succession planning across the UK.

- To support individual personal development plans (PDP) and continuous professional development (CPD).
- To support robust career progression for liver nurses.
- To provide a framework to support succession planning and service development.
- To support the development of a standard nationwide curriculum for academic and inhouse training programmes.
- To provide a benchmarking tool for all liver nurses.
- To define specific liver nursing qualities and outcomes.
- To define pathways to enable career development, for example, clinical specialities, management, leadership, teaching, education, and research.
- To be used alongside other competency frameworks and guidelines.

The expectations of liver nurses are clear, consistent and evidence-based (wherever possible). The framework is inclusive for all practitioners (working in the NHS, independent or third sector), caring for people with, or at risk of, liver disease including liver transplantation across their lifespan, and across acute, primary and community settings in the UK. As a guideline, the document meets the requirements of the RCN Quality Framework.

Practitioners will always need to be aware of local guidelines and protocols, as well as working within the scope of professional practice when initiating treatment and interventions. Liver disease management is a dynamic and rapidly changing professional arena, therefore, all health care professionals need to remain up-to-date and utilise contemporary evidence-based practice.



Competency levels and expectation of behaviours

There will always be variation within levels of practice as different services are commissioned and developed differently throughout the UK. Therefore, this document does not refer to Agenda for Change bands, but to levels of practice.

For those interested in developing towards advanced practice, visit: rcn.org.uk/library/Subject-Guides/advanced-nursing-practice

All posts at all levels need to conform to the core themes of the Nursing and Midwifery Council (NMC) Code (NMC, 2025), structured around four themes:

- prioritise people
- practise effectively
- preserve safety
- promote professionalism and trust.

How to use the framework

The competency framework is designed to be a flexible document that can be used in all areas for nurses working with people with, or at risk of, liver disease.

Sections of the framework can be selected to complete rather than undertaking the whole document.

You and your team should identify the competencies relevant to your area and then identify the levels of competence that you and your team wish to achieve.

Successful demonstration of competence can be used as evidence of meeting professional development needs.

The framework could be embedded into the ward or team philosophy and used to identify learning needs for individuals or the team.

It can become part of the personal development plan/appraisal process where areas of competence can be identified to complement learning and development. It can also be used to identify gaps in service provision.

This framework will help you to achieve some of the requirements for the revalidation process for nurses and midwives to practise (NMC, 2025). For example, demonstrating up-to-date practice and professional development and reflecting on professional standards of practice and behaviours.



Producing evidence

You are responsible for developing your own portfolio of evidence for each competence to demonstrate that you have achieved it at the identified/desirable level.

Forms of evidence that you can use include case histories, self-appraisal via a reflective diary, 360-degree feedback, verification of practice and structured observation of practice. So, when you gather evidence, it is important to consider the following:

- ensure that you understand what the competence statement is asking of you
- review any existing work that could be used
- identify whether the existing evidence is appropriate
- consider what else you may need to do in developing evidence; for example, are you familiar with a reflective model?

Will someone be giving you feedback on your practice? Do you have further development needs, and have you considered how you might address them? Think about using evidence that covers several competencies; for example, one case study may demonstrate that you have used a variety of knowledge and skills in treating a patient and in this instance, you should be able to triangulate evidence against several competencies.

For example, if you attend a study day in preparation for carrying out a particular intervention but you have not practised the skill in a clinical setting, your certificate of attendance is not evidence of competence, and you will have to consider making arrangements for supervised practice. However, if you have undergone training and have evidence of supervised practice and use new knowledge and skills on a regular basis, the evidence should be enough. Consider what else you may need to do in developing evidence, such as feedback on your practice. If you have further development needs, are they recorded in a personal development plan?

Competency framework

Please note: Each column builds upon previous learning.

Competency statement 1: Collaboratively works with the liver patient (and their family/carer) to manage their liver disease			
<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Understanding difference between acute and chronic liver disease and associated complications.</p> <p>Actively listens and able to ask questions using appropriate language which recognises the diversity within our communities.</p> <p>Establishes the patient's preferences and boundaries for sharing personal health information, protecting their privacy and confidentiality.</p> <p>Respects and acknowledges a patient or family member/carer as an expert in their own condition.</p> <p>Recognises that individuals with liver disease may experience co-existing substance use and/or mental health conditions, which can affect their capacity to engage with and manage their care effectively.</p>	<p>Acts as a role model to support colleagues' professional development.</p> <p>Deliver training, raising awareness of liver disease in other settings and the impact to patient care.</p> <p>Understands advocacy needs for those who are less able to act for themselves due to their mental capacity being impaired.</p> <p>Ability to set up and lead an MDT.</p>	<p>Develops patient pathways in collaboration with patients and user groups.</p> <p>Builds and maintains relationships with local/national networks, charities and external partners.</p> <p>Audit records to ensure best practice is being delivered.</p> <p>Develop training to raise awareness of liver disease.</p> <p>If appropriate, collaborate with the patient to share their experience as a resource for teaching nurses and others.</p>	<p>Clinical practice Monitors and evaluates the quality of liver care delivery, using clinical insight to identify risks, drive improvements, and uphold safe, effective practice.</p> <p>Leadership and management Leads quality improvement initiatives and contributes to governance by analysing incidents, identifying trends, and disseminating learning across services.</p> <p>Education and development Designs and delivers liver health education for healthcare professionals and students, including collaboration with local universities to build specialist knowledge.</p>

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Ability to offer health promotion advice and signposting to other services as necessary.</p> <p>Collaborates with colleagues in different environments, for example drug and alcohol services.</p> <p>Understands the support that can be offered to patients with liver disease from other stakeholders.</p> <p>Discusses care/treatment options to reach joint and informed decision making.</p> <p>Co-develops, implements and evaluates personal care plans.</p>			<p>Research and evidence-based practice</p> <p>Contributes to liver nursing research and integrates audit findings and evidence into clinical and service development to advance practice and policy.</p>

Competency 2: Supports patients (and family/carers) in their understanding of their condition through patient education and health promotion			
<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Provides guidance/direction to patients, families, and carers to reliable information and support services.</p> <p>Has knowledge of resources and awareness of locally approved health information sources organisations and agencies offering support.</p> <p>Aware of personal limits, responsibilities and professional boundaries and seeks help when tasks exceed own role or competence.</p> <p>Adopts a range of communication strategies to educate, engage and empower individuals and families.</p> <p>Delivers patient-centred care, recognising and respecting each individual's treatment choices, cultural background, and personal values, including those of young people and adults.</p>	<p>Evaluates the patient's and carer's understanding of their condition, including causes, risk factors, treatment and potential consequences.</p> <p>Delivers tailored health education to patients and carers about the condition, treatment options, and possible side effects.</p> <p>Provides culturally appropriate education, lifestyle advice and brief interventions which supports behaviour change with validated/ accredited accessible resources on health promotion strategies and key lifestyle risk factors.</p> <p>Identifies when specialist input is needed and refers to appropriate health care professionals or voluntary services for multidisciplinary collaboration.</p> <p>Communicates complex clinical information clearly and compassionately, including risk profiling outcomes, investigative results, and diagnoses – supporting patients sensitively when discussing potentially distressing news.</p>	<p>Demonstrates advanced clinical judgement by interpreting complex investigations and explaining implications effectively to patients and their families/carers, empowering them to make informed decisions.</p> <p>Integrates multi-agency collaboration, engaging specialist services such as genetic counsellors, palliative care teams, mental health professionals, and liver specialists, and making timely referrals to optimise care pathways.</p> <p>Recognises social determinants of health, including poverty, housing, religion, culture and substance use (eg, Khat, herbal remedies or performance enhancers), and their impact on health outcomes, particularly liver-related conditions.</p> <p>Maintains expertise in referral processes, national guidance and local pathways, ensuring that care is coordinated, timely, and aligned with best practice.</p> <p>Monitors and mitigates medication-related risks, especially those with hepatotoxic potential, and ensures patients are informed and supported in managing side effects.</p>	<p>Clinical practice Designs, delivers, and evaluates nurse-led liver clinics to ensure high-quality, patient-centred care.</p> <p>Leadership and management Leads or contributes to research activity to support service development and strengthen the evidence base for liver care.</p> <p>Education and development Develops and delivers tailored training programmes for nurses entering liver services, supporting workforce capability and confidence.</p> <p>Research and innovation Uses audit data, evidence, and patient feedback to evaluate and enhance liver services through continuous improvement.</p>

Competency 3: Undertakes a comprehensive clinical assessment of the liver patient			
<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Undertakes and records a comprehensive nursing assessment and history taking and acts on the findings of nursing assessment.</p> <p>Assesses nutritional status.</p> <p>Identifies signs and symptoms of altered mental state including cerebral oedema for acute liver failure.</p> <p>Explains relevant investigations to patients and service users.</p> <p>Uses local policy and guidelines for the care of people with liver disease.</p> <p>Refers to appropriate specialist team and directs the patient to specialist help.</p>	<p>Conducts a thorough physical assessment and evaluates patient risk, identifying early signs of disease and co-existing conditions.</p> <p>Communicates effectively with patients and their families/ caregivers, explaining medical investigations, test results, prognosis and treatment options.</p> <p>Works alongside dietitians to assess and optimise nutritional intake, providing tailored advice and supplementation as needed.</p> <p>Develops, implements, and documents appropriate management plans based on clinical findings.</p> <p>Supports patient adherence to treatment, respecting individual preferences and decision making.</p> <p>Stays informed on best practices in patient care pathways by engaging with national specialist forums, professional journals and networking opportunities.</p>	<p>Initiates and interprets diagnostic investigations, including comprehensive liver screening.</p> <p>Diagnoses new or worsening complications of acute and chronic liver disease.</p> <p>Identifies early signs of other diseases.</p> <p>Manages all complications of decompensated liver disease.</p> <p>Identifying next steps, including timely referral for liver transplantation assessment in chronic liver disease (see Competence 10.1: referral for liver transplantation).</p> <p>Develops palliative care plans when necessary.</p> <p>Provides the patient with information on how to manage and monitor specific symptoms.</p> <p>Identifies and manages acute alcohol withdrawal, ensuring safe pharmacological intervention.</p> <p>Prescribes and administers treatments within their specialist scope as a non-medical prescriber.</p> <p>Mentorship and leadership – support junior staff in liver disease management.</p>	<p>Clinical practice Diagnoses and manages the full range of liver diseases, delivering tailored treatments and symptom-focused interventions.</p> <p>Leadership and management Leads service pathways for complex liver care and supports clinical decision-making across multidisciplinary teams.</p> <p>Education and development Delivers teaching on liver disease management to enhance clinical knowledge and confidence across health care teams.</p> <p>Research and innovation Contributes to and applies liver-specific research to improve treatment approaches and patient outcomes.</p>

**Competency 4:
Assesses, in collaboration with the patient, their diverse health care needs –
each level follows on from the previous**

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Undertakes a holistic health care needs assessment.</p> <p>Identifies vulnerability in patients across all age groups and takes appropriate action.</p> <p>Identifies patients at risk from liver disease.</p> <p>Maintains confidentiality in relation to patient information and data.</p> <p>Begins to conduct a comprehensive assessment.</p> <p>Awareness of all available resources to provide information and to ascertain the patient understands their illness/treatment options in their preferred language.</p> <p>Establishes patient concordance with treatment and recognises patient’s individual treatment choices.</p>	<p>Understands how various life stages, lifestyle choices, and risk factors influence the development, progression, and end-of-life aspects of acute and chronic liver diseases.</p> <p>Identifies a range of resources available for patient education and support and facilitates appropriate referrals.</p> <p>Understands the legal and ethical principles of obtaining patient consent and ensures informed decision-making.</p> <p>Conducts comprehensive assessments.</p> <p>Proficient in using alcohol screening tools to assess and address alcohol-related risks.</p> <p>Engages in patient consultations, provides clear communication, and refers patients to appropriate support services.</p> <p>Knows how to seek expert guidance in providing care for vulnerable individuals.</p> <p>Ensures effective communication by accessing interpreters or cultural mediators when needed.</p> <p>Refers patients to other members of the multi-disciplinary team when appropriate.</p>	<p>Assess, diagnose and treat patients with ongoing liver disease.</p> <p>Manage and monitor complications.</p> <p>Assesses patients returning for ongoing follow-up.</p> <p>Audits assessment documentation in collaboration with the multidisciplinary team.</p> <p>Participates in multidisciplinary patient conferences.</p> <p>Keeps patients’ general practitioners, and community teams/services informed of ongoing consultation, health care needs and assessment progress.</p>	<p>Clinical practice Develop and deliver nurse-led clinics and telephone support services to enhance specialist care and patient access.</p> <p>Leadership and management Lead the creation of referral and communication systems across primary, community and school health teams to improve integrated care.</p> <p>Education and development Support learning for health care professionals through shared care models and mentoring within innovative service structures.</p> <p>Research and innovation Evaluate and refine services using evidence-based practice, audit and patient feedback to drive continual improvement.</p>

Competency 5: Identifies, develops and promotes a self-management plan with the patient who has predisposing factors to liver disease			
<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Works collaboratively with the patient, undertaking assessment and discussing their risk factors for liver disease.</p> <p>Implements appropriate brief advice and harm reduction intervention understanding how diverse backgrounds may influence lifestyle choices.</p>	<p>Evaluate the outcomes of care and update the management plan as appropriate.</p>	<p>Input into local policy.</p> <p>Leads service delivery.</p>	<p>Clinical practice Leads patient conferences and peer reviews to drive high standards of care, safety, and clinical effectiveness.</p> <p>Leadership and management Builds cross-sector partnerships and advises on national policy to influence strategic, integrated liver care.</p> <p>Education and development Promotes a culture of learning through reflective practice, shared incident learning, and MDT education.</p> <p>Research and innovation Leads service audits and pathway development, using evidence and stakeholder collaboration to improve care.</p>

Competency statement 6: Works alongside and with the patient (and families/carers) to address the psychological and social impact of their condition			
<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Awareness of symptoms of psychological distress and ability to respond to them.</p> <p>Contributes to MDTs and supports early detection.</p> <p>Uses early warning tools and escalates concerns appropriately.</p> <p>Promotes safety, dignity and understanding of liver disease.</p> <p>Recognises safeguarding risks and responds appropriately.</p>	<p>Assesses psychological distress and supports person-centred care planning.</p> <p>Offers initial emotional support and refers appropriately.</p> <p>Applies safeguarding and Mental Capacity Act principles.</p> <p>Signposts to community support and aids transitions in care.</p> <p>Mentors junior staff and promotes reflective, ethical practice.</p>	<p>Leads development of complex care plans, assessment frameworks and psychosocial assessments.</p> <p>Manages complex referrals and co-ordinates multi-agency input.</p> <p>Designs and delivers inhouse education to reduce stigma and promote access for vulnerable groups.</p> <p>Uses advanced tools to assess emotional impact.</p> <p>Leads MDT integration, outreach, and innovation.</p> <p>Leads comprehensive psychosocial assessments and clinical decision making in risk, safeguarding and mental health.</p>	<p>Clinical practice Leads patient-centred initiatives that address psychosocial needs and enhance holistic liver care.</p> <p>Leadership and management Shapes national policy and strategy, influencing liver care delivery and organisational culture.</p> <p>Education and development Mentors senior staff and delivers advanced education at local, national, and international levels.</p> <p>Research and innovation Drives research and service improvement, using evidence and patient voice to inform innovation and best practice.</p>

Competency 7: Delivery, monitoring and interpretation of diagnostic, pharmacological and nutritional treatments			
Registered practitioner	Enhanced level practitioner	Advanced level practitioner	Consultant level practitioner
<p>Takes appropriate action in the event of complications and liaises with the medical team as required.</p> <p>Explains to patient and carers treatment criteria and protocols.</p> <p>Gives patient and carers advice regarding ongoing and future care requirements.</p> <p>Documents clear and accurate information relating to investigations requested in line with local policy.</p> <p>Prepares patients for procedures, monitors patients' post-procedure and documents all observations and actions accurately.</p> <p>Establishes rapport and is able to support the patient with complex and potentially stressful diagnosis and treatments in a range of situations.</p> <p>Diagnostic</p> <p>Able to explain the outcomes of diagnostics to patients and families and/or carers.</p> <p>Explains to patient the different diagnostic approaches, possible side effects and complications.</p>	<p>Ability to discuss potential differential diagnoses.</p> <p>Ability to interpret and act upon results including escalation where appropriate.</p> <p>Able to undertake a full and comprehensive patient assessment and history.</p> <p>Works closely and collaborates with other MDT members.</p> <p>Diagnostic</p> <p>Develops and evaluates appropriate care management plan following diagnostic interventions.</p> <p>Develops, in conjunction with other health care professionals, a management plan for refusal of treatment.</p> <p>Pharmacological</p> <p>Able to initiate treatment according to local guidance or protocol.</p> <p>Ensures patients/carer aware of how medications work, possible side effects and duration of treatment.</p> <p>Investigates and addresses reasons for noncompliance and refers to appropriate MDT members.</p>	<p>Ensures appropriate follow up post discharge.</p> <p>Diagnostic</p> <p>Undertakes audit and data collation on the morbidity and mortality risks associated with routine procedures and how these can be minimised and recognised.</p> <p>Undertakes assessment and advanced clinical interventions.</p> <p>Ability to refer appropriately following diagnosis, for further interventions and/or speciality input.</p> <p>Develops care pathways across primary/secondary care.</p> <p>Provide education in diagnostic and treatment options.</p> <p>Pharmacological</p> <p>Is a non-medical prescriber (NMP).</p> <p>Monitors and assesses the patient's progress as appropriate to the patient's condition and the medicines prescribed.</p> <p>Communicates with primary and secondary care teams about initiation or changes in medications.</p>	<p>Clinical practice</p> <p>Leads advanced assessments and diagnostics for complex symptoms, including unexplained weight loss, to deliver safe, holistic liver care.</p> <p>Performs and interprets procedures such as paracentesis and liver biopsy; recognises abnormal anatomy using ultrasound in line with policy.</p> <p>Provides timely follow-up and clinical leadership across primary and secondary care.</p> <p>Leadership and management</p> <p>Leads service evaluations, pathway development, and MDT coordination to ensure timely diagnostics and integrated care.</p> <p>Collaborates with commissioners and prescribing leads to develop safe, strategic prescribing and service models.</p> <p>Audits prescribing practices and presents outcomes to clinical forums.</p>

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Pharmacological</p> <p>Able to provide specific interventions safely with regards to pharmacological treatment and managing side effects.</p> <p>Ability to assess the patient's knowledge and understanding of their medication and its effects.</p> <p>Provides information about medications and their side effects to patients and their family members.</p> <p>Ability to observe, monitor and record all identified side effects and escalate concerns in relation to these.</p> <p>Aware of pharmacological therapies used in acute and chronic liver disease.</p> <p>Nutritional</p> <p>Supports patient and their family/ carers with meeting and evaluating their nutritional and hydration needs.</p> <p>Ability to implement and evaluate a range of nutritional and hydration strategies.</p> <p>Provides specific interventions safely with regards to nutrition and fluid management in patients with liver disease.</p>	<p>Can discuss the consequences of non-adherence with medication for patients with viral Hepatitis.</p> <p>Nutritional</p> <p>Ability to recognise when the nutritional state of a patient with liver disease is at risk of, or deteriorating.</p> <p>Ability to undertake a nutritional needs reassessment and implement this into the patient's care.</p> <p>Assesses and manages the patient at risk of refeeding syndrome.</p> <p>Ability to estimate dry weight of patients.</p> <p>Instigates enteral feeding as prescribed for the patient.</p> <p>Supports the patient and family/ carer with home enteral feeding if required as a long-term nutritional goal.</p> <p>Recognition that weight/BMI may not reflect the patient's nutritional status.</p> <p>Educates the patient about small regular meals and increased nutritional intake.</p>	<p>Nutritional</p> <p>Implements discussions with patients and families who have end stage chronic liver disease about their changing nutritional requirements.</p> <p>Investigates for other causes of weight loss, including organising any relevant or specific tests and procedures to look at alternative causation.</p>	<p>Education and development</p> <p>Shares audit findings, decision-making frameworks, and diagnostic reasoning to support team development and reflective practice.</p> <p>Contributes to peer review and builds diagnostic capability across teams.</p> <p>Research and innovation</p> <p>Uses audit, evidence, and patient data to guide service development and innovation in diagnostic pathways.</p> <p>Identifies system gaps and leads improvement initiatives aligned to local and strategic needs.</p>

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Undertakes regular nutritional screening in practice, using evidence-based tools such as MUST or other local guidelines.</p> <p>Documents and reviews nutrition and hydration status when reviewing patients care.</p> <p>Monitors and acts on effectiveness of nutritional interventions.</p> <p>Assesses whether the patient is able to hydrate themselves or not, able to escalate concern if they consider the patient would benefit from IV or enteral fluids.</p> <p>Educates the patient and family about foods that may not be suitable in the context of liver disease and its complications – for example, salt intake.</p> <p>Has an awareness of refeeding syndrome and what it means for the patients.</p>			

Competency 8: Uses early warning tools/approaches (such as red alert) to identify the patient's changing and deteriorating condition and takes appropriate action			
<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Uses validated and accredited tools to detect deterioration to guide and communicate care decisions.</p> <p>Recognises early signs of decompensation and escalates promptly.</p> <p>Understands how liver disease affects vital signs.</p> <p>Recognises and manages complications.</p>	<p>Differentiates causes of deterioration.</p> <p>Uses accredited recognised hepatology tools to assess severity of condition, with the ability to understand the scores and respond to them.</p> <p>Initiates timely interventions and follows local policies and protocols.</p> <p>Mentors junior staff and supports holistic, person-centred care.</p>	<p>Leads deterioration management using specialist tools and protocols.</p> <p>Performs and interprets procedures and investigations within scope of practice.</p> <p>Co-ordinates MDTs, implements care pathways.</p> <p>Uses scores to inform and communicate practice.</p> <p>Drives education, quality improvement and psychologically informed care.</p>	<p>Clinical practice Ensures safe, effective liver care through procedural governance and strengthened links with tertiary and transplant services.</p> <p>Leadership and management Leads service design, safety initiatives, and national strategy development for hepatic deterioration.</p> <p>Education and development Delivers advanced training and supports workforce development in liver care.</p> <p>Research and innovation Conducts and applies research to inform evidence-based practice and service improvement.</p>

Competency 9: Actively improves and promotes liver services across the appropriate care pathway			
<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Follows established liver care protocols.</p> <p>Contributes and communicates effectively within MDTs.</p> <p>Escalates care appropriately using Early Warning Signs and red flag criteria.</p> <p>Contributes to audits and feedback.</p> <p>Educates patients and carers on liver health, screening, and prevention.</p>	<p>Leads local initiatives to address service gaps and improve continuity of care.</p> <p>Contributes to writing, updating protocols and quality improvement initiatives.</p> <p>Supports peer development and MDT collaboration.</p> <p>Promotes liver health through outreach, screening initiatives and lifestyle education.</p>	<p>Leads the delivery of integrated liver care models in collaboration with primary and secondary care.</p> <p>Co-designs services with patients, using audit outcomes and experience feedback.</p> <p>Writes, implements and evaluates service development plans.</p> <p>Champions multidisciplinary collaboration across community and specialist services.</p> <p>Embeds innovation through pilot projects and digital health solutions which align with national strategy.</p> <p>Aligns care with national standards government initiatives.</p>	<p>Clinical practice Ensures MDT delivery aligns with hepatology standards and integrates pathways across all levels of care.</p> <p>Leadership and management Shapes national hepatology policy, leads workforce planning, and embeds standards into local models.</p> <p>Collaborates with commissioners to secure funding and deliver outcomes aligned with strategy.</p> <p>Education and development Designs and delivers population-level interventions to reduce liver-related admissions and support system-wide learning.</p> <p>Research and innovation Evaluates innovations and leads research partnerships to inform evidence-based service development.</p>

Competency 10:**Referral for consideration of liver transplant – each level follows on from the previous**

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Awareness of the implications of decompensated liver disease and referral for liver transplant assessment.</p> <p>Monitors and advises on nutritional intake and supplements in collaboration with dietician to provide optimal nutrition.</p> <p>Encourages treatment adherence while respecting individual patient choices, actively addressing communication barriers to ensure equitable access to liver transplant services.</p> <p>Recognises nutrition as a predictive factor in positive transplant outcomes.</p> <p>Assesses psychological and emotional needs and signposts to appropriate services.</p> <p>Promotes lifestyle changes that would preclude from onward referral to transplant referral.</p>	<p>Able to undertake a thorough medical history assessing indications for transplant and considering contraindications.</p> <p>Able to undertake a thorough medication history, considering over the counter medicines and the implications for liver health/lifestyle modification.</p> <p>Able to explore psychosocial factors, alcohol use or substance misuse and make referrals where appropriate.</p> <p>Refer for ultrasound and non-invasive/non-radiological investigations.</p> <p>Ability to interpret complex blood results in order to calculate liver validated scores will inform future management.</p> <p>Continue to advocate lifestyle management despite impact on liver disease.</p> <p>Awareness of the diagnostic tests required for transplant assessment.</p> <p>Be able to communicate what is involved with transplant assessment with patients.</p>	<p>Conducts a comprehensive physical assessment, identifying early signs and symptoms of decompensated liver disease and comorbidities – understands the impact for liver transplant outcomes.</p> <p>Perform a comprehensive review of medication to ensure all treatment options have been explored.</p> <p>Keeps up to date with best practice for specific patient pathways through local policy and relevant national/international guidelines.</p> <p>Ensures relevant investigations are preformed.</p> <p>Undertake IRMER training to request radiological imaging/ radiological intervention and act on results within local policy evidence of appropriate request of MRI CT scan, ERCP/MRCP, Doppler ultrasound.</p> <p>Discusses with patients and family/carer the significance of medical investigations, test results, prognosis and treatment options.</p> <p>Demonstrates indepth knowledge of indications for liver transplantation and advocates for early referral.</p>	<p>Clinical practice Delivers expert, holistic care across complex liver pathways, including transplant, using national guidelines and advanced communication to support informed decision making and end-of-life discussions.</p> <p>Provides specialist support to patients and families following transplant listing decision.</p> <p>Leadership and management Leads collaboration with MDTs and transplant centres to ensure equitable, high-quality care.</p> <p>Improves governance through enhanced clinical recordkeeping and pathway development.</p> <p>Education and development Delivers peer and multidisciplinary teaching through case reviews, audits, and national presentations.</p> <p>Acts as a role model and supports learning for junior staff and doctors in training.</p>

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
		<p>Demonstrates an indepth understanding of altered pathophysiology.</p> <p>Understands and communicates the commitment required when undertaking liver transplant assessment and the process to patients and their families.</p> <p>Understands suitability for liver transplantation.</p> <p>Considers listing indications and contraindications and discusses with the MDT.</p> <p>Understands and communicates the criteria that precludes referral for liver transplantation.</p> <p>Manage patient and family/carer expectations of the potential outcomes and refer/signpost to appropriate services.</p>	<p>Research and innovation Audits transplant assessments and listing outcomes, and contributes to national research influencing liver transplant pathways.</p>

Competency 11.1**Assessing suitability for liver transplantation – each level follows on from the previous**

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Understands complications of illness leading to assessment for liver transplant.</p> <p>Understands nutritional needs in liver disease and explains clearly to patients.</p> <p>Explores the patient's understanding of their illness.</p> <p>Understands and explains the impact of smoking with regard to increased risk peri- and post-transplantation.</p>	<p>Refers patients to other members of the MDT when appropriate.</p> <p>Explores the impact of the disease process on the individual and is able to discuss with the patient.</p> <p>Participates in MDT meetings and advocates to ensure the patients voice is heard.</p> <p>Summarise the expectations of the transplant journey and the impact on the individual.</p>	<p>Able to undertake a holistic assessment of suitability for liver transplantation, including past medical history, complications of illness, current and previous medications.</p> <p>Competently performs the transplant assessment as per local policy.</p> <p>Identify barriers through risk profiling. Considers impact of lifestyle on liver health/transplant ability.</p> <p>Understands past and current patterns of adherence behaviour.</p> <p>Liaises/communicates with referring centre/transplant centre to ensure contemporary information is shared.</p>	<p>Clinical practice Interprets complex investigations and initiates timely interventions, including medication changes, imaging, and MDT input.</p> <p>Participates in outreach to improve access to specialist liver care.</p> <p>Leadership and management Audits assessment documentation and enhances clinical record-keeping to support governance and service quality.</p> <p>Education and development Leads team learning through case reviews, audit feedback, and MDT teaching on assessment and investigation.</p> <p>Research and innovation Improves liver services through audit and evaluation of assessment processes to guide innovation and set care standards.</p>

Competency 11.2: Listing for liver transplant and informed consent			
Registered practitioner	Enhanced level practitioner	Advanced level practitioner	Consultant level practitioner
<p>Able to competently use relevant databases and has appropriate IT skills.</p>	<p>Essential understanding of the liver transplant process, operation and potential complications.</p> <p>Understand liver and transplant specific requirement and how to calculate clinical scores to facilitate listing.</p> <p>Understand the HCC criteria and who to contact in line with local policy if the tumour becomes out of criteria.</p> <p>Know the listing criteria for variant syndromes.</p> <p>Ensure patients with ArLD understand and complete ‘no alcohol for life agreements’.</p> <p>Know types of donor organs, their risks and benefits.</p> <p>Understand what is meant by high risk/marginal donor.</p> <p>Understand the importance data collection and audit.</p>	<p>In depth understanding of the liver transplant process, operation and potential complications.</p> <p>Able to explain to patients and families the impact of UKELD on TBS and communicate the uncertainty of waiting times in liver transplant.</p> <p>Give appropriate information both verbally and written to the patient and family/carer to gain informed consent, including patient preference/suitability re types of grafts from organ donors.</p> <p>Understand the subtleties DBD, DCD, Split, LRD, machine perfusion/ NRP and positive virology donors.</p> <p>Provide education to patients and carers on the national and local waiting lists and organ allocation, such as tumour growth, progressive disease. Including the need for sequential blood monitoring and surveillance imaging.</p> <p>Awareness of criteria for ACLF listing and highlight concerns to MDT/Transplant.</p> <p>Know the criteria for registration on the elective and super urgent transplant waiting list.</p>	<p>Maintaining consistency with your previous entries and focusing on liver transplant expertise:</p> <p>Clinical practice Provides expert input at transplant clinics and consent discussions, including out-of-hours decision making where appropriate.</p> <p>Ensures patients remain within transplant criteria through ongoing assessment and monitoring.</p> <p>Contributes to out-of-hours decisions regarding transplant suitability.</p> <p>Leadership and management Contributes to BLTG, LAG and national policy discussions on liver transplant listing and ensures robust SOPs support equitable access.</p> <p>Education and development Delivers education to patients, families, and staff on the liver transplant process, supporting informed decision making and professional development.</p> <p>Research and innovation Participates in transplant listing audits and identifies suitable candidates for research to advance evidence-based practice.</p>

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
		<p>Have an understanding of the appeals process for both elective and super urgent patients and help facilitate it.</p> <p>Undertake the listing process of a patient (adult) with chronic liver disease or variant for the elective waiting list in conjunction with NHSBT guidelines.</p> <p>Undertake the listing process of a patient (adult) urgent waiting list in conjunction with NHSBT guidelines.</p> <p>Undertake the listing process of a patient (adult) who requires combined liver and kidney or liver and other solid organ registration in conjunction with NHSBT guidelines.</p> <p>Effectively communicates guidelines to other health care involved with the patient the outcome of the listing meeting.</p> <p>Maintain national transplant waiting list data.</p> <p>Take appropriate action on receipt of a positive alcohol/drug toxicology result.</p> <p>Support the patient who becomes 'out of criteria (HCC)' or is no longer suitable for transplantation.</p>	

Pre-transplant phase Competency 11.3: Options for those not suitable for liver transplantation – each level follows on from the previous			
<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Have knowledge of the significance of medical investigations and tests results.</p> <p>Awareness of local provision of services and signpost appropriately.</p>	<p>Develops a management plan if not suitable for transplant with patients and their families.</p> <p>Discuss the significance of medical investigations and tests results with patients and carers.</p> <p>Effective liaison with referring/transplant centre.</p> <p>Referral to local support services and/or palliative care.</p> <p>Has an awareness of minimal listing criteria for transplantation and can lead discussions with patients and their families about what might happen if they do not meet the criteria and be aware of the psychological impact that would have.</p>	<p>Ensures timely and co-ordinated care.</p> <p>Is aware of further medical management for HCC treatments.</p> <p>Awareness of discussions regarding complex alternative treatment pathways.</p> <p>Has ability to undertake difficult discussions to ensure patient understanding of prognosis and further care options.</p> <p>Provides patient and their family with appropriate physical, psychological and emotional support.</p> <p>Knowledge of further interventions for management of liver disease when transplant is no longer applicable.</p>	<p>Clinical practice Provides expert clinical assessment in transplant clinics and supports safe listing through robust clinical decision making.</p> <p>Refers patients to palliative care when transplant is no longer an option.</p> <p>Provides expert clinical advice on managing symptoms of decompensated liver disease when transplant is no longer an option</p> <p>Leadership and management Engages in national forums (eg, BLTG, LAG) to influence transplant listing policy and ensures equitable access through SOP development.</p> <p>Education and development Educates patients, families and the workforce on the transplant listing process to enhance understanding and decision making.</p> <p>Research and innovation Supports transplant audit activity and identifies patients for relevant research opportunities.</p>

Pre-transplant phase Competency 11.4: Keeping well whilst waiting – each level follows on from the previous			
<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Identify when waiting list patient requires further MDT input.</p> <p>Signpost the patient to local and national support groups.</p> <p>Educate the patient and their family/carer on the importance of health promotion, diabetic control, nutrition and exercise on the waiting list, enlist for prehab where available.</p>	<p>Timely review of patients including medications, investigations, identify and discuss changes in condition with transplant centre.</p> <p>Liaises with transplant centre to arrange timely review.</p> <p>Recognise the impact of waiting for a transplant and offering appropriate support to both patient and family/carer.</p> <p>Ensure patients have appropriate vaccinations as well as seasonal vaccines where possible.</p> <p>Recognises the deteriorating patient and escalates appropriately to maximise health outcomes.</p>	<p>Demonstrate the ability to deal with difficult situations while patients are waiting or being admitted.</p> <p>Perform regular medication review of side effects, efficacy and adherence – prescribe within scope of practice.</p> <p>Ensure non-hepatic health surveillance and monitoring, health promotion. Refer to prehab if available.</p> <p>Admit to acute care in a timely way to maximise health outcomes.</p> <p>Ensure HCC surveillance is maintained, imaging and impact of new finding or progression of tumour.</p> <p>Fulfil NHSBT requirements for suspension from the liver transplant waiting list and inform of changes in condition.</p> <p>Consider the importance of keeping well whilst the patient is on holiday. The rules regarding taking a holiday whilst active on the liver transplant waiting list.</p>	<p>Clinical practice Leads early recognition and escalation of deterioration, making autonomous decisions on admissions and transplant suspension.</p> <p>Leadership and management Shapes local and national pathways, driving improvements in escalation protocols and transplant access.</p> <p>Education and development Delivers training on decompensation and referral, mentoring teams in complex clinical decision making.</p> <p>Research and innovation Leads audits and QI projects on deterioration and transplant outcomes, contributing to national guidance and pathway design.</p>

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
		<p>Consider the psychosocial impact of long waiting times, encourage peer support and provide support for patients whilst they wait.</p> <p>Consider parallel planning with palliative care at the point of listing.</p> <p>Refer to psychosocial services, liaise with any changes in clinical condition with transplant MDT.</p> <p>Submits updates using sequential data to ensure patients bloods reflect accurate condition.</p>	

Competency 12.1: Facilitating the requirements of the National Organ Retrieval Service (NORS)

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
N/A.	<p>Demonstrates an understanding of clinical governance including the appropriate use of reporting systems.</p> <p>Participates in clinical supervision.</p>	<p>Demonstrates a working knowledge of National policy including time to muster and standards for retrieval.</p> <p>Effectively communicates to mobilise multiple agencies including the NORS team, NHS Blood and Transplant (NHSBT) team hub, specialist nurse in organ donation (SN-OD) and transport company.</p> <p>Understands the timing and consideration of machine perfusion and NRP.</p> <p>Demonstrates recognition of different requirements for different types of retrieval.</p> <p>Demonstrates an understanding of estimated timings and logistical requirements related to retrieval.</p> <p>Understands how to escalate a clinical situation that requires additional support or intervention – specifically within their own NHS trust and also within NHS Blood and Transplant (NHSBT).</p> <p>Understands the documentation requirements during the organ donation process including HTA and RTI forms and requirements.</p>	<p>Clinical practice Provides expert clinical input into NORS-related decision-making to support safe and timely referral processes.</p> <p>Leadership and management Contributes to NORS reviews and investigations, using root cause analysis to drive safety and quality improvements.</p> <p>Shapes local and national NORS pathways and escalation protocols.</p> <p>Education and development Delivers training and mentorship on NORS processes, building MDT confidence in complex decision making.</p> <p>Research and innovation Leads audits and QI projects on NORS, translating evidence into clinical pathways and national guidance.</p>

Competency 12.2: Admission for liver transplant

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Prepare the patient for surgery following local protocols and nursing assessment.</p> <p>Ensure admission bloods and other investigations have been completed.</p> <p>Support of the patient and family/carer whilst waiting.</p> <p>Managing expectations.</p> <p>Ensure safety by accurately completing the theatre checklist.</p> <p>Know how and when to escalate concerns/problems to the liver transplant co-ordinator.</p> <p>Follows local policy regarding pre-op.</p> <p>Nil by mouth including diabetic restrictions/alcohol screening.</p>	<p>Collaborate with allied health professionals, clinicians and management teams.</p> <p>Co-ordinates theatre and surgical teams effectively for an appropriate start time to maximise organ utilisation/staff wellbeing.</p> <p>Facilitates consent prior to surgery and surgeon has reviewed EOS.</p> <p>Facilitates and coordinates theatre huddle/team brief to optimise surgical/anaesthetic plan prior to patient being transferred to theatre.</p> <p>Transfer the patient to theatre including review of checklist, ensuring consent is signed and present.</p> <p>Escalate any concerns regarding investigations or other issues.</p>	<p>Undertake review of donor information via the national system Transplant Path.</p> <p>Communicate promptly and effectively with the MDT to enable the acceptance or decline of an organ.</p> <p>Interpret information/complex investigation results to collate an accurate clinical picture of the donor – identifying risk factors which may affect recipient.</p> <p>Demonstrate an understanding of the national allocation policy and how it applies to an offer.</p> <p>Demonstrate a working knowledge of the local waiting list, including priority patients and suitability for DCD/DBD/SPLIT to enable efficient selection of the most suitable recipient for an organ offer.</p> <p>Safely facilitates admission recipient to hospital for liver transplantation in a timely manner, utilising local escalation policies as required.</p>	<p>Clinical practice Provides expert clinical oversight of the liver transplant service to ensure safe, effective, and outcome-focused care.</p> <p>Leadership and management Escalates clinical incidents to NHBT/HTA, resolves logistical challenges, and promotes a positive, collaborative team culture.</p> <p>Contributes to national liver transplant policy and strategy.</p> <p>Education and development Supports workforce learning through case-based teaching and transplant-specific training.</p> <p>Research and innovation Participates in transplant audits and contributes to service evaluation to improve outcomes.</p>

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
		<p>Demonstrate an understanding of recipient factors which may impact fitness for surgery.</p> <p>Support the patient/relatives receiving bad news.</p> <p>Delivers complex clinical updates to family members throughout the transplant.</p> <p>Report an adverse finding to colleagues, patient, family and NHSBT.</p> <p>Facilitates fast track an organ offers.</p> <p>Identify and manage potential logistical issues.</p>	

Competency 12.3: Peri-transplant recipient and family care			
Registered practitioner	Enhanced level practitioner	Advanced level practitioner	Consultant level practitioner
N/A.	<p>Maintains contact and communication with all people involved in the transplant process including the patient and family.</p> <p>Understands the process and documentation required to dispose of an unused organ in line with human tissue authority (HTA) requirements.</p> <p>Shows understanding of escalation process and clinical governance systems, internally in the trust and externally at NHSBT.</p>	<p>Can respond effectively to changes in treatment plans.</p> <p>Demonstrates working knowledge of the national system Transplant Path.</p> <p>Understands requirements of the HTA and is able to assist the lead surgeon to complete a HTA B form.</p> <p>Responsive and sensitive care of patients and families when transplant cannot proceed.</p> <p>Able to co-ordinate further investigation of the donor organ.</p> <p>Demonstrates understanding of the need to communicate the results to internal and external transplant teams (via NHSBT HUB) to ensure safe and timely use of organs.</p> <p>Ensure procedures for organ transfer are followed.</p> <p>Undertake the listing process of a patient (adult) with an acute transplant-related complication – for the super urgent waiting – in conjunction with NHSBT guidelines.</p> <p>Understands and can educate others on the super urgent appeals process. Activating as required.</p>	<p>Clinical practice Provides clinical oversight and supports the liver transplant team through complex and high-risk situations, including intraoperative death.</p>

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
		<p>Ensures unused organs are disposed of in accordance with local and NHSBT policy.</p> <p>Manages difficult conversations, including challenging patient or family behaviours and beliefs.</p> <p>Communicates with referring centre regarding the outcome of transplant process.</p> <p>If death occurs:</p> <ul style="list-style-type: none"> • establish who will speak with the family • provides the family with initial bereavement support • arrange for, and participate in, a debrief with theatre and wider teams. 	

Competency 12.4: Early post-liver transplant care (first 24-48 hours)			
<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Undertakes a comprehensive assessment and monitoring of patient post-transplant.</p> <p>Initiate post-surgery interventions.</p> <p>Ensures pain management and early mobilisation to reduce risk of post op complications.</p> <p>Assesses nutritional status of the patient, ensures food chart is completed (if required), refers to dietitian and encourages nutritional supplements as prescribed.</p> <p>Follow post-operative wound management as per local policy with appropriate escalation if needs arise.</p> <p>Recognises the psychological impact of transplant and offers support to patient and relatives.</p>	<p>Following extubation assessment for chest physiotherapy, encouragement of deep breathing and coughing to prevent infection.</p> <p>Understands early post op complications and able to escalate including anticoagulant risk status and administers anticoagulant therapy if prescribed to prevent hepatic artery thrombosis (HAT).</p> <p>Understands and can educate junior staff and patients on significant post-transplant risks of rejection and infection.</p> <p>Surgical complications post-transplant such as biliary, bleeding and wound dehiscence.</p> <p>Recognises the importance of the role of the physiotherapist and dietitian in post-liver transplant care.</p> <p>Can interpret investigation results to assess haemodynamic and renal function, and understands actions that need to be taken in response to an abnormal reading.</p> <p>Makes referrals to specialist addictions and psychology teams as needed.</p>	<p>Has an in depth understanding of early post-operative complications.</p> <p>Can interpret results to identify de novo diabetes and take action including referral to diabetes specialist nurses and providing patient and family support and reinforce education.</p> <p>Understands donor/recipient risk factors for CMV activation and ensures accurate documentation and communication of donor/recipient CMV status.</p> <p>Understands local CMV protocol, including treatment threshold and doses.</p> <p>Understands the significance of donor virological testing and takes the correct actions for the recipient.</p> <p>Acts appropriately on all donor information received post-transplant. Liaising with NHSBT and other centres as required.</p> <p>Can act on investigation results.</p>	<p>Clinical practice Provides expert clinical oversight of the post-transplant pathway to optimise recovery and long-term outcomes.</p> <p>Leadership and management Develops policies and SOPs for post-transplant care and ensures transplant coordinators work safely within scope.</p> <p>Supports ongoing CPD and professional development for the transplant team.</p> <p>Education and development Delivers education on early post-transplant care to peers, junior doctors, and nurses, and presents at national conferences.</p> <p>Research and innovation Participates in transplant research, encourages patient enrolment, and audits post-transplant outcomes to drive improvement.</p>

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
		<p>Understands the benefits of the principles of Enhanced Recovery (ERAS) post-transplant. Acts in accordance with local policy.</p> <p>Has an indepth knowledge of common immunosuppressant medication and can verbalise the rationale for its use.</p> <p>Educating others on common side effects and the importance of timely administration and lifelong adherence.</p>	

Competency 12.5: Promoting independence and supporting discharge			
<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Supports the patient to become competent in self-administration of medication.</p> <p>Encourages patient to discuss foods that are appropriate to eat post-transplant such as, avoid grapefruit.</p> <p>Encourages patient to become more active, undertaking self-care and participating in discharge planning.</p> <p>Ensures appropriate wound care management as per local policy and refers to district nurse as per local policy.</p>	<p>Active involvement in patient education on medications, caring for the new liver and post-transplant complications.</p> <p>Undertakes virtual clinic follow up one week following discharge or according to local policy.</p> <p>Facilitate liver clinic follow up appointments.</p>	<p>Educates the patient and family on the importance of timely compliance with self-administration of medication.</p> <p>Common side effects of immunosuppression.</p> <p>The importance of food hygiene, hand washing, and sun safety in immunosuppressed patients.</p> <p>Healthy eating and weight maintenance post-transplant.</p> <p>The importance of cancer screening and vaccination post-transplant.</p> <p>Symptoms of CMV, and if applicable when to use rescue packs of medication.</p> <p>Sexual health and family planning post-transplant.</p> <p>The importance of continued abstinence from alcohol, smoking cessation and abstinence from illicit drugs post-transplant.</p> <p>Red flag symptoms for liver failure and when to seek urgent medical attention post discharge.</p>	<p>Clinical practice Provides expert oversight to ensure the safe and timely discharge of liver transplant recipients.</p> <p>Leadership and management Contributes to local and national SOPs and policies for early post-transplant care.</p> <p>Education and development Delivers education on early post-transplant care to peers, junior staff, and doctors and presents at national conferences.</p> <p>Research and innovation Supports and contributes to transplant research, data collection and national audit requirements.</p>

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
		<p>The process in post-transplant clinic, the importance of trough tacrolimus levels and accessing hospital transport.</p> <p>Ensures the patient knows who to contact if they need help following discharge.</p> <p>Promotes independence with self-care and medications to work towards medication independence.</p> <p>Communicates with local referral centre progress post-transplant and approximate discharge date.</p> <p>Report recipient progress to outside agencies including donor co-ordinators/network centres.</p>	

Competency 13: Promotes specific interventions safely with regards to life-long immunosuppression and other post-liver transplant medications and side effects			
<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Provides specific interventions safely with regards to lifelong immunosuppression, other post-liver transplant medications and side effects.</p> <p>Has a basic understanding of which immunosuppression medications patients are likely to be on following liver transplant, frequent side effects and is able to discuss these with patients.</p> <p>Has an understanding of the essential requirements when administering immunosuppression to transplant recipients such as timings.</p> <p>Ensures patient is always safe by observing, monitoring and recording all identified side effects and taking appropriate actions.</p>	<p>Recognises potential effects on the patient of non-compliance such as increasing liver function tests.</p> <p>Identification and recognising risks.</p> <p>Has knowledge of pharmacological therapies used post-transplantation.</p> <p>Recognises medications that require close monitoring for potential interactions and respond to any change in presentation.</p> <p>Understands and manages the impact of analgesia on constipation post operatively.</p> <p>Participates in anti-microbial stewardship.</p>	<p>Investigates and addresses reasons for non-concordance and refers to appropriate MDT members.</p> <p>Co-ordinates and acts as a point of contact regarding initial medication enquiries.</p> <p>Understands and able to explain how the medication works in relation to prevention of rejection.</p> <p>Prescribes appropriately and safely if an NMP or discontinue use, and communicate clinical reasoning with appropriate MDT member.</p>	<p>Clinical practice Demonstrates expert prescribing and clinical reasoning in managing transplant medications, including immunosuppression.</p> <p>Provides oversight of medication safety and supports remote prescribing to improve continuity of care.</p> <p>Leadership and management Collaborates with pharmacists and engages senior stakeholders to shape safe, strategic prescribing practices.</p> <p>Leads governance processes to uphold high standards in transplant medication management.</p> <p>Education and development Holds NMP qualification and leads cross-professional training on transplant prescribing, including at national and international conferences.</p> <p>Research and innovation Leads research on transplant medication safety, adherence, and outcomes, using findings to inform practice and service improvement.</p>

Competency 14: Healthy living post-transplant – promoting a healthy lifestyle post-liver transplant

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
<p>Undertakes a holistic assessment including lifestyle, sexual health, social and mental needs following liver transplantation.</p> <p>Supports the patient and their families to return to a normal lifestyle as much as possible including returning to work if applicable.</p> <p>Provides information about diet, exercise (avoiding contact sports) and maintaining a healthy weight post-transplant, referring to dietetic services if required.</p> <p>Advise patient on skin cancer risk, using sun block, avoiding sun exposure.</p> <p>Advises patient about smoking cessation and alcohol abstinence.</p> <p>Encourages patient to be able to monitor own blood pressure and temperature, and alert health care team when appropriate.</p>	<p>Ability to undertake a comprehensive drug history, ensuring the brand name of immunosuppressant medication is documented and focus on the importance of timings.</p> <p>Knows how to access help in identifying early complications post-transplant.</p> <p>Provides patient and family education around increased health risks post-transplant.</p> <p>Able to discuss and advise contraception requirements post transplants.</p> <p>Establishes patient concordance with treatment and recognises patients individual treatment choices.</p> <p>Support patients and their families through any worries and refer to counselling services if applicable.</p> <p>Encourages patients and families to stay updated with national vaccination programmes advising patients to avoid any live vaccines.</p>	<p>Interprets complex investigation results and procedures and explains these to patients.</p> <p>Ensures when prescribing immunosuppressant medication that the exact same brand and dose of drug is the same as the transplant centre requests.</p> <p>Manages health-related risks post-transplant referring to other specialties for expert input as required – such as renal, dermatology endocrine, oncology ensuring transplant centre is informed.</p> <p>Ensures ongoing testing for viruses – either donor related or otherwise – be aware of particular issues of CMV, EBV, HHV8 as required.</p> <p>Monitoring for recurrent disease- particularly PSC, PBC, AIH and MASLD.</p> <p>Monitors complications ensuring all health care providers are included in decision making such as GP and transplant centre alongside patient.</p> <p>Participates in multidisciplinary patient conferences.</p>	<p>Clinical practice Provides expert clinical oversight of post-transplant care, including complex prescribing and immunosuppression management.</p> <p>Supports remote prescribing to enhance continuity and ensures individualised care plans are shared across teams.</p> <p>Leadership and management Leads clinical governance and contributes to accreditation processes to uphold post-transplant care quality.</p> <p>Collaborates with pharmacists and stakeholders to strengthen patient information and prescribing practice.</p> <p>Education and development Delivers specialist training across disciplines and presents best practice in post-transplant care at national and international forums.</p> <p>Research and innovation Leads research into long-term transplant outcomes and applies findings to drive service development and quality improvement.</p>

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
		Participates in multidisciplinary working to support young people to transition into adult liver services with a focus on medication adherence, patient autonomy and advanced communication between multiple health care providers.	

Competency 15: Understand the importance of developing a robust liver outreach service			
Registered practitioner	Enhanced level practitioner	Advanced level practitioner	Consultant level practitioner
N/A.	<p>Demonstrates collaboration between referral centre and tertiary centre.</p> <p>Undertakes pre-transplant shared assessments where required, alternate monitoring between sites as per local protocol.</p> <p>Communicates admission of patient to specific staff groups involved in the patient's care in either the referral or tertiary centre as appropriate.</p> <p>Undertakes pre- and post-transplant shared care, as per local protocol.</p> <p>Notifies changes to medications, treatment plans and follow up to all involved within care as appropriate, in a timely manner.</p>	<p>Utilises understanding liver transplant process and procedure to ensure fluidity of information between referral and tertiary centre.</p> <p>Highlights those who needs consideration for liver transplant and refers for assessment where appropriate.</p> <p>Recognises deteriorating patients pre- and post-transplant, discusses at MDT – contacting and liaising with tertiary centre – where appropriate.</p> <p>Manages immunosuppressive therapy and its complications.</p> <p>Provides increased psychological support required whilst waiting for a liver transplant and initial post-transplant phase.</p> <p>Ensures investigations and monitoring requirements whilst pre/post-transplant in a timely manner.</p> <p>Transfer of images between referral and tertiary centres, and imaging is reviewed at appropriate MDTs.</p> <p>Educates patient how to maintain better health whilst waiting for a liver transplant.</p>	<p>Clinical practice Leads development of safe, patient-centred pathways to deliver high-quality liver care across all settings.</p> <p>Leadership and management Shapes service models and influences policy to improve equitable access and pathway redesign in hepatology.</p> <p>Education and development Engages in ongoing CPD through national and international forums, sharing learning to strengthen team capability.</p> <p>Research and innovation Applies emerging evidence to improve services and drives innovation through pathway evaluation and system-wide improvement.</p>

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
		<p>Ensures appropriate pre- and post-transplant surveillance.</p> <p>Appropriately manages the patient who is sick, deteriorating or becoming too unwell to transplant, and communicates effectively with MDT, manages patient expectations, refers to specialist counseling and palliative care services.</p>	

Competency 16.1:**Organ donation and innovation and law**

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
N/A.	<p>Discuss the different types of organ donation, including the risk and benefits with patients and their families.</p> <p>Understands the importance of donor/recipient confidentiality.</p>	<p>Offers information and education on organ donation and signpost to available resources.</p> <p>Able to manage expectations of patients and their families in relation to organ offers.</p> <p>Discusses with patients and family/carer the significance of risks and complications associated with liver transplant and the consent process.</p> <p>Understands the laws surrounding organ donation including Organ Donation (deemed consent) Act 2019 (Max and Keira's law) and existing organ donation law in Wales.</p> <p>Understands the requirements regarding the Human Tissue Authority (HTA).</p>	<p>Clinical practice Provides expert, accountable care across transplant pathways, leading safe, localised models supported by national standards and governance.</p> <p>Leadership and management Influences policy and commissioning to advance liver transplant and organ donation services.</p> <p>Education and development Engages in national and international CPD, sharing learning to strengthen workforce capability and best practice.</p> <p>Research and innovation Applies evolving evidence to service delivery and leads pathway innovation to improve transplant care system-wide.</p>

Competency 16.2: Machine perfusion			
<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
N/A.	N/A.	<p>Explains the purpose of machine perfusion and its role in improving liver graft viability.</p> <p>Describes the principles and process of Normothermic Regional Perfusion (NRP) in DCD donors.</p> <p>Identifies the nurse’s role during NRP procedures including patient/ donor monitoring, documentation, and equipment awareness.</p> <p>Demonstrates understanding of the OrganOx metra® system and the principles of normothermic machine perfusion (NMP).</p> <p>Describes monitoring parameters for OrganOx (eg, lactate clearance, bile production, hepatic artery flow).</p> <p>Explains the rationale for using Hypothermic Oxygenated Perfusion (HOPE) and how it supports marginal graft function.</p> <p>Discusses potential complications and troubleshooting actions during machine perfusion.</p> <p>Understands ethical, legal, and governance considerations surrounding NRP and perfusion techniques.</p>	<p>Clinical practice Provides expert clinical oversight of liver transplant patients and contributes to perfusion decisions at time of liver offer.</p> <p>Leads governance to uphold high standards and patient outcomes.</p> <p>Leadership and management Collaborates with the MDT to ensure equitable access to organs via machine perfusion and engages with policy leaders to shape practice.</p> <p>Education and development Leads cross-professional training and delivers national and international teaching on machine perfusion and transplant care.</p> <p>Research and innovation Leads and contributes to research on machine perfusion, using evidence to inform practice and service development.</p>

<i>Registered practitioner</i>	<i>Enhanced level practitioner</i>	<i>Advanced level practitioner</i>	<i>Consultant level practitioner</i>
		<p>Participates in multidisciplinary planning for liver transplantation involving perfusion technology.</p> <p>Prepares and assists with the setup of perfusion equipment as per trust/NHSBT protocol.</p> <p>Maintains aseptic technique and observes infection control measures during perfusion procedures.</p> <p>Accurately documents perfusion data, observations, and relevant events.</p>	

Glossary/abbreviations

ACLF – Acute-on-chronic liver failure

A syndrome in patients with chronic liver disease, characterised by acute decompensation, organ failure(s), and high short-term mortality

ACP – Advanced clinical practitioner

A registered health care professional with advanced skills in assessment, diagnosis, treatment, and decision-making, often working autonomously across care settings

AIH – Autoimmune Hepatitis

A chronic liver disease caused by the immune system attacking liver cells, leading to inflammation, fibrosis, and potentially cirrhosis

ALF – Acute liver failure

A rapid decline in liver function, often in patients without pre-existing liver disease, characterised by coagulopathy and encephalopathy; requires urgent specialist assessment

BASL – British Association for the Study of the Liver

A UK professional body promoting hepatology research, education, and clinical practice.

BLNA – British Liver Nurses' Association

The national professional organisation representing and supporting liver nurses, promoting excellence in hepatology nursing practice

BLTG – British Liver Transplant Group

A multidisciplinary forum of professionals involved in liver transplantation, sharing expertise and shaping national transplant practice

BMI – Body mass index

A calculation using weight and height to categorise body weight status.

BSG – British Society of Gastroenterology

A UK organisation supporting gastroenterology, hepatology, and endoscopy professionals through research, education, and clinical standards

CbD – Case-based discussion

A structured learning and assessment tool in which a clinician reflects on and discusses a clinical case with a supervisor, focusing on decision-making and evidence-based practice

CMV – Cytomegalovirus

A common herpesvirus that can reactivate in immunosuppressed patients, such as post-liver transplant recipients, potentially leading to serious complications

CNS – Clinical nurse specialist

A senior nurse with specialist knowledge and expertise in a defined clinical area, providing expert care, leadership and education

CPD – Continuing professional development

Ongoing learning activities that maintain and enhance a health care professional's knowledge, skills and competence

CT – Computed tomography

A radiological imaging technique that uses X-rays to create detailed cross-sectional images of the body

CYP – Children and young people

A term used in health and social care for individuals under the age of 18

DCD – Donation after circulatory death

Organ donation that occurs after irreversible cessation of circulatory and respiratory function

DBD – Donation after brain death

Organ donation from a patient who has been declared brainstem dead but maintains circulatory function through artificial support

Datix

An electronic incident reporting system used in the NHS to record and investigate patient safety events, complaints, and risks

EBV – Epstein-Barr Virus

A herpes virus that can cause post-transplant lymphoproliferative disorder (PTLD) in immunosuppressed liver transplant recipients

EOS – Electronic offering system

A secure NHSBT online platform for sharing organ offers, donor details, and clinical information with transplant centres

ERAS – Enhanced recovery after surgery

A multimodal, evidence-based perioperative care pathway aimed at reducing complications and speeding recovery

ERCP – Endoscopic Retrograde Cholangiopancreatography

A diagnostic and therapeutic procedure using endoscopy and fluoroscopy to examine and treat bile and pancreatic ducts

GIRFT – Getting It Right First Time

An NHS improvement programme designed to improve quality, outcomes, and efficiency by reducing unwarranted variation

GP – General practitioner

A doctor working in primary care, often the first point of contact for patients and involved in early detection and referral for liver disease

HAT – Hepatic artery thrombosis

A serious complication post-liver transplantation where the hepatic artery becomes blocked by a clot

HCC – Hepatocellular carcinoma

The most common primary liver cancer, often occurring in patients with chronic liver disease or cirrhosis

HOPE – Hypothermic oxygenated perfusion

A liver preservation technique using cooled, oxygenated fluid to optimise marginal grafts before transplantation



HTA – Human Tissue Authority

The regulatory body overseeing the removal, storage, use, and disposal of human tissue and organs in the UK

HTA B Form

A Human Tissue Authority form required for authorising certain transplant and donation processes

HHV8 – Human Herpesvirus 8

A virus associated with Kaposi's sarcoma and certain lymphoproliferative disorders; can reactivate in immunosuppressed patients

IRMER/IR(ME)R – Ionising Radiation (Medical Exposure) Regulations

UK legislation governing the safe use of medical imaging involving ionising radiation, including requirements for training and justification

LAG – Liver Advisory Group

A specialist group advising on the organisation, development, and improvement of liver services

LRD – Living related donor

A living person, usually a family member, who donates a portion of their liver for transplantation

MASLD – Metabolic dysfunction-associated steatotic liver disease

A term encompassing fatty liver disease related to metabolic dysfunction (previously called NAFLD)

MDT – Multidisciplinary team

A group of health and social care professionals from different disciplines working collaboratively to plan and deliver patient care

MSc – Master of Science

A postgraduate academic degree in a specialised subject area

MRCP – Magnetic Resonance Cholangiopancreatography

A special type of MRI scan that provides detailed images of the biliary and pancreatic ducts

MRI – Magnetic resonance imaging

An imaging technique using strong magnetic fields and radio waves to produce detailed body images

NAFLD

See MASLD (term updated to reflect current nomenclature)

NHSBT – NHS Blood and Transplant

The organisation responsible for organ donation, transplantation, and blood services in the UK

NICE – National Institute for Health and Care Excellence

Provides national guidance and quality standards to improve health and social care in England

NIHR – National Institute for Health and Care Research

A UK government-funded body supporting health and care research to improve outcomes

NMC – Nursing and Midwifery Council

The UK regulator for nurses, midwives, and nursing associates

NMP – Non-medical prescriber/Normothermic machine perfusion

- Non-medical prescriber – a nurse or allied health professional qualified to prescribe medicines within their scope of practice
- Normothermic machine perfusion – a preservation technique that maintains an organ at body temperature with oxygenated blood prior to transplantation

NORS – National Organ Retrieval Service

A UK-wide service providing co-ordinated, timely retrieval of organs from deceased donors

NRP – Normothermic regional perfusion

A retrieval technique used in DCD donors to restore oxygenated blood flow to organs before removal, improving viability

OrganOx

A proprietary normothermic machine perfusion device used to preserve donor livers at body temperature with oxygenated blood

OSCE – Objective structured clinical examination

A formal assessment method in which clinical skills are tested through practical stations

PBC – Primary Biliary Cholangitis

A chronic autoimmune liver disease causing progressive destruction of the bile ducts

PDP – Personal development plan

A structured plan to support a professional's career and learning goals

PSC – Primary Sclerosing Cholangitis

A chronic, progressive liver disease characterised by inflammation and scarring of the bile ducts

PHE – Public Health England

The former executive agency (now part of UKHSA and OHID) responsible for protecting and improving the nation's health

PG Dip/Cert – Postgraduate Diploma/Certificate

Postgraduate academic qualifications awarded after completing a set number of advanced-level modules

PTLD – Post-Transplant Lymphoproliferative Disorder

A serious and potentially life-threatening complication after transplantation, often associated with Epstein–Barr Virus infection, in which abnormal lymphoid tissue growth occurs due to immunosuppression

QI – Quality improvement

A systematic approach to enhancing patient care and service delivery using evidence-based methods



RTI Form

A Return of Transplant Information form, required to document details of organ retrieval and transplantation

SIG – Special interest group

A subgroup within a professional association focusing on a particular area of practice or research

SN-OD – Specialist nurse in organ donation

A nurse trained to coordinate and facilitate the organ donation process, supporting families and clinical teams

SOP – Standard operating procedure

A set of step-by-step instructions to ensure tasks are performed consistently and safely

TBS – Transplant benefit score

A scoring system used to prioritise patients for liver transplantation based on survival benefit

UKELD – United Kingdom Model for End-Stage Liver Disease

A scoring system used to assess liver disease severity and prioritise patients for liver transplantation

Appendix 1: Completed template example – career development strategies and training

<i>Competency domain</i>	<i>Registered level practice to Enhanced</i>	<i>Enhanced level practice to Advanced</i>	<i>Advanced level practice to Consultant</i>
1. Specialism knowledge	<ul style="list-style-type: none"> Attend local radiology meetings and hepatology MDT. Do IRMER training (if appropriate). Consider BLNA, BASL, BLTG, BSG individual membership. Pain management courses. Psychology skills, such as distraction, desensitisation, redirection, etc. An awareness of health psychology/ role, how to refer and/or signpost to mental health resources. Aware of liver bundles. 	<ul style="list-style-type: none"> Hepatology Online and face-to-face education BASL XTRA. Advanced nurse postgraduate courses. Specialism-specific clinical courses. Consider BLNA, BASL, BLTG, BSG individual specialist SIG membership. 	<ul style="list-style-type: none"> Membership of advisory bodies. NICE quality standards or technical appraisal committees. Increase hepatology teaching to junior staff and at study days and keep evidence of this. Working towards formal MSc study in advanced practice or a MSc/PG Dip/Cert.
2. Clinical assessment planning implementation and evaluation	<ul style="list-style-type: none"> In-house and on the job induction and training. Online training and induction resources. Specific training modules. Specialism-specific sponsored study days. Specialism-specific conference attendance. 	<ul style="list-style-type: none"> Further in-house and on the job training. ANP level registration. IRMER training. Joint injection training. Attending conferences, regionally, nationally and internationally. 	<ul style="list-style-type: none"> Advanced in-house training/study days and on the job training. Speaking at specialism specific conferences regionally, nationally and internationally.

3. Disease management	<ul style="list-style-type: none"> • Observation of prescriber. • Observe general clinical practice of band 6. • Understanding of the range and diversity of hepatological conditions and medication. 	<ul style="list-style-type: none"> • Prescribing course. • Review and comment on NICE appraisal consultations. • Observe a band 7's clinic. • Attend MDT meetings to support management of complex patients and caseload. 	<ul style="list-style-type: none"> • Paracentesis and fibroscan training. • Observe commissioning meetings. • Contribute to pathway design meetings.
4. Communication	<ul style="list-style-type: none"> • Presentation skills training. • Chairing and media awareness – know where to get support from if needed. • Contribute to practical teaching sessions. • Local speaking/presenting experience. 	<ul style="list-style-type: none"> • Undertake teaching /mentoring qualification. • Link with higher education institute for more formal academic training. • Observation feedback of teaching session or presentation. • Facilitation training. 	<ul style="list-style-type: none"> • Postgraduate teaching. • Link with academic organisation to specialist support programmes. • Link with primary care.
5. Service delivery	<ul style="list-style-type: none"> • Participate in a departmental audit exercise. • Spend time with clinical audit team understanding service delivery requirements. 	<ul style="list-style-type: none"> • Lead an audit and present locally. • Take on an advisory role of a committee and feedback regularly to team. 	<ul style="list-style-type: none"> • Lead an audit and submit for presentation locally, nationally or internationally.
6. Governance and accountability	<ul style="list-style-type: none"> • Datix training. • QI training. • Patient satisfaction training. 	<ul style="list-style-type: none"> • Local risk management course. • Participation in external group/ committee. • Attend hepatology service meetings to understand departmental performance reviews against national benchmarking such as Get it Right First Time (GIRFT), etc. • Complete advanced level of safeguarding training. 	<ul style="list-style-type: none"> • Local compliance training. • Shadow a risk officer in your trust.
7. Leadership and development	<ul style="list-style-type: none"> • Consider mentorship to support your own development. 	<ul style="list-style-type: none"> • In-house and on the job improvement project. 	<ul style="list-style-type: none"> • NHS or professional body leadership training. • Publication.

<i>Types of evidence</i>	<i>Examples of evidence</i>	<i>Anything hep specific to add?</i>
Clinical skills	<ul style="list-style-type: none"> • Recorded clinical activity on electronic record system. • Questioning on policies procedures and protocols. • History-taking on telephone triage. • Clinical examination and prescribing competencies. 	
Observation of practice	<ul style="list-style-type: none"> • Observed clinical practice with verbal questioning. • Observed practice of a minimum of two clinical assessments. • Observed delivery of clinical practice in a minimum of one clinic. • Observation feedback of at least one teaching session or presentation. 	
Discussion	<ul style="list-style-type: none"> • Clinical evaluation exercise and case-based discussion (CbD). 	
Reflection	<ul style="list-style-type: none"> • Reflection and audit of five records from telephone calls/clinic consultation. • Portfolio, reflective diary and ePortfolio. 	
Audit	<ul style="list-style-type: none"> • Audit of records of 10 patients per year, as outlined in the competency framework. • Prescribing audit. • Audit minimum of five referrals from the triage session. • Audit of five letters of timely signing and dispatch. • Production of at least one clinical audit with evidence of application of outcomes. • Audit of supervision and PDP documentation. • Audit of appraisal and PDP documentation, respecting confidentiality if pertaining to supervision of others. 	
Academic	<ul style="list-style-type: none"> • Academic courses eg, BN or BSc, MSc, NMP or PhD, BSc, MSc or Diploma. • History-taking/clinical skills for CYP or equivalent level rheumatology programme. • Self-directed study. 	

<p>Training</p>	<ul style="list-style-type: none"> • Evidence of training and development, and CPD in a personal CPD portfolio eg, e-learning, study days (certificates). • Statutory and mandatory training evidence. • Objective structures clinical examination (OSCE). • Delivering case studies or education sessions (eg, local, national and international seminars workshops and conferences). • Developing learning and teaching resources for patients, families or colleagues. • IR(ME)R training/imaging training and completion of at least one radiology interpretation sheet (10 examples per year). • Advanced safeguarding training. 		
<p>Research</p>	<ul style="list-style-type: none"> • Research and evidence-based reviews. • Writing papers for publication in professional journals which may include audits, case studies, literature reviews and primary research. • Case correlation exercise with peers. • Critical incident analysis. 		
<p>Leadership and development</p>	<ul style="list-style-type: none"> • Participation in audit training. • In-house leadership development programmes. • Be a link nurse. • Mentorship training. • Local or online research/ audit awareness course. • Good clinical practice research training. • Literature critical appraisal skills training. • Attending journal clubs. 	<ul style="list-style-type: none"> • Undertake clinical, service, change management, audit, or research publications. • Submit abstracts for poster and oral publications. • Consider MSc level education module in leadership. • Governance and safety training. • Follow a leadership programme. • Presenting at research journal clubs. • Clinical leadership and management training. 	<ul style="list-style-type: none"> • Professional body committee/ trustee role. • Submit hepatology work for publication in nursing or hepatology journals. • Apply to sit on a journal editorial panel. • Consider applying for research funding, such as National Institute for Health Research (NIHR) fellowships. • Consider undertaking doctoral level study if supported to do so and passionate about research.

Appendix 2: Competency templates

<i>Level of competency attainment guidance</i>	<i>Level</i>
Cannot perform/demonstrate this activity satisfactorily or participate in the clinical environment	1
Can perform/demonstrate this activity but not without constant supervision and assistance	2
Can perform/demonstrate this activity with some supervision or assistance – and in clinical settings discussing cases as needed	3
Can perform without supervision or assistance demonstrating more than acceptable speed and quality showing initiative and adaptability to special problem situations – and in clinical settings discussing only difficult cases	4
Can perform without supervision or assistance demonstrating more than acceptable speed and quality showing initiative and adaptability to special problem situations and can lead others in undertaking this activity – and in clinical settings bringing pertinent cases to MDT meetings or appropriate clinician as required	5

Adapted from Benner (1984)

Assessing competency summary

- Step 1: Familiarise yourself with the framework: make sure you know what each competency is asking for and identify the competencies relevant to your area of practice.
- Step 2: Self-assessment: honestly assess your current level of attainment.
- Step 3: Identify learning needs: this gives you the best foundation for improving your practice.
- Step 4: Create a learning plan or contract: this must be supported by your manager with reasonable timeframes.
- Step 5: Seek resources: a wide range of learning resources and learning approaches are best. We all learn differently.
- Step 6: Implementation: plan your learning and regular reviews.
- Step 7: Record progress: at an agreed time period review your assessment and record using the template below.
- Step 8: Self-reflection: record reflections of learning to provide revalidation evidence.
- Step 9: Seek feedback: seek peer support and formal mentorship.
- Step 10: Regular review and reassessment.



<i>Areas identified for development/Learning contract</i>	<i>Review date</i>	<i>Outcome</i>

I confirm that the level of competence described above evidences my current skills and capability within the competence framework.				
Signed	Date	Signed	Designation	Date

References

Abbott J, Verma S and Saksena S (2024) Effective palliation of refractory ascites in cirrhosis is challenging, *International Journal of Palliative Nursing*, 30(6), pp. 286–293. Available at: <https://pubmed.ncbi.nlm.nih.gov/38913640> (accessed 29 September 2025)

Beresford CJ, Gelling L, Baron S and Thompson L (2024) The experiences of people with liver disease of palliative and end-of-life care in the United Kingdom – A systematic literature review and metasynthesis, *Health Expectations*, 27(1), p. e13893. Available at: <https://pubmed.ncbi.nlm.nih.gov/37855242> (accessed 29 September 2025)

Blackwell N (2022) Development and introduction of a national e-learning programme to support the dissemination of NEWS2. *Clinical Medicine*, 22(6), 530–533

British Association for the Study of the Liver and British Society of Gastroenterology (2024) *Quality standards for the management of alcohol-related liver disease: consensus recommendations*. Available at: bsg.org.uk/getmedia/65db00ae-127b-46da-a57a-ae4ce6bb149a/ARLD-BASL-BSG-full.pdf (accessed 29 September 2025)

British Liver Trust (2024) *New Minimum Standards for Liver Cancer Surveillance in England*. Retrieved 1 February 2025. Available at: <https://britishlivertrust.org.uk> (accessed 29 September 2025)

British Society of Gastroenterology and British Association for the Study of the Liver (2014) *BSG-BASL decompensated cirrhosis care bundle: First 24 hours*. Retrieved 1 February 2025. Available at: bsg.org.uk/clinical-resource/bsg-basl-decompensated-cirrhosis-first-24-hours (accessed 29 September 2025)

Briggs J et al., (2024) Safer and more efficient vital signs monitoring protocols. *Health and Social Care Delivery Research*, 12(6), 1–143.

Bucknall TK et al., (2022) PRONTO: A pragmatic cluster RCT evaluating the effectiveness of a facilitation intervention on recognition and response to clinical deterioration. *BMJ Quality & Safety*, 31(11), 818–830

Caddick K (2023) A multidisciplinary approach to palliation in liver disease, *Gastrointestinal Nursing*, 21(Sup1), pp. S4–S5. Available at: www.magonlinelibrary.com/doi/abs/10.12968/gasn.2023.21.Sup1.S4 (accessed 29 September 2025)

Dhanda AD et al., (2024) Breaking down barriers between liver, addiction, and mental health services for people with alcohol-related liver disease, *The Lancet Gastroenterology & Hepatology*, 9(10), pp. 903–905. Available at: <https://pubmed.ncbi.nlm.nih.gov/38942038> (accessed 29 September 2025)

European Association for the Study of the Liver (no date) *EASL Clinical Practice Guidelines: Management of acute (fulminant) liver failure*. Available at: easl.eu/research/ourcontributions/clinical-practice-guidelines/detail/management-of-acute-fulminant-liverfailure (accessed 29 September 2025)

European Association for the Study of the Liver (no date) *EASL Clinical Practice Guidelines on hepatocellular carcinoma*. Available at: easl.eu (accessed 29 September 2025)

European Association for the Study of the Liver (2024) EASL Clinical Practice Guidelines on liver transplantation, *Journal of Hepatology*. Available at: [journal-of-hepatology.eu](https://www.journal-of-hepatology.eu) (accessed 29 September 2025)

European Association for the Study of the Liver (no date) EASL Clinical Practice Guidelines for the management of patients with decompensated cirrhosis, *Journal of Hepatology*. Available at: [journal-of-hepatology.eu](https://www.journal-of-hepatology.eu) (accessed 29 September 2025)

Infected Blood Inquiry (2022) *Expert Report to the Infected Blood Inquiry: Palliative Care in Advanced Liver Disease* [EXPG0000043]. Available at: infectedbloodinquiry.org.uk/evidence/expg0000043-expert-report-infected-blood-inquiry-palliative-care-advanced-liver-disease-01 (accessed 29 September 2025)

Improving Quality In Liver Services (IQILS) (no date) *Improving quality in liver services*. Royal College of Physicians. Available at: hiqils.org.uk (accessed 7 October 2025)

Kimbell B et al., (2018) Palliative care for people with advanced liver disease: A feasibility trial of a supportive care liver nurse specialist, *Palliative Medicine*, 32(5), pp. 919–929. Available at: <https://pubmed.ncbi.nlm.nih.gov/29516776> (accessed 29 September 2025)

Marie Curie (2011) *Supporting homeless people with advanced liver disease approaching the end of life*. London: Marie Curie and St Mungo's. Available at: mariecurie.org.uk/globalassets/media/documents/commissioning-our-services/current-partnerships/st-mungos-supporting-homeless-may-11.pdf (accessed 29 September 2025)

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) (2013) *Measuring the units: A review of patients who died with alcohol-related liver disease*. Retrieved 4 June 2025. Available at: ncepod.org.uk/2013report1/downloads/MeasuringTheUnits_FullReport.pdf (accessed 29 September 2025)

NHS England (2022) *Virtual ward guidance*. Available at: england.nhs.uk/virtual-wards (accessed 29 September 2025)

NHS England (2023a) *Core20PLUS5: An approach to reducing health inequalities*. Available at: england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5 (accessed 29 September 2025)

NHS England (2023b) *Liver disease: Early detection pathway*. Available at: england.nhs.uk/publication/early-detection-pathway-liver-disease (accessed 29 September 2025)

NHS England (2024) *Hepatocellular carcinoma surveillance: Minimum standards*. Available at: england.nhs.uk/publication/early-detection-pathway-liver-disease (accessed 29 September 2025)

NHS England (2025) *2025/26 priorities and operational planning guidance*. Available at: england.nhs.uk/publication/2025-26-priorities-and-operational-planning-guidance (accessed 29 September 2025)

National Institute for Health and Care Excellence (2016) *Cirrhosis in over 16s: assessment and management: NICE guideline* [NG50]. Updated 8 September 2023. Available at: [nice.org.uk/guidance/ng50](https://www.nice.org.uk/guidance/ng50) (accessed 29 September 2025)

National Institute for Health and Care Excellence (2019) *End of Life Care for Adults: NICE guideline* [NG142]. Available at: [nice.org.uk/guidance/ng142](https://www.nice.org.uk/guidance/ng142) (accessed 29 September 2025)



National Institute for Health and Care Excellence (2015) *Living-donor Liver Transplantation: interventional procedures guidance* [IPG535]. Available at: [nice.org.uk/guidance/ipg535](https://www.nice.org.uk/guidance/ipg535) (accessed 29 September 2025)

Nursing and Midwifery Council (2024) *Standards of Proficiency for Registered Nurses*. Available at: [nmc.org.uk/standards](https://www.nmc.org.uk/standards) (accessed 29 September 2025)

Royal College of Physicians (2024) *Improving Quality in Liver Services (IQILS) standards*. Available at: [iqils.org/IQILS-standards](https://www.rcplondon.ac.uk/iqils-standards) (accessed 29 September 2025)

Royal College of Physicians (2017) *National Early Warning Score (NEWS) 2*. Available at: [rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2](https://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2) (accessed 29 September 2025)

Scottish Intercollegiate Guidelines Network (2023) *Care of deteriorating patients (SIGN 167)*. Available at: [sign.ac.uk](https://www.sign.ac.uk) (accessed 29 September 2025)

Van Vlierberghe H et al., (2004) BASL guidelines for the surveillance, diagnosis and treatment of hepatocellular carcinoma. *Acta Gastroenterologica Belgica*, 67(1), 14–25

Wells G et al., (2023) An overview of the challenges and key initiatives in hepatology practice in the UK in 2022: A cautionary tale, but reasons for optimism. *Clinical Medicine*, 23(1), 73–75. Available at: <https://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=161638109> (accessed 29 September 2025)

Wright M, Woodland H and Hudson B (2022) Symptom control in advanced chronic liver disease: integrating anticipatory palliative and supportive care, *Frontline Gastroenterology*, 13(e1), pp. e109–e115. Available at: <https://fg.bmj.com/content/13/e1/e109> (accessed 29 September 2025)

RCN quality assurance

Publication

This is an RCN practice guidance to support bowel care for a range of conditions that includes spinal cord injury. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

Nurses are key to the prevention of liver disease. This updated framework describes the professional standards expected of practitioners when caring for people with liver disease including liver transplantation. The competencies have been designed to be downloaded and completed onscreen or on paper.

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