Rehabilitation Competency Framework

Rehabilitation 2030 Parallel session

Tuesday 9 July

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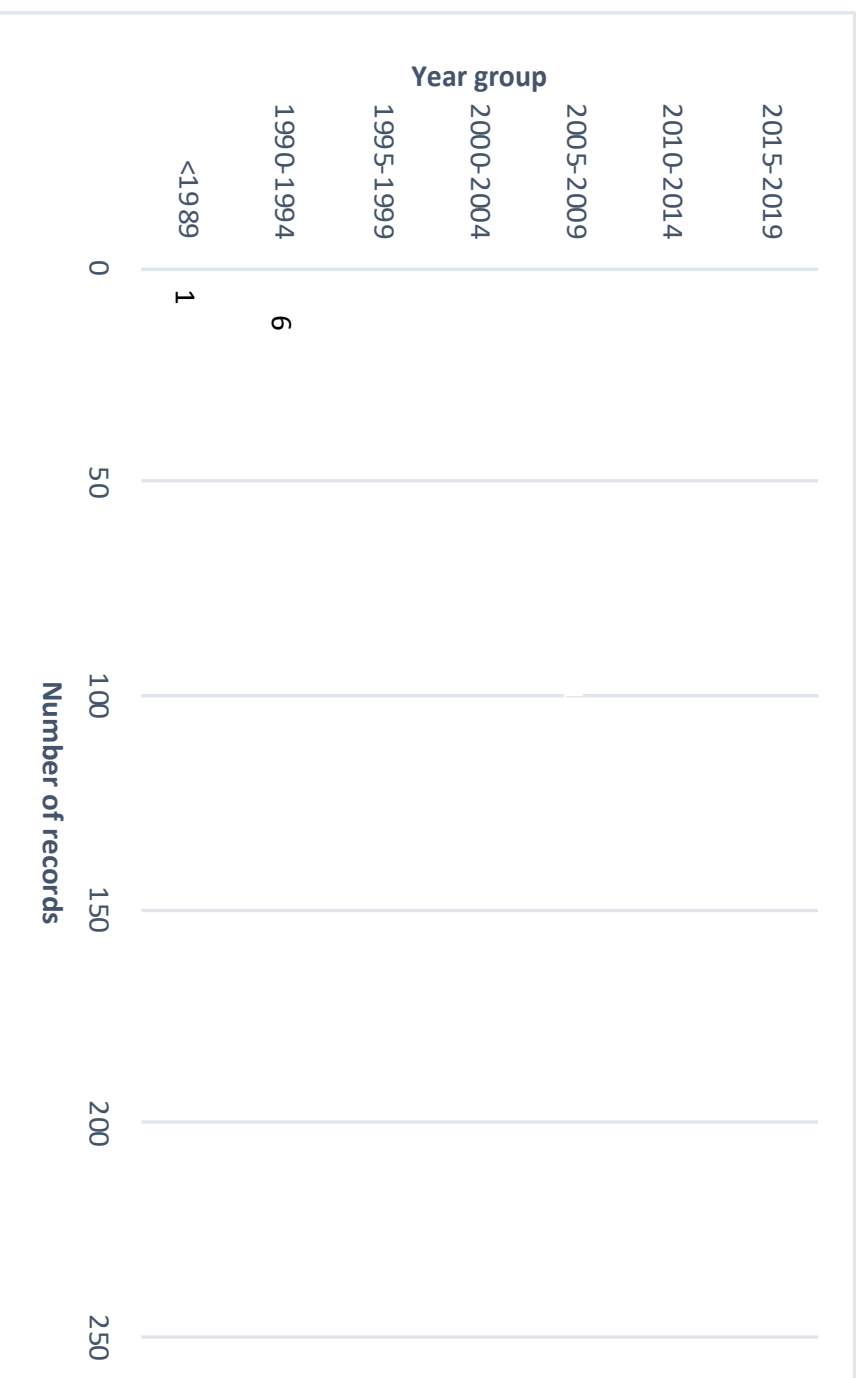
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Overview

- Why create a Rehabilitation Competency Framework?
- How will the framework be applied?
- What does it look like?
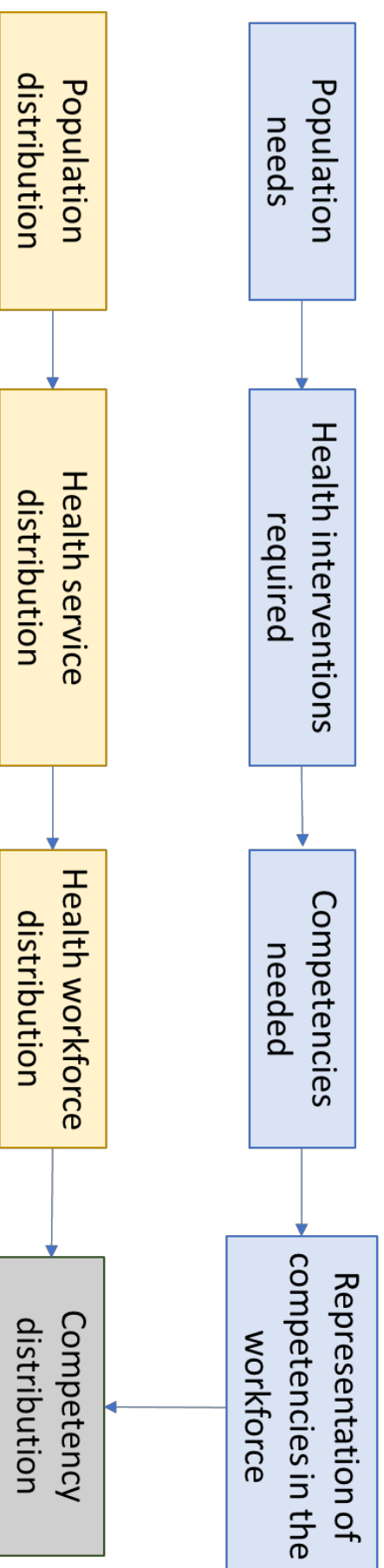- How is it being developed?
- Next steps

What is a competency framework?

- Organised collection of related competency statements

- Capture *how* to perform and *what* is performed

- Can define standards for performance

- Can define expected progression of performance e.g., from novice to expert

- Generally include knowledge, skills, attitudes and behaviors

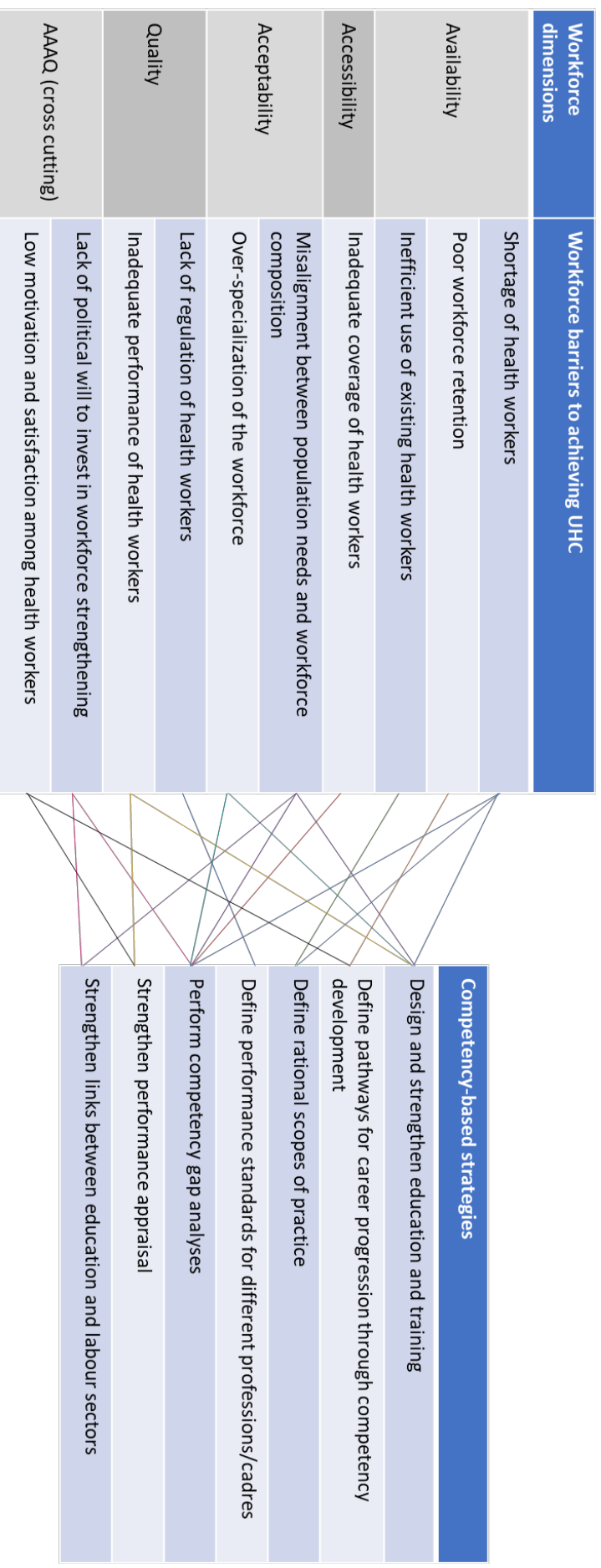**Rate of publication indicates a growing interest in competency frameworks**

Year group

	Number of records
2015-2019	
2010-2014	
2005-2009	
2000-2004	
1995-1999	
1990-1994	6
<1989	1

0   50   100   150   200   250

Competency-based approach

```
Population          →   Health interventions   →   Competencies
needs                   required                   needed
                                                        ↓
Population          →   Health service         →   Health workforce   →   Competency
distribution            distribution               distribution           distribution
                                                                              ↑
                                                   Representation of
                                                   competencies in the
                                                   workforce
```

Why develop a Rehabilitation Competency Framework?
Workforce barriers call for competency-based strategies

Workforce dimensions	Workforce barriers to achieving UHC
Availability	Shortage of health workers
	Poor workforce retention
	Inefficient use of existing health workers
	Inadequate coverage of health workers
Accessibility	Misalignment between population needs and workforce composition
Acceptability	Over-specialization of the workforce
	Lack of regulation of health workers
Quality	Inadequate performance of health workers
	Lack of political will to invest in workforce strengthening
AAAQ (cross cutting)	Low motivation and satisfaction among health workers

Competency-based strategies
Design and strengthen education and training
Define pathways for career progression through competency development
Define rational scopes of practice
Define performance standards for different professions/cadres
Perform competency gap analyses
Strengthen performance appraisal
Strengthen links between education and labour sectors

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Why develop a Rehabilitation Competency Framework?
The state of rehabilitation competency frameworks today
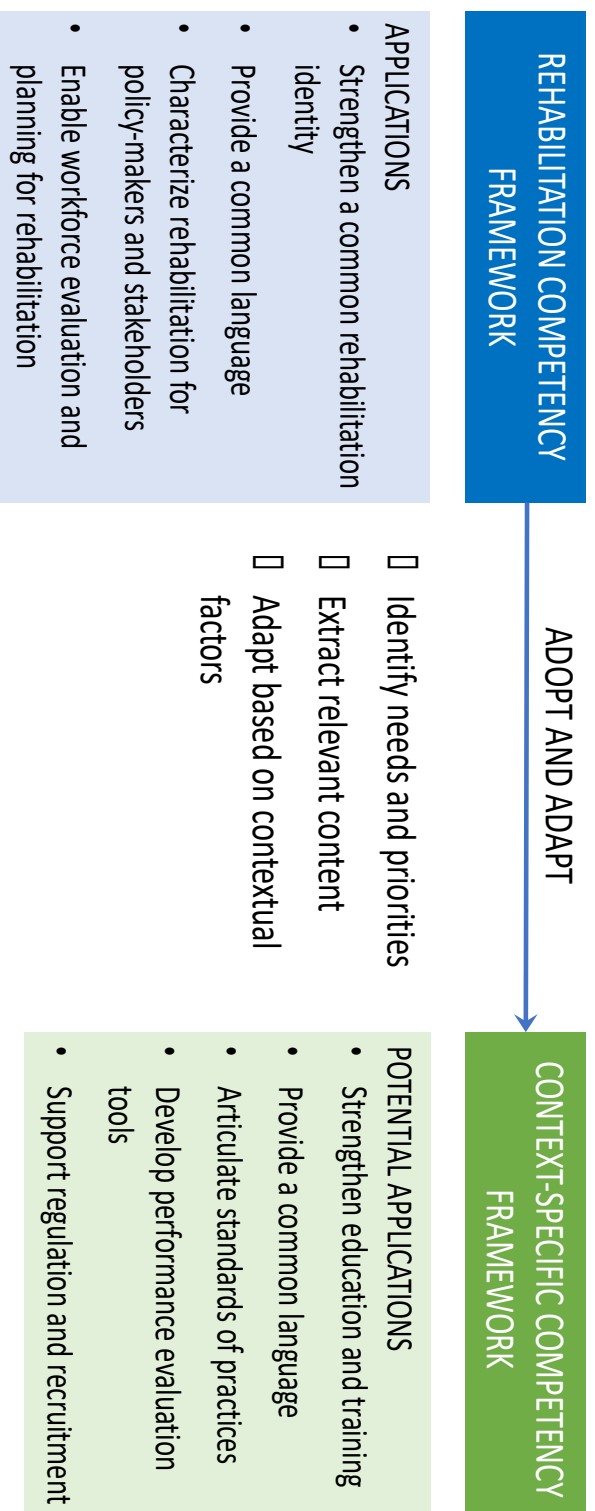
- Over 100 different rehabilitation competency frameworks already exist

- Profession-, setting-, health condition-specific

- Significant variation in terminology, concepts, structure and specificity

- Professional level

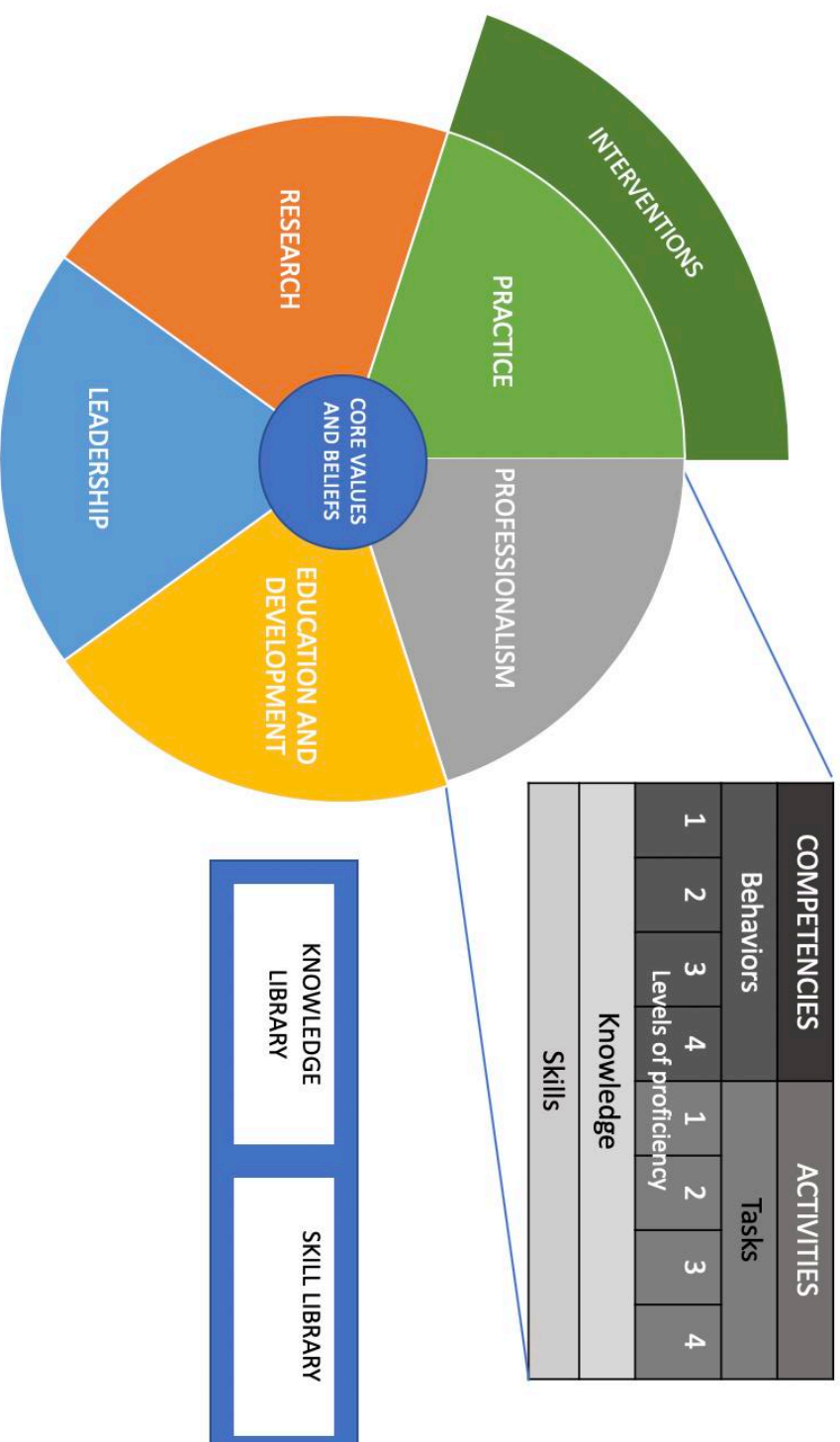## Why develop a Rehabilitation Competency Framework?
What's new

- Profession-, setting- and health condition-neutral
  - One reference framework for rehabilitation

- Built on clear and consistent concepts concepts
  - Provide concepts and terminology that can be applied across all frameworks

- Covers full scope of proficiency
  - All rehabilitation providers, regardless of their level of training and education, can find themselves in the framework

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Direct and indirect applications of the RCF

REHABILITATION COMPETENCY FRAMEWORK

APPLICATIONS

- Strengthen a common rehabilitation identity
- Provide a common language
- Characterize rehabilitation for policy-makers and stakeholders
- Enable workforce evaluation and planning for rehabilitation

ADOPT AND ADAPT

☐ Identify needs and priorities

☐ Extract relevant content

☐ Adapt based on contextual factors

CONTEXT-SPECIFIC COMPETENCY FRAMEWORK

POTENTIAL APPLICATIONS

- Strengthen education and training
- Provide a common language
- Articulate standards of practices
- Develop performance evaluation tools
- Support regulation and recruitment

Overview of the RCF

Competencies and activities

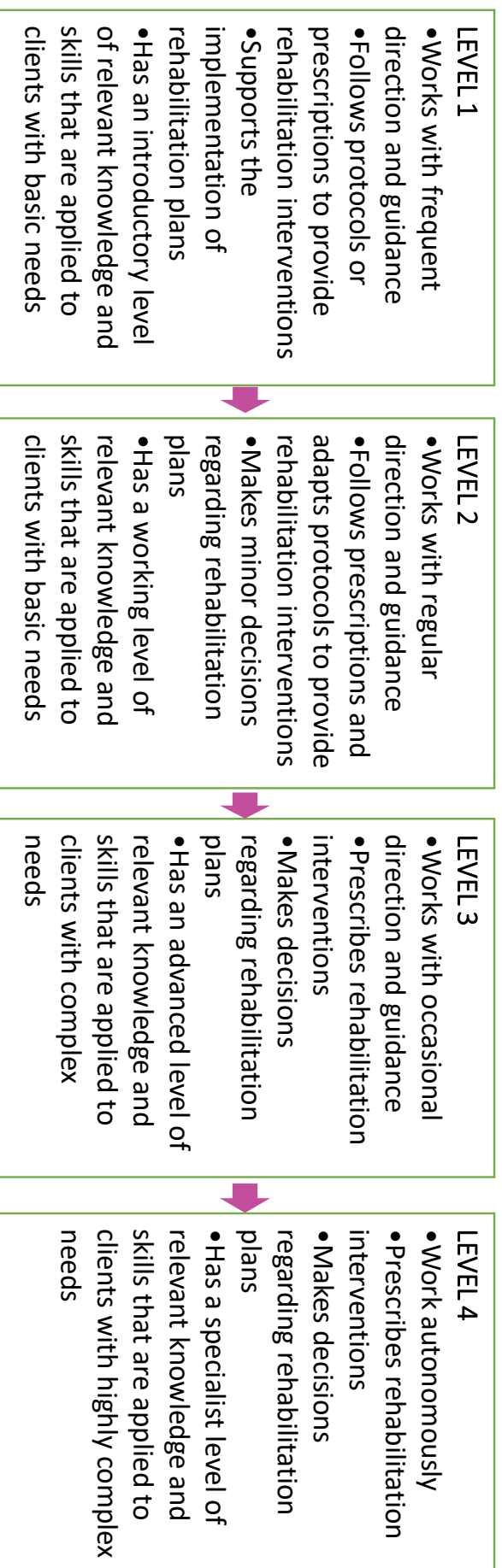| COMPETENCIES	ACTIVITIES
Associated with a person	Associated with an occupational role
Durable	Start and end
Expressed as behaviours	Encompass tasks
Relevant to all rehabilitation providers	Relevant to some rehabilitation workers and not others, depending on the occupational role
Examples	Examples
Demonstrates a client centered approach to practice	Conducts rehabilitation assessments
Builds and maintains collaborative relationships	Monitors rehabilitation progress

Levels of performance

- There is a spectrum of performance (e.g., novice to expert)
- Captured through 4 levels of proficiency
- Summary of each level provided for each domain
- Based on outcomes: level of education and training not defined
- Behaviors and tasks described for each of the levels
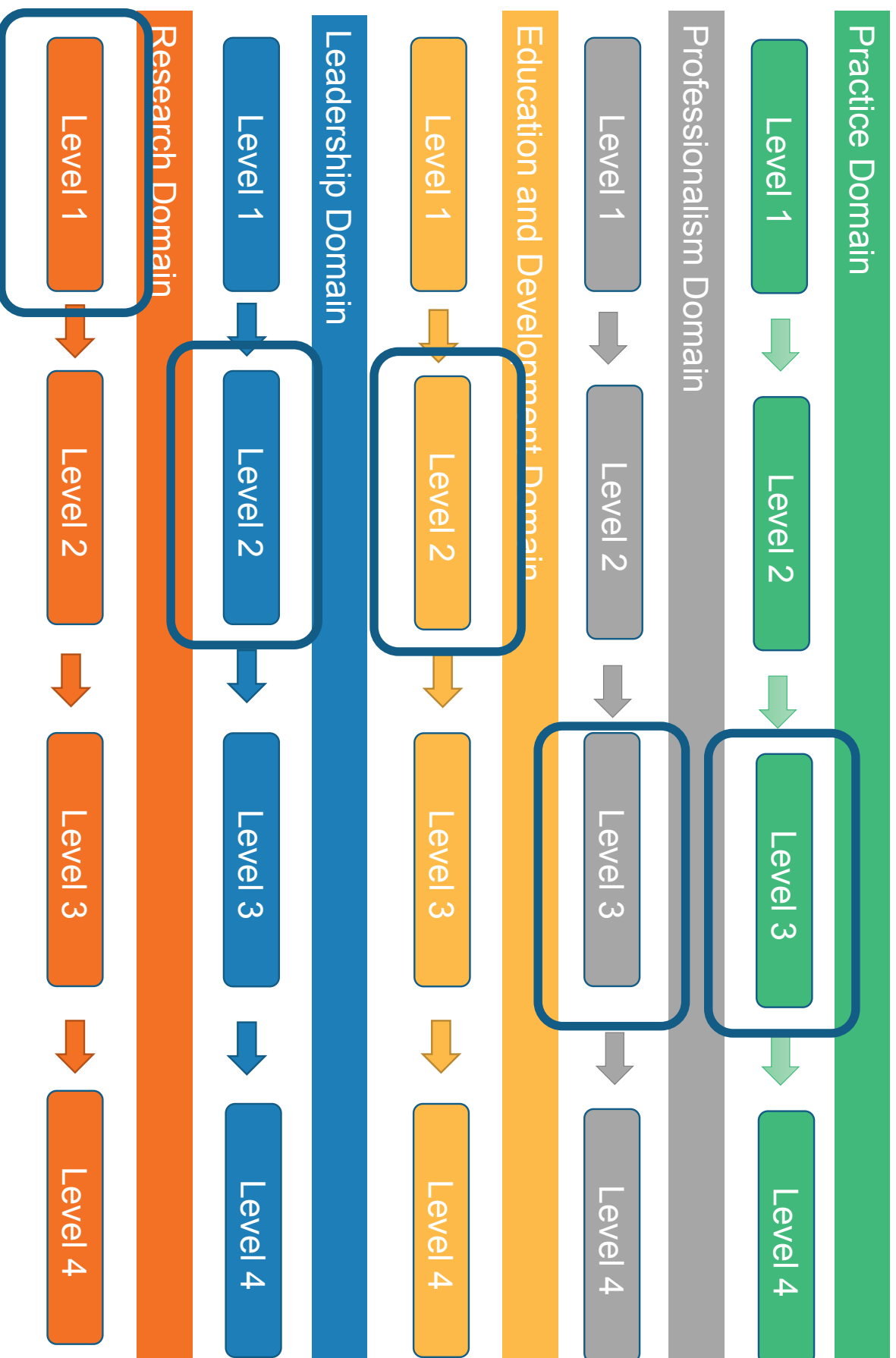
Example Practice domain proficiency level summaries

LEVEL 1
- Works with frequent direction and guidance
- Follows protocols or prescriptions to provide rehabilitation interventions
- Supports the implementation of rehabilitation plans
- Has an introductory level of relevant knowledge and skills that are applied to clients with basic needs

LEVEL 2
- Works with regular direction and guidance
- Follows prescriptions and adapts protocols to provide rehabilitation interventions
- Makes minor decisions regarding rehabilitation plans
- Has a working level of relevant knowledge and skills that are applied to clients with basic needs

LEVEL 3
- Works with occasional direction and guidance
- Prescribes rehabilitation interventions
- Makes decisions regarding rehabilitation plans
- Has an advanced level of relevant knowledge and skills that are applied to clients with complex needs

LEVEL 4
- Work autonomously
- Prescribes rehabilitation interventions
- Makes decisions regarding rehabilitation plans
- Has a specialist level of relevant knowledge and skills that are applied to clients with highly complex needs

Example Practice competency and behaviors

Competency	Behaviors			
	Level 1	Level 2	Level 3	Level 4
Communicates effectively with clients, their family, and the healthcare team	Adapts communication to specific and predicted needs encountered frequently in their practice using a limited repertoire of strategies	Adapts communication to a range of predicated needs encountered in their practice using a moderate repertoire of strategies	Adapts communication to a range of predicated needs encountered in their practice using a considerable repertoire of strategies	Spontaneously adapts communication to a wide range of needs using an extensive repertoire of strategies

Other behaviors for communication: speech, managing environment, active listening
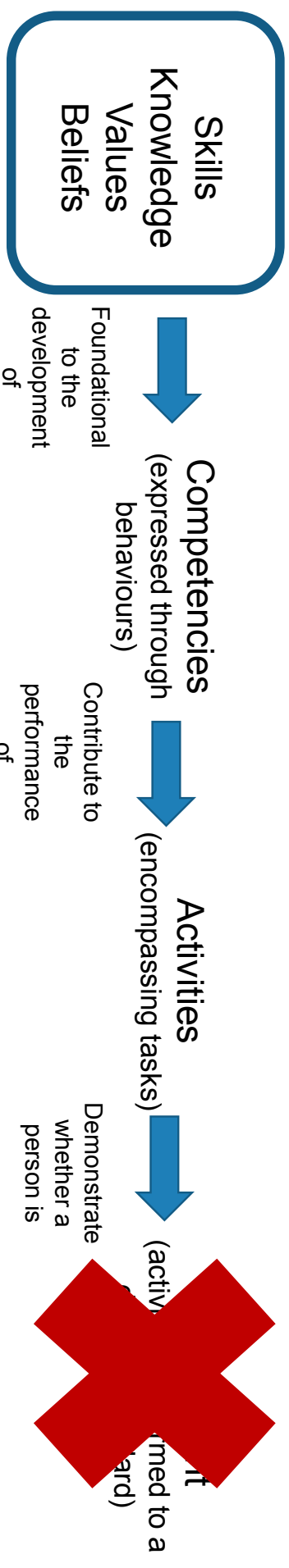
Example Practice activity and tasks

Activity	Tasks			
	Level 1	Level 2	Level 3	Level 4
Conducts rehabilitation assessments	Carries out routine and basic assessment of body structures and functions according to protocols and/or direction	Independently carries out routine and basic assessment of body structures and functions	Independently carries out assessment of body structures and functions, adjusting for specific client factors, such as age, culture or impairment	Independently carries out advanced and specialised assessment of body structures and functions, adjusting for specific client factors, such as age, culture or impairment

Other tasks for assessment: obtaining a history, collecting information, assessing physical environment, assessing activities and participation

Competencies
(expressed through behaviours)

Contribute to the performance of

Activities
(encompassing tasks)

Demonstrate whether a person is

Co...
(activities p...
define...)

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Skills
Knowledge
Values
Beliefs

Foundational
to the
development
of

Competencies
(expressed through
behaviours)

Contribute to
the
performance
of

Activities
(encompassing tasks)

Demonstrate
whether a
person is

(activi...
...t
...med to a
...ard)

Knowledge: The informational basis of competencies and activities that is typically developed through education.

Skills: Specific cognitive or motor abilities that are typically developed through training and practice.

RELEVANT KNOWLEDGE AREAS		RELEVANT SKILL AREAS	
K01	Fundamentals of practice	S01.01	Interpersonal skills
K02	Body structures	S01.02	Infection control
K03	Body functions	S02.01	Reasoning
K04	Environmental factors	S02.02	Assessment skills
K05	Assistive products and technology	S02.03	Planning skills
K06	Activities and participation	S02.04	Manual handling
K07	Health conditions	S02.05	Intervention skills

Navigation index

K01 FUNDAMENTALS OF PRACTICE

Description: Knowledge that underpins safe and effective rehabilitation practice.

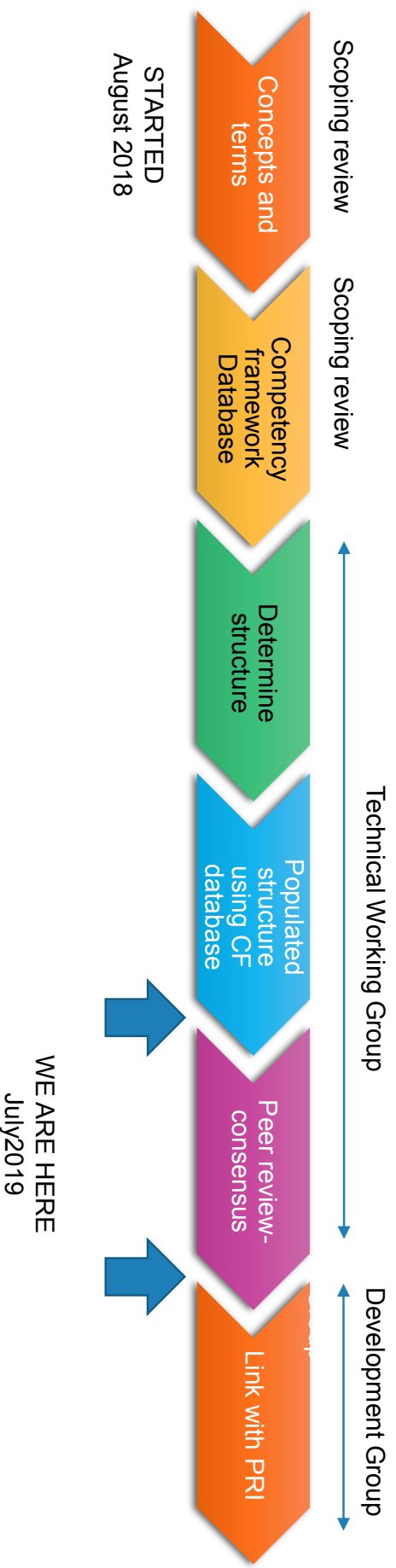| Index	Area General	Index	Area Specific
K01.01	Models of functioning and disability	K01.01.01	International Classification of Health, Disabilit
		K01.01.02	Biopsychosocial model
K01.02	Service delivery	K01.02.01	Health belief systems
		K01.02.01	Person- and family-centred practice
K01.03	Health and development	K01.03.01	Human development
		K01.03.02	Determinants of health
K01.04	Assessment and intervention	K01.04.01	Types and alternative assessments and interv
		K01.04.02	Intervention targets
		K01.04.03	Contraindications for assessments or interven
		K01.04.04	Considerations for selection of assessments o
		K01.04.05	Evidence base for assessments and interventi
		K01.04.06	Psychometric properties of assessment tools
K01.05	Safe practice	K01.05.01	Scope of practice
		K01.05.02	Environmental hazards
		K01.05.03	Principles of manual handling
		K01.05.04	Chains of infection and modes of transmissior
		K01.05.05	Infection control (contact, droplet, airborne ir
		K01.05.06	Health and safety policies and procedures
K01.06	The healthcare team	K01.06.01	Roles and responsibilities of team members
		K01.06.02	Lines of accountability
K01.07	Practice standards	K01.07.01	Professional and ethical codes of conduct
		K01.07.02	Requirements/legal obligations for registratio
		K01.07.03	Practice guidelines and protocols

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Knowledge areas

- Fundamentals of practice
- Body structures
- Body functions
- Environmental factors
- Assistive products and technology
- Activities and participation
- Health conditions and epidemiology
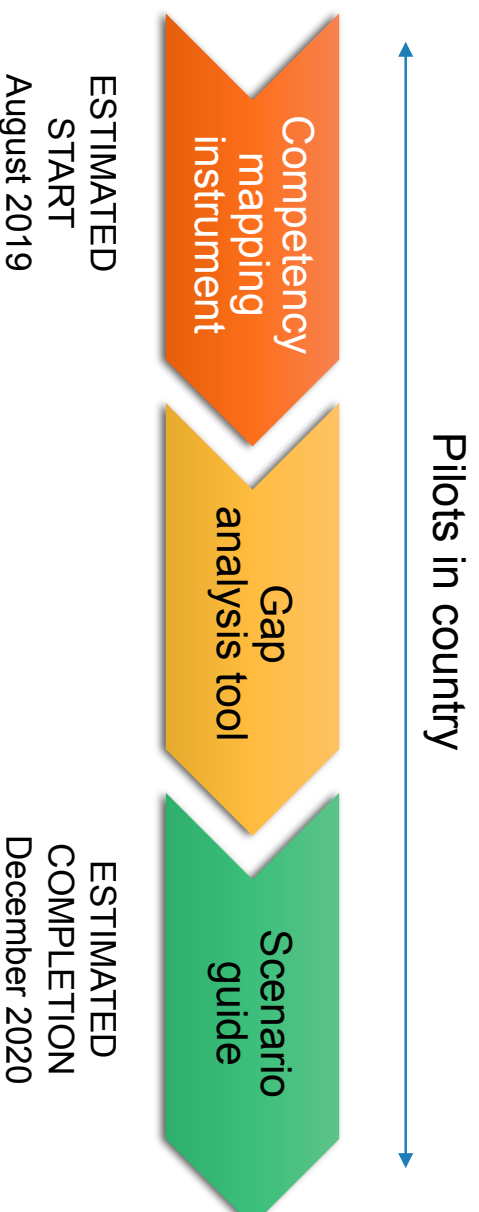- Knowledge generation and dissemination

Skill areas

- Interaction skills
- Practice skills
- Professional and administration skills
- Knowledge development and dissemination skills

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How is the RCF being developed?

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Stage	Review/Group
Concepts and terms	Scoping review
Competency framework Database	Scoping review
Determine structure	Technical Working Group
Populated structure using CF database	Technical Working Group
Peer review-consensus	Development Group
Link with PRI	Development Group

STARTED
August 2018

WE ARE HERE
July 2019

Next steps

Competency-based workforce evaluation and planning for rehabilitation on countries

Competency mapping instrument

Gap analysis tool

Scenario guide

Pilots in country

ESTIMATED START
August 2019

ESTIMATED COMPLETION
December 2020

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Questions?