

**Original citation:**

Carter C., Bray J., Read K.(2019). The Admiral Nurse Competency Framework: Encouraging Engagement and Putting It Into Practice. *Journal of Continuing Education in Nursing*, 50(5) 205-210. doi: 10.3928/00220124-20190416-06

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Publisher's statement:

This is a post-peer-review, pre-copyedit version of an article published in *The Journal of Continuing Education in Nursing*. The final authenticated version is available online at: <https://doi.org/10.3928/00220124-20190416-06>

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Abstract

Background: Admiral Nurses undertake complex work with families living with dementia. Dementia UK commissioned the Association for Dementia Studies to refresh the Admiral Nurse Competency Framework and enable Admiral Nurses to articulate and critically reflect on their own practice progression. The Admiral Nurses were involved throughout the process to refresh the framework to ensure it was evidence based.

Method: To encourage engagement with the framework, the Association for Dementia Studies worked with the Admiral Nurses during a roll-out phase. An exercise was developed to initiate critical reflective discussion. Critiquing a colleague's practice is a skill, provoking defensiveness if not facilitated thoughtfully.

Results: An exercise combining art cards with case study analysis worked well, promoting critical reflective dialogue between Admiral Nurses as peers. Engagement and feedback was positive, and the neutrality of the exercise provided a safe environment with the flexibility to allow in-depth and meaningful discussions.

Conclusion: This technique could benefit work-based learning, facilitating creative critical reflection within practice.

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18 The Admiral Nurse Competency Framework: Encouraging engagement and putting it into practice

19 **Introduction**

20 **Background to the Admiral Nurse Competency Framework**

21 Dementia UK provides support for families living with dementia through their Admiral Nurse
22 Service. Admiral Nurses are specialist dementia nurses in the UK who generally work with people on
23 a long-term basis with no fixed discharge time. They work independently and often sit outside Mental
24 Health or social care teams, but may work for a variety of host organisations in different care settings.
25 The work of Admiral Nurses is complex and they have to be experienced practitioners functioning at
26 an advanced level of practice. Consequently, they require a broad range of clinical, practical and
27 psychological skills, as well as a high level of emotional intelligence and resilience.

28 The Admiral Nurse Competency Framework (ANCF) (Dewing & Traynor, 2003) was created
29 early in the development of the Admiral Nurse Service to provide guidance for the Admiral Nurses,
30 with a review taking place in 2011 (Hibberd, 2012). Dementia UK also has practice development
31 processes in place to further support the Admiral Nurses in their role, helping them to maintain and
32 enhance their expertise and knowledge.

33 In 2015 the Association for Dementia Studies was commissioned by Dementia UK undertake
34 a second review of the ANCF and refresh it in recognition of the increasingly wide variety of practice
35 contexts of Admiral Nurses and the progressive complexity of their role. The desired outcome was a
36 succinct framework that would enable Admiral Nurses to articulate and critically reflect on their own
37 practice progression.

38 The Association for Dementia Studies is committed to the person-centred ethos of the
39 Admiral Nurse Service (Kitwood, 1997; Brooker & Latham, 2016) and its focus on working with the
40 whole family. Consequently, when refreshing the ANCF it was key to involve the Admiral Nurses
41 themselves in the process to ensure that the refreshed framework was an accurate representation of the
42 complexities of the role and could be embedded in their work and specifically in their practice
43 development processes. The aim was therefore to develop the new ANCF *with* the Admiral Nurses
44 rather than *for* them. This was reflected in the methodology of the development process which
45 ensured that all Admiral Nurses were aware that the refresh was taking place and were able to

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46 contribute their views and feedback in an iterative fashion. Different combinations of Admiral Nurses
47 were drawn in at specific points in the process using a range of methodologies, including focus groups
48 and telephone interviews. This engagement with the Admiral Nurses was vital in terms of enabling
49 them to influence the content and style of the refreshed ANCF, as well as ensuring that it was both
50 evidence-based and practice-based.

51 The outcome of this process was the production of the ANCF – Resource for Practice
52 (ANCF-RFP) (Carter et al., 2016) which contains six overarching competencies, each with six
53 associated elements that capture the complexity and uniqueness of the Admiral Nurse role. Within the
54 competencies there are three levels of progression – ‘Specialist’, ‘Enhanced Specialist’ and
55 ‘Advanced Specialist’ – designed in conjunction with the Admiral Nurses to provide clarity around
56 the skills required to be classed as practicing at a particular level. These levels enable the Admiral
57 Nurses to measure their current practice and support their ongoing professional development.

58 The ANCF-RFP was made available to the Admiral Nurses as a printed document and also as
59 an online PebblePad Workbook. PebblePad is a live online tool which can be easily updated, and was
60 chosen as it was already being used within Dementia UK and by Admiral Nurses attending a Masters-
61 level module at the University of Worcester. The ANCF-RFP was implemented in PebblePad in a
62 simple but clearly-defined structure to ensure consistency between the portfolios of different Admiral
63 Nurses. PebblePad enables supporting evidence of practice to be captured in one central location, but
64 linked to multiple competencies in a simple way that does not require additional effort from the user.

65 Findings from the development phase

66 While the ANCF-RFP development process is described elsewhere (Carter et al., 2018), it
67 was found that there was a lot of variation in terms of how well Admiral Nurse engaged with the
68 previous ANCF, with part of the reason for this being due to the way that it was introduced and
69 promoted to the Admiral Nurses. There was a lot of inconsistency in this area, with some Admiral
70 Nurses saying that when they started in their role they were “encouraged to start using it on day one”
71 while others felt like they were “supposed to know what it was” but not actually told about it.

72 When Admiral Nurses have engaged with the ANCF, some found it useful to have support
73 from someone else and “work through things together rather than by yourself”. In particular, Admiral

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74 Nurses who have been supported to use the ANCF at a more in-depth level on the Masters-level
75 module feel “much more confident” with it.

76 It therefore became clear that in addition to involving Admiral Nurses during the refresh
77 process, further work was required to improve engagement with the ANCF-RFP and maximise its
78 chances of becoming fully embedded in practice. Three key areas would need to be addressed:

- 79 1. There should be an overarching process relating to the introduction and promotion of the ANCF-
80 RFP, which is consistent and involves all Admiral Nurses to ensure sign-up and a shared
81 understanding;
- 82 2. Admiral Nurses need an appreciation of the benefits of using the ANCF-RFP as a vehicle to both
83 support and develop their practice, and to gather evidence for their Nursing and Midwifery
84 Council revalidation and appraisals. This requires the ANCF-RFP to be seen as a living entity that
85 is regularly updated;
- 86 3. Admiral Nurses need a process to support regular engagement with the ANCF-RFP to enhance
87 their practice through critical reflection. This ongoing support requires dedicated time to consider
88 evidence collected from practice and the opportunity to do this collaboratively rather than in
89 isolation.

90 If the ANCF-RFP was truly to guide reflections on practice and progression, the processes by
91 which this would be achieved would need to be developed alongside the framework itself. This article
92 describes the process implemented by the Association for Dementia Studies to address how the
93 Admiral Nurses engaged with the ANCF-RFP and promote its use in daily practice.

94 **Method for improving engagement with the ANCF-RFP in practice**

95 Early in the process for refreshing the ANCF, the remit for the Association for Dementia
96 Studies was extended to work with Dementia UK and the Admiral Nurses to promote and roll-out the
97 ANCF-RFP into practice and address the points identified previously. Consequently, two main
98 activities were undertaken to support the roll-out phase.

99 **Launching the ANCF-RFP at the annual Admiral Nurse Forum.** Dementia UK facilitates
100 and funds the attendance of all Admiral Nurses at an annual Admiral Nurse Forum. The
101 comprehensive attendance of Admiral Nurses and senior Dementia UK staff made this the ideal event

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102 to launch the ANCF-RFP. A keynote presentation by the Association for Dementia Studies ensured
103 that all attendees received the highlights of the ANCF-RFP simultaneously and directly, and
104 appreciated that it was a priority for Dementia UK.

105 The Association for Dementia Studies also facilitated a more in-depth workshop at the
106 Forum, which was repeated throughout the day to enable all Admiral Nurses to attend. For the first
107 part of each workshop, the Association for Dementia Studies' team created a number of case studies
108 and associated examples of evidence which an Admiral Nurse might collect from their practice. The
109 workshop generated an opportunity for groups of Admiral Nurses to use the case studies and
110 simulated evidence to engage with the elements within an overarching competency, and also to
111 introduce them to the concept of levels of progression using a structured but exploratory approach.

112 The second part of each workshop provided the Admiral Nurses with an introduction to
113 PebblePad, and demonstrated the online version of the ANCF-RFP. It highlighted the clear, intuitive
114 structure, and the simplicity of uploading evidence on Pebblepad. It also aimed to provide
115 encouragement to any Admiral Nurses who were less confident with technology. Feedback from the
116 Admiral Nurses indicated that having the ANCF-RFP as an electronic PebblePad Workbook was
117 appreciated, as it provided an easy way of recording evidence in a structured format, making it more
118 user-friendly.

119 **Working with the ANCF-RFP at Practice Development days.** As part of its support to
120 Admiral Nurses, Dementia UK facilitates monthly Practice Development days for groups in every
121 region. Every Admiral Nurse is aligned with a group and attends for supervision and group
122 development. Following the launch of the ANCF-RFP, the Association for Dementia Studies
123 embarked on a series of roll-out sessions attending a Practice Development day for each of the groups
124 across the country. In theory, this process should have reached all Admiral Nurses including any who
125 were unable to attend the annual Admiral Nurse Forum.

126 The intention of the roll-out sessions was to build on the workshop activities from the annual
127 Admiral Nurse Forum: promoting engagement with the ANCF-RFP competencies, elements and
128 levels, but also to introduce the concepts of peer support with critical reflection as an integral part of
129 the process. Feedback from the Admiral Nurses captured during the ANCF-RFP refresh phase made it

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130 clear that, from their perspective, measuring progression depends upon having an underlying peer
131 process of critical review in order to be truly objective. This led the Association for Dementia Studies
132 to explore the concept of peer support as a mechanism to foster fuller engagement with the ANCF-
133 RFP.

134 The peer support process is used in other professional groups such as General Practitioners
135 and primary care (Royal College of General Practitioners, 2014), and it was proposed by the
136 Association for Dementia Studies that it would provide a more structured way of incorporating the
137 ANCF-RFP into Practice Development days. Peer support refers to initiatives where colleagues meet
138 in person or online as equals to give each other support on a reciprocal basis. It commonly refers to an
139 initiative consisting of trained supporters and involves colleagues providing knowledge, experience,
140 and emotional, social or practical help and advice to each other. Effective peer support requires
141 participants to have the ability and willingness to learn from others in order to enable the development
142 of a structured approach to learning (Kelsey & Hayes, 2015). Within the Admiral Nurse context, the
143 Association for Dementia Studies recommended that the support would create opportunities for
144 critically-reflective conversations and discussions of the evidence gathered by individual Admiral
145 Nurses. This non-hierarchical, supportive process aims to capitalise on skills which are apparent
146 within Admiral Nursing as a profession, such as the high level of communication skills, collaborative
147 working and the ability to be open, reflective and discursive.

148 The roll-out session delivered to each Practice Development group was therefore structured to
149 promote understanding of the ANCF-RFP, but also to begin the process of helping the Admiral
150 Nurses to deepen each other's engagement through supportive shared critical reflection. When
151 developing the roll-out session, the Association for Dementia Studies was therefore mindful of the
152 role of reflective practice in continuing professional development to enable the Admiral Nurses to
153 make improvements, and tried to incorporate appreciative reflection into the approach (Ghaye &
154 Lillyman, 2014).

155 The Association for Dementia Studies planned and delivered a session which lasted
156 approximately two hours to fit into the existing Practice Development structure and followed a similar
157 format for each group to ensure consistency. Following a short introduction and information recap to

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158 ensure all Admiral Nurses understood the broad outline of the ANCF-RFP and its structure, the core
159 of the session was divided into three interactive exercises.

160 ***Exercise 1 – Sharing perspectives.*** Given the very real expectations that Admiral Nurses
161 have of themselves as specialist reflective practitioners, it was judged to be important that the first
162 exercise freed up thinking around critical reflection in an engaging and non-threatening way. There is
163 evidence within education that art, and specifically visual art, is effective in developing creative and
164 critical thinking (Kisida et al., 2016), so an arts-based exercise was devised for the Admiral Nurses.

165 It was set up as an exercise for pairs of Admiral Nurses, using elements of art appreciation as
166 a neutral medium to enable the Admiral Nurses to experience how it felt to be asked to justify their
167 opinions, extend their ideas, and have their interpretation questioned, but also how it felt to support,
168 challenge and offer alternative opinions to colleagues. Working in pairs was a key part of the process
169 as establishing a partnership to facilitate the sharing of understanding and perceptions, even within a
170 confidential forum, has previously been demonstrated to be an important factor for participants in a
171 peer support process (Purnell & Monk, 2012).

172 Each pair was given a pre-prepared image of a painting, and one Admiral Nurse was asked to
173 give their interpretation of the painting. Their partner was responsible for encouraging them to justify
174 and expand on what they were saying, and offered an alternative perspective that challenged each
175 other's thinking. The Admiral Nurses then swapped roles and repeated the process using a second
176 image.

177 Once both Admiral Nurses had discussed their image, a debrief of the exercise was facilitated
178 by X. This debrief explored how the Admiral Nurses had felt in each role and expanded the concept to
179 see whether the Admiral Nurses would find it more difficult to critique or defend an image in the
180 same way if the topic under discussion was a piece of their own work. This was designed to get the
181 Admiral Nurses to start thinking about how a similar process could be applied to their own evidence,
182 which led to a second more practice-orientated exercise.

183 ***Exercise 2 – Starting critically reflective conversations.*** In this exercise the Admiral Nurses
184 were encouraged to become more familiar with the ANCF-RFP and use the skills developed in the
185 first exercise in a more realistic situation. In small groups of up to four, the Admiral Nurses were

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186 given one of the case studies developed for the workshop at the annual Admiral Nurse Forum, and a
187 specific competency that it related to. Based on the outcomes from the Forum, the Association for
188 Dementia Studies had identified where diametrically opposing views had been expressed in terms of
189 the level to which specific pieces of evidence were felt to be best related. Different members within
190 each small group were then asked to justify or explain the case for the evidence being assigned to a
191 particular level, with other group members challenging the points raised.

192 ***Exercise 3 – Exploring the ANCF-RFP levels.*** This final exercise again used the outcomes
193 from the Forum workshops, and presented each small group of Admiral Nurses with a case study and
194 a piece of evidence where there had been consensus regarding the level of practice it related to. The
195 Admiral Nurses were asked to discuss what additional evidence or information would need to be
196 captured to reflect a higher level of practice. The aim of this exercise was therefore to encourage the
197 Admiral Nurses to consider progression through the levels and potential ways of enhancing their own
198 practice, while at the same time sharing examples from practice which could inspire their peers.

Findings from the roll-out activities**200 Reaction to the ANCF-RFP launch at the Admiral Nurse Forum**

201 The Forum enabled all Admiral Nurses to gain a common understanding of the ANCF-RFP
202 and appreciate how it related directly to their practice through the case study exercise. It provided a
203 solid foundation for the roll-out sessions by ensuring that the Admiral Nurses were familiar with the
204 structure and format of the ANCF-RFP. Additionally, the case study work undertaken during the
205 workshops provided evidence-based examples to use during the roll-out exercises.

206 Reaction to the Practice Development day activities

207 **The response from the Admiral Nurses.** Apprehension was initially voiced by some of the
208 Admiral Nurses to the art exercise, feeling that they didn't know anything about art and they were
209 reluctant to take part, possibly inwardly questioning the relevance of the exercise to them. However
210 once the exercise and its purpose had been explained, and also having been reassured that prior
211 knowledge of art was not necessary, all of the Admiral Nurses engaged. The art exercise was used as
212 a way of getting the Admiral Nurses to begin think about critical reflection and self-reflection outside
213 of their usual clinical experience. Although they found the exercise enjoyable, many of the Admiral

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214 Nurses also voiced surprise at how difficult the exercise had been and the feelings it initiated whilst
215 undertaking it.

216 There is an expectation that Admiral Nurses have a high level of communication skills which
217 are required within their clinical role working with complex family situations. Interestingly the roll-
218 out sessions revealed that applying those communication skills to themselves and their colleagues or
219 peers proved more difficult and at times more uncomfortable to do than expected. Undertaking the
220 initial art exercise was therefore beneficial as it helped to address this issue in a neutral, safe situation.
221 It also began to build relevant communication and reflection skills within the session, helped the
222 Admiral Nurses to feel relaxed, and provided a good opening to build a rapport quickly with peers.

223 As the membership of the Practice Development groups was unknown to X, so were the
224 group dynamics. It was found that the groups could be very varied with mixed levels of Admiral
225 Nurses, all with different levels of experience both academically and clinically. The art exercise
226 therefore acted as both a warm-up exercise and a means of setting the scene by providing an equal
227 footing which didn't focus upon each other's clinical work and skills. This made it less personal and
228 hopefully avoided a defensiveness which may have emerged if the first exercise around critical
229 reflection had gone straight into using clinical case studies.

230 A number of studies have indicated that using case studies promotes active learning,
231 facilitates problem solving, and develops critical thinking skills (Popil, 2011). However, case studies
232 can also create other challenges in teaching; if students disagree with them and feel that they do not
233 reflect what they would have done in that situation or that not enough information is provided, it can
234 deflect from their intended purpose of being a method of facilitating critical reflective discussion. This
235 potential problem was acknowledged and anticipated by X, and where this was raised by the Admiral
236 Nurses it was possible to refer back to the art exercise as a way of getting them to focus upon the
237 skills and communication they had used previously. This avoided the possibility of getting side-
238 tracked by discussions about the accuracy of the case studies.

239 The exercises encouraged working in small groups as well as whole group discussions, and
240 these helped some of the Admiral Nurses to explore their practice more widely. They were able to
241 share ideas, explore different ways of working and think about other types of evidence that they could

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242 capture to demonstrate their practice. They took inspiration from what their peers were doing, as well
243 as being more able to appreciate the value of their own practice rather than just seeing it as ‘what we
244 do’. Some Admiral Nurses had a tendency to underrate their own skills or assume that everyone
245 worked in a similar way, so being given time to reflect on their practice and get a peer perspective
246 could be a positive and reaffirming experience.

247 **The educator perspective.** As facilitators of the sessions, the challenges for the Association
248 for Dementia Studies included having limited time to engage with a group with which they had no
249 prior relationship. It was therefore important to break down initial barriers quickly, instil trust, and
250 develop a level of engagement which would produce meaningful critical self-reflective discussions.
251 The opening art exercise changed the mood in the room from one of apprehension and a level of
252 formality to a more relaxed mood creating a lighter atmosphere more conducive with learning and
253 discussion.

254 The facilitators were aware that some Admiral Nurses had previous experience with earlier
255 versions of the ANCF, and the reluctance by some to use it, either through lack of explanation or
256 understanding of it, may affect how they felt about the roll-out session. There was also the pressure of
257 running a session within the wider context of a Practice Development day which was out of the
258 control of X. To a certain extent, the facilitators were going in blind and having to adapt quickly, but
259 the art exercise and case studies were flexible enough to work in this context. By requiring the
260 Admiral Nurses to work in small groups of two or three, the exercises were suitable for groups of any
261 size, and by adopting a practical, hands-on, interactive approach they fit well with a post-lunch slot
262 following a morning session that may have focused more on listening to a lot of information.

263 **Discussion**

264 Involving the Admiral Nurses in the development of their ANCF-RFP was previously found
265 to work well, creating an evidence-based and practice-based resource that Admiral Nurses have a
266 sense of ‘ownership’ about (Carter et al., 2018). However, this is only part of the wider engagement
267 process. To promote the ANCF-RFP and embed it into practice, the Admiral Nurses also need to be
268 engaged in a roll-out phase. The development and promotion were two parts of a connected process
269 for fully engaging with the ANCF-RFP.

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270 The roll-out phase undertaken by the Association for Dementia Studies was well-received,
271 enabling the Admiral Nurses to expand their communication skills. The combination of the art
272 exercise followed by more detailed clinical case study analysis worked well as it allowed the Admiral
273 Nurses to develop a critical reflective dialogue with each other as peers, regardless of grade or
274 experience. Their engagement and feedback was good, especially the discussions around their feelings
275 of the exercises. The interactive nature and neutrality of these exercises provided a platform with
276 which to create rapport quickly with groups and enabled the Admiral Nurses to explore critical
277 reflection in a safe and meaningful way which was flexible enough to allow creative and in-depth
278 discussions.

279 To be meaningful and improve the likelihood of embedding change into practice, pro-active
280 engagement of professionals should not be limited to the initial development of a resource such as the
281 ANCF-RFP. It should instead incorporate a roll-out aspect to enable professionals to appreciate how
282 the resource relates to and supports their practice. The flexibility provided by the approach used
283 during the roll-out phase could be of benefit in a wide range of work-based learning and clinical
284 teaching opportunities, especially when time is limited and facilitating critical reflection within
285 practice is the aim. While the focus of this work related to specialist dementia nursing, the underlying
286 principles of the engagement approach and the neutrality of the art exercise make it applicable to a
287 wide range of audiences in different professional disciplines.

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