

## **Position Paper: The importance of including dementia in pre and post-qualifying curricula for health and social care professionals**

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### **Audience**

This position paper is aimed at Professional Regulatory Bodies who represent health, social care and housing professionals including Colleges and Professional Bodies.

### **The Higher Education Dementia Network**

The Higher Education Dementia Network (HEDN) is a group of academics representing the Higher Education Sector, with a sole focus on dementia education. Its membership includes academics from over 65 institutions. In 2013 HEDN published a *Curriculum for UK Dementia Education (CfDE)* (Higher Education for Dementia Network (HEDN), 2014), which was the first national guidance detailing recommended dementia content and learning outcomes for higher education programmes for health and social care staff.

The CfDE was developed through consultation with people living with dementia and carers, through mapping existing provision and through consultation with HEDN members. The CfDE was one of the underpinning sources for the Health Education England, Skills for Health and Skills for Care's *Dementia Skills and Knowledge Education and Training Framework* (Health Education England et al., 2015); the sector standard in England for knowledge and skills for the health and social care workforce.

### **The importance of the explicit inclusion of dementia within pre and post-qualifying health, social care and housing curricula**

There are currently 850,000 people living with dementia in the UK with this number predicted to rise to 1 million by 2025 (Prince et al., 2014). Two-thirds of people with dementia live in the community, around one third in a care home (Knapp et al., 2007) and approximately 25% of acute hospital beds are occupied by people with dementia (Alzheimer's Society, 2009). Therefore care of people with dementia is relevant to the entire health, social care and housing system (Alushi et al., 2015). This creates a need for these workforces to be adequately prepared for this role.

This need has been recognised as a key challenge for the UK in a number of government reports and strategy documents (All-Party Parliamentary Group on Dementia, 2009, Department of Health, 2009, Department of Health, 2012, Department of Health, 2015, Scottish Government, 2013, Scottish Government, 2010b, Scottish Government, 2010a, Scottish Government, 2011b, Welsh Assembly Government, 2011, Welsh Government, 2017, Scottish Government, 2017). Some professional bodies also have vision, strategy or other good practice documentation related to care of people with dementia.

There has been a consistent call for all health and social care staff to be dementia aware and educated appropriately to their role (Boaden, 2016, Royal College of Psychiatrists, 2011, Alzheimer's Society, 2007, Alzheimer's Society, 2013). People living with dementia continue to experience care in hospitals which can lack dignity, be frightening and increase the incidence and complexity of both their physical and mental ill-health, leading to reduced discharge options and increased mortality (Boaden, 2016, Royal College of Psychiatrists, 2011). The quality of care for people with dementia in the community (Alzheimer Scotland, 2008) and in care home settings (Alzheimer's Society, 2007, Alzheimer's Society, 2013, Care Quality Commission, 2014) have also been identified as areas of concern. There has been relatively little attention given to the housing sector to date. Although a recent report from Scotland highlighted the presence of knowledge gaps for those working in the housing sector with people with dementia (Brown et al., 2017).

Gaps in dementia specific knowledge and skills amongst staff working in hospital settings have been revealed in previous research (Cowdell, 2009) with the lack of dementia training in acute care settings being described by staff as a significant unmet need (Galvin et al., 2012). UK reports, national and international strategies and guidelines on dementia have emphasised the need for education for the health and social care workforce who work with people who are living with dementia (Banerjee et al., 2016).

Within healthcare pre-qualifying programmes are the initial socialisation into professional practice, providing deep and prolonged interaction between theory and practice in supported environments. They set the standards for the future quality of NHS healthcare provision, through determining the knowledge, attitudes and competencies that are required of NHS staff. Within social care there are a range of qualifications that staff make undertake prior to or after entry to the sector. Professional bodies have a clear role to play in ensuring the content of such provision ensures the social care and housing workforce is able to meet the needs of those affected by dementia. It is essential to support future UK health and social care professionals to develop the appropriate values, knowledge and skills for working effectively to deliver best quality healthcare in partnership with people with dementia.

Otherwise, service improvements and health services could lag behind quality standards internationally. While the development and publication of national frameworks such as the *Promoting Excellence Framework* (Scottish Government, 2010a) in Scotland, the *Good Work Framework* (Care Council for Wales et al., 2016) in Wales, the *Dementia Learning and Development Framework* in Northern Ireland (Health and Social Care Board, 2016) and the *Dementia Core Skills Education and Training Framework* (Health Education England et al., 2015) in England have set national knowledge and skills standards, a consistent approach to their application and monitoring in pre and post-qualification health professional training is required across the UK. HEDN believes this is the role of Professional Regulatory Bodies.

### **Gaps within current curricula guidelines and requirements produced by Professional Regulatory Bodies**

Currently, the professional regulatory bodies (PRBs) do not explicitly include dementia in their requirements of pre-qualifying education providers, although a few refer to the student becoming competent or proficient in the care of people with cognitive impairment. The Nursing and Midwifery Council (NMC) 's (2010) *Standards for Pre-registration Nursing Education* currently includes a competence for working with people with cognitive impairment, for students in the adult, mental health and learning disability fields. The proposed replacement standards, now out for consultation, do now refer to dementia specifically, as well as cognitive health and challenges. There is no reference, however, to meeting relevant national knowledge and skills frameworks such as the *Dementia Skills and Knowledge Education and Training Framework* in England (Health Education England et al., 2015) the *Good Work Framework* in Wales (Care Council for Wales et al., 2016) the *Promoting Excellence Framework* in Scotland (Scottish Government, 2011a) or the *Dementia Learning and Development Framework* in Northern Ireland (Health and Social Care Board, 2016). The consultation states that the NMC aimed to emphasise dementia and asks for feedback as to whether that was achieved. In England, a new role, the nursing associate, is currently being piloted and is expected to be regulated by the NMC. The Nursing Associate Curriculum Framework (HEE 2016) refers to the *Dementia Skills and Knowledge Education and Training Framework* (Health Education England et al., 2015) but only in relation to medication.

The Health and Care Professions Council (HCPC), which regulates allied health professions and social work, has separate standards of proficiency (SOPs) for each discipline and just two of the SOPs, Speech and Language Therapists (Health and Care Professions Council, 2014) and Practitioner psychologists (Health and Care Professions Council, 2015), refer to people with cognitive impairment.

A review of the learning outcomes for the General Dental Council's (2015) *Preparing for Practice*, the indicative syllabus in the General Pharmaceutical Council's (2011) *Future pharmacists*, and the outcomes in the General Medical Council's (2009) *Tomorrow's doctors* revealed no reference to dementia or cognitive impairment. However, overall the guidance provided by regulatory bodies on the required dementia knowledge and skills expected of members is inconsistent in terms of content, approach and coverage across all staff groups within health and social care. A whole system approach is needed to ensure that all of the health and social care workforce have the requisite skills and knowledge appropriate to their role.

As Higher Education provider's curricula are based on the PRBs' requirements, there is likely to be wide variation in the extent to which dementia is included in the education planned and delivered, leading to likely variation in the dementia knowledge, attitudes, skills and competencies of those completing pre-qualifying programmes and commencing careers in the NHS, social care and housing. Gaps in dementia expertise are also likely within Higher Education Institutions, raising concerns regarding availability appropriate staffing and resources to deliver high quality educational content (Collier et al., 2015). HEDN believes that this is unacceptable.

### **Approaches to inclusion of dementia within curriculum guidelines and requirements**

The existing dementia knowledge and skills frameworks from across the four home nations of the UK have been developed by expert panels including people affected by dementia, health and social care providers or their representatives, governmental bodies and education providers. They are recognised, therefore, as comprehensive, best practice guidelines to essential knowledge and skills for health, social care and housing workforce, in order to be able to deliver good care to people living with dementia and their family. HEDN believes better and more formal use of these frameworks should be made to support consistency of dementia education and skills development across health, social care and housing.

There are a number of published examples regarding the application of national dementia education frameworks from HEDN members (Macaden, 2016, Oxbury Ellis and Lewis, 2016, Collier et al., 2015). Professional bodies through their quality assurance and monitoring processes have the opportunity to drive the integration into both graduate and undergraduate programmes. HEDN calls upon them to play their part in supporting this national initiative to improve NHS, housing and social care for people with dementia.

## **HEDN's position on Professional Regulatory Bodies and their role in ensuring coverage of dementia within pre and post-registration health and social care curricula**

The Higher Education Dementia Network believes that reference to national knowledge and skills frameworks such as The *Dementia Skills and Knowledge Education and Training Framework* in England and the *Promoting Excellence Framework* in Scotland, *Good Work Framework* in Wales and the *Dementia Learning and Development Framework* in Northern Ireland, within Professional Regulatory Body requirements would ensure a more rigorous and consistent approach to dementia education nationally. This would support adoption of the Framework as a required and monitored sector minimum standard across all health and social care professions and the housing sector. HEDN therefore, recommends that application of the Frameworks become a requirement for (re)validation of health and social care and housing pre-qualifying education.

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