Workforce development in dementia care through education and training: An audit of two counties

ABSTRACT

Purpose: People with dementia require care at home, in care homes and in hospitals, which has implications for the current and future workforce in health and social care. To inform regional workforce development planning in dementia care, Health Education East of England commissioned an organisational audit of current dementia training at NHS Trusts and in social care across Hertfordshire and Bedfordshire. **Design:** Qualitative methods and non-probability purposive sampling were used for recruitment and data collection. The audit included NHS Trusts, Local Authorities, Clinical Commissioning Groups, and health and social care organisations involved in commissioning and providing dementia education and training in the two counties. **Findings:** Whilst there was considerable investment in dementia awareness training, learning was not targeted, assessed or structured to ensure ongoing professional development. **Implications:** This has implications for workforce development and career-progression for staff responsible for the care of older people with dementia. **Conclusion:** If a future workforce is expected to lead, coordinate, support and provide dementia care across health and social care, a qualifying curriculum could play a critical part in ensuring quality and consistency of approach and provision. **Originality and value:** This paper makes a timely contribution to discussions on the skills and competencies needed to equip the future workforce for dementia care across health and social care.

Key words: dementia care, education, training, workforce development, ageing societies

INTRODUCTION AND BACKGROUND

The global rise of numbers of people living with dementia is well documented (Prince et al., 2013) with figures in the UK at approximately 850 000 (Alzheimer's Society, 2014a). However, spending cuts in adult social services for older people in England (Ismail et al., 2014) and the reshaping of such services (Lewis and West, 2014) means that an estimated cost of £17.4bn is being borne by people with dementia and their families. An estimated 43% of family carers do not receive adequate support (Alzheimer's Society, 2014b). The need for workforce development in dementia care has been described as an “ethical and policy imperative” (Rycroft-Malone et al.,

Published in: *The Journal of Mental Health Training, Education and Practice, Vol 11 (2) 2016*. A copy of the published version can be requested from the authors via a.mayrhofer@herts.ac.uk

2014), with particular reference to the health and social care support workforce. The development of skills across the spectrum, that is, non-specialist, specialist and managerial, has become paramount. The UK Government acknowledged the significant role of dementia education and training in the planning and development of a healthcare workforce and issued a Mandate to Health Education England (HEE) (Department of Health, 2013) to roll out dementia training. This was to be implemented via Local Education and Training Boards (LETBs). The roll out plan set out the content and delivery of 'tier 1' training (NHS Health Education England, 2014). The definition of 'tier 1' training was "…to familiarise staff managing patients affected by dementia with recognising and understanding dementia, interacting with those with dementia, and to be able to signpost patients and carers to appropriate support". This translated quickly into specific targets for 'numbers of staff trained' to be dementia aware. By April 2014, 100 000 NHS staff had reportedly received tier 1 dementia training (NHS Health Education England, 2014), with ambitions to reach 250 000 NHS staff by March 2015. How this was to be implemented was at the discretion of the participating health care organisations.

Against this background the Higher Education East of England (HEEoE) Workforce Partnership for Bedfordshire and Hertfordshire commissioned an organisational audit of current dementia education and training in the two counties. The aims and objectives of the audit were:

- To provide information about the range of dementia specific training provided to NHS staff, including General Practitioners (GPs), and social care staff in Hertfordshire and Bedfordshire
- To describe programme content and establish whether the education and training programmes include a competency framework and/or assess participants' competencies in dementia care
- To provide a comparison of chosen approaches within and between organisations and how staff learning is assessed
- To identify information on future training and education plans and possible gaps in provision for the next 12 months

The specific objectives to be discussed in this paper are (a), to provide information about the range of dementia specific training provided to NHS staff, including GPs and social care staff in Hertfordshire and Bedfordshire, and (b), to describe programme content and to establish whether the education and training programmes offered included a competency framework and/or assessed participants'

competencies in dementia care. The focus of the audit was on education and training for health care and social care professionals. This did not include initiatives designed to raise dementia awareness in the wider community, such as Dementia Friends or Dementia Friends Champions.

METHODS

A mixed methods approach was taken. Qualitative methods were used for sampling, recruitment and data collection. Purposive non-probability sampling was applied to ensure that all relevant organisations in the two counties were included. Organisations were identified, approached and recruited via the recently established Bedfordshire and Hertfordshire Dementia Alliance. Data collection involved face to face interviews, telephone interviews, and a review of records of numbers of staff trained and numbers of courses available to staff from across the two counties. Providers of dementia education and training in health and social care were initially identified via web-searches. Courses, target audience, scope and range of dementia specific education were systematically reviewed. Some providers were followed up with a telephone interview to clarify aspects of the programmes offered. Additional data were drawn from the National Minimum Data Set (Social Care) (NMDS-SC). The audit also reviewed published dementia competency frameworks and related grey literature.

FINDINGS

The audit involved 28 organisations which were comprised of local NHS Trusts (n=6), Local Authorities (n=4), regional Clinical Commissioning Groups (CCGs) (n=4), Higher Education Institutions (n=2) and health and social care organisations involved in commissioning and/or providing dementia education and training in the two counties (n=12). Data were collected via face to face interviews (n=10) and telephone interviews (n=41), and focused on the training offered to NHS and social care staff, categories of training, the continuation of training and learning, and courses offered by Health and Social Care education providers to various professional groups.

Training offered to clinical staff

The organisational audit identified 19 basic dementia education and training events/courses that were offered to qualified staff and clinical support staff in participating NHS Trusts. Eligible professional groups included registered nurses, health care assistants, occupational therapists, ambulance staff and mental health care staff and technical staff. Foundational training included raising basic awareness

of dementia, understanding distressed behaviours, developing person centred care, communication, and supporting family members and carers. This reflected the national imperative to deliver tier 1 or foundation level training to a target number of staff by April 2015. The majority of training was provided in-house and delivered by experienced clinical staff, dementia specialist nurses, or mental health specialist teams.

Assessment of learning and accreditation

Whilst staff completed feed-back forms at the end of dementia training sessions, learning outcome was not formally assessed, nor accredited. Dementia education and training received by NHS staff can be categorised as follows:

- Learning was not formally assessed (learners' feed-back only); course content was not credit bearing
- Learning was formally assessed, course content was credit bearing and assessed using the Qualifications Credit Framework (QCF) as part of the Health and Social Curriculum
- Learning was formally assessed; course content was credit bearing and assessed using the Higher Education Credit Framework (The Quality Assurance Agency for Higher Education, QAA)

  Dementia specific education for medical doctors offered by the Royal College of General Practitioners (RCGP), which uses their own credit framework

One participating NHS Trust used the Health and Social Care curriculum for staff education and training. This curriculum consisted of units of learning which were credit bearing and can lead to an award, a certificate or a diploma. Some of the units of learning are dementia specific. This curriculum is accredited by the Qualification Credit Framework (QCF), which in turn is regulated by The Office of Qualifications and Examinations Regulation (Ofqual). The QCF is linked to a national credit framework. It is set below undergraduate level. Credits earned could also count towards Continual Professional Development (CPD), which is important in appraisals and for career progression. However, as indicated in Table 1, the majority of dementia education and training offered was non-assessed, not accredited, and did not offer a recognised path of progression.

Table 1: Categories or levels of training

Types and levels of dementia education and training offered	Learning not formally assessed Not credit bearing	Learning formally assessed Credit bearing (QCF)	Learning formally assessed Credit bearing (QAA; RCGP)
In house – induction	✓		
In house – dementia sessions / dementia day	✓		
In house - Dementia Champions - sessions	✓		
In house - Dementia Champions - Train the Trainer	✓		
In house – RAID	✓		
In house - City + Guild L2 and L3 (part of HSC curricula)		✓	
In house - Alzheimer's Module 4 (Brain tour)	✓		
External provider: RESPECT sessions	✓		
e-learning NHS	✓		
e-learning SCIE	✓		
e-learning Royal College of Psychiatrists			✓
University of Bedfordshire study days	✓		
University of Bedfordshire PG Module L6, L7			✓
University of Hertfordshire study days	✓		
University of Hertfordshire PG Module L6, L7			✓
Open University - Dementia Course			✓
Foundation programme for medical doctors			✓
Preceptorships for nurses (some dementia content)	✓		
Other: open forum events; public service events, e.g. Advanced Dementia Pathway (HCPA)	✓	✓	

Continuation of learning training

Whilst clinical staff benefited from training sessions at a foundational level, there was no continuous programme of training. Training provision was largely driven by CQUIN (Commissioning for Quality and Innovation) targets, which in 2013/14 aimed "…to incentivise the identification of patients of dementia and other causes of cognitive impairment alongside their other medical conditions, to prompt referral and follow up after they leave hospital, and to ensure that hospitals deliver high quality care to people with dementia and support their carers" (NHS Commissioning Board, 2013). The 2014/2015 CQUIN targets emphasised the identification of people with dementia and delirium (NHS Commissioning Board, 2014). Some of the more advanced (tier 2) learning was available through various courses offered by health and social care education providers.

Health and social care education providers

Providers of dementia education and training in health and social care included charities, colleges, and universities. Of the 25 organisations identified via web-searches 15 operated at national level, two at regional level, and eight at county level. As shown in Table 2, between them these 25 organisations offered 85 courses, 58 of which were dementia specific, and five could be described as dementia specific if a dementia pathway was taken by choosing predominantly dementia specific modules. The remaining 22 were not dementia specific, but contained dementia modules within specialist courses.

Table 2: Courses by dementia specificity

Courses by dementia specificity	N (%)
Dementia specific	58 (68)
Dementia specific if dementia pathway is taken	5 (6)
Not dementia specific, but contains dementia modules	8 (10)
Not dementia specific, but offered in geriatric medicine; aimed at GPs	14 (16)
Total	**85 (100)**

The professional groups these courses were aimed at are shown in Table 3:

Table 3: Number of courses available to professional groups

Professional groups courses were aimed at	N (%)
Health and Social Care staff	22 (26)
Care Home staff	4 (5)
Qualified nurses and NHS staff in contact with people with dementia	3 (3)
Family carers	4 (5)
Managers/leaders	13 (15)
GPs	21 (25)
Various professional groups	8 (9)
Anyone	10 (12)
Total	**85 (100)**

As indicated in Table 3, three of 85 courses were aimed specifically at qualified nurses and NHS staff who are in contact with people with dementia, four courses were specifically aimed at care home staff, and three courses at family carers. Expressed differently, frontline staff in the NHS and in care homes, who have the most contact with people living with dementia, appeared to have been offered the least dementia-specific educational support and did not have the benefit of a curriculum that would allow them to have their competencies formally assessed and accredited to support a career path or career development in dementia care. Overall, of the 85 courses

offered only 43% were accredited. Most of the content in non-assessed and non-accredited courses was knowledge based, whereas accredited courses tended to include both knowledge-based and competency based assessments at various levels.

DISCUSSION

The findings demonstrated a rapid uptake of dementia awareness training across the NHS and social care workforce in the two counties. The audit also found a wide range of dementia specific courses that staff could access in-house and through universities and colleges. The majority, because of their focus on dementia awareness, were not accredited or linked to the clinical area, and there was minimal evidence of experiential learning. Findings suggested that there was an interest and enthusiasm to engage with education training, and the extra investment in CQUIN targets enabled this to happen quickly. CQUIN priorities, however, may change, and the potential absence of such a driver highlights the need for a continuous learning programme in dementia education and training.

This audit identified three key issues that could have long term implications for how this investment in the workforce is realised in terms of the quality of dementia care provision and the opportunities for staff to build on and consolidate their learning. Firstly, the rollout of the training programmes and workshops was largely ad hoc, and whilst it achieved the targets set by HEE, uptake was predominantly via staff induction. This addressed the need for support and education at the point of care, but did not necessarily influence those with the responsibility and authority to lead and sustain changes in the organisational culture on how dementia care was approached.

Secondly, the approaches used were pragmatic and drew on the existing resources and skills of the organisation. Whilst of good quality and delivered by experts in their field, the focus was inevitably narrow and often specific to the setting. There was arguably a need for this to be broadened to address training needs of staff working in particular contexts such as outpatients, rehabilitation or theatre, for example. There are still opportunities to build on this in subsequent waves of implementing training.

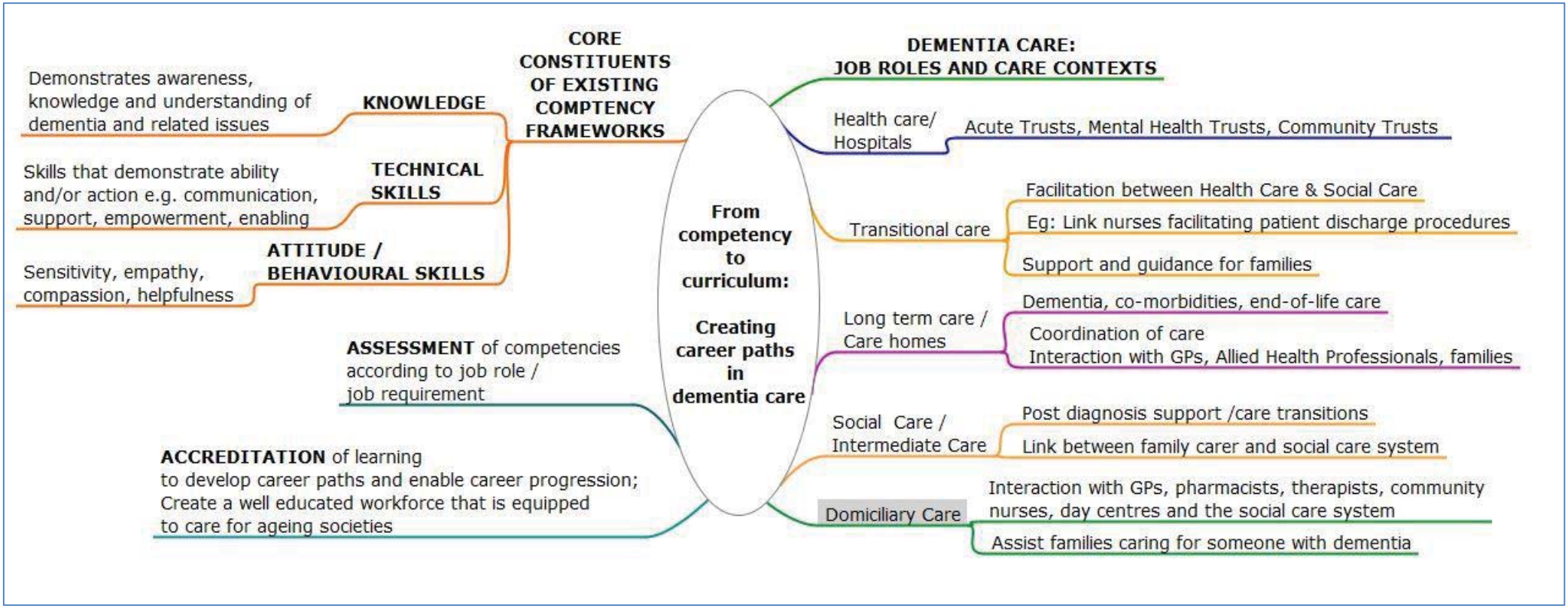
Thirdly, the foundation level of dementia training and education did not necessarily provide a platform for knowledge progression or recognition of staff learning that could be translated into competency based assessment and accreditation. Accreditation not only forms a core constituent and structure of workforce

development, but critically is also linked to pay structures. This applies to staff working in and across disciplines in dementia care, whether at hospitals (Griffiths et al., 2014; Dewing and Dijk, 2014; Hynninen et al., 2015), at care homes, in domiciliary care, in intermediate care, (Kilgore, 2014; Sutcliffe et al., 2014) or in specialist dementia services (Smythe et al., 2014). If training in dementia care is not valued and linked to pay then it is not unreasonable to assume that it will have a lower priority for staff than other courses and qualifications that can lead to promotion.

The knowledge and competencies taught at tier 1, such as dementia awareness raising, understanding dementia, interacting with those with dementia, and to be able to signpost patients and carers to appropriate support are described in the Dementia Competency Frameworks that have been developed to help organisations develop their staff. For example, the Norfolk and Suffolk Dementia Competency Framework (Norfolk and Suffolk Dementia Alliance, Anon), which acts as a practical guide to fundamental care for people with dementia, lists the basic competencies against which paid carers and family carers can self-assess their knowledge. The South West Dementia Partnership & Skills for Health Dementia Competency Framework (South West Dementia Partnership - Skills for Health, Anon) discusses various 'steps' and 'levels' of training. Competencies have also been mapped to 'principles' and 'principle standards' in dementia care (Richards D et al., 2014). The skills and competencies discussed in these frameworks are not part of a qualifying curriculum and are therefore not formally assessed, with the exception of some dementia specific learning units (South West Dementia Partnership & Skills for Health Dementia Competency Framework) that form part of the Level 2 and Level 3 awards, certificates and diplomas of the Health and Social Care Curriculum.

The findings from this audit would suggest that the competencies, standards, tiers and principles that are discussed in various Dementia Competency Frameworks, in recent discussion documents (NHS Health Education England and Skills for Health, 2015), reports (Richards D et al., 2014; Kozlowska and Saxon, 2014) and papers (Tsaroucha et al., 2013) could be consolidated and arranged into credit bearing units. These could form the constituent parts of a qualifying curriculum as deemed appropriate for the various roles needed in dementia care, or as an integral part of programmes that focus on the health care needs of frail older people.

Figure 1: From competency to curriculum: developing career paths in dementia care



Published in: *The Journal of Mental Health Training, Education and Practice, Vol 11 (2) 2016*. A copy of the published version can be requested from the authors via a.mayrhofer@herts.ac.uk

As indicated in the rollout plan that supported the HEE Mandate for dementia awareness (NHS Health Education England, 2014), a range of stakeholders throughout the UK are currently involved in designing intermediary dementia training at tier 2, and advanced dementia training at tier 3 as set out in the revised draft of the Dementia Core Skills & Knowledge Framework (NHS Health Education England and Skills for Health, 2015). This constitutes an opportunity to develop a programme that is valued, assessed and accredited across health and social care.

The ongoing structural changes of health and social care reform (Addicott, 2014), with public services continuing to be outsourced (Hudson, 2014), and as the NHS and local government have to adjust to reduced budgets and changing policy environments (Harvey et al., 2011) health and social care professionals will to play a pivotal role in providing synergies between public and private provision of dementia care. The need for dementia specific competencies, skills, knowledge and expertise that is recognised in multiple settings is evident.

Professionals and support staff at all levels are an increasingly important asset in the provision of good dementia care (Chester et al., 2014). The investment by HEE recognises this and the numbers that have completed dementia awareness training are impressive. The finding from this audit would suggest that there is a need to build on this and ensure that staff, who develop their knowledge and expertise in dementia care, are recognised and accredited.

LIMITATIONS

The remit of this organisational audit covered only two counties. However, the mandate to raise awareness of dementia, and the current non-accreditation of tier 1 training rolled out would not be expected to be dissimilar in the rest of the UK.

CONCLUSION

The mandate to roll out further tier 1 training, together with plans to roll out tier 2 and tier 3 training, has the potential to link knowledge and competencies to qualifying curricula and ensure that dementia care is provided by an appropriately prepared workforce. This audit has demonstrated many of the opportunities for staff to gain expertise in dementia care and highlighted what could help sustain and optimise this cross-workforce investment.

Acknowledgement: This audit was commissioned by the Health Education East of England (HEEoE) Workforce Partnership for Bedfordshire and Hertfordshire.

Description of funder involvement in the study: Organisations were identified, approached and recruited via the recently established Bedfordshire and Hertfordshire Dementia Alliance of which the funder is a member.

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