



Growing expertise in dementia practice with Scotland's Allied Health Professionals (AHP): Re-visiting post-graduate MSc education

Dr Fiona Maclean
Elaine Hunter
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Summary

This report outlines the background and context to a co-designed and co-delivered 15 credit MSc module, entitled, 'Developing rights-based practice for Allied Health Professionals (AHP) working with people living with dementia, their families and carers'. The creation of this learning opportunity represents one outcome of the Allied Health Professional (AHP) Strategic Alliance signed and agreed by Alzheimer Scotland and Queen Margaret University (QMU), Edinburgh in 2015. This module was delivered over a five-year period from 2015/16, running up to and including, 2019/20.

It was originally designed to respond to an identified gap in education to enhance AHP expertise in dementia practice, informed by the Promoting Excellence Framework (Scottish Government, 2021). More recently it has also provided a conduit through which the translation of key strategic intentions could be achieved, as outlined in 'Connecting People, Connecting Support: Transforming the allied health professionals' contribution to supporting people living with dementia in Scotland, 2017-2020' (Alzheimer Scotland 2017, 2020).

By working in partnership with higher education this innovative learning opportunity has offered an exemplar of the way in which AHP policy, framed by a rights-based approach, can connect with and influence current and future practice. As a result, this module has:

- Educated 51 allied health practitioners, across 11 NHS/Joint Integration Boards in Scotland, 4 Scottish Councils and 1 third sector organisation
- Of these 51 AHPs, 13 were international/European Union students, extending the reach and reputation of Alzheimer Scotland as Scotland's leading dementia charity
- Demonstrably mobilised and translated a rights-based approach with AHP practice illustrated through the collation of three case studies, representing an occupational therapy acute service, in-patient physiotherapy, and highlighting an international perspective

These outcomes inform the following recommendations for the future:

1. Advocate that the voice of lived experience is at the heart of dementia education for the allied health professionals in Scotland, working in partnership with the Scottish Dementia Working Group and the National Dementia Carers Action Network.
2. Continue to share key outcomes that have arisen from this innovative third sector/Higher Education Institutions (HEI) collaborative partnership arising from the design and delivery of M-level AHP dementia education.
3. Embed and align ambition 3 of Connecting People, Connecting Support - to promote a skilled AHP workforce in dementia care - to evolve, enhance and further widen educational opportunities for the Allied Health Professions in Scotland. This will expand to include AHP specific continuing professional development (CPD), to extend understanding and raise awareness of the need to embrace a rights-based approach to rehabilitation in dementia practice.
4. Mobilise and harness enhanced practitioner knowledge of a rights-based approach to AHP rehabilitation in dementia, to continue to grow ambition 4 of Connecting People, Connecting Support, which will generate research and integrate improvement methods in everyday AHP practice with people living with dementia, their caregivers and supporters.
5. Commission a review of the current AHP curriculum content in partnership with NHS NES, aligned to Promoting Excellence, capturing case studies from the Scotland's Higher Education Institutions.

The policy context

The purpose of this section is to outline the policy context influencing the development of a MSc Allied Health Professions (AHP) rights-based and dementia practice module, delivered in partnership between Alzheimer Scotland and QMU, Edinburgh.

In Scotland, the term 'Allied Health Profession' (typically abbreviated to AHP), is an umbrella term representing a variety of health care professionals, which include Arts Therapists, Dieticians, Occupational Therapists, Orthopists, Orthotists, Paramedics, Physiotherapists, Podiatrists, Prosthetists, Radiographers and Speech and Language Therapists.

The context of this report relates to and highlights the relevance of national policies influencing AHP practice: The Promoting Excellence Framework (Scottish Government, 2021) and Connecting People, Connecting Support (Alzheimer Scotland, 2017, 2020a).

1.1 Policy informing AHP education

The public policy framework for dementia care in Scotland covers a range of objectives, including setting expectations of education informing knowledge of health and social care staff when working with people living with dementia, their families and carers detailed in the Promoting Excellence Framework (Scottish Government, 2021). This includes the incremental development of the knowledge, skills and behaviours health and social services staff should hold, relevant to their role when working with people living with dementia, their families and carers. The four levels, illustrated in Diagram 1, identify and define the level of expertise required, specific to a worker's role and responsibility, set within a health and social care setting.

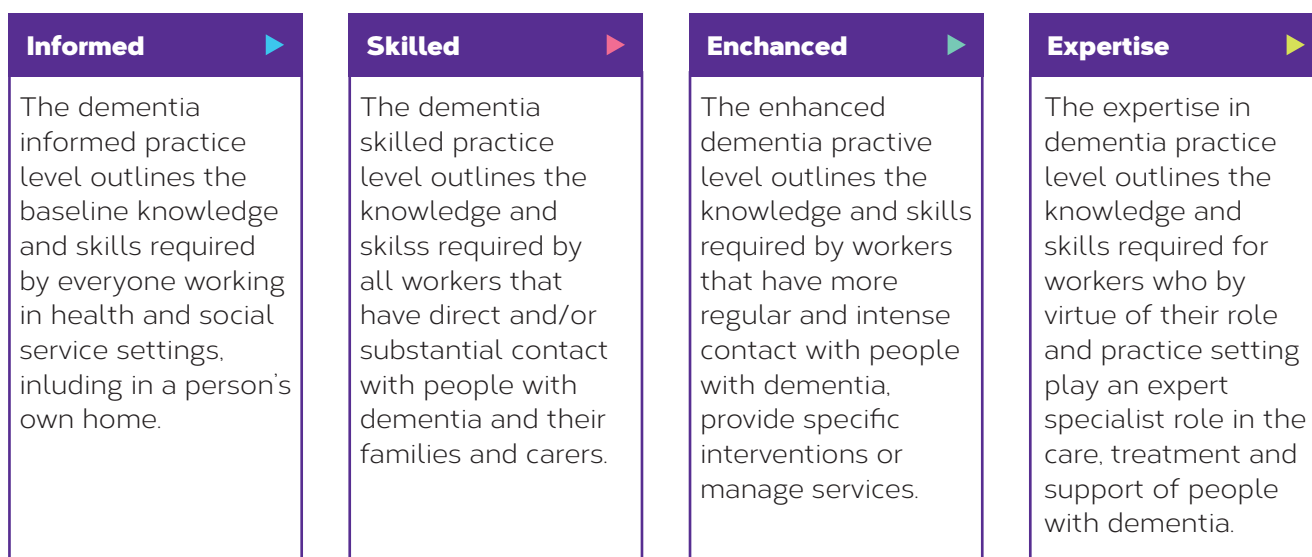


Diagram 1: Incremental development of knowledge, skills and behaviours, defined by the Promoting Excellence Framework (2021).

It is recommended the Promoting Excellence Framework (Scottish Government, 2021) should be adopted by educational providers to support and inform the curricula content of professional learning opportunities delivered as part of both undergraduate and post graduate education.

Subsequently, Commitment 10 of Scotland's National Dementia Strategy 2017-2020 (Scottish Government, 2017), promised to further evolve the creation of policy that would identify the need, value and evidence that currently underpins the AHP contribution to supporting people living with dementia, their families and carers. This led to the publication of Connecting People, Connecting Support: Transforming the allied health professionals' contribution to supporting people living with dementia in Scotland, 2017-2020 (Alzheimer Scotland, 2017, 2020b). This defined for the first time the AHP Approach, illustrated in Diagram 2, applicable for all people with a diagnosis of dementia and in all care settings.

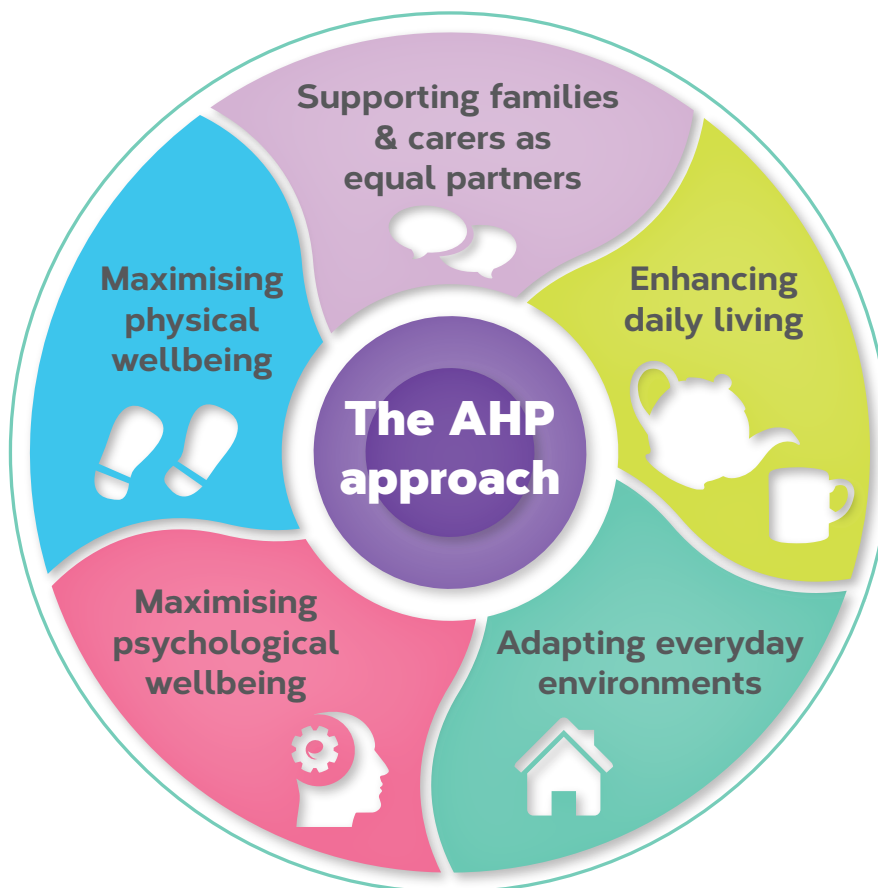


Diagram 2: The AHP Approach (Alzheimer Scotland 2020b)

Connecting People, Connecting Support (Alzheimer Scotland 2017, 2020b) is underpinned by a human rights approach to practice, embedding the PANEL principles (Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality) as a framework, to support and deliver person-centered, collaborative and partnership working integral to AHP dementia care.

Publication of CPCS (Alzheimer Scotland, 2017, 2020) aimed to promote and maximize the AHP contribution to high-quality, cost effective dementia services, tailored to the needs of people, to reflect best available evidence, delivered by a skilled AHP workforce (CPCS, 2017). This aim is reflected and supported by the four key ambitions of this policy:

1	Enhanced access to AHP-led information, supported self-management and targeted interventions to tackle the symptoms of dementia
2	Partnership and integration , contributing to a personal-outcomes approach, multiagency pathways and integrated models of care
3	Skilled AHP workforce in dementia care , with a commitment to clinical leadership for transforming AHP practice
4	Innovation, improvement and research , utilizing and generating research and integrating improvement science within everyday AHP practice

To realize these ambitions it was recognized that, in tandem with other mechanisms of implementation, wider and more diverse AHP educational opportunities needed to be created. Training and education of the current and future health and social care workforce is key to the transformational changes required to improve the experience and outcomes of care and treatment for people living with dementia (CPCS, 2017). Consequently, creating learning opportunities, informed by current Scottish dementia policy was prioritised.

This led to the development of several initiatives with the aim of promoting a skilled AHP graduate workforce. For example, the establishment of pre-registration AHP practice education in Alzheimer Scotland, and the first occupational therapy internship programme hosted by Alzheimer Scotland and the SDWG. In addition, one full cost PhD was funded by Alzheimer Scotland undertaken in partnership with the Division of Occupational Therapy & Arts Therapies, QMU, Edinburgh.

Connected to post registration education, there was recognition of the need to build capacity and support opportunity of AHPs to lead in key posts in dementia models of care. Also to encourage the development of knowledge and understanding related to the enhanced and expertise levels of the Promoting Excellence Framework (Scottish Government, 2021). The remainder of this report therefore discusses the development and impact of a MSc AHP module, designed to enable the growth of expertise in dementia care with Scotland's AHPs.

1.2 A strategic partnership

In 2015 Alzheimer Scotland established a strategic AHP partnership with QMU, Edinburgh. One outcome of which was a successful application to Santander Universities UK (refer to Appendix 1) to fund, in part, the first Alzheimer Scotland occupational therapy internship.

The purpose of this internship was to explore the ways graduating QMU BSc (Hons) occupational therapy students' knowledge and skills aligned with the Skilled Practice Level of Promoting Excellence (Scottish Government, 2021). This project explored if undergraduate student educational experience could be enhanced in preparation for practice. Three key themes emerged;

1. Student awareness and understanding of dementia;
2. Importance of relationships and communication; and
3. Knowledge and skills of occupational therapy intervention.

Findings underpinning these themes indicated that generally, occupational therapy students' knowledge and understanding was analogous to the central tenets of the dementia skilled practice level of Promoting Excellence. However, a gap in educational provision to support the transition from a skilled practitioner to the development of knowledge and skills supporting expertise in dementia care was identified.

This finding informed a further, successful internship application to Santander Universities UK in 2014. The purpose of which was to create and design learning and teaching materials to deliver the first 15 credit MSc module in Scotland, entitled:

'Developing rights-based practice for Allied Health Professionals (AHP) working with people living with dementia, their families and carers'.

Further information about the strategic alliance can be found here

<https://letstalkaboutdementia.wordpress.com/2015/04/02/working-together/>



Developing rights-based practice for Allied Health Professionals (AHP) working with people living with dementia, their families and carers

The module was validated as part of the MSc (Post Reg.) Occupational Therapy programme, at QMU, Edinburgh. This initiative was led by occupational therapists, however the design of learning content was unique as it included all AHPs and was multi-disciplinary in intent. The module was completed by both full and part time learners studying towards the MSc (Post Reg.) Occupational Therapy, or as an associate student. The QMU associate student structure allows learners to enroll on to a master's module for the purpose of continuing professional development (CPD).

This module was first delivered in semester 1 of academic year 2015/16, running each year, up to and including, 2019/20.

The module aimed to encourage critical discussion of a rights-based approach to AHP practice, when working with people living with dementia, their families and care givers.

2.1 Rights based approach to dementia

A key element of curriculum content underpinning the MSc AHP dementia module was the adoption of a rights-based approach to practice. This direction of curriculum content was influenced by the rights-based approach embedded throughout CPCS (2017) and was informed by and included, the experiences and views of the Scottish Dementia Working Group (SDWG: a national campaigning group, led by people living with dementia), and the National Dementia Carers Action Network (NDCAN: a national campaigning and awareness raising group for carers of people living with dementia). Their collective experience informed and influenced the development of CPCS (2017), and in turn directed module content of the MSc AHP module.

In addition, adopting a rights-based approach to practice aligned with Alzheimer Scotland's approaches generally to ensure people who are affected by decisions around policy, strategy, services, support or legislation can be involved from the beginning.

- **Participation** - Everyone has the right to participate in decisions which affect them. Participation must be active, free, meaningful and give attention to issues of accessibility, including access to information in a form and a language which can be understood.
- **Accountability** - Requires effective monitoring of human rights standards as well as effective remedies for human rights breaches
- **Non-discrimination and equality** - A human rights-based approach means that all forms of discrimination in the realization of rights must be prohibited, prevented and eliminated
- **Empowerment** - Individuals and communities should understand their rights and should be fully supported to participate in the development of policy and practices which affect their lives.
- **Legality** - A human rights-based approach requires the recognition of rights as legally enforceable entitlements and is linked in to national and international human rights law.

Alzheimer Scotland (2020c)

Guided by the PANEL principles, module content was designed and influenced by people living with dementia, by ensuring:

1. Learning and teaching outcomes and resources were created in partnership with the SDWG, emphasising the voice of people living with dementia connected to their experiences of stigma following a diagnosis of dementia and post-diagnostic support.
2. Members of the SDWG and NDCAN contributed to the learning and teaching of AHP students as part of classroom-based and online activities.
3. NDCAN supported in the assessment of AHP student learning as part of the final, core presentation, leading to the award of 15 MSc credit points.

Number	Learning outcome
L1	To develop depth of understanding and extend critical analysis of knowledge associated with the principles of rights-based practice when working with people living with dementia, their carers, partners and families.
L2	To identify and abstract key elements of the charter of rights relevant to individual and allied health practice contexts, when working with people living with dementia, their carers, partners and families.
L3	To critically engage with, take responsibility for, initiate and autonomously translate rights-based principles to allied health practice contexts.

Table 1: MSc module learning outcomes

The learning outcomes highlighted in Table 1 aimed to develop the expertise of AHPs to sustain and enable people living with dementia to live positive, fulfilling and independent lives for as long as possible.



2.2 The AHP MSc module students

The AHP students who undertook this module were all qualified AHP practitioners registered, or eligible for registration, with the Health and Care Professions Council (HCPC). Practitioners who chose to study the module were home (Scottish), rest of UK (England, Wales, Northern Ireland), European Union (EU) or international students. Module applicants included occupational therapists, physiotherapists and podiatrists. The module could be completed as a standalone CPD module, or as a springboard to allow students to enrol on to post-graduate courses in QMU, or to transfer the credits gained towards other MSc programmes, delivered elsewhere (subject to programme regulations). Scholarship funding from Alzheimer Scotland, which covered approximately half the module fee, was available to learners. Financial support helped to widen access and availability of the module to AHPs.



2.3 MSc module delivery, content and assessment:

The final assessment was a presentation based on a student selected topic, connecting a rights-based approach to AHP practice. The presentation was undertaken at Alzheimer Scotland, Head Office, Edinburgh and was assessed by the module team (Dr Fiona Maclean, QMU and Elaine Hunter AS), including a representative from NDCAN.

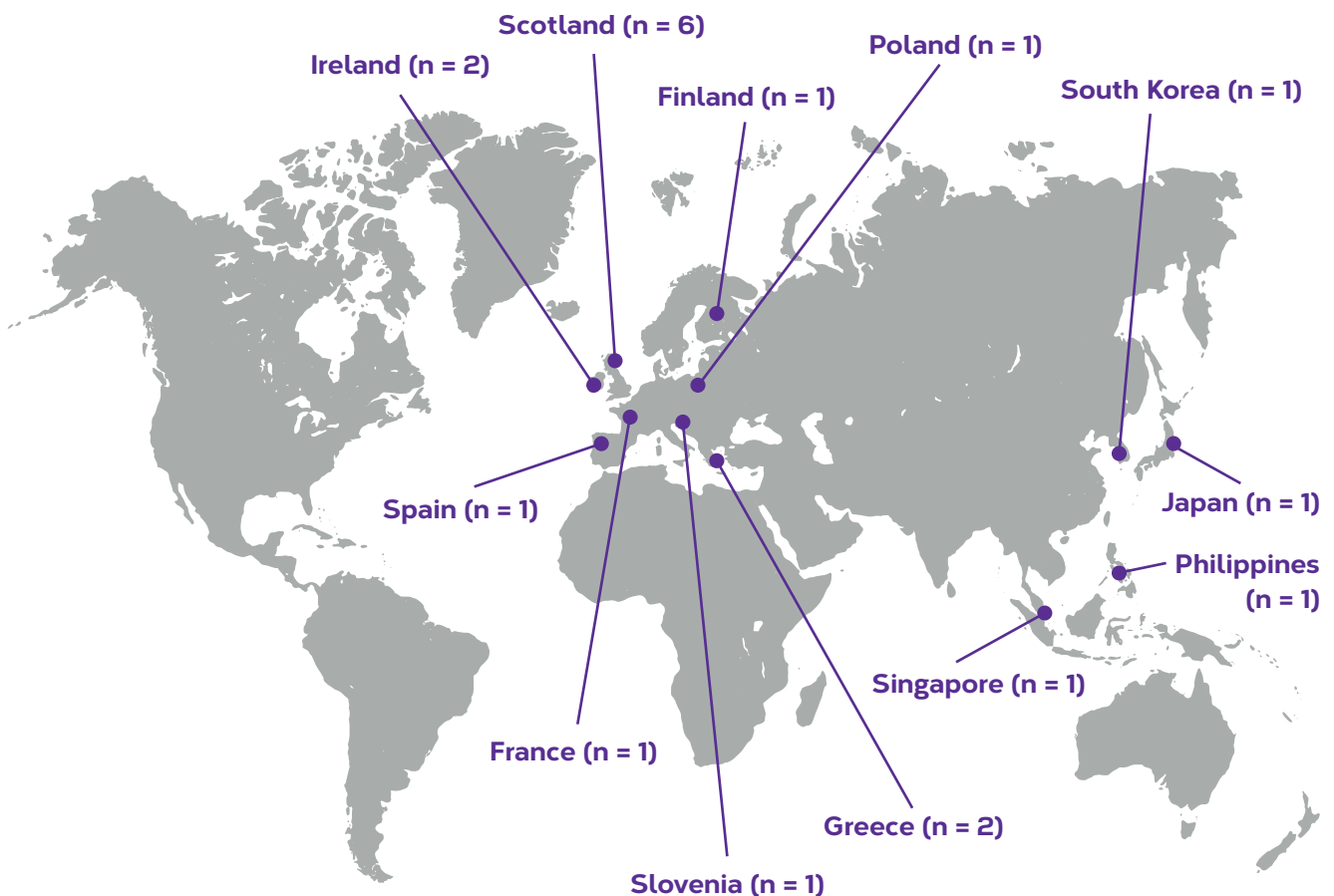
Module content explored a human rights approach to dementia care, considering the Charter of Rights for People with Dementia and their Carers in Scotland (2009), guided by the UN Convention on the Rights of Persons with Disabilities (2006). The PANEL principles were discussed and examples of how these could be applied to practice were illustrated. This included presentations by a range of AHPs, highlighting evidence-based practice designed to enhance personal outcomes for people living with dementia, their families and care givers.

Members of both the SDWG and NDCAN contributed to learning by highlighting potential ways, informed by their personal experience, AHPs could include and safeguard the rights of those living with, and caring for, people with dementia. Additional online, self-directed learning was undertaken between contact days, in preparation for the final assessment.

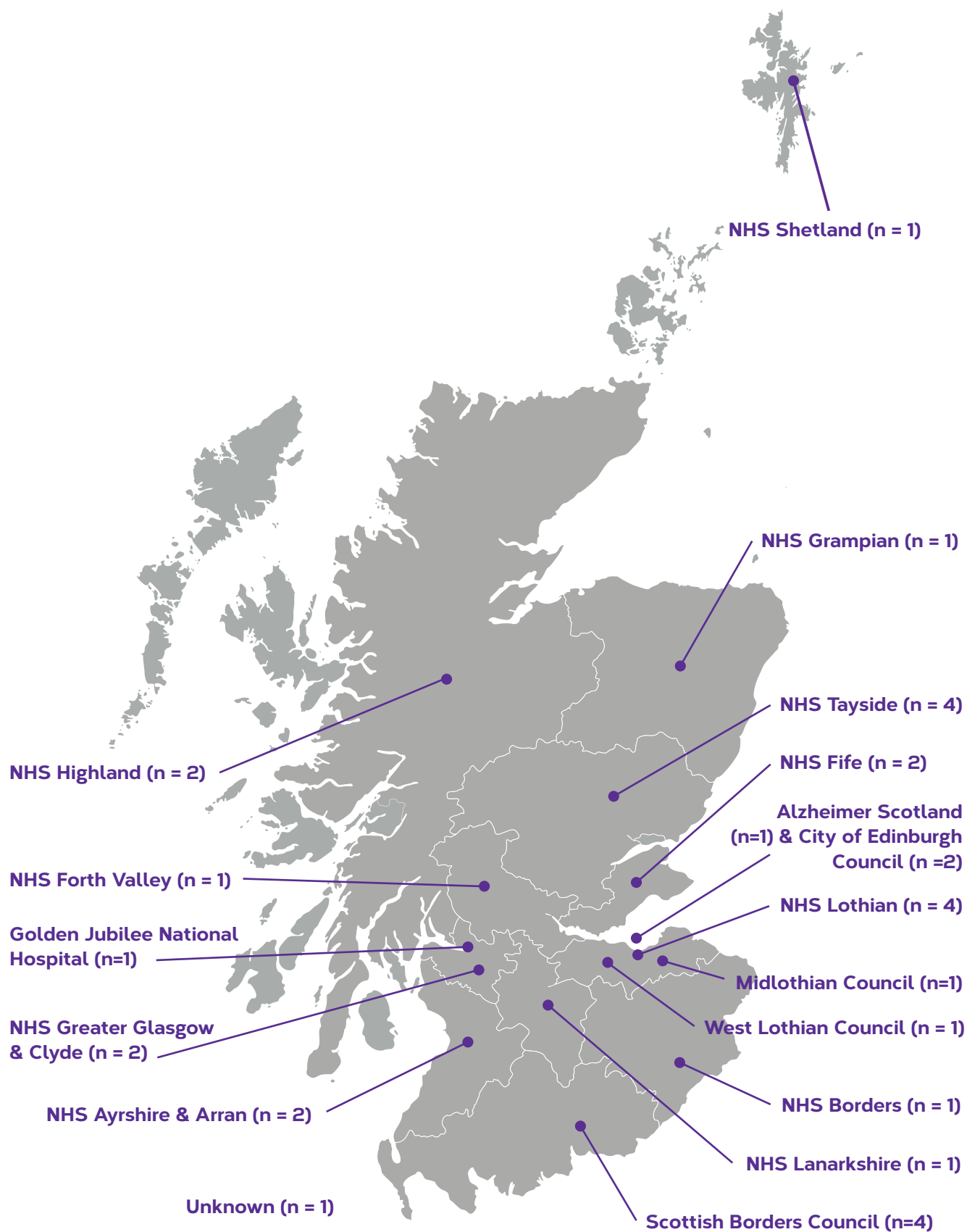
Evidence of impact

3.1 Student numbers:

Between 2015/16 and 2019/20, a total of 51 AHPs successfully studied and completed the module. This included 19 full time MSc (Post Reg.) occupational therapy students, from 12 different countries (map 1). In addition, 32 part time and associate AHP students undertook the module from across Scotland, illustrated in map 2.



Map 1: Full time international student module enrollment by country (n=19)



Map 2: Part time and associate student module enrollment from across Scotland

3.2 Evidence of module impact to AHP services and practice

Module content sought to translate knowledge into practice that would drive improvement, innovation and research in the delivery of high-quality, responsive, rights-based and person-centred AHP rehabilitation. This is illustrated using the three case studies presented in this report. Each of these case studies highlights diversity in the ways in which knowledge gained by AHP practitioners through participation in the module has been mobilised in to practice.



Case study 1: Introduction of a rights-based approach to frame occupational therapy service delivery

The Psychiatry of Old Age Occupational Therapy Service, Perth & Kinross (NHS Tayside), recognised a joint aspiration to review their team understanding of a right-based approach when working with people living with dementia, their families and carers.

Over the course of three years (2016 – 2018), each member of the occupational therapy service (two band 6 therapists and one occupational therapy team lead), successfully undertook the MSc module. This has led to three inter-related areas of service enhancement, outlined below, in the therapist's own words:

Working with people living with dementia admitted to an acute hospital setting

"A focus on person-centred care can be challenging where the fast-paced nature of a general hospital may be at odds with an older person's wishes, approach to life and their specific rehabilitation needs. Completing the MSc module allowed me to sharply re-focus on the basic human rights of an older person with mental health needs, reminding me that their rights are the same as every other person admitted to hospital. I now feel significantly more confident to articulate my professional reasoning and to frame this in terms of a rights-based approach to practice when discussing decision-making around rehabilitation and discharge planning. The outcome for me as an AHP practitioner was a clear improvement in my person-centred approach to practice."

Review and update knowledge of evidence-based interventions

"In parallel to undertaking the MSc module, our team were involved in the Scottish national pilot of the occupational therapy home-based memory rehabilitation programme, more information about this can be found here:

(<https://letstalkaboutdementia.wordpress.com/2019/01/17/occupational-therapy-home-based-memory-rehabilitation-in-scotland-an-update/>).

I was able to dovetail the learning outcomes of this module as part of this national pilot to identify a gap in service provision in Perth & Kinross to provide an early diagnosis intervention. This led to the development of a presentation, created as part of the module, entitled, 'The right to access occupational therapy led home based memory rehabilitation for people living with dementia'."

To challenge stigma associated with a diagnosis of dementia

"Whilst studying, I was able to consider the impact a rights-based approach can have on empowering people living with dementia, their families and carers to feel in control of their own journey as they navigate the complicated process of managing everyday life. The stigma and prejudice of a diagnosis is still there in clinical practice, despite important developments through campaigns to increase awareness of dementia in the public setting as well as within health and social care. We need to be proactive and creative in reducing discrimination at any level for all living with dementia, and to support AHPs to feel able to achieve this. Having supported two team members to complete the MSc module, and witnessing the impact their learning has made to us as a team as well as the ripple effect to our multi-disciplinary colleagues, I undertook the module myself. This has helped us to consider how we can embed a rights-based approach as part of local practice for cognitive assessment of people living with dementia who are still driving."

Further information related to case study 1 can be found here:

<https://letstalkaboutdementia.wordpress.com/2019/04/25/embedding-a-rights-based-approach-across-an-occupational-therapy-psychiatry-of-old-age-service/#respond>

Case study 2: The right to access evidence based AHP practice

The MSc module has also influenced change connected to individual AHP practice. This can be illustrated by two examples, described by therapists, below. The first relates to occupational therapy practice associated with the prescription of chair sensors on an acute hospital ward, and the second describes the right to access physiotherapy following a hip fracture.

Chair sensors and persons living with dementia admitted to an acute hospital ward

“Completion of the MSc module has led to refreshed AHP practice connected to the prescribing of chair sensors in an acute hospital ward in NHS Greater Glasgow & Clyde. I noticed (Band 6 occupational therapist) the majority of those admitted to the ward and prescribed chair sensors, had a diagnosis of dementia. Whilst the use of chair sensors is intended to keep patients safe, often when a chair sensor alarms, the ward team are unable to respond immediately due to competing responsibilities and duties.

As part of the MSc module, I scoped published literature related to the effectiveness and use of chair sensors. Findings generally indicated there was limited evidence to demonstrate chair sensor technology reduced the rate of falls, but research including people living with dementia was sparse. Consequently, practice continues to include chair sensors as part of the overall fall's prevention strategy on the ward. However, in partnership with a physiotherapy colleague, more time is now spent reviewing the need to prescribe chair sensors. The development and delivery of alternative falls prevention strategies, such as education classes, informed by the needs of the person living with dementia, are planned.”

Further information related to case study 2 can be found here:

<https://letstalkaboutdementia.wordpress.com/2019/05/23/re-considering-the-rights-of-people-living-with-dementia-when-prescribing-chair-sensors-in-an-acute-hospital-ward/>



The right to access physiotherapy in hospital

“As a physiotherapist (Team Lead, NHS Lothian) one aim is to restore the function and independence that people had prior to injury, to discharge back to their own homes if possible. Many obstacles can stand in the way of this happening especially to a person living with dementia, for example, acute confusion, pain, noise and an unfamiliar environment and people. We as healthcare professionals are therefore making judgements and decisions about people’s future in the unfamiliar environment of a hospital ward, often using terms such as “no rehab potential”. It prompts a question; how do we determine if a person does or does not have the potential to rehabilitate and what evidence do we have to support this?”

Over 40% of people with a hip fracture have dementia or a cognitive impairment (Resnick et al. 2016) and it has been suggested this population of patients have poorer functional outcomes and a more uncertain rehabilitation journey (Huusko et al. 2000). Only 40-60% of people regain their pre-admission level of mobility following a hip fracture leading to an increased likelihood of admission to 24-hour care (Hall et al. 2017). Consequently, there is an indication that people living with dementia receive less rehabilitation as it is assumed to be more challenging to manage this group of patients.

Through studying the AHP rights-based practice module, I developed a focus which helped to highlight strategies that could positively influence a change in my practice, to ensure the rights of people living with dementia following a hip fracture. As a service we have now introduced strategies to support physiotherapy team members to ensure the right of people living with dementia to rehabilitation.

This has included:

- Family and carer involvement
- Increased assessment in patients’ own environment
- Adapted communication
- Using knowledge of a persons’ life to adapt treatment e.g. hobbies, work, music
- Focus on strengths with positive feedback, adopting an assets-based approach
- Consistent therapist (where possible)

In addition, there have been qualitative changes in how I practice since completing the module. Specifically, my confidence has grown allowing me to embrace conversations with other members of the multi-disciplinary team when discussing a person’s potential for rehabilitation and the importance of home visits. As a result, the module has provided the opportunity to share and discuss more widely with colleagues across the multi-disciplinary team evidence to influence incremental change to existing practice. In summary, this has emphasised our insight and understanding of the possibility and importance of valuing the rights of people living with dementia to ensure equal access to physiotherapy-led rehabilitation, in our case, following a hip fracture.”

Further information related to case study 2 can be found here:

<https://letstalkaboutdementia.wordpress.com/2019/07/04/the-right-to-physiotherapy-rehabilitation-for-people-living-with-dementia-following-a-hip-fracture/>

Case study 3: Scottish national policy influencing internationalisation

Completion of this module has also influenced the practice of 13 EU and international students, including this case example from a Spanish occupational therapist, below.

"The contrast in perspectives from the policy landscape in Scotland informing a rights-based AHP approach to working with people living with dementia, in comparison to Spain, were significant. I experienced surprise when, as a class, we were taught by members of the Scottish Dementia Working Group (SDWG), a group of people who all live with a diagnosis of dementia. In Spain, my wider impression had been that once a person receives a diagnosis of dementia, it is far more likely they will be expected to put their lives on hold. In contrast, the teaching contribution from the SDWG provided a clear insight in to the ways through which people living with dementia can continue to carry on with their lives, informed and supported by a rights-based approach to practice.

In moving from Spain to study in Scotland, specifically connected to the AHP rights-based module, I also enjoyed the opportunity to learn, understand and gain insight in to the function of post diagnostic support, the role of link workers and how Scottish National Dementia Strategy, informing the publication of 'Connecting People, Connecting Support Transforming the allied health professionals' contribution to supporting people living with dementia in Scotland, 2017-2020', is re-shaping the contribution of occupational therapy when working with people living with dementia, their families and carers, as well as AHP's more widely. It has reminded me not to forget the person living with dementia, rather than to focus on the disease itself, and to understand and learn how to work with people living with dementia more effectively.

I feel very grateful that I have had the opportunity to undertake the module because it has completely changed my view of dementia. I now feel that I have a deep understanding of what dementia is, of how people with dementia, their families and carers continue to live positive lives in the best way possible, and the importance of collaboration to create a better environment so people living with dementia, their families and carers can sustain a better quality of life. From a personal perspective, I feel this module has made me a better occupational therapist."

Further information related to case study 3 can be found here:

<https://letstalkaboutdementia.wordpress.com/2019/07/25/studying-a-rights-based-practice-module-for-allied-health-professionals-ahp-working-with-people-living-with-dementia-a-student-perspective-from-spain/>

Wider qualitative feedback from the most recent student evaluation (2019/20) highlighted the value and importance of the MSc module. Three themes were identified:

Reflection

“The fantastic range of presentations and discussions which have very much encouraged deep reflection of practice.”

Aspiration

“This has been a fantastic learning and development opportunity which has convinced me to proceed to study the MSc.”

Inspiration

“It has been inspirational, thought provoking and a thoroughly enjoyable module”



Section 04

The way forward

Despite the success of this MSc AHP dementia module, the landscape of pre and post AHP education in Scotland is changing. For example, increasingly pre-registration qualifying degrees for the AHP disciplines in Scotland will be a master's level award. Potentially impacting longer term the viability of post registration MSc learning. Nevertheless, dementia is every AHP's business and as a distinct group of health professionals, they continue to need support and opportunity to develop their skills, knowledge and expertise when working with people living with dementia, their families and caregivers. Based on existing success however, a refreshed educational approach is now needed to continue to build enhanced and expertise in AHP dementia care.

To respond to the changing educational landscape, Alzheimer Scotland would like to work in partnership with a local Higher Education Institution who provides AHP education, to redesign the existing MSc AHP dementia module to become a CPD module, delivered by Alzheimer Scotland, entitled,

'Developing expertise in rights-based dementia care: The Allied Health Profession's Approach'.



This CPD module will be tailored to the needs of AHPs aimed at developing expertise in practice, and to realise the key ambitions outlined in CPCS (2020).

A CPD module will widen access for all AHPs across Scotland, including international applicants. The revised module will continue to be underpinned by a rights-based approach and, will explore all elements of the AHP Approach to dementia care including evidence-based critical discussion of:

- Supporting families and carers as equal partners
- Enhancing daily living
- Adapting everyday environments
- Maximizing psychological wellbeing
- Maximizing physical wellbeing

Learning content will continue to be informed and developed by three key sources of evidence, which are:



CPCS (2020) continues to establish itself as an evidence informed AHP dementia policy, influencing practice. For example, new and emerging research and evidence supporting AHP interventions such as, early intervention in communities (Kelso et al., 2020), at home (Bennett et al., 2019, Clare et al., 2019), at work (Andrew et al., 2019, Egdell et al., 2019) and a continued focus on the needs of family carers (Lauritzen et al., 2019) and for person-centred rehabilitation (Ravn et al., 2019).

As well as the opportunity to include all AHPs, the development of an online module will also offer enhanced flexibility for learners.

Revising and sustaining the educational opportunities available to the AHP workforce in Scotland to strengthen their expertise in practice, will also mean an important contribution to protecting the rights of people living with dementia, to enhance collaboration across health and social care.

Summary, conclusions and recommendations

5.1 Summary

The background to this paper was to document the context and policy landscape influencing the design and delivery of the first co-produced Alzheimer Scotland/Queen Margaret University, 15 credit MSc module, 'Developing rights-based practice for Allied Health Professionals (AHP) working with people living with dementia, their families and carers'. This report therefore considers the need, evaluation and impact of the module across a 5-year period (2015/16 to 2019/20), the barriers to continued delivery and a potential future direction of travel.

5.2 Conclusions

This report has collated evidence of impact connected to AHP practice, across the first five years of delivery. During this time, the module has:

- Educated 51 allied health practitioners, across 11 NHS/Joint Integration Boards in Scotland, 4 Scottish Councils and 1 third sector organisation
- Of these 51 AHPs, 13 are international/EU students, extending the reach and reputation of Alzheimer Scotland as Scotland's leading dementia charity
- Demonstrably mobilised and translated a rights-based approach with AHP practice illustrated through the collation of three case studies, representing an occupational therapy acute service, in-patient physiotherapy, and highlighting an international perspective
- Aligned with, and continues to contribute to, 3 of the core outcomes of the Alzheimer Scotland Strategic Plan, 2019-2022

5.3 Recommendations

Given the benefits of this module to influence and positively support the growth of AHP expertise in dementia care, it is recommended:

1. Advocate that the voice of lived experience is at the heart of dementia education for the allied health professionals in Scotland, working in partnership with the Scottish Dementia Working Group and the National Dementia Carers Action Network.
2. Continue to share key outcomes that have arisen from this innovative third sector/Higher Education Institutions (HEI) collaborative partnership arising from the design and delivery of M-level AHP dementia education.
3. Embed and align ambition 3 of Connecting People, Connecting Support - to promote a skilled AHP workforce in dementia care - to evolve, enhance and further widen educational opportunities for the Allied Health Professions in Scotland. This will expand to include AHP specific continuing professional development (CPD), to extend understanding and raise awareness of the need to embrace a rights-based approach to rehabilitation in dementia practice.
4. Mobilise and harness enhanced practitioner knowledge of a rights-based approach to AHP rehabilitation in dementia, to continue to grow ambition 4 of Connecting People, Connecting Support, which will generate research and integrate improvement methods in everyday AHP practice with people living with dementia, their caregivers and supporters.
5. Commission a review of the current AHP curriculum content in partnership with NHS NES, aligned to Promoting Excellence, capturing case studies from the Scotland's Higher Education Institutions.



Queen Margaret University
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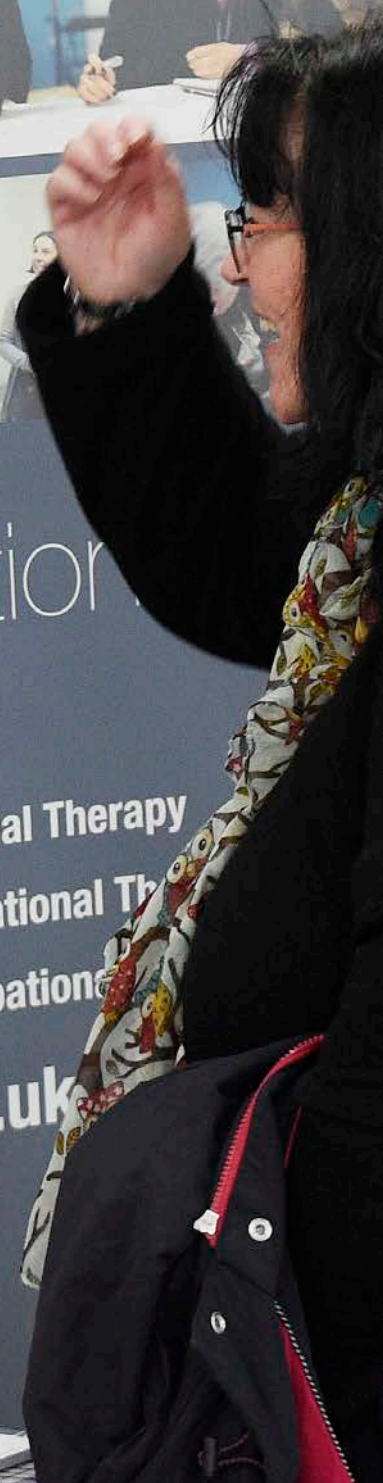
Occupational Therapy

BSc (Hons) Occupational Therapy

MSc (Pre Reg.) Occupational Therapy

MSc (Post Reg.) Occupational Therapy

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Appendix 1

Santander Universities UK

Santander UK is a large retail and commercial bank based in the United Kingdom (UK). Since 1996, the bank has developed a corporate social responsibility programme, with a conviction that the University is a vital cornerstone of any community and can act as a mechanism that helps people and businesses prosper. The Santander Universities Division was created in 1996, and Queen Margaret University (QMU), Edinburgh became a UK partner in 2007, sharing mutual aims:

- to ensure a joint commitment to enhance student's employability
- to increase the University's international reach
- to develop links with our local community
- to encourage innovation and promote entrepreneurial qualities

Financial support from the Santander Universities UK programme at QMU is available connected to these aims, of which one funding stream is the internship programme. The internship programme offers matched funding in partnership with a small medium enterprise (SME), specifically with the aim of improving student employability and to enhance links with the local community. The programme is open to current undergraduate and post graduate students, including recent graduates (up to two years post-graduation), and can last between 2 to 10 weeks.

1 Internships that last up to 2 weeks are fully funded by Santander Universities at a rate of £315 (gross) per week. Internships that last between 3 – 10 weeks are part funded by Santander Universities at a rate of £15750 (gross) per week. This is then matched funded by the SME to a minimum of £15750 (gross) per week, providing the intern with a salary of £315 (gross) per week. The intern's salary is equivalent to £9.00 per hour, the real Living Wage.





Alzheimer Scotland, 160 Dundee Street, Edinburgh EH11 1DQ

Phone: **0131 243 1453**

Email: **info@alzscot.org**

Web: **www.alzscot.org**

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