

dementia education

Empirical development of curricula
standards and criteria to support
Dementia Education

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This publication was commissioned by Health Education England to deliver the Department of Health's 2014 mandate that all bodies that set curricula should ensure that all undergraduate and pre-registration courses for health and social care workers include training in dementia by Sept 2015. These educational standards and principles will be used as a framework for benchmarking and implementation by education commissioners, and for the evaluation of educational provision incorporating dementia, through the facilitation of consistent and high quality standards across England.

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Introduction

The need for improvement in dementia care has increasingly become a focus of research, development and policy initiatives in recent years. With the number of people living with dementia set to rise to 850,000 by 2015 (Alzheimer's Society, 2014), the demand for high quality dementia care through a skilled workforce will increase sharply within the next few years.

In the UK, the current economic impact of dementia is £26.3 billion with costs comprising informal care, health and social care from publically funded and privately funded care (Alzheimer's Society, 2014). The need to improve dementia care including quality of care, costs of care and access to care, has been highlighted in a number of recent government reports: the National Audit of Dementia (2010), the National Dementia Strategy (2009), the Prime Ministers Dementia Challenge (2012) and the G8 Dementia Summit Declaration (2013). For example, there is evidence that dementia costs can be reduced through improvements in timely diagnosis rates, treatment and support, care planning, and developments in care management (Department of Health, 2009).

In terms of improving healthcare delivery, the NHS is responsible for ensuring it has a workforce that are informed and equipped to provide high quality dementia care at all stages of the disease, delivered by all types of health and social care staff groups. If high quality dementia care is to be provided we need a workforce that is not only knowledgeable about dementia but skilled in the provision of care, and able to understand its importance.

Health Education England (HEE) was established in June 2012 to provide leadership for education and training systems within the NHS. As part of this, the Department of Health's (DH) Mandate to HEE (2013) set out a work programme to create and develop, in collaboration with appropriate stakeholders, a tiered dementia training programme for all NHS staff beginning with a national roll-out plan for foundation level training to start in the autumn of 2013.

Following the DH Mandate, Health Education South West commissioned the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care for the South West Peninsula (PenCLAHRC) to produce a set of standards to be used in the commissioning of dementia education for health and social care staff. Consequently, in the PenCLAHRC project we aimed to produce a set of high-level standards to be used by educational commissioners across the full range of their commissioned programmes. These standards are intended to be used as a guide in the development of programmes for dementia education and as a framework to support existing programmes.

Introduction *continued*

This report represents the fulfilment of that brief. In order to do so, we have combined the views of 252 people from education, clinical, non-governmental and policy organisations – all of whom had either experience of or a special interest in dementia – with a review of the existing published literature and policy documents.

Our method was to conduct an analysis of themes from articles included in our literature review and develop these themes into a set of ten overarching principles (e.g. *Person-Centred Dementia Care*) each accompanied by a principle standard (e.g. *Education providers should inculcate person centred care principle in their dementia care courses*). We then employed a three-stage 'Delphi' consultation exercise to gain consensus on the importance of these ten principles in dementia education, and to develop two criteria to measure each principle standard at each level of dementia education.

In the first part of this report we present a summary of the ten principles and their standards, followed by a page describing each principle in more detail, including two criteria that educational commissioners can use to review the courses they commission for each level of dementia education.

On each page we have also mapped the specific principle to the following policy documents:

- A Curriculum for UK Dementia Education: Developed by the Higher Education for Dementia Network (HEDN, 2013)
- Common Core Principles for supporting people with dementia: A guide to training the health and social care workforce (Skills for Care/ Skills for Health, 2011)
- Promoting Excellence: A framework for all health and social services staff working with people with dementia their families and carers (Scottish Government, 2011)
- South West Dementia Partnership Dementia Competency Framework (2011)

Published papers have also been mapped to support the principles of dementia education.

We anticipate that educational providers and others with an interest in dementia care education can also use these pages as a resource in their work to improve dementia care. For the remainder of the report we present a scientific summary of the project and a number of detailed reference documents in the appendices. We trust that the report will help all those striving to improve the experience of people – both with dementia and caring for people with dementia – to identify and apply the essential components of dementia care in any health and social care education programme.

Principles and principle standards

1. Person-Centred Dementia Care

Education providers should inculcate person-centred care principles in their dementia care courses

2. Communication

Education providers should include aspects of specific dementia communication strategies in their dementia care courses

3. Collaboration

Education providers should promote a multi-disciplinary working approach in their dementia care courses

4. Ethics

Education providers should address ethical and legal frameworks and their application to decision making for dementia in their dementia care courses

5. Recognition

Education providers should include methods to assess recognition of dementia in their courses

6. End of Life Care

Education providers should incorporate end of life care practices in their dementia care courses

7. Essentials of Physical Care

Education providers should include caring for people's physical health in their dementia care courses

8. Evidence Based Practice

Education providers should include instruction in dementia-specific evidence based practice techniques in their dementia care courses

9. Cultural Diversity

Education providers should address the issue of cultural diversity and its impact on people with dementia in their dementia care courses

10. Advance Care Directives

Education providers should include the topic of advance care directives in their dementia care courses

Level	Title	Description
Level 1	Awareness	Basic, essential competencies relevant to all healthcare professionals
Level 2	Frequent Contact	Competencies for healthcare professionals who are in regular contact with people with dementia
Level 3	Extensive Contact	Competencies for healthcare professionals working intensively with people with dementia and healthcare professionals who specialise in dementia care

Three levels of dementia education and their application

PERSON-CENTRED DEMENTIA CARE

In high quality dementia care practice, people must be valued and treated as individuals in a way that recognises and utilises their strengths and abilities.

Principle Standard:

Education providers should inculcate person-centred care principles in their dementia care courses

LEVEL 1

Criteria:

- Demonstrate a respectful and compassionate approach to person-centred dementia care
- Understand the core principles of person-centred dementia care and why it is important in practice

LEVEL 2

Criteria:

- Demonstrate skills in person-centred care for people with dementia and their carers
- Be able to apply the principles of person-centred care in all aspects of dementia care delivery

LEVEL 3

Criteria:

- Critically apply the principles of person-centred care to dementia practice, identify barriers to implementation and discuss how these can be overcome
- Be able to identify the unique expression of need of the person with dementia, and oversee implementation and critical evaluation of a person-centred dementia care plan

MAPPING

- HEDN (Dementia UK): Core Topic 6
- Dementia Competency Framework (South West Dementia Partnership): Sections 3 and 5
- Promoting Excellence (Education for Scotland): all stages of the dementia journey

KEY REFERENCES

- Downs, M. (2013). Putting people-and compassion-first: the United Kingdom's approach to person-centred care for individuals with dementia. *Generations: Journal of the American Society on Aging*, 37(3), 53-59.
- Tullo, E. S. & Gordon, A. L. (2013). Teaching and learning about dementia in UK medical schools: a national survey. *BMC geriatrics*, 13(1), 29.

COMMUNICATION

Dementia often leads to language and communication difficulties. Communication must be adapted to address the needs, wishes, experiences and feelings of the individual with dementia.

Principle Standard:

Education providers should include aspects of specific dementia communication strategies in their dementia care courses

LEVEL 1

Criteria:

- Demonstrate basic principles of good communication in their interactions with people with dementia that can improve self-worth and prevent periods of being ill at ease for the person with dementia
- Support individuals with communication and interaction difficulties and understand how different communication approaches can be used to influence positive communication

LEVEL 2

Criteria:

- Take time to support the person with dementia in expressing their views, using family carers to support where appropriate, to create warm and genuine relationships with people with dementia
- Demonstrate knowledge, understanding and application of effective communication strategies that are evidence based with people with dementia and their carers

LEVEL 3

Criteria:

- Demonstrate an effective application of communication strategies with a diverse and complex client group, and devise innovative strategies to develop practice in communication with people with dementia
- Be able to make a communication care plan for people with dementia which includes a full range of interventions and advice to mitigate difficulties in communication

MAPPING

- HEDN (Dementia UK): Core Topic 3
- Dementia Competency Framework (South West Dementia Partnership): Section 4
- Common Core Principles (Skills for Care/ Skills for Health): Principle 3
- Promoting Excellence (Education for Scotland): Keeping well, prevention and finding out its dementia

KEY REFERENCES

- Andrews, J. (2011). We need to talk about dementia. *Journal of Research in Nursing*, 16(5), 397-399.
- Eggenberger, E., Heimerl, K. & Bennett, M. I. (2013). Communication skills training in dementia care: a systematic review of effectiveness, training content and didactic methods in different care settings. *International Psychogeriatrics*, 25(03), 345-358.

COLLABORATION

The quality of dementia care is higher when health and social care staff work as part of a multi-agency team to support the person with dementia, and build effective partnerships with carers and family.

Principle Standard:

Education providers should promote a multi-disciplinary working approach in their dementia care courses

LEVEL 1

Criteria:

- Be able to work effectively as part of a multi-disciplinary team
- Have an awareness of the different agencies and healthcare expertise involved in the care of a person with dementia

LEVEL 2

Criteria:

- Be competent in building effective partnerships and collaborative working relationships with the multi-disciplinary team, and the person with dementia and their carers
- Be able to make appropriate referrals and utilise the skills of other team members in dementia care

LEVEL 3

Criteria:

- Be competent in integrating multi-disciplinary teams and communicate in partnership with the person with dementia and their families
- Demonstrate leadership and the ability to enhance dementia care practices within the multi-disciplinary team through effective delegation of tasks

MAPPING

- HEDN (Dementia UK): Core Topics 4 and 10
- Dementia Competency Framework (South West Dementia Partnership): Sections 7 and 8
- Common Core Principles (Skills for Care / Skills for Health): Principles 7 and 8

KEY REFERENCES

- Brody, A. A. & Galvin, J. E. (2013). A review of interprofessional dissemination and education interventions for recognizing and managing dementia. *Gerontology & Geriatrics Education*, 34(3), 225-256.
- Sarna, R. & Thompson, R. (2008). Admiral nurses' role in a dementia carers' information programme. *Nursing Older People*, 20(9), 30-34.

ETHICS

Ethical and legal frameworks, underpinned by key legislation, are a core element guiding clinical practice to protect the rights of people with dementia.

Principle Standard:

Education providers should address ethical and legal frameworks and their application to decision making for dementia in their dementia care courses

LEVEL 1

Criteria:

- Understand the importance of involving people with dementia in making decisions about their care and treatment, and the process of decision making for people who do not have the capacity to make their own decisions
- Demonstrate a basic knowledge of legal and ethical frameworks for people with dementia and their carers and how these might apply to decision making and care of people with dementia

LEVEL 2

Criteria:

- Support people with dementia in making their own decisions about their care and day to day life for as long as possible and know how to involve the person who knows the patient best (the carer) in all decisions
- Be able to promote the autonomy of people with dementia in the care they offer and manage care for people that require the withholding and withdrawing of treatment

LEVEL 3

Criteria:

- Be able to lead discussion and share knowledge with others (including families and other professionals) about specific ethical and legal frameworks and their application to decision making for dementia
- Be competent in providing dementia specific care that does not breach ethical or legal frameworks for people with dementia and their carers

MAPPING

- HEDN (Dementia UK): Core Topic 8
- Dementia Competency Framework (South West Dementia Partnership): Section 9

KEY REFERENCES

- Smythe, A., Jenkins, C., Bentham, P. & Oyebode, J. (2014). Development of a competency framework for a specialist dementia service. *Journal of Mental Health Training, Education and Practice*, 9(1), 59-68.
- Tullo, E. & Allan, L. (2011). What should we be teaching medical students about dementia? *International Psychogeriatrics*, 23(07), 1044-1050.

RECOGNITION

The identification of early signs and symptoms of dementia leads to an appropriate referral and diagnosis and facilitates appropriate care planning.

Principle Standard:

Education providers should include methods to assess recognition of dementia in their courses

LEVEL 1

Criteria:

- Be able to respond sensitively and with kindness and reassurance to anyone with possible cognitive impairment, and to facilitate assessment and diagnosis
- Demonstrate awareness of the signs and symptoms of dementia that would indicate the need for further assessment

LEVEL 2

Criteria:

- Demonstrate an understanding of the common signs and symptoms associated with a diagnosis of dementia and describe how these may impact on the individual's function and quality of life
- Be able to appropriately signpost patients to access specialist services and support them through the process

LEVEL 3

Criteria:

- Consider the lived experience of a person with dementia, and be able to counsel the person with dementia and their family and carers about the diagnosis of dementia, related implications (e.g. driving) and enrol them in post-diagnosis support services
- Undertake a comprehensive assessment for dementia utilising appropriate tools and act on the findings in partnership with the person with dementia and the multi-professional team

MAPPING

- HEDN (Dementia UK): Core Topic 2
- Dementia Competency Framework (South West Dementia Partnership): Section 2
- Common Core Principles (Skills for Care/ Skills for Health): Principle 1
- Promoting Excellence (Education for Scotland): Keeping well, prevention and finding out its dementia

KEY REFERENCES

- Iliffe, S., Koch, T., Jain, P., Lefford, F., Wong, G., Warner, A. & Wilcock, J. (2012). Developing an educational intervention on dementia diagnosis and management in primary care for EVIDEM-ED trial. *Trials*, 13: 142.
- Mayne, D. J., Allan, L., Reynish, E., MacLulich, A. M. & Vardy, E. R. L. C. (2014). Experience and opinions on post-graduate dementia training in the UK: a survey of selected consultant geriatricians. *Age and Ageing*, 43(2), 263-266.

END OF LIFE CARE

Dementia is a progressive condition that may eventually require palliative and end of life care plans, supporting individuals with dementia to live with dignity and respect through to the end of their life.

Principle Standard:

Education providers should incorporate end of life care practices in their dementia care courses

LEVEL 1

Criteria:

- Understand the importance of dignity and respect in supporting the person with dementia at end of life
- Understand the principles of end of life care and how they are implemented to support a person with dementia

LEVEL 2

Criteria:

- Be able to provide high quality, ethical care including symptom control and pain management that is tailored to the progression of dementia at the end of life
- Support the person with dementia, their families and carers and provide compassionate care through the end of life process

LEVEL 3

Criteria:

- Be able to provide effective palliative care that is optimised to the needs of the person with dementia
- Have full knowledge of the options available to the person with dementia and an understanding of the unpredictable nature of dementia death

MAPPING

- HEDN (Dementia UK): Core Topic 9
- Dementia Competency Framework (South West Dementia Partnership): Section 10

KEY REFERENCES

- Lawrence, V., Samsi, K., Murray, J., Harari, D. & Banerjee, S. (2011). Dying well with dementia qualitative examination of end-of-life care. *The British Journal of Psychiatry*, 199(5), 417-422.
- Raymond, M., Warner, A., Davies, N., Baishnab, E., Manthorpe, J. & Iliffe, S. (2014). Evaluating educational initiatives to improve palliative care for people with dementia: A narrative review. *Dementia*, 13(3), 366-381.

ESSENTIALS OF PHYSICAL CARE

People living with dementia are vulnerable to physical illness and require the provision of optimum health care to maintain physical wellbeing throughout dementia care.

Principle Standard:

Education providers should include caring for people's physical health in their dementia care courses

LEVEL 1

Criteria:

- Understand how dementia can impact on a person's physical health and their ability to care for themselves, and identify essential elements that contribute to good physical health and living well with dementia
- Be competent in providing care for basic physical needs in a respectful and dignified manner

LEVEL 2

Criteria:

- Be able to recognise symptoms of physical deterioration, use reliable assessment tools specific to people with dementia and plan care accordingly, if necessary referring to appropriate service for best possible care
- Understand how poor physical health may manifest in people with dementia and be able to monitor the physical health of a person with dementia to identify early signs of change

LEVEL 3

Criteria:

- Be able to assess, plan and deliver timely and appropriate interventions for changing health needs in dementia and evaluate their effectiveness
- Be able to lead on the accurate diagnosis, assessment and implementation of care plans for physical health conditions in people with dementia

MAPPING

- **Promoting Excellence (Education for Scotland): All stages of the dementia journey**

KEY REFERENCES

- Francis, R. (2013). Report of the Mid Staffordshire NHS foundation trust public inquiry: executive summary (Vol. 947). London: The Stationery Office.
- Semrau, M., Burns, A., Djukic-Dejanovic, S., Eraslan, D., Han, C., Lecic-Tosevski, D. & Sartorius, N. (2014). Development of an international schedule for the assessment and staging of care for dementia. *Journal of Alzheimer's Disease*, doi: 10.3233/JAD-141599

EVIDENCE BASED PRACTICE

Evidence based practice – the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care – is a core component of dementia care.

Principle Standard:

Education providers should include instruction in dementia-specific evidence based practice techniques in their dementia care courses

LEVEL 1

Criteria:

- Recognise the value of asking the person with dementia and their carers what techniques work well for that individual
- Have a working knowledge of key evidence based good practice techniques related to their role for dementia care

LEVEL 2

Criteria:

- Be able to explain to people with dementia and their carers information on a range of therapeutic interventions and signposting to local services
- Plan care to promote the use of appropriate, specific, evidence based interventions

LEVEL 3

Criteria:

- Plan care to promote the use of appropriate, specific evidence based interventions in complex and challenging cases and situations
- Have expertise in and lead on the delivery of a range of evidenced based interventions including facilitating new insights and approaches in dementia care practice

MAPPING

- Dementia Competency Framework (South West Dementia Partnership): Section 11
- Promoting Excellence (Education for Scotland): Keeping well, prevention and finding out its dementia

KEY REFERENCES

- Gould, E. & Reed, P. (2009). Alzheimer's association quality care campaign and professional training initiatives: improving hands-on care for people with dementia in the USA. *International Psychogeriatrics*, 21(S1), S25-S33.
- Logsdon, R. G., McCurry, S. M. & Teri, L. (2007). Evidence based interventions to improve quality of life for individuals with dementia. *Alzheimer's Care Today*, 8(4), 309.

CULTURAL DIVERSITY

The complexity of cultural diversity has a varying effect on the needs and preferences of an individual with dementia, as well as their experience of dementia care.

Principle Standard:

Education providers should address the issue of cultural diversity and its impact on people with dementia in their dementia care courses

LEVEL 1

Criteria:

- Recognise that individuals experience dementia differently and be sensitive to these cultural variations
- Show an awareness of cultural diversity and equality issues, and how they may impact on people with dementia

LEVEL 2

Criteria:

- Be able to identify issues of cultural diversity in dementia and adapt care appropriately
- Be able to moderate behaviours according to the cultural preferences of the person with dementia

LEVEL 3

Criteria:

- Be able to assess individual needs and plan care according to the cultural preferences of the person with dementia, and their families and carers
- Be able to deliver culturally competent dementia services and guide other healthcare professionals in doing so

MAPPING

- HEDN (Dementia UK): Core Topic 5
- Dementia Competency Framework (South West Dementia Partnership): Section 5
- Promoting Excellence (Education for Scotland): All stages of the dementia journey

KEY REFERENCES

- Boughtwood, D., Shanley, C., Adams, J., Santalucia, Y., Kyriazopoulos, H., Rowland, J. & Pond, D. (2013). The role of the bilingual/bicultural worker in dementia education, support and care. *Dementia*, 12 (1), 7-21.
- La Fontaine, J., Ahuja, J., Bradbury, N. M., Phillips, S. & Oyeboode, J. R. (2007). Understanding dementia amongst people in minority ethnic and cultural groups. *Journal of Advanced Nursing*, 60(6), 605-614.

ADVANCE CARE DIRECTIVES

Advance care directives are used by individuals with dementia and their family as an instrument in decision making regarding health and social care decision making in treatment and care.

Principle Standard:

Education providers should include the topic of advance care directives in their dementia care courses

LEVEL 1

Criteria:

- Demonstrate and understand the basic meaning of “advance care directives” and its relevance to their role in supporting a person living with dementia
- Understand how advance care directives impact upon care delivery and the situations in which they may or may not apply

LEVEL 2

Criteria:

- Be able to facilitate advance care planning discussions with the person with dementia and those who are important to them
- Understand the purpose and significance of advance care directives and consider how to promote awareness for patients, people and professional groups

LEVEL 3

Criteria:

- Be confident and competent in discussing planning future care and advance care directives and supporting the formulation of advance care directives
- Facilitate setting up advance care directives, ensuring they are included in care planning and delivery, and integrate new knowledge about advance care directives within their practice

MAPPING

- HEDN (Dementia UK): Core Topic 7
- Common Core Principles (Skills for Care / Skills for Health): Principle 4
- Promoting Excellence (Education for Scotland): End of life and dying well

KEY REFERENCES

- Burnette, A. T. & Heck, H. (2012). Advance directives, dementia and Alzheimer’s disease. *Health Care Law Monthly*, 2012 (11), 2-7.
- Wolff, J. (2012). Dementia, death and advance directives. *Health Economics, Policy and Law*, 7(04), 499-506.

Scientific summary

METHODS

Search strategy for published articles on dementia education

Our search strategy aimed to identify studies about health care professionals (population) receiving dementia education programmes (intervention) where the intention was to affect the knowledge, skills and attitude of those being trained (outcomes). We excluded studies pertaining to informal caregivers of people with dementia.

We designed our search strategy to identify papers that addressed dementia and education (health, medical, nursing, graduate nursing, graduate medical, continuing medical and undergraduate medical). We balanced specificity and sensitivity to maximise the capture of relevant articles while attempting to minimise the numbers of papers we would have to exclude as not meeting our inclusion criteria.

We searched multiple databases between 03 June and 03 July 2014: Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations and Ovid MEDLINE(R) 1946 to Present; HMIC 1979 to 2014; PsycINFO 2002 to 2014; CINAHL Plus with Full Text; ERIC 2002 to the present. We supplemented our database search by subsequent citation chasing of key papers to identify additional relevant studies.

Study Selection Criteria

Consistent with the research question, we assessed studies for inclusion against the following criteria:

- Population: health care professionals;
- Intervention: dementia education programmes;
- Outcomes: the knowledge, skills and attitude of those being trained.

Data Extraction and Synthesis

We reviewed titles and any summary information for identified published articles. After reviewing these, we retrieved abstracts of those articles which potentially met our inclusion criteria. Following a further review of these abstracts, we retrieved those full text articles which required data extraction to identify potential themes and principles of dementia education. We then extracted data on the elements taught in the educational programmes referred to in these full text articles, compared and contrasted them, and arranged them into overall themes.

Policy Documents

We adopted a similar process for policy documents. We identified one key policy document (Higher Education for Dementia Network, 2013) as essential for inclusion and we then used iterative backward citation to identify secondary sources of material referenced in this and other documents. We also undertook an online search for further grey literature by using search terms such as Dementia Education Standards, Dementia Education Curriculum, Dementia Education Guidelines, and Dementia National Frameworks.

In a similar manner to our synthesis of published literature, we conducted a thematic analysis of policy documents to identify key themes that ran throughout them. We renamed the ‘themes’ as ‘Principles’, and compared these to the themes identified in the review of published literature. Principles were reviewed, renamed and defined, and then mapped to the relevant published literature and policy documents.

Delphi Consultation method

We chose the Delphi consultation exercise, widely used in health research, as a consensus building method given its empirical and transparent nature. The aim of a Delphi is to synthesise information to reach agreement among a polled group of participants. A final group consensus is reached through an iterative process of response collection, response feedback and response revision opportunity (Jones & Hunter, 1995).

We conducted our Delphi consultation exercise in three rounds. In our first round we presented the set of principles and associated standards that we had derived from our literature syntheses. We posed the question to our respondents, “How important do you feel this theme is in dementia care education?” We invited respondents to answer this question for each principle on a 0-10 Likert scale with the option to add in comments. We also asked respondent to specify two statements that they considered to be the most important criteria by which the principle standard for each of the three levels of dementia education could be measured (see Table 1 below), along with an optional provision to add in comments. Additionally, we asked participants to complete a demographics questionnaire.

Level	Title	Description
Level 1	Awareness	Basic, essential competencies relevant to all healthcare professionals
Level 2	Frequent Contact	Competencies for healthcare professionals who are in regular contact with people with dementia
Level 3	Extensive Contact	Competencies for healthcare professionals working intensively with people with dementia and healthcare professionals who specialise in dementia care

Table 1: The three levels of dementia education and their application

In between rounds one and two of the Delphi, we content analysed the suggested criteria and derived four potential criteria statements in each of the three levels for all principles. We then presented these four options to our respondent for the second round of the Delphi consultation exercise. We asked respondents to rank order the four criteria for each level and principle by importance (1 being most important and 4 being least important). We also presented participants with feedback on the consensus of ratings on the importance of the ten principles from round 1, and asked them to re-rate the importance of the ten principles. We analysed data from round two by calculating the percentage of Round 2 respondents who selected each specific statement as either the first or second most important criteria. In the third and final round of the Delphi, we presented respondents with this data for all four criteria per principle and level, and asked them to select the two criteria that they considered to be the most important measures of each principle at each level.

SAMPLE

We compiled a database of contacts to be invited to participate in the Delphi consultation exercise. We identified potential respondents from the author list of policy framework documents (grey literature), corresponding authors of influential papers published in peer reviewed journal articles and from contact lists provided by Health Education South West and other Local

Education and Training Boards (LETBs) responsible for the training and education of NHS staff.

We invited participants from a number of organisations including; Local NHS Trusts, Clinical Commissioning Groups (CCG), HEE, LETBs, Third Sector Organisations (e.g. Alzheimer's Society and Age UK), Higher Education Institutes, Royal Colleges and Council of Deans of Health (see Table 2 for further details). We anticipated that the survey would also be cascaded through organisations to relevant individuals.

ANALYSIS

Two independent researchers analysed and reviewed the narrative criteria text of respondents in round one using a content analysis approach. We grouped suggested criteria into the identified categories within each principle at each of the three levels to generate a list of four criteria for each level at each of the ten principles. We analysed numerical data in round two by running frequency descriptives, and for each of the criteria calculating the percentage of respondents who had ranked the importance of the criteria as either first or second most important. We used similar frequency descriptives to analyse round three data, and calculated the percentage for each criteria to indicate the number of individuals who had selected the criteria as one of the two most important for measuring the principle.

We defined consensus as where more than 50% of responding participants agreed on the importance of the principles in dementia education, and the two most important criteria to measure each principle standard at each of the three levels of dementia education. Further, we defined high consensus as where 80% or more of respondents agreed, moderate consensus as where 60% to 79% agreed, and low consensus as where 50% to 59% of respondents agreed.

Region	Round 1	Round 2	Round 3
Greater London	19	40	42
South East	13	26	30
North West	7	16	23
Yorkshire and The Humber	11	19	21
West Midlands	7	19	20
South West	14	21	16
East of England	3	8	11
East Midlands	5	5	8
Scotland	2	1	5
Wales	0	2	5
North East	0	3	3
Northern Ireland	0	0	1
Not declared	0	0	1
Total:	81	160	186

Table 2: Regional data of respondents in Rounds 1, 2 and 3

RESULTS

We identified 825 initial papers (see PRISMA flow chart in appendix 1) and after reading titles and any summary information we retrieved 157 abstracts of papers for more detailed analysis. We applied our inclusion criteria to all abstracts and identified 51 full records for data extraction, in which principles of dementia education were included in the text of the article.

From our thematic analysis of the published studies (appendix 2) and policy documents (appendix 3) we identified ten principles for dementia education and produced a standard to define each principle. These principles and standards are printed on page 3 of this report.

A total of 427 responses were received for the Delphi across the three rounds, from 252 unique respondents. In round one, 81 respondents participated; in round two, 160 respondents returned questionnaires and in round three, 186 respondents completed the Delphi consultation exercise. We present information on the regional location of Delphi respondents in Table 2 and information on the organisational backgrounds of respondents in Table 3.

Organisation	Round 1	Round 2	Round 3	Unique*
University	43	72	88	110
NHS	17	38	46	67
Charity	11	17	19	30
HEE	4	18	16	20
Public Health England	1	2	2	4
Education and Training Consultancy	1	2	4	3
Royal Colleges	1	1	4	3
Council	1	2	1	3
Academic Health Science Networks	0	3	1	3
Strategic Clinical Networks	1	0	1	2
Social Care Workforce Development	1	1	2	2
Healthcare Workforce Development	0	2	0	2
Department of Health	0	1	1	1
Social Enterprise	0	1	0	1
Not declared	0	0	1	1
Total:	81	160	186	252

Table 3: Organisational background of respondents in Rounds 1, 2 and 3.

*Not adding up to 427 because some respondents replied to more than one round of the Delphi.

ROUND 1

The 81 participants who responded to round one of the Delphi rated some principles as more important than others. We assessed the point on the rating scale (0-10) at which 80% or more of respondents rated the principle as important. For example, in 'Person-Centred Dementia Care' >80% of respondents rated the importance of this principle as 9 or 10 on the scale, whereas for 'Cultural Diversity' >80% consensus was only achieved when we included respondents rating the importance of this principle as between 6 to 10 on the scale.

Table 4 shows the range of ratings for each principle that we needed to include to reach a consensus of >80%.

Principles are ordered by their importance as rated by respondents. If ratings are equal, principles were ranked in order of consensus percentage achieved, the higher the percentage, the higher the ranking. For example, Communication, Recognition and Ethics which all received ratings between 8 and 10 on the scale, were ranked 2, 3 and 4 in order of their consensus percentage.

In terms of the four criteria derived from the analysis of suggestion from participants in round one, Table 5 gives one example of these criteria, in this instance derived for the 'Person-Centred Dementia Care' principle at the three levels of dementia education. Four criteria per level were derived for all ten principles.

Principles	Ratings	Mean	Median	Consensus % (80 and above)	Ranking
Person-Centred Dementia Care	9-10	9.30	10	81.48	1
Communication	8-10	9.16	10	92.59	2
Recognition	8-10	8.86	9	86.42	3
Ethics	8-10	8.83	9	83.95	4
Essentials of Physical Care	7-10	8.64	9	90.12	5
Collaboration	7-10	8.53	9	88.89	6
End of Life Care	7-10	8.47	9	83.95	7
Evidence Based Practice	7-10	7.98	8	80.25	8
Advance Care Directives	6-10	7.84	8	87.65	9
Cultural Diversity	6-10	7.86	8	83.95	10

Table 4: Consensus (%), ratings needed to reach >80% consensus, mean and median of the ten Principles.

Principle	Levels	Criteria
Person-Centred Dementia Care	Level 1	Understand the core principles of person-centred dementia care and why it is important in practice
		Describe the concept of person-centred care and how this can be implemented in dementia care
		Demonstrate an understanding that the health care needs of the person with dementia are unique and that these needs will change
		Demonstrate a respectful and compassionate approach to person-centred dementia care
	Level 2	Be able to apply the principles of person-centred care in all aspects of dementia care delivery
		Articulate what is meant by person-centred dementia care and the impact that this approach has for individuals with dementia and their carers
		Be able to use patient background information to devise and deliver a personalised dementia care plan
		Demonstrate skills in person-centred care for people with dementia and their carers
	Level 3	Lead on and develop practices which are person-centred and respond to the individual needs of people with dementia
		Critically apply the principles of person-centred care to dementia practice, identify barriers to implementation and discuss how these can be overcome
		Be able to identify the unique expression of need of the person with dementia, and oversee implementation and critical evaluation of a person-centred dementia care plan
		Be able to make an assessment of all personal contextual factors relevant to a person with dementia

Table 5: The four criteria at each of the three levels for Person-Centred Dementia Care principle

ROUND 2

In round 2, all of the ten principles were rated as more important by our 160 respondents in comparison to the mean ratings in round 1. The ordering of importance slightly changed. We assessed the point on the rating scale at which 80% or more of respondents rated the principle as important.

Table 6 shows the range of ratings for each principle that we needed to include to reach a consensus of >80%. Principles are ordered by their importance as rated by respondents.

In terms of participants ranking of the four criteria per level and per principle in order of importance, table 7 shows an example of the four criteria and their percentages for the 'Person-Centred Dementia Care' principle at the three levels of dementia education.

Principles	Ratings	Mean	Median	Consensus % (80 and above)	Ranking
Person-Centred Dementia Care	9-10	9.66	10	91.88	1
Communication	9-10	9.54	10	89.38	2
Collaboration	8-10	9.14	9	96.88	3
Ethics	8-10	8.97	9	93.75	4
Recognition	8-10	8.99	9	91.88	5
End of Life Care	8-10	8.87	9	88.13	6
Essentials of Physical Care	8-10	8.93	9	87.50	7
Evidence Based Practice	7-10	8.39	8	93.13	8
Cultural Diversity	7-10	8.33	9	88.75	9
Advance Care Directives	7-10	8.01	8	83.75	10

Table 6: Consensus (%), ratings needed to reach >80% consensus, mean and median of the ten Principles.

Principle	Levels	Criteria	N	Total Frequency	Total Percent
Person-Centred Dementia Care	Level 1	Understand the core principles of person-centred dementia care and why it is important in practice	160	85	53.2
		Describe the concept of person-centred care and how this can be implemented in dementia care	160	31	19.4
		Demonstrate an understanding that the health care needs of the person with dementia are unique and that these needs will change	160	82	51.3
		Demonstrate a respectful and compassionate approach to person-centred dementia care	160	122	76.3
	Level 2	Be able to apply the principles of person centred care in all aspects of dementia care delivery	160	104	65.1
		Articulate what is meant by person-centred dementia care and the impact that this approach has for individuals with dementia and their carers	160	20	12.5
		Be able to use patient background information to devise and deliver a personalised dementia care plan	160	75	46.9
		Demonstrate skills in person-centred care for people with dementia and their carers	160	121	75.7
	Level 3	Lead on and develop practices which are person-centred and respond to the individual needs of people with dementia	160	91	56.9
		Critically apply the principles of person-centred care to dementia practice, identify barriers to implementation and discuss how these can be overcome	160	92	57.5
		Be able to identify the unique expression of need of the person with dementia, and oversee implementation and critical evaluation of a person-centred dementia care plan	160	93	58.1
		Be able to make an assessment of all personal contextual factors relevant to a person with dementia	160	44	27.5

Table 7: The four criteria at each of the three levels for Person-Centred Dementia Care principle, with the frequency and percentage of respondents selecting the criteria as the first or second most important.

ROUND 3

Following respondents receiving feedback on percentages for each principle (as in the example in table 7) and re-rating their importance, we were able to identify the top two criteria at each level and principle selected by our respondents.

Table 8 shows an example of the top two criteria and their consensus percentages for the ‘Person-Centred Dementia Care’ principle at the three levels of dementia education. As can be seen for this example, all statements achieved consensus, two at a high level of consensus, three moderate and one low.

Principle	Levels	Criteria	N	Total Frequency	Total Percent
Person-Centred Dementia Care	Level 1	Demonstrate a respectful and compassionate approach to person-centred dementia care	186	165	88.7
		Understand the core principles of person-centred dementia care and why it is important in practice	186	110	59.1
	Level 2	Demonstrate skills in person-centred care for people with dementia and their carers	186	157	84.4
		Be able to apply the principles of person-centred care in all aspects of dementia care delivery	186	143	76.9
	Level 3	Critically apply the principles of person-centred care to dementia practice, identify barriers to implementation and discuss how these can be overcome	186	132	71
		Be able to identify the unique expression of need of the person with dementia, and oversee implementation and critical evaluation of a person-centred dementia care plan	186	131	70.4

Table 8: The two criteria at each of the three levels for Person-Centred Dementia Care principle, with the frequency and percentage of respondents.

Summary of Criteria Statements

Respondents reached high consensus ($\geq 80\%$) on 34 of the 60 criteria across the ten principles and three levels of dementia education. Respondents reached moderate consensus (60% to 79%) on 23 of the 60 criteria and low consensus (50% to 59%) on only three of the 60 criteria. See appendix 4 for full descriptives and consensus levels from Round 2 and Round 3 of the Delphi consultation exercise. No criteria failed to be endorsed by less than 50% of respondents.

CONCLUSION

We have developed ten principles, a definitional standard statement for each principle and a set of two criteria per educational level by which each principle can be measured for the three levels of dementia education. We suggest that these principles and criteria can be used as a framework to be implemented by education commissioners when commissioning and evaluation educational provision. With the implementation of education courses incorporating dementia across all levels of health and social care staff, the NHS can use this tool to develop an informed and able workforce, equipped to deliver high quality dementia care.

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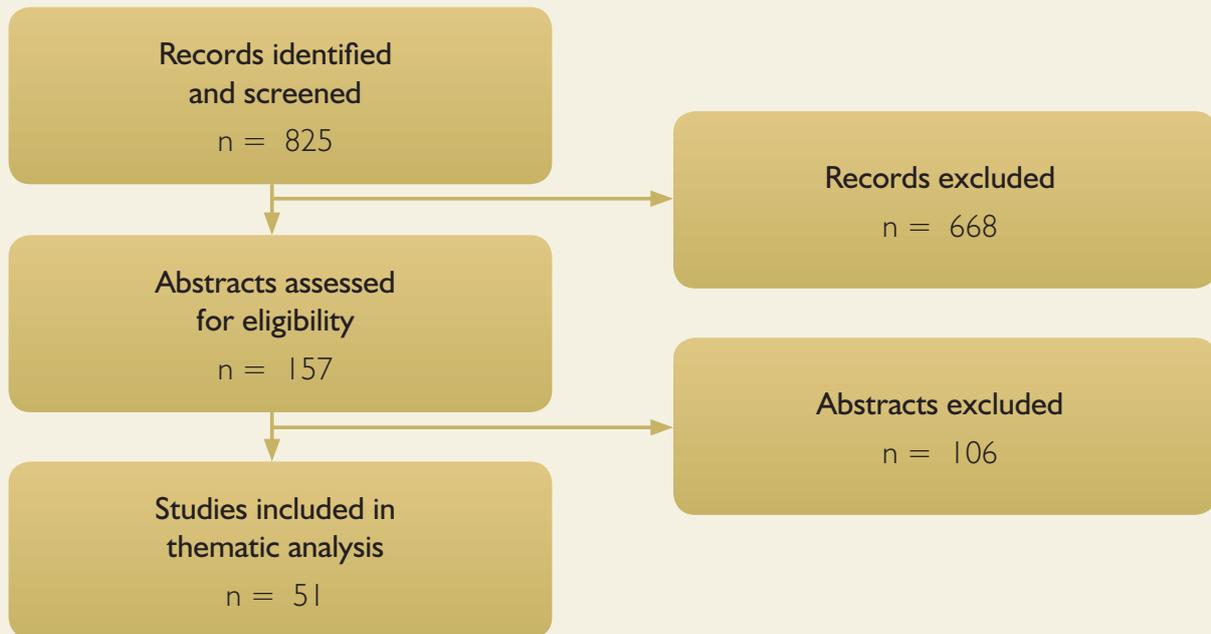
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Appendices

APPENDIX I

PRISMA flow diagram showing study screening and selection process.



APPENDIX 2

Synopsis of key published papers mapped to Principles:

The below table details the 51 published papers used in data extraction, and the principles that were drawn from each paper.

Principle(s)	Reference
Person-Centred Dementia Care, Communication, Collaboration, Ethics, Recognition, End of Life Care, Evidence based practice, Cultural Diversity	Tullo, E. S. & Gordon, A. L. (2013). Teaching and learning about dementia in UK medical schools: a national survey. <i>BMC geriatrics</i> , 13(1), 29.
Person-Centred Dementia Care, Communication, Collaboration, Ethics, Recognition, End of Life Care, Evidence based practice, Cultural Diversity	Smythe, A., Jenkins, C., Bentham, P. & Oyebode, J. (2014). Development of a competency framework for a specialist dementia service. <i>Journal of Mental Health Training, Education and Practice</i> , 9(1), 59-68.
Person-Centred Dementia Care, Communication, Collaboration, Recognition	Chater, K. & Hughes, N. (2012). Strategies to deliver dementia training and education in the acute hospital setting. <i>Journal of Research in Nursing</i> , 18(6), 578-593.
Person-Centred Dementia Care, Communication, Collaboration, Recognition	Galvin, J. E., Kuntemeier, B., Al-Hammadi, N., Germino, J., Murphy-White, M. & McGillick, J. (2010). "Dementia-friendly hospitals: care not crisis" an educational program designed to improve the care of the hospitalized patient with dementia. <i>Alzheimer Disease and Associated Disorders</i> , 24(4), 372.
Person-Centred Dementia Care, Communication, Collaboration, Recognition	Edwards, R., Voss, S. & Iliffe, S. (2012). Education about dementia in primary care: Is person-centeredness the key? <i>Dementia</i> , 0(0), 1-9.
Person-Centred Dementia Care, Collaboration, Ethics, End of Life care	Tullo, E. & Allan, L. (2011). What should we be teaching medical students about dementia? <i>International Psychogeriatrics</i> , 23(07), 1044-1050.
Person-Centred Dementia Care, Recognition	Galvin, J. E., Meuser, T. M. & Morris, J. C. (2012). Improving physician awareness of Alzheimer's disease and enhancing recruitment: the clinician partners program. <i>Alzheimer Disease and Associated Disorders</i> , 26(1), 61.
Person-Centred Dementia Care, Communication, Recognition	Tsolaki, M., Papaliagkas, V., Anogianakis, G., Bernabei, R., Emre, M., Frolich, L. & Winblad, B. (2010). Consensus statement on dementia education and training in Europe. <i>The Journal of Nutrition, Health & Aging</i> , 14(2), 131-135.
Person-Centred Dementia Care	Bradley, S. L., De Bellis, A., Guerin, P., Walters, B., Wotherspoon, A., Cecchin, M. & Paterson, J. (2010). Reenacted case scenarios for undergraduate healthcare students to illustrate person-centered care in dementia. <i>Educational Gerontology</i> , 36(9), 809-823.

Principle(s)	Reference
Person-Centred Dementia Care	Bruton, A., Lipp, A. & McKenzie, G. (2012). Graduate foundation scheme with a focus on dignity and older adults. <i>Nursing Management</i> , 18(9), 20-25.
Person-Centred Dementia Care	Downs, M. (2013). Putting people-and compassion-first: the United Kingdom's approach to person-centered care for individuals with dementia. <i>Generations: Journal of the American Society on Aging</i> , 37(3), 53-59.
Person-Centred Dementia Care	Stein-Parbury, J., Chenoweth, L., Jeon, Y. H., Brodaty, H., Haas, M. & Norman, R. (2012). Implementing person-centered care in residential dementia care. <i>Clinical Gerontologist</i> , 35(5), 404-424.
Person-Centred Dementia Care	Boettcher, I. F., Kemeny, B. & Boerman, R. (2004). Training for and sustaining person-centered dementia care. <i>Annals of Long-Term Care</i> , 12(12), 26-28.
Communication, Cultural Diversity	Taylor, K. A., Lindeman, M. A., Stothers, K., Piper, K. & Kuipers, P. (2012). Intercultural communications in remote Aboriginal Australian communities: What works in dementia education and management? <i>Health Sociology Review</i> , 21(2), 208-219.
Communication, Cultural Diversity	Davis, B. H. & Smith, M. K. (2009). Infusing cultural competence training into the curriculum: describing the development of culturally sensitive training on dementia communication. <i>The Kaohsiung Journal of Medical Sciences</i> , 25(9), 503-509.
Communication	Andrews, J. (2011). We need to talk about dementia. <i>Journal of Research in Nursing</i> , 16(5), 397-399.
Communication	Mahendra, N., Fremont, K. & Dionne, E. (2013, April). Teaching future providers about dementia: <i>The impact of service learning. Seminars in Speech and Language</i> , 34(01), 05-17.
Communication	Broadfoot, A., Ogle, S. J., Foster, K., Thanh, H. K. & Hilmer, S. N. (2010). Teaching geriatric medicine in Vietnam: Introduction of an interactive learning module for medical students. <i>Australasian Journal on Ageing</i> , 29(3), 135-136.
Communication	Fruahuf, C. A. R. F. (2007). Helping students understand aging and dementia: An innovative program. <i>Dementia</i> , 6(1), 157-162.
Communication	Mundt, J. C., Moore, H. K. & Geist, J. H. (2005). A novel interactive voice response (IVR) system for dementia screening, education, and referral: one-year summary. <i>Alzheimer Disease and Associated Disorders</i> , 19(3), 143-147.
Communication	Innes, A., Kelly, F. & McCabe, L. (2012). An Evaluation of an Online Postgraduate Dementia Studies Program. <i>Gerontology & Geriatrics Education</i> , 33(4), 364-382.
Communication	Bluestone, J., Johnson, P., Fullerton, J., Carr, C., Alderman, J. & BonTempo, J. (2013). Effective in-service training design and delivery: evidence from an integrative literature review. <i>Human Resources for Health</i> , 11, 51.
Communication	Eggenberger, E., Heimerl, K. & Bennett, M. I. (2013). Communication skills training in dementia care: a systematic review of effectiveness, training content, and didactic methods in different care settings. <i>International Psychogeriatrics</i> , 25(03), 345-358.
Communication	People, N. O. (2013). Communicating with older people with dementia. <i>Nursing Older People</i> , 25(4), 30-37.
Communication	Smith-Conway, E. R., Baker, R., Angwin, A. J., Pachana, N. A., Copland, D. A., Humphreys, M. S. & Chenery, H. J. (2012). Education strategies in dementia. <i>Australian Nursing Journal</i> , 19(10), 35.

Principle(s)	Reference
Communication	McKay, H., Hanzaker, M., (2013). <i>Dementia Care Communication: A Toolbox for Professionals and Families</i> . <i>OT Practice</i> , 18(2), CE-1–CE-8
Collaboration, Evidence based practice	Brody, A. A., & Galvin, J. E. (2013). A review of interprofessional dissemination and education interventions for recognizing and managing dementia. <i>Gerontology & Geriatrics Education</i> , 34(3), 225-256.
Collaboration	Sarna, R. & Thompson, R. (2008). Admiral nurses' role in a dementia carers' information programme. <i>Nursing Older People</i> , 20(9), 30-34.
Collaboration	Burgess, L., & Sean, P. (2002). Educating nursing staff involved in the provision of dementia care. <i>Nursing times</i> , 99(46), 34-37.
Collaboration	Elliot, R. & Adams, J. (2011). The creation of a dementia nurse specialist role in an acute general hospital. <i>Journal of Psychiatric and Mental Health Nursing</i> , 18(7), 648-652.
Collaboration	Cheston, R., Bender, M. & Byatt, S. R. (2000). Involving people who have dementia in the evaluation of services: A review. <i>Journal of Mental Health</i> , 9(5), 471-479.
Recognition	Litvin, C. B., Davis, K. S., Moran, W. P., Iverson, P. J., Zhao, Y. & Zapka, J. (2012). The use of clinical decision-support tools to facilitate geriatric education. <i>Journal of the American Geriatrics Society</i> , 60(6), 1145-1149.
Recognition	Downs, M., Turner, S., Bryans, M., Wilcock, J., Keady, J., Levin, E. & Iliffe, S. (2006). Effectiveness of educational interventions in improving detection and management of dementia in primary care: cluster randomised controlled study. <i>BMJ</i> , 332(7543), 692-696.
Recognition	Iliffe, S., Koch, T., Jain, P., Lefford, F., Wong, G., Warner, A. & Wilcock, J. (2012). Developing an educational intervention on dementia diagnosis and management in primary care for the EVIDEM-ED trial. <i>Trials</i> , 13(1), 142.
Recognition	Spector, A., Orrell, M., Schepers, A. & Shanahan, N. (2012). A systematic review of 'knowledge of dementia' outcome measures. <i>Ageing Research Reviews</i> , 11(1), 67-77.
Recognition	Williams, C. L., Molinari, V., Bond, J., Smith, M., Hyer, K. & Malphurs, J. (2006). Development of a curriculum for long-term care nurses to improve recognition of depression in dementia. <i>Educational Gerontology</i> , 32(8), 647-667.
Recognition	Mayne, D. J., Allan, L., Reynish, E., MacLulich, A. M. & Vardy, E. R. L. C. (2014). Experience and opinions on post-graduate dementia training in the UK: a survey of selected consultant geriatricians. <i>Age and Ageing</i> , 43(2), 263-266.
End of life care, Essentials of Physical Care	Lawrence, V., Samsi, K., Murray, J., Harari, D., & Banerjee, S. (2011). Dying well with dementia: qualitative examination of end-of-life care. <i>The British Journal of Psychiatry</i> , 199(5), 417-422.
End of life care, Advance Care Directives	Just, J. M., Schulz, C., Bongartz, M. & Schnell, M. W. (2010). Palliative care for the elderly-developing a curriculum for nursing and medical students. <i>BMC Geriatrics</i> , 10(1), 66.
End of life care	Raymond, M., Warner, A., Davies, N., Baishnab, E., Manthorpe, J., & Iliffe, S. (2014). Evaluating educational initiatives to improve palliative care for people with dementia: A narrative review. <i>Dementia</i> , 13(3), 366-381.
End of life care	Cooke, C., Dixon, R. & Broadhurst, D. (2011). Introducing an end of life education programme in a mental health unit for the elderly. <i>BMJ Supportive & Palliative Care</i> , 1(2), 227-227.

Principle(s)	Reference
Essentials of Physical Care	Francis, R. (2013). <i>Report of the Mid Staffordshire NHS foundation trust public inquiry: executive summary (Vol. 947)</i> . London: The Stationery Office.
Essentials of Physical Care	Semrau, M., Burns, A., Djukic-Dejanovic, S., Eraslan, D., Han, C., Lecic-Tosevski, D. & Sartorius, N. (2014). Development of an international schedule for the assessment and staging of care for dementia. <i>Journal of Alzheimer's Disease</i> , doi: 10.3233/JAD-141599
Evidence based practice	Gould, E. & Reed, P. (2009). Alzheimer's association quality care campaign and professional training initiatives: improving hands-on care for people with dementia in the USA. <i>International Psychogeriatrics</i> , 21(S1), S25-S33.
Evidence based practice	Logsdon, R. G., McCurry, S. M. & Teri, L. (2007). Evidence based interventions to improve quality of life for individuals with dementia. <i>Alzheimer's Care Today</i> , 8(4), 309.
Cultural Diversity	La Fontaine, J., Ahuja, J., Bradbury, N. M., Phillips, S. & Oyebode, J. R. (2007). Understanding dementia amongst people in minority ethnic and cultural groups. <i>Journal of Advanced Nursing</i> , 60(6), 605-614.
Cultural Diversity	Boughtwood, D., Shanley, C., Adams, J., Santalucia, Y., Kyriazopoulos, H., Rowland, J. & Pond, D. (2013). The role of the bilingual/bicultural worker in dementia education, support and care. <i>Dementia</i> , 12 (1), 7-21.
Advance Care Directives	Burnette, A. T. & Heck, H. (2012). Advance Directives, Dementia and Alzheimer's Disease. <i>Health care law monthly</i> .
Advance Care Directives	Wolff, J. (2012). Dementia, death and advance directives. <i>Health Economics, Policy and Law</i> , 7(04), 499-506.
Applies to Level 3 across all principles	Angus, J. (2009). Leadership: a central tenet for postgraduate dementia services curricula development in Australia. <i>International Psychogeriatrics</i> , 21(S1), S16-S24.
All levels across principles	Mustafa, N., Tsaroucha, A., Le Mesurier, N., Benbow, S. M. & Kingston, P. (2013). Educating and training the workforce to work with people with dementia: two projects from the United Kingdom. <i>Educational Gerontology</i> , 39(6), 398-412.

APPENDIX 3

Synopsis of key policy documents mapped to Principles:

The below table details the ten principles of dementia education, and the key policy documents from which each principle was derived.

Principle(s)	Reference
Person-Centred Dementia Care	Higher Education for Dementia Network (2013) A Curriculum for UK Dementia Education. https://www.dementiauk.org/what-we-do/networks/hedn/curriculum-for-dementia-education-cfde/ (Last accessed July 2014)
	South West Dementia Partnership (2011) Dementia Competency Framework http://dementia.dh.gov.uk/dementia-competency-framework (Last accessed July 2014)
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APPENDIX 4

Descriptive statistics of frequencies and consensus levels of criteria from Round 2 and Round 3 of the Delphi consultation exercise:

Principle	Levels	Criteria	N	Round 2		Round 3		
				Total Frequency	Total Percent	N	Total Frequency	Total Percent
Person-Centred Dementia Care	Level 1	Demonstrate a respectful and compassionate approach to person-centred dementia care	160	122	76.3	186	165	88.7
		Understand the core principles of person-centred dementia care and why it is important in practice	160	85	53.2	186	110	59.1
		Demonstrate an understanding that the health care needs of the person with dementia are unique and that these needs will change	160	82	51.3	186	92	49.5
		Describe the concept of person-centred care and how this can be implemented in dementia care	160	31	19.4	186	5	2.7
	Level 2	Demonstrate skills in person-centred care for people with dementia and their carers	160	121	75.7	186	157	84.4
		Be able to apply the principles of person-centred care in all aspects of dementia care delivery	160	104	65.1	186	143	76.9
		Be able to use patient background information to devise and deliver a personalised dementia care plan	160	75	46.9	186	63	33.9
		Articulate what is meant by person-centred dementia care and the impact that this approach has for individuals with dementia and their carers	160	20	12.5	186	9	4.8
	Level 3	Be able to identify the unique expression of need of the person with dementia, and oversee implementation and critical evaluation of a person-centred dementia care plan	160	93	58.1	186	131	70.4
		Critically apply the principles of person-centred care to dementia practice, identify barriers to implementation and discuss how these can be overcome	160	92	57.5	186	132	71
		Lead on and develop practices which are person-centred and respond to the individual needs of people with dementia	160	91	56.9	186	102	54.8
		Be able to make an assessment of all personal contextual factors relevant to a person with dementia	160	44	27.5	186	7	3.8

Round 2

Round 3

Principle	Levels	Criteria	N	Total Frequency	Total Percent	N	Total Frequency	Total Percent	
Communication	Level 1	Demonstrate basic principles of good communication in their interactions with people with dementia that can improve self-worth and prevent periods of being ill at ease for the person with dementia	160	107	66.9	186	159	85.5	
		Support individuals with communication and interaction difficulties and understand how different communication approaches can be used to influence positive communication	160	79	49.4	186	130	69.9	
		Demonstrate an awareness that different people with dementia will have different abilities to communicate	160	68	42.5	186	36	19.4	
		Have strategies that they can draw on to maximise effective communication with people with different stages and types of dementia	160	66	41.3	186	47	25.3	
	Level 2	Take time to support the person with dementia in expressing their views, using family carers to support where appropriate, to create warm and genuine relationships with people with dementia	160	129	80.7	186	172	92.5	
		Demonstrate knowledge, understanding and application of effective communication strategies that are evidence based with people with dementia and their carers	160	79	49.4	186	129	69.4	
		Demonstrate how their appreciation of the feelings and perspectives of people with dementia helps to empathically engage people with dementia in order to have a positive impact on practice	160	62	38.8	186	39	21	
		Liaise with other staff to inform them of communication needs for people with dementia, and share communication techniques and strategies that may need to be incorporated into their care	160	50	31.3	186	32	17.2	
		Level 3	Demonstrate an effective application of communication strategies with a diverse and complex client group, and devise innovative strategies to develop practice in communication with people with dementia	160	114	71.3	186	167	89.8
			Be able to make a communication care plan for people with dementia which includes a full range of interventions and advice to mitigate difficulties in communication	160	99	61.9	186	122	65.6
	Lead on, educate and assess other health and social care professionals in effective communication strategies with those people they are caring for who have dementia		160	78	48.7	186	77	41.4	
	Critically consider evidence and ethical issues around the use of truth and deception when communicating with people who express a different reality		160	29	18.2	186	6	3.2	

Principle	Levels	Criteria	N	Round 2		Round 3		
				Total Frequency	Total Percent	N	Total Frequency	Total Percent
Collaboration	Level 1	Be able to work effectively as part of a multi-disciplinary team	160	118	73.8	186	172	92.5
		Have an awareness of the different agencies and healthcare expertise involved in the care of a person with dementia	160	77	48.1	186	138	74.2
		Understand the basic concept of multi-disciplinary team working and discuss the benefits of this way of working	160	68	42.5	186	37	19.9
		Be able to describe their role and the role of others in caring for those with dementia	160	57	35.6	186	25	13.4
	Level 2	Be competent in building effective partnerships and collaborative working relationships with the multi-disciplinary team, and the person with dementia and their carers	160	120	75.0	186	177	95.2
		Be able to make appropriate referrals and utilise the skills of other team members in dementia care	160	89	55.6	186	147	79.0
		Be competent in transferring individuals and information effectively within a multi-disciplinary team and between agencies	160	64	40.0	186	40	21.5
		Understand and be able to work with the interdependencies and conflicts that may arise in a multi-disciplinary team	160	47	29.4	186	8	4.3
	Level 3	Be competent in integrating multi-disciplinary teams and communicate in partnership with the person with dementia and their families	160	118	73.8	186	171	91.9
		Demonstrate leadership and the ability to enhance dementia care practices within the multi-disciplinary team through effective delegation of tasks	160	78	48.8	186	125	67.2
		Be able to connect and develop an essential network of colleagues upon whose knowledge and experience of dementia they can draw	160	76	47.5	186	65	34.9
		Have a critically awareness of how collaboration can impact on dementia care delivery in order to identify potential barriers to care and possible solutions	160	48	30.0	186	11	5.9

Principle	Levels	Criteria	N	Round 2		Round 3		
				Total Frequency	Total Percent	N	Total Frequency	Total Percent
Ethics	Level 1	Understand the importance of involving people with dementia in making decisions about their care and treatment, and the process of decision making for people who do not have the capacity to make their own decisions	160	127	79.4	186	177	95.2
		Demonstrate a basic knowledge of legal and ethical frameworks for people with dementia and their carers and how these might apply to decision making and care of people with dementia	160	71	44.4	186	135	72.6
		Be able to assess capacity for care decisions where they are the main care provider, e.g. about washing, dressing	160	67	41.9	186	48	25.8
		Maintain professional codes of practice and be able to link statutory training (e.g. in safe guarding, mental capacity) to dementia	160	55	34.4	186	12	6.5
	Level 2	Support people with dementia in making their own decisions about their care and day to day life for as long as possible and know how to involve the person who knows the patient best (the carer) in all decisions	160	125	78.2	186	173	93
		Be able to promote the autonomy of people with dementia in the care they offer and manage care for people that require the withholding and withdrawing of treatment	160	81	50.7	186	123	66.1
		Understand the various ethical and legal frameworks which inform the care of people with dementia and their carers including how to contribute to and document capacity assessments and best interests decisions	160	63	39.4	186	62	33.3
		Demonstrate the meaning of legal and ethical (values and principles) frameworks for people with dementia and their carers and how these frameworks have been taken into account when planning and delivering care for people with dementia	160	51	31.9	186	14	7.5
	Level 3	Be competent in providing dementia specific care that does not breach ethical or legal frameworks for people with dementia and their carers	160	121	75.7	186	152	81.7
		Be able to lead discussion and share knowledge with others (including families and other professionals) about specific ethical and legal frameworks and their application to decision making for dementia	160	100	62.5	186	166	89.2
		Develop and implement policies to ensure that legal and ethical frameworks are appropriately applied in decision making on the care of people with dementia	160	69	43.1	186	49	26.3
		Conduct regular audits of capacity assessments and best interest decisions made to promote quality and consistency and make recommendations for any changes in care delivery required	160	30	18.8	186	5	2.7

Principle	Levels	Criteria	N	Round 2		Round 3		
				Total Frequency	Total Percent	N	Total Frequency	Total Percent
Recognition	Level 1	Be able to respond sensitively and with kindness and reassurance to anyone with possible cognitive impairment, and to facilitate assessment and diagnosis	160	128	80	186	168	90.3
		Demonstrate awareness of the signs and symptoms of dementia that would indicate the need for further assessment	160	124	77.5	186	168	90.3
		Know the benefits of an early diagnosis and the importance of talking about dementia and know where to signpost people to seek further support and advice	160	58	36.3	186	35	18.8
		Explain the criteria and process to be used to gain a diagnosis to enable appropriate care planning	160	10	6.3	186	1	0.5
	Level 2	Demonstrate an understanding of the common signs and symptoms associated with a diagnosis of dementia and describe how these may impact on the individual's function and quality of life	160	134	83.8	186	172	92.5
		Be able to appropriately signpost patients to access specialist services and support them through the process	160	88	55.1	186	142	76.3
		Be able to identify assessment tools, choose appropriate tools and implement them effectively to assess people's current and on-going needs	160	70	43.8	186	52	28
		Be able to identify the key risk factors for the most common causes of dementia to facilitate health education and promote prevention	160	28	17.5	186	6	3.2
	Level 3	Consider the lived experience of a person with dementia, and be able to counsel the person with dementia and their family and carers about the diagnosis of dementia, related implications (e.g. driving) and enrol them in post-diagnosis support services	160	99	61.9	186	162	87.1
		Undertake a comprehensive assessment for dementia utilising appropriate tools and act on the findings in partnership with the person with dementia and the multi-professional team	160	82	51.3	186	139	74.7
		Provide specialist guidance and advice to health and social care professionals and assess their ability to manage treatment plans for dementia patients	160	70	43.8	186	52	28
		Demonstrate expert and detailed knowledge of the different forms of dementia and the relationships between dementia, other pathologies and differential diagnoses	160	69	43.1	186	19	10.2

Principle	Levels	Criteria	N	Round 2		Round 3		
				Total Frequency	Total Percent	N	Total Frequency	Total Percent
End of Life Care	Level 1	Understand the importance of dignity and respect in supporting the person with dementia at end of life	160	116	72.5	186	166	89.2
		Show awareness that dementia is a terminal illness and recognise when end of life care is required	160	79	49.4	186	94	50.5
		Understand the principles of end of life care and how they are implemented to support a person with dementia	160	72	45.0	186	102	54.8
		Know what support is available to facilitate palliative and end of life care for the person with dementia	160	53	33.1	186	10	5.4
	Level 2	Support the person with dementia, their families and carers and provide compassionate care through the end of life process	160	124	77.5	186	167	89.8
		Be able to provide high quality, ethical care including symptom control and pain management that is tailored to the progression of dementia at the end of life	160	115	71.9	186	177	95.2
		Demonstrate an understanding of the pathways for people at the end of life and promote choice	160	42	26.3	186	13	7.0
		Be able to undertake a capacity assessment of the person with dementia, and involve appropriate others in discussions and decision making around end of life care where necessary	160	39	24.4	186	15	8.1
		Be able to provide effective palliative care that is optimised to the needs of the person with dementia	160	98	61.3	186	144	77.4
	Level 3	Have full knowledge of the options available to the person with dementia and an understanding of the unpredictable nature of dementia death	160	80	50.0	186	113	60.8
		Demonstrate expert knowledge and specialist skills in the provision of palliative care for people with dementia	160	76	47.5	186	68	36.6
		Lead on and contribute to the development of end of life care planning and support others to implement care in all dementia situations	160	66	41.3	186	47	25.3

Round 2

Round 3

Principle	Levels	Criteria	N	Round 2		Round 3		
				Total Frequency	Total Percent	N	Total Frequency	Total Percent
Essentials of Physical Care	Level 1	Understand how dementia can impact on a persons physical health and their ability to care for themselves, and identify essential elements that contribute to good physical health and living well with dementia	160	118	73.8	186	174	93.5
		Be competent in providing care for basic physical needs in a respectful and dignified manner	160	108	67.6	186	170	91.4
		Understand the importance of promoting good physical health for people with dementia	160	61	38.1	186	25	13.4
		Signpost appropriately and safely to the correct support, and recognise the need for regular physical health checks	160	33	20.6	186	3	1.6
	Level 2	Be able to recognise symptoms of physical deterioration, use reliable assessment tools specific to people with dementia and plan care accordingly, if necessary referring to appropriate service for best possible care	160	117	73.1	186	172	92.5
		Understand how poor physical health may manifest in people with dementia and be able to monitor the physical health of a person with dementia to identify early signs of change	160	108	67.5	186	163	87.6
		Understand issues regarding the impact of dementia on physical well-being and have the ability to manage any co-morbidities	160	58	36.3	186	29	15.6
		Be able to advise and signpost people with dementia to strategies to improve their physical health	160	37	23.1	186	8	4.3
	Level 3	Be able to assess, plan and deliver timely and appropriate interventions for changing health needs in dementia and evaluate their effectiveness	160	104	65	186	151	81.2
		Be able to lead on the accurate diagnosis, assessment and implementation of care plans for physical health conditions in people with dementia	160	101	63.2	186	147	79
		Be able to provide support for others to ensure physical health needs of person with dementia can be met effectively and in a timely manner	160	65	40.6	186	50	26.9
		Develop and implement policies and practices that improve physical health to prevent dementia and support people with dementia to have as good physical health as possible	160	50	31.3	186	24	12.9

Principle	Levels	Criteria	N	Round 2		Round 3			
				Total Frequency	Total Percent	N	Total Frequency	Total Percent	
Evidence Based Practice	Level 1	Recognise the value of asking the person with dementia and their carers what techniques work well for that individual	160	127	79.4	186	179	96.2	
		Have a working knowledge of key evidence based good practice techniques related to their role for dementia care	160	107	66.9	186	164	88.2	
		Feel confident in signposting for dementia specific interventions	160	45	28.1	186	15	8.1	
			Be aware of the latest information on dementia prevention, diagnosis, treatment and care, and how to access specific, evidence based interventions for dementia care	160	41	25.6	186	14	7.5
		Level 2	Be able to explain to people with dementia and their carers information on a range of therapeutic interventions and signposting to local services	160	100	62.5	186	159	85.5
			Plan care to promote the use of appropriate, specific, evidence based interventions	160	99	61.9	186	156	83.9
			Demonstrate a critical awareness of the current knowledge base for evidence based approaches used in dementia care and treatment, and apply it to their practice	160	66	41.3	186	42	22.6
			Evidence their practice and enhance their knowledge through continuing professional development to ensure the techniques used are robust, valid and reliable	160	54	33.8	186	15	8.1
		Level 3	Plan care to promote the use of appropriate, specific evidence based interventions in complex and challenging cases and situations	160	95	59.4	186	137	73.7
			Have expertise in and lead on the delivery of a range of evidenced based interventions including facilitating new insights and approaches in dementia care practice	160	86	53.8	186	137	73.7
			Support others (including teaching) to use appropriate, specific evidence based interventions when caring for people with dementia	160	77	48.1	186	74	39.8
			Take responsibility for disseminating new and evidence based practice within their area of responsibility and incorporate it into policies, care pathways, care plans etc.	160	62	38.8	186	24	12.9

Principle	Levels	Criteria	N	Round 2		Round 3		
				Total Frequency	Total Percent	N	Total Frequency	Total Percent
Cultural Diversity	Level 1	Recognise that individuals experience dementia differently and be sensitive to these cultural variations	160	125	78.1	186	161	86.6
		Show an awareness of cultural diversity and equality issues, and how they may impact on people with dementia	160	86	53.8	186	127	68.3
		Be aware of their own values and beliefs about cultural diversity issues and how this influences their practice	160	75	46.9	186	71	38.2
		Be aware of how culturally diverse groups may feel disadvantaged in dementia services	160	34	21.3	186	13	7.0
	Level 2	Be able to identify issues of cultural diversity in dementia and adapt care appropriately	160	104	65.0	186	169	90.9
		Be able to moderate behaviours according to the cultural preferences of the person with dementia	160	91	56.9	186	128	68.8
		Demonstrate how the cultural needs of the individual are being met	160	75	46.9	186	61	32.8
		Appraise and integrate cultural diversity into dementia practice	160	50	31.3	186	14	7.5
	Level 3	Be able to assess individual needs and plan care according to the cultural preferences of the person with dementia, and their families and carers	160	109	68.1	186	166	89.2
		Be able to deliver culturally competent dementia services and guide other healthcare professionals in doing so	160	90	56.3	186	143	76.9
		Facilitate a comprehensive care plan for the person with dementia and their family, which includes specific requirements for cultural diversity	160	79	49.4	186	52	28.0
		Critically analyse the impact of cultural diversity on people with dementia and their carers, and discuss relevant strategies that can be adopted	160	42	26.3	186	11	5.9

Principle	Levels	Criteria	N	Round 2		Round 3		
				Total Frequency	Total Percent	N	Total Frequency	Total Percent
Advance Care Directives	Level 1	Demonstrate and understand the basic meaning of “advance care directives” and its relevance to their role in supporting a person living with dementia	160	98	61.3	186	168	90.3
		Understand how advance care directives impact upon care delivery and the situations in which they may or may not apply	160	76	47.5	186	95	51.1
		Understand the importance of advance care directives and issues that may influence the decisions and preferences of individuals for future care provided in the later stages of dementia	160	74	46.3	186	72	38.7
		Be aware of and be able to signpost people with dementia to support to develop their advance care directive, and be sensitive in discussions about advance care directives with people with dementia	160	72	45.0	186	37	19.9
	Level 2	Be able to facilitate advance care planning discussions with the person with dementia and those who are important to them	160	114	71.3	186	166	89.2
		Understand the purpose and significance of advance care directives and consider how to promote awareness for patients, people and professional groups	160	81	50.6	186	125	67.2
		Demonstrate the ability to manage advance care directives within their practice, making advance directives decisions in collaboration with a multi-professional team and ensure they are applied when caring for people with dementia	160	72	45.0	186	74	39.8
		Be able to support carers in developing advance care directives for people with advanced dementia	160	53	33.1	186	7	3.8
	Level 3	Be confident and competent in discussing planning future care and advance care directives and supporting the formulation of advance care directives	160	113	70.6	186	163	87.6
		Facilitate setting up advance care directives, ensuring they are included in care planning and delivery, and integrate new knowledge about advance care directives within their practice	160	82	51.3	186	136	73.1
		Have an in-depth understanding of the ethical, legal and practical issues associated with advance care directives and how to manage these in practice	160	74	46.3	186	56	30.1
		Lead on the application and education required around advance care directives for people with dementia and support multi-professional decision making in decision making about care	160	51	31.9	186	17	9.1



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