PALLIARE PROJECT

Interprofessional experiential learning (IPE) solutions: equipping the qualified dementia workforce to champion evidence informed improvement to advanced dementia care and family caring

EXECUTIVE SUMMARY

INTELLECTUAL OUTPUT 05: Educational gap analysis

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Equipping the qualified dementia workforce to champion evidence informed improvement to advanced dementia care and family caring is project’s main goal.
The main goals of this Educational Gap Analysis (IO05) were:

1. to map composition and size of dementia workforce
2. to prepare a brief narrative about roles of respective disciplines within the dementia workforce
3. to identify existing accredited education on dementia currently available to lead practice and policy improvements
4. to identify gaps in provision that require development of new education/learning materials
5. to produce a list of advanced dementia care and dementia care leadership competencies and capabilities implicit within the European Best Practice Statement

The countries included in this review were Czech Republic, Finland, Portugal, Slovenia, Spain, Sweden and Scotland. Intellectual output 5 was lead by Faculty of Health Care Jesenice, Slovenia. Partners were School of Health, Nursing and Midwifery, University of West of Scotland, Scotland and Escola Superior De Enfermagem Do Porto, Portugal.

The designed questionnaire contained two sets of questions: Part A: Questions referring to qualified dementia workforce; Part B: Questions on accredited dementia education (Undergraduate/Masters/Doctoral level study programmes in health and social care). In total 14 main questions with additional sub-questions were used. Questions in part B section gathered two types of information: a) information about accredited modules, programmes that are specifically about dementia at EQF level 6 or above; b) information on generic courses that teach students something about dementia. Partners responded to the questions using the internet based.

For the purpose of Palliare project, the term qualified dementia workforce (QDW) refers to: a skilled health and social care workforce who regularly
provide paid support to people with dementia, their relatives and carers. They have obtained a formal qualification at European Qualifications Framework Level 6\(^1\) or beyond. They demonstrate the knowledge, skills and abilities to successfully perform critical job functions or tasks related to dementia care and are in a position to lead and influence change in practice.

Qualified dementia workforce (QDW) in all partner countries include Registered Nurses, General Practitioners, Social Workers, Physiotherapists and Occupational Therapists, Psychiatrists, Psychologists and Neurologists, Geriatricians, Gerontologists and Allied health professionals. There are also some country specific professions that are included in dementia care such as Memory Link Workers and Mental Health Officer. There is no estimation on the size of the qualified dementia workforce in any partner country.

Our review on roles of respective disciplines within the dementia workforce in partner countries found that registered nurses (RNs) play an important role in providing care for people with dementia. Most importantly registered nurses offer nursing and palliative care, share best practices for care of people and provide treatment and manage care services. RNs also: practice provision of social services to people with dementia, contribute to the process of diagnosis, improve coordination of research, improve epidemiological knowledge, support and train family carers, carry out assessments, treatments and medication instructions independently.

We found out that the key role of general practitioners (GPs) as dementia care providers is diagnosis and treatment, providing palliative care and share best practices for care of people with dementia. GPs also: act as a supporters to family carers of person with dementia, improve epidemiological

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\(^1\) The descriptor for the first cycle in the Framework for Qualifications of the European Higher Education Area corresponds to the learning outcomes for EQF level 6. (Source: [http://ec.europa.eu/ploteus/en/content/descriptors-page](http://ec.europa.eu/ploteus/en/content/descriptors-page))
knowledge, work on the improvement of the research, managing care services and prescribe drugs.

*Psychiatrists* in partner countries are mainly responsible for treatment, improving epidemiological knowledge and improvement of the research coordination. They also: provide diagnosis of dementia, sharing best practices for care of people with dementia, manage care service and provide palliative care.

*Psychologists* most often provide treatment to patients with dementia. They are also: giving diagnosis, providing palliative care as part of a team, sharing best practices for care of people with dementia, improving epidemiological knowledge, improving research, managing care services and providing social services to people with dementia.

*Social workers* in partner countries most often provide social services to people with dementia and manage care services. In addition they: provide palliative care, share best practices for care of people with dementia, offer support to family carers through information, improve coordination in research, offer support for housing, budgeting, co-ordination of services, access to social financial support, access to individual budgets, access to technical and equipment support in the home, monitoring quality of care services, educating their workforce.

Also *physiotherapists* are important part of dementia workforce. They provide: treatment, palliative care, best practices for care of people with dementia, treatment that is a non-pharmacological and focuses on the improvement of physical condition, social services to people with dementia, management of care services, coordination of research, improvement of the epidemiological knowledge, rehabilitation, support for living well at home, access to aids and adaptations.

*Occupational Therapists* (OTs) provide treatment, they offer social services to people with dementia, provide palliative care, are responsible also for
sharing best practices for care of people with dementia, manage care services, are active in the improvement of the epidemiological knowledge and coordination of research. They also provide rehabilitation, support for living well at home, access to aids and adaptations, are members of the team and have an important role in the therapeutic process.

The main role of neurologists is to diagnose dementia and to provide treatment to patients with dementia. Neurologists work: in the improvement of the epidemiological knowledge, coordination of research, share best practices for care of people with dementia, provide palliative care, manage care services and prescribe specific treatments.

Most often the number of geriatricians is very low. Geriatricians provide diagnosis, treatment, palliative care, improve coordination of research and share best practices for care of people with dementia, they also improve epidemiological knowledge, provide social services to people with dementia and manage care services.

Gerontologists share best practices for care of people with dementia, they provide diagnosis, treatment, they are included in the improvement of coordination of research, participating in the improvement of the epidemiological knowledge and management of care services.

Allied health professionals provide treatment, improve coordination of research and share best practices for care of people with dementia. As members of a team, they also provide palliative care and work for the improvement epidemiological knowledge. Their other roles include speech and language therapists, podiatrists, paramedics, dentists, palliative care specialists, falls co-ordinators, radiographers.

Internet based search on dementia education in HEI shows that none of the partner countries have undergraduate study programmes (Bologna 1st cycle) focusing specially on dementia. Some countries do have undergraduate
modules/issues focusing specially on dementia and all partner countries have undergraduate generic study programmes with modules/issues focusing partly on dementia. Most of partner countries also have no master study programmes (Bologna 2nd cycle) focusing specially on dementia. No partner country, except Scotland, has doctoral study programmes (Bologna 3rd cycle) focusing specially on dementia or doctoral level modules/issues within other generic doctoral programmes focusing specially on dementia. In addition to the above presented existing accredited education currently available in partner countries, national training programmes in dementia care (programmes that are being implemented to the qualified workforce as a result of dementia strategies and plans) are available only in some partner countries.

IO5 was oriented also to explicitly show the connection between how it should be and how it is in everyday life. We identified gaps and competencies using data from IO1, IO2 and IO3. We merged these findings and reviewed existing education on (advanced) dementia in IO5. The educational gap analysis and Palliative Best Practice Statement (BPS) were synthesised.

The competency framework achieved through IO5 gives clear directives on how dementia practice must be organised and managed (the statements), what qualified dementia workforce needs to provide adequate care to people with (advanced) dementia (the competencies) and what the countries systems must provide to achieve the needed advanced dementia practice (the gaps).