emerald PUBLISHING

Working with Older People

# Articulating the unique competencies of Admiral Nurse Practice



| | |
|---|---|
| Journal: | *Working with Older People* |
| Manuscript ID | WWOP-02-2018-0007 |
| Manuscript Type: | Research Paper |
| Keywords: | dementia, specialist nurse, competency framework, Admiral Nursing, professional development, resource for practice |
| | |

# Articulating the unique competencies of Admiral Nurse Practice


## Structured Abstract

**Purpose:** This article describes the process of developing a contemporary competency framework for Admiral Nurses in dementia care.

**Approach:** Information and evidence was gathered from research and policy literature regarding competencies to deliver advanced practice within dementia care. An online survey completed by 75 Admiral Nurses with follow-up interviews clarified current practice across the range of service contexts in which they work. A focus group of people living with dementia and family carers, and a reference group of practitioners helped to develop a competency framework which was refined through focus groups with Admiral Nurses working in different areas.

**Findings:** The literature review, survey and interviews provided a framework grounded in up-to-date evidence and contemporary practice. There was broad agreement in the literature and the practitioners' priorities regarding the core competencies of advanced practice, with constructive suggestions for making the framework useable in practice. This resulted in a robust framework articulating the competencies of Admiral Nurses which could be used for continuous professional development.

**Value:** Engaging the Admiral Nurses ensured the competencies were contemporary, succinct and applicable within practice, and also cultivated a sense of ownership. Developing the competency framework *with* the Admiral Nurses not *for* them provides an approach which may have value for professionals undertaking a similar process in their specialist area. It is anticipated the competency framework will provide further evidence of the benefits of specialist nurse support for families affected by dementia.

## Introduction

Providing skilled care and support to people living with dementia and their families is a serious endeavour, however describing the sophisticated competencies required to support families with complex needs is not straightforward. Dementia covers a complex range of different syndromes, some very rare, that often happen to people who are also experiencing multiple health and social changes at the same time. Health and social care services support people and their families through timely diagnosis, post-diagnostic support and adjustment, progressive and unpredictable loss of functioning, adjusting to help at home, changing lifestyle needs, hospitalisations, housing support, care home admission and complex end of life issues. All of this needs to be done with due respect and sensitivity to the person's lifestyle, family context and the context of the community in which they live. Many countries struggle to provide a workforce with the competencies to deliver this across the whole care pathway. Understandably, significant attention has been paid to the basic competencies for the dementia care workforce in describing what frontline staff should be able to demonstrate, often focusing on important building blocks of good communication and signposting to support services (Skills for Health *et al.*, 2015). There has been relatively little attention to the advanced level skills in the dementia care workforce (Health Education South West, 2014). This paper describes a process for helping specialist nurses articulate these skills and competencies, and offers it as an example that other professional groups may benefit from. Admiral Nursing is supported by the charity Dementia UK and delivers specialist dementia care to people with dementia and their families. They were established in 1999 as a result of the experiences of the family of Joseph 'Admiral Joe' Levy who had vascular dementia. Admiral Nurses are the only group of qualified nurses in the UK to specialise specifically in dementia care. Originally, Admiral Nurses were employed to work alongside specialist older people's mental health teams in people's own homes with a focus on the family. They

emphasise a person-centred ethos in their work (Kitwood, 1997) that recognises the importance of providing support for the whole family. Over the years, there has been an increase in specialist nurses focussing on specific clinical areas and there has also been a shift in Admiral Nurses' focus towards supporting those families with the most complex needs. This can include assessment and support of those with atypical dementias and/or multiple morbidities, managing risk, family conflict, carer breakdown, end of life decisions and other difficult transitions in care. The role also requires significant skill in coordinating care across a number of increasingly diverse health and social care providers, especially for those with multiple conditions as is often the case in dementia. Admiral Nurses now cover a variety of care settings within social and health services. At the time of writing around 225 Admiral Nurses are in post of which approximately 35% work in primary care, 30% in secondary mental health services, 15% in care homes, 10% in acute hospitals and hospices, with the remainder working with a small number of domiciliary care providers, local authorities and providing a telephone helpline.

Admiral Nurse work is complex and requires clinicians to be highly-skilled practitioners functioning within an advanced level of practice, often working independently but at the same time sitting within a multi-professional team or service, who may or may not be fully familiar with their role. In order to become an Admiral Nurse, professionals already have significant clinical experience in working with people affected by dementia. On becoming an Admiral Nurse the expectation is that professionals continually and systematically develop their knowledge and skills in dementia care. Within this structure a clear measure of attaining competencies was required to be evident alongside a pathway for progression and practice development for each professional. Initially, the specialist skills grew out of the demand and context of work undertaken. This was formally described in the original Admiral Nurse

Competency Framework (ANCF) (Traynor and Dewing, 2003) and was subsequently reviewed and updated (Hibberd, 2012).

The accreditation of the professional practice of nursing, such as the Nursing and Midwifery Council (NMC) updated reaccreditation process (NMC, 2010, 2015a, 2015b) and the credentialing programme for advanced nurse practice (Royal College of Nursing, 2016), impacts on how specialist nurses report on their practice. Ongoing developments by Health Education England (HEE) in respect of skills and competencies in dementia care – particularly Tier 3 (expert practitioner) education and training (HEE, 2015; Skills for Health *et al.*, 2015) – also impact on the positioning of Admiral Nursing. These drivers all made it timely to undertake a refresh of the ANCF to enable Admiral Nurses to articulate and critically reflect on their own practice and progression.

This paper reports on the process utilised to develop this refreshed version of the ANCF, which had the aim of being a 'resource for practice' and so is referred to from now on as the ANCF – Resource for Practice (ANCF-RFP) to distinguish it from the previous iterations of the ANCF. It was clear from the drivers set out above that the refresh would need to be grounded in the experience of the whole range of Admiral Nurse Practitioners operating in different contexts, the current policy and accreditation climate, and the experience of people using Admiral Nursing services.

## Methods

The overarching approach for developing the ANCF-RFP was based on the principles of co-production and action research, taking place in two distinct phases as detailed below. The aim was to produce an ANCF-RFP that truly reflected the contemporary complexity of Admiral Nursing, but that would also be straightforward to utilise in continuing practice development for individual nurses at different stages of development. A Reference Group was established

to review and comment on the emerging ANCF-RFP at different stages across both phases as part of an iterative process. This group consisted of a carer with experience of Admiral Nurse services, two Admiral Nurses with different levels of experience, a Dementia UK Practice Development Lead, and a specialist nurse with experience of competency frameworks relating to another health condition. This drew upon a range of people with knowledge or experience of Admiral Nursing and/or competency frameworks, reflecting the intention to utilise and be informed by clinical practice.

***Phase 1: Evidence gathering and drafting the ANCF-RFP***

Phase 1 consisted of four main activities aimed at gathering evidence, culminating in the production of a draft version of the ANCF-RFP.

*Review of Existing Documentation and Literature*: A literature review was conducted with two main aims. Firstly, to provide a systematic analysis of existing documentation and relevant reports and articles to identify which of the eight competencies from the earlier versions of the ANCF had the greatest relevance to contemporary Admiral Nurses across the range of practice settings. Secondly, to review the design of current and emerging competency frameworks for other health conditions to inform the overall structure and style of the ANCF-RFP.

The literature review focussed primarily on evidence relating to Admiral Nursing, specialist nursing practice, specialist dementia practice, previous Dementia UK work on competency frameworks, examples of competency frameworks for other conditions, and dementia strategies from HEE and professional bodies. Overall, over 200 potential articles and competency frameworks were identified for further investigation. Precedence was given to literature from the UK from 2006 onwards, although the wider pool of articles was explored for completeness.

*Online Survey with Admiral Nurses:* To ensure that the experience of the current workforce was included, a short online survey was developed and distributed to the 130 Admiral Nurses in post at the time. The survey asked the Admiral Nurses to provide information about: their job role; how they used the existing ANCF; anything they felt was missing; and how applicable they felt each of the existing competencies was to their practice. Responses were received from 75 nurses (58%), covering all settings where Admiral Nurses were employed. Those who completed the survey represented different levels of experience, although 69% had been an Admiral Nurse for at least two years.

The literature review and online survey were analysed independently by different members of the research team with the aim of identifying common themes and exploring the relevance of the existing competencies.

*Telephone Interviews with Admiral Nurses:* To explore the survey findings in more detail, four telephone interviews (TI1-TI4) were conducted with Admiral Nurses who had previously undertaken a Masters-level module that had used the existing ANCF in practice. The respondents had engaged with the ANCF in detail and were able to give in-depth feedback regarding its strengths and weaknesses in practice. To remove any potential bias, the telephone interviews were conducted by a member of the research team who had not been involved in delivering the module.

*Focus Group with 'Experts by Experience':* In order to ensure that the ANCF-RFP resonated with the needs of people with dementia and their families, a focus group (FG) was facilitated with a group of 'Experts by Experience'. This comprised three people living with dementia supported by two family carers, who between them had experience of diagnosis, domiciliary care, acute hospital, care home and palliative care support. Additionally, some of the group had received assistance from an Admiral Nurse. The focus group was recruited from a larger Experts by Experience group affiliated to the research centre. Overall, the group was able to

identify what skills and attributes they felt were important for Admiral Nurses to have, helping to shape the content of the ANCF-RFP.

*Focus Groups with Admiral Nurses:* Three focus groups (FG1.1-FG1.3) were conducted with a total of 27 Admiral Nurses who were purposively selected to reflect a variety of work settings, roles (e.g. team leaders, sole workers, team members), experience (e.g. newly appointed and experienced Admiral Nurses) and different geographic locations. As well as gathering a wide range of views, the focus groups made it possible to explore emerging ideas as the ANCF-RFP took shape.

Although it was not possible to reach a definitive figure of overall engagement due to the online survey being anonymous, it was estimated that in total around 70% of the contemporary Admiral Nurse workforce were directly involved in at least one of the four key information gathering activities.

***Phase 2: Refining and validating the ANCF-RFP***

The second phase of work built on the draft ANCF-RFP, and in addition to further reviews from the Reference Group one main activity was undertaken to inform and finalise the ANCF-RFP.

*Focus Groups with Admiral Nurses:* Four focus groups (FG2.1-FG2.4) were conducted with 21 different Admiral Nurses to those involved in the Phase 1 groups. This was partly to capture the views of a wide range of Admiral Nurses, and partly to engender a feeling of engagement and ownership of the emerging ANCF-RFP. The aim was for the ANCF-RFP to be used by the Admiral Nurses in their practice, so developing it *with* them rather than *for* them was key to the whole approach. The focus groups enabled the finer details within the ANCF-RFP to be tested, helping to refine the language used to make it more applicable in practice, and identifying potential areas requiring clarification. As in Phase 1, it was also

possible to use the focus groups as part of an iterative process, incorporating ideas from one group into the ANCF-RFP and testing them with the next group. For example, refining the wording of individual competencies to reflect the views of the Admiral Nurses whilst capturing the complexity of their role.

## Results

*Development of the ANCF-RFP*

A summary of the findings from the literature review can be found in Table 1, which separates the previous competencies into those which were represented strongly in the literature and those which were represented less frequently. The competencies in the latter group had potential to be subsumed within other competencies. For example, advanced assessment skills are a critical underpinning to therapeutic skills, and likewise aspects of health promotion and prevention may occur within the wider remit of information sharing. A number of potential gaps were also identified by the literature review, and while they did not necessarily require new competencies in their own right, they reinforced the need for the ANCF-RFP to ensure that they were incorporated as appropriate and covered comprehensively.

…..Insert Table 1 here…..

From the online survey, the existing ANCF was rated as 'very important' or 'important' to 64% of Admiral Nurses, with 59% stating that it supported their professional development. The respondents provided information about how they used the existing ANCF, and what would help them to engage more with it. They also provided many constructive suggestions of how it could be improved in the ANCF-RFP.

Interestingly, when the Admiral Nurses were asked to rate each existing competency in terms of its applicability to their practice, those rated as 'highly applicable' by at least 70% of respondents matched those that the literature review found were significantly represented. Similarly, those rated as 'highly applicable' by less than 70% of respondents matched those that the literature review found were less frequently referenced. Additionally, all of the potential gaps identified by the literature review were also highlighted by the survey responses, reiterating the importance of incorporating them into the ANCF-RFP.

Synthesising the findings from the literature review and the survey helped to prioritise the competencies and shape the key topic areas to be covered. Decisions relating to the inclusion, exclusion or combining of competencies were subsequently explored, refined and validated with the Admiral Nurses during the focus groups. The key areas arising from the research activities are explored below.

*Reflecting the complexity of the Admiral Nurse role*

One of the early challenges in developing the ANCF-RFP was the consideration of the range of settings and roles in which Admiral Nurses function, and whether there should be separate competencies to reflect the various settings. The Reference Group advised that a generic framework would be preferable and when the competencies were piloted during the focus groups with Admiral Nurses from different care settings, it became apparent that the generic framework was workable.

A theme also emerged that: *"the competency framework should define us as a speciality, it should be unique" (Admiral Nurse TI1)*, because being an Admiral Nurse is a specialist role requiring specialist knowledge, and: *"specialist knowledge is key" (Expert by Experience FG)*. The ANCF-RFP therefore needed to fit with the evolving role of Admiral Nurses, but still be true to the core role and focus on the skills and values that all Admiral Nurses should

have. Feedback from the Phase 2 focus groups indicated that the Admiral Nurses felt the refreshed competencies summed up their role well.

*Linking the ANCF-RFP to practice*

Many Admiral Nurses reported a disconnection between the existing ANCF and their day-to-day practice. Although some Admiral Nurses used it on a regular basis, for others it became: *"something we did at [Practice Development] days" (Admiral Nurse, FG1.1)* that tended to be put aside at other times. External factors were also found to influence how Admiral Nurses used the existing ANCF. Many host organisations that employed Admiral Nurses used appraisal documentation, so many Admiral Nurses were more likely to use those. Conversely, Admiral Nurses applying for revalidation with the NMC could see the potential benefits of using the existing ANCF as a portfolio of evidence as: *"the new revalidation process has also made me focus much more on collecting the evidence I need" (Admiral Nurse TI3)*. It became clear that the ANCF-RFP needed to be multi-functional, in that it should:

- reiterate the link with practice, and the practical application of the competencies
- be integrated with work, rather than being seen as an additional task
- support host organisation appraisals
- support NMC revalidation

*Concise structure and style*

The style of the existing ANCF had affected how it was used by many Admiral Nurses. While some felt it was: *"easy to follow"*, *"well explained"* and *"comprehensive"*, for others it was: *"overwhelming"*, *"too long"*, *"complicated"*, *"clunky"* and *"quite wordy"*. Additionally, it had eight competencies, each with eight elements within them with substantial explanatory text. The ANCF-RFP therefore needed to be streamlined with six overarching competencies, each with six elements, and any additional information being focused to keep it practical, relevant, concise and user-friendly. When the ANCF-RFP was

piloted with the Admiral Nurses during the later focus groups, it was: *"more appealing"* and the shorter format was considered a success.

The six competencies are provided diagrammatically in Figure 1.

…..Insert Figure 1 here…..

Although not ranked, the three competencies which visually sit at the top of the circle relate to the therapeutic components of Admiral Nurse practice, whilst the two lower competencies relate to their skills in sharing their specialist knowledge and embodying the Admiral Nurse role. Competency 6 sits in the middle as it promotes both critical reflective practice and engagement with the ANCF-RFP. The cyclical representation demonstrates an evolving and dynamic role which sees Admiral Nurses as unique professionals within a multi-faceted dementia service.

*Measuring progress – levels of competency*

The literature review identified ways to measure progress through different levels of competency. However, due to the complex nature of Admiral Nursing across a variety of practice settings, it was felt that these may be difficult to apply. Different options were explored in the Admiral Nurse focus groups to identify a suitable solution.

The Admiral Nurses felt that differentiating between levels of competency was required as a means of benchmarking skills and measuring progress, with three levels emerging from the focus groups as an ideal. However, a number of concerns needed consideration when developing the levels of competency.

While some organisations or other conditions have their own terminology, some language used to define levels of competency has been duplicated in different settings resulting in numerous meanings, and terms such as 'Advanced Practice', 'specialist' and 'expert' are

used by various institutions. The government agenda of improving dementia awareness and increasing education and training for staff has also identified levels or 'Tiers of expertise' (Skills for Health *et al.*, 2015).

There is also potential confusion in terms of which role Admiral Nurses are most closely associated with, as although some Admiral Nurses will be working as Advanced Practitioners, their role is more commensurate with that of a Specialist Nurse, with distinctive knowledge and skills in dementia. Therefore terminology and requirements relating to different roles may not be applicable to Admiral Nurses.

In addition to concerns around language, defining levels of competency was complicated by the complexity of the Admiral Nurse role. The challenge was therefore to develop levels which were unique to Admiral Nursing, but also reflected contemporary discourse surrounding skill, attainment and knowledge within health and social care. The research activities also found that Admiral Nurses did not want the ANCF-RFP to become a tick box exercise and were concerned that an over-reliance on self-rating would become too subjective. A small number of Admiral Nurses felt that progression through levels can sometimes feel unhelpful if comparing self to others, therefore the levels needed to be clear and support individual progression within practice.

Consequently, three levels of competency progression were integrated into the ANCF-RFP, with 'Specialist', 'Enhanced Specialist' and 'Advanced Specialist' being proposed. These titles reflect the contemporary language within health and social care but avoid being time-limited as they are unique to Admiral Nursing. To address some of the previous concerns and be responsive to the ever-changing complexity of the Admiral Nurse role, the levels are flexible, nonprescriptive, and crucially not based upon a hierarchical process of achievement. This means that Admiral Nurses could be at a different level for individual elements within each competency. When piloted with the Admiral Nurses, feedback indicated that they liked

the titles and could see a clear difference between the levels. It was also appreciated that practicing at different levels within a competency was possible and acceptable. The three levels are described in Table 2.

…..Insert Table 2 here…..

**Discussion**

The development of the ANCF-RFP was never going to be straightforward, being a refresh of the 2012 document which had itself revised the original ANCF developed in 2003. The competency areas identified within the previous ANCF were highly regarded by many Admiral Nurses, with feedback indicating that the majority of the competencies were still relevant to practice but the complexity of their role needed stronger articulation. This was achieved through engagement with the Admiral Nurses and evidence to ensure that the competencies are contemporary, succinct and, most importantly, applicable within practice. From the outset a conscious decision was made to work consistently with the Admiral Nurses to draw on their experiences and ideas about developing the ANCF-RFP. It was apparent that whilst many felt the previous ANCF was a good document, its application was not embedded in their practice and there was an overall lack of ownership of the document. Crucially therefore, the ANCF-RFP needed to be 'their' framework.

As work on the competencies progressed it became clear that critically reflective practice and continuing professional development formed not just a competency in its own right but also the cornerstone of all practice competencies, key to maintaining Admiral Nurses as highly skilled and usually autonomous professionals. Thus it became clear that the ANCF-RFP needed to articulate and reflect that underpinning competence. Competency 6 is consequently

a means of recognising how to engage with the ANCF-RFP in a way which is meaningful within Admiral Nursing practice.

Admiral Nurses often work alone and independently, frequently outside of an Admiral Nurse team. However, there are high expectations of Admiral Nurses creating and sustaining meaningful relationships with professionals from a range of disciplines whilst undertaking a range of therapeutic interventions with families and carers, making their role unique. This uniqueness needed to be reflected in the ANCF-RFP, with the levels being a way of achieving this. Flexible transition between levels should allow for an individual focus which takes into account role, practice setting, previous experiences and skill, and most importantly the varied family and caring relationships Admiral Nurses work within.

**Conclusion**

The success of this work has been in part down to the Admiral Nurses themselves who have been willing and enthusiastic to examine their role in relation to the ANCF and have exposed themselves to difficult conversations around what they do. The method of engaging the Admiral Nurses and developing the ANCF-RFP *with* them not *for* them provides an approach which may have value for other professionals wanting to undertake a similar process in their specialist area.

As understanding about the complex experiences faced by people affected by dementia develops, and the awareness of the general public increases, expectations within health and social care services will be raised. The ANCF-RFP goes some way to illuminating the role of Admiral Nurses and will open up a clearer evidence-based dialogue with potential commissioners about the value of having an Admiral Nurse service in their area. Previous papers exploring the role of the dementia nurse specialist, including the Admiral Nurse role (Bunn *et al.*, 2016; Griffiths *et al.*, 2015), have recognised the value and contribution of such

roles but equally recognised the need for further clarity on the exact nature of knowledge, skills and interventions offered. It is anticipated the development and systematic application of the ANCF-RFP for Admiral Nursing will support a more systematic approach and help provide further evidence of the benefits of specialist nurse support for families affected by dementia.

**References**

Bunn, F., Goodman, C., Pinkney, E. and Drennan, V. (2016), "Specialist nursing and community support for the carers of people with dementia living at home: an evidence synthesis", *Health and Social Care in the Community*, Vol. 24 No. 1, pp. 48-67.

Griffiths, P., Bridges, J., Sheldon, H. and Thompson, R. (2015), "The role of the dementia specialist nurse in acute care: a scoping review", *Journal of Clinical Nursing*, Vol. 24 No. 9-10, pp. 1394-1405.

Health Education South West (2014), "Dementia Education: Empirical development of curricula standards and criteria to support Dementia Education", Health Education England, Exeter.

Health Education England (2015), "Clinical Academic Careers Framework: A framework for optimizing clinical academic careers across healthcare professions", Health Education England, London.

Hibberd, P. (2012), "Admiral Nurse Competency Framework", Dementia UK, London.

Kitwood, T. (1997), *Dementia Reconsidered: The Person Comes First,* Open University Press, Buckingham.

Nursing and Midwifery Council (2010), "Standards for pre-registration nursing education", Nursing and Midwifery Council, London.

Nursing and Midwifery Council (2015a), "How to revalidate with the NMC: Requirements for renewing your registration", Nursing and Midwifery Council, London.

Nursing and Midwifery Council (2015b), "The Code: Professional standards of practice and behaviour for nurses and midwives", Nursing and Midwifery Council, London.

Royal College of Nursing (2016), "Credentialing", available at https://www.rcn.org.uk/credentialing (accessed 20th February 2018).

Skills for Health, Health Education England and Skills for Care (2015), "Dementia Core Skills Education and Training Framework".

Traynor, V. and Dewing, J. (2003), "The Admiral Nurses' Competency Framework", Dementia UK, London.

Table 1: Competencies referenced in the literature review

| **Significant representation of competencies in the literature** | **Competencies less frequently referenced in the literature** | **Competencies identified that were not included in original Admiral Nurse competencies** |
|---|---|---|
| Therapeutic Skills<br><br>Sharing information and education about dementia and carer issues<br><br>Working in an ethical and person-centred care manner<br><br>Balancing the needs of the carer and the person with dementia<br><br>Promoting best practice | Advanced assessment skills<br><br>Prioritising competing demands in workload<br><br>Health promotion and prevention of dementia | Assessment of mental capacity including legal frameworks, making Best Interests and Deprivation of Liberty decisions and Safeguarding<br><br>End of life care and support<br><br>Needs of people with rarer sub-types of dementia<br><br>Cultural competence in working with diverse communities<br><br>Working with the person living with dementia to address unmet needs |

Table 2: Levels of competency

| Specialist | Enhanced Specialist | Advanced Specialist |
|---|---|---|
| • Have a good understanding of the key concepts in dementia care and an awareness of research and current evidence within the field.<br>• Able to work autonomously and reflect upon their practice and make changes accordingly.<br>• Have a specific interest and knowledge base in dementia and are able to access and understand services in relation to their own particular work setting and role.<br>• Understand and consider the clinical and/or academic pathway of their own development. | • Encourages and promotes changes within their host organisation and/or the practice of colleagues.<br>• Able to critically reflect and evidence their actions accordingly and work with carers and professional caregivers in a way which is person-centred, relationship-centred and innovative.<br>• Able to evidence service impact and evaluation and begin to action change within their specific practice and host organisation.<br>• May engage with an academic clinical route through specialist courses and modules where appropriate. | • Evaluate and critically reflect on the impact of changes at a personal and an organisational level, and for those individuals involved (including colleagues, service users/clients, management).<br>• Use their advanced knowledge and expertise to widen their sphere of influence on the practice of others.<br>• Able to lead on and implement service evaluation and development.<br>• Instrumental in supporting fellow Admiral Nurses and/or colleagues from other professional groups and disciplines.<br>• Able to demonstrate evidence of development and career progression. This may be through an integrated academic pathway such as the Masters in Advanced Practice or through advanced practice experience. |

Figure 1: The six overarching competencies