Overview

Allied health: credentialling, competency and capability framework (revised edition)

Driving effective workforce practice in a changing health environment

MonashHealth

Western Health

VICTORIA State Government | Health and Human Services

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Driving effective workforce practice in a changing health environment

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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ISBN 978-0-7311-7117-0 (Print)
ISBN 978-0-7311-7118-7 (pdf/online)
Available at https://www2.health.vic.gov.au
(1610024)

Foreword

I am delighted to present the second edition of the *Allied health: credentialling, competency and capability framework*.

The framework supports allied health practitioners to provide safe, effective, high-quality care in a patient- and family-centred way, working as an integral part of multidisciplinary healthcare teams.

In Victoria, allied health is categorised as either an 'allied health: therapy' or an 'allied health: science' profession based on core practices and educational pathways. The *Allied health: credentialling, competency and capability framework* was initially developed for allied health: therapy professions in 2014, with the intention of adapting and contextualising the framework for use in the allied health: science professions in the future.

In 2015, consultation began with the allied health: science professions to contextualise and customise the framework for use by both allied health: therapy and allied health: science professions.

The new framework provides targeted guidance to both allied health: therapy and allied health: science managers and clinicians to assist with developing structures and processes needed to build and sustain an effective workforce through appropriate selection, recruitment and training of staff, maintenance of professional standards, and monitoring scope of practice. In addition, the framework provides a platform to ensure the safe introduction of new models, therapies, procedures and roles.

Combining credentialling, competency and capability into a single framework brings together the key elements of thinking required by allied health managers and clinicians when reviewing workforce planning, service change and changing roles in order to respond dynamically to the changing and increasing demands, advancing technologies, challenges and opportunities for the allied health workforce.

Adopting a standardised and consistent approach across organisations in Victoria will allow new and effective workforce developments to be readily transferred between health services, reducing the need for organisations to 'reinvent the wheel' and supporting the development of clear career pathways in allied health.

This document will guide health services in implementing this framework or to review and further develop existing frameworks. The intention is that health services will adapt the framework to meet local practices and organisational structures.

The framework was initially developed under the leadership of Monash Health, with contributions from allied health practitioners and stakeholders across Victoria. Contextualisation and customisation of the framework for allied health: science professions has been led by Western Health, with contributions from Monash Health and allied health: science practitioners and stakeholders. I would like to thank the many people who contributed their time, expertise, support and ideas to the development of this framework through its extensive consultation and feedback stages.

I would also like to acknowledge the enthusiasm and leadership of the allied health sector in adopting a consistent statewide approach to the governance of professional practices in allied health.

Kathleen Philip
Chief Allied Health Advisor of Victoria
Department of Health and Human Services

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Introduction

All staff within the Victorian health system should have a fundamental understanding of governance, quality and safety and the appropriate skills and knowledge required to fulfil their role and responsibilities. Health services across Victoria are well invested in quality and safety systems to support this and meet regulatory requirements. However, the changing context and increasing role of allied health in healthcare teams calls for a comprehensive approach to support high-quality care and professional practices across allied health.

Allied health encompasses a diverse range of professions with different technical skills, knowledge and practices. It comprises nationally registered professions (under the National Registration and Accreditation Scheme) and non-registered or self-regulated allied health professions. It includes both professionals and assistants.

Allied health professionals are autonomous health practitioners and are responsible and accountable for the management and care they provide and for the effective clinical supervision of allied health assistants providing care as part of an interdisciplinary team.

The *Allied health: credentialling, competency and capability framework* builds on the strengths of the existing sound governance mechanisms and practices in allied health in Victoria to present a consistent statewide approach to drive dynamic and effective workforce practice in a changing health environment

Background and context

Allied health practitioners deliver services to patients and consumers across a diverse range of sectors, contexts and settings in Victoria. All allied health practitioners, both professionals and assistants, are responsible for providing safe, high-quality care in a patient- and family-centred way as part of the healthcare team.

The breadth of service delivery contexts and settings in which allied health services are provided have necessitated the development of flexible and robust clinical governance systems and processes to underpin allied health services. The strength and quality of existing allied health clinical governance systems is widely acknowledged in the health sector. However, Victoria's devolved system of health governance and decentralised approach to health service delivery encourages localised service and governance models that reflect the requirements, issues and pressures inherent in local organisational contexts and settings.

The resultant variation in clinical governance models and authorisation processes for allied health across health services has presented challenges to the broader sectoral understanding of the rigour of allied health clinical governance in Victoria. In turn, this has limited both the ease of development of new roles and the transferability of advanced allied health roles or amended scopes of practice between health services.

Increasingly, as new service and workforce models evolve and care is provided through multidisciplinary healthcare teams with varying skill mix and composition and in different settings, there is a need to ensure the appropriate processes and clinical governance structures are clearly outlined so that safe and effective high-quality care is provided. This will limit use of inappropriate models such as an allied health assistant working without clinical supervision from an allied health professional, or an allied health professional undertaking an advanced practice role without the demonstrated

competency and capability to do so safely and effectively. It will also support organisational understanding of expected performance levels and how this relates to decision making regarding grade classification for positions.

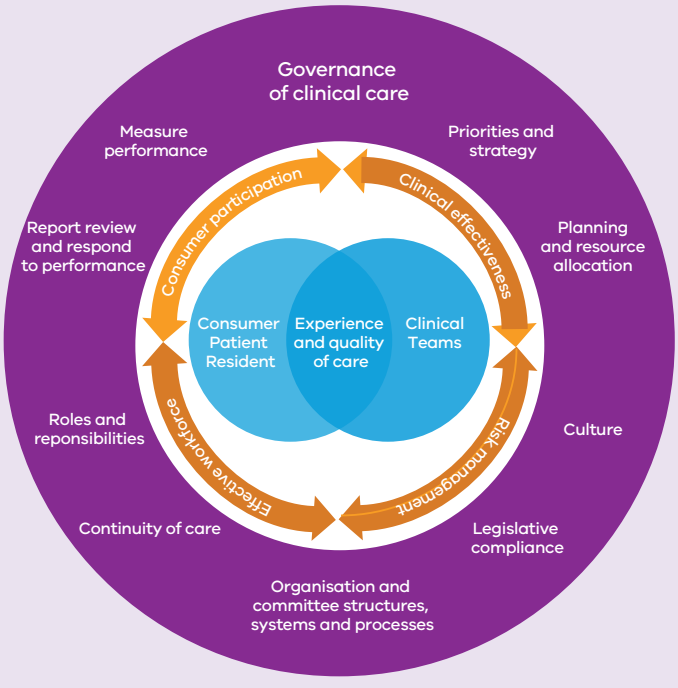
By adopting a standardised and consistent approach to credentialling, scope of practice, competency and capability across Victoria, the allied health workforce will be better equipped to grow capabilities, create and share learning cultures, and more effectively develop new roles and expand advanced and extended scopes of practices, including transferring these across organisations, sectors and professions.

The Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme has been in place since 2013. Within this scheme it is mandatory for health services to be accredited against the 10 *National safety and quality health services standards* (NSQHS standards). Standard 1: *Governance for safety and quality in health service organisations* describes the quality framework required for health service organisations to implement safe systems and outlines the criteria and actions specific to credentialling and scope of clinical practice required under this standard (ACSQHC 2011).

In Victoria, there is an additional expectation that all health services will have a formal and effective clinical governance framework in operation. The *Victorian clinical governance policy framework* (Department of Human Services 2009b) provides four domains of quality and safety: consumer participation, clinical effectiveness, effective workforce and risk management as a construct for strategies to enhance the delivery of clinical care. Within each domain there are a number of quality and safety management functions that require direction and oversight by governing bodies.

Figure 1 shows the components of the *Victorian clinical governance policy framework*.

Figure 1: Components of the Victorian clinical governance policy framework



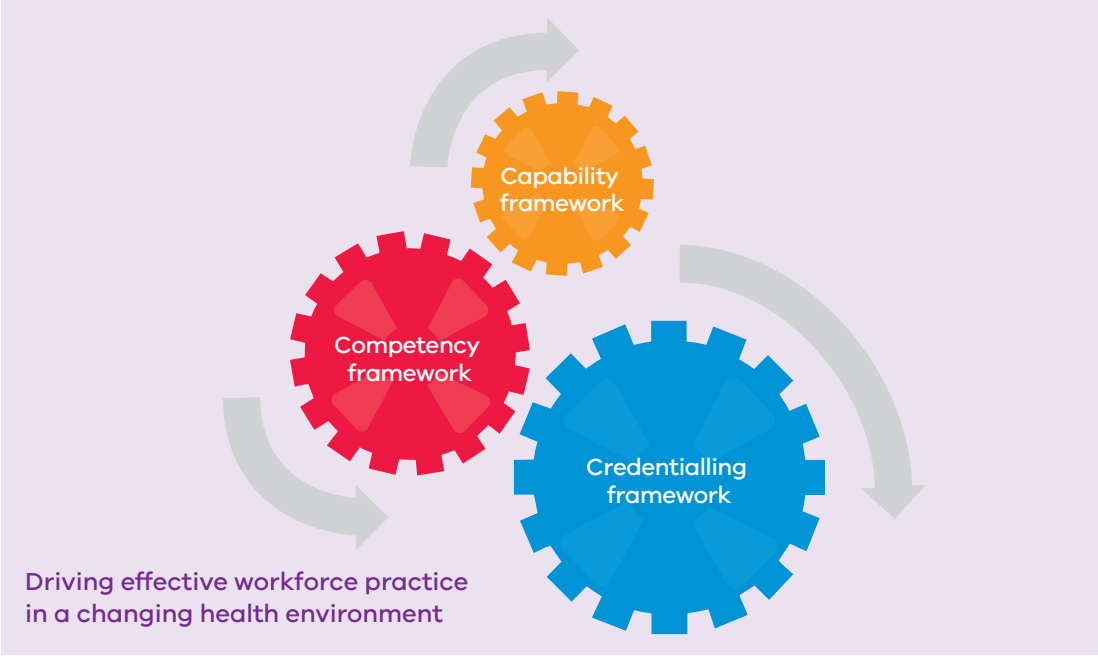
For an effective workforce, as described in the *Victorian clinical governance policy framework*:

> … all staff employed within health services must have the appropriate skills and knowledge required to fulfil their role and responsibilities within the organisation. Support is required to ensure clinicians and managers have the skills, knowledge and training to perform the tasks that are required of them and that they understand the concept of governance. Processes should be in place to support the appropriate: selection and recruitment of staff; credentialling of clinical staff including annual review of practice; maintenance of professional standards; and control of the safe introduction of new therapies or procedures. (Department of Human Services 2009b, p. 5)

The credentialling framework clearly supports this requirement of the *Victorian clinical governance policy framework* for allied health, recognising the diversity of registered and unregistered professions. The competency and capability frameworks give additional support to the quality and safety domain of 'Effective workforce' by providing a robust platform for workforce adaptability and productivity across the allied health workforce.

Together, the three component frameworks that make up the *Allied health: credentialling, competency and capability framework* (Figure 2) aim to support the allied health workforce across Victoria by providing a consistent approach to meeting credentialling and scope of practice (CSOP) requirements, support competency and capability development and expansion and increase the overall effectiveness and efficiency of the workforce in achieving optimal patient- and family-centred outcomes. Working together, the components enable a dynamic and proactive response to changing health service delivery contexts and demands. Figure 2 shows the three interlinking components of the framework.

Figure 2: Components of the framework



Clinical supervision and performance review is a fundamental part of ensuring safe, high-quality care and an effective workforce and is specifically referred to as core actions in Standard 1.11 of the NSQHS standards (ACSQHC 2011). Appropriate and effective clinical supervision and performance review are already an integral and well-established part of clinical governance and performance development procedures in the allied health workforce across Victoria within most healthcare organisations.

Clinical supervision

'The oversight (direct or indirect) by a clinical supervisor of professional procedures and processes performed by a supervisee within a clinical setting for the purpose of guiding, providing feedback on, and assessing personal, professional and educational development in the context of each supervisee's experience of providing safe, appropriate and high-quality patient care' (Health Workforce Australia 2011, p. 4).

Performance review

Performance enhancement or review is an ongoing process where a staff member's performance and development is discussed and reviewed against an agreed plan.

The individual processes, minimum standards and requirements stipulated by healthcare organisations vary considerably in this space, reflecting differing local requirements, issues and resources. Significant and comprehensive resources have already been developed to support clinical supervision and performance review for the allied health workforce including:

- organisational procedure(s) for clinical supervision and performance review
- policy frameworks such as the Victorian clinical governance policy framework (Department of Human Services 2009b)
- *Supervision and delegation framework for allied health assistants (Department of Health 2012)*
- *National clinical supervision support framework (Health Workforce Australia 2011)*
- *National clinical supervision competency resource (Health Workforce Australia 2014)*.

For this reason, while the critical importance of effective clinical supervision and performance review in achieving a high-performing and effective workforce is acknowledged, this framework has not incorporated additional material on these core areas. Rather, the reader is directed to the resources outlined above.

Framework principles

The development of this framework was underpinned by the following principles as a basis for supporting consistent best practice and good governance of clinical care in allied health.

Principle 1: Patient- and family-centred

The framework is patient- and family-centred and supports appropriately qualified allied health practitioners in communicating and working with patients and their families respectfully to consistently provide high-quality care.

Principal 2: Flexible

The framework supports allied health practitioners of all levels to work safely and effectively in diverse settings.

Principle 3: Contemporary

The framework is forward-thinking to support the allied health workforce to respond dynamically and capably to the demands and opportunities presented in changing health environment.

Principle 4: Evidence-based

The framework is evidence-based and draws on best practice local, national and international standards and examples.

Principle 5: Robust

The framework is rigorous and thorough, with precise explanation and application to support implementation of sound practices for credentialling, competency and capability across the allied health workforce.

Principle 6: Comprehensible

The framework is clearly written and easy to navigate, with tools, samples and case studies to make it easy to understand and apply.

Principle 7: User-friendly

The framework is logical and easy to understand to enable simple practical application.

Why was it developed?

The population is ageing and so too the burden of disease is shifting. Increasingly chronic and complex comorbidities, combined with technological advances and increasing consumer expectations, are presenting significant challenges to our health system and the health workforce in meeting the community's need for safe, effective and high-quality healthcare.

The framework builds on the strengths of the existing governance mechanisms and practices in allied health to present a consistent statewide approach to drive dynamic and effective workforce practice in a changing health environment.

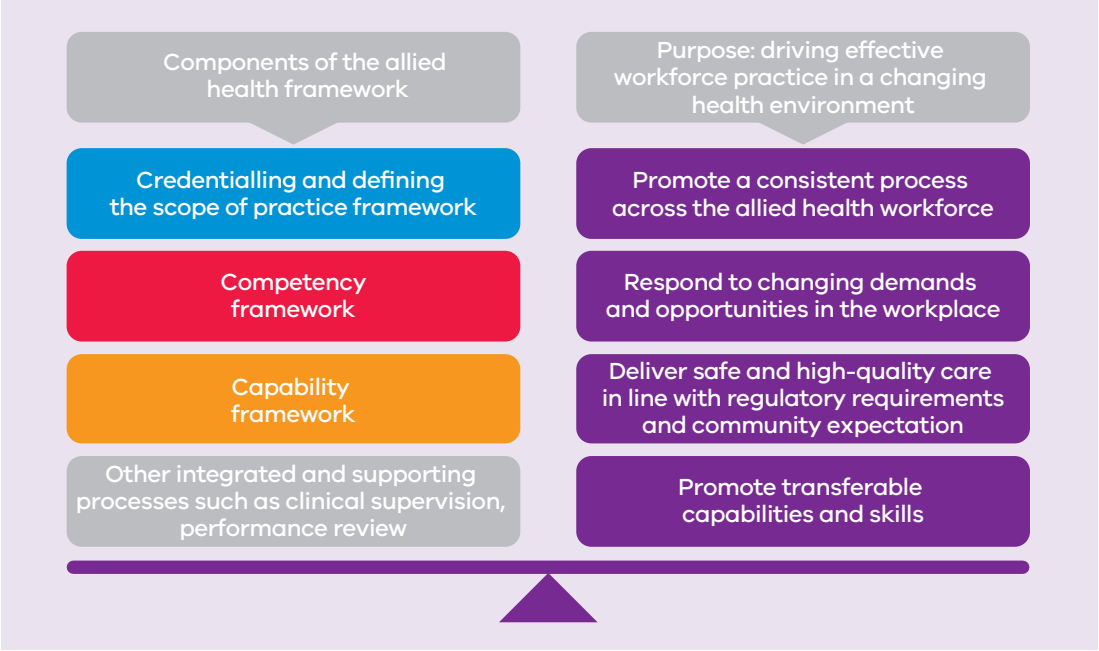
The framework brings together the criteria and actions specific to credentialling and scope of clinical practice required under Standard 1 of the NSQHS standards with a standardised competency framework and capability framework. This promotes an effective workforce as required in the *Victorian clinical governance policy framework*, and provides the key components, elements and tools needed to respond to changing demands on the allied health workforce in a coherent and considered way. By adopting a standardised and consistent approach across organisations, new and effective workforce developments can be rapidly transferred between health services, preventing the need for organisations to 'reinvent the wheel' and supporting the development of clear career pathways in allied health.

The key purpose of the framework is to support the allied health workforce to respond dynamically and effectively to the demands and opportunities presented in a changing health environment to achieve optimal patient-centred care. It aims to:

- promote a consistent approach across the Victorian allied health workforce
- promote the development and transferability of capabilities and skills for the allied health workforce across diverse settings and occupational groups
- assist health service organisations to develop and implement processes focusing on credentialling (and defining the scope of practice), capabilities and competencies in support of workforce reform, changing scope of practice and to deliver safe and high-quality care in line with regulatory requirements such as national standards
- assist health service organisations to develop and implement processes that support the Department of Health's policy on clinical governance, with particular reference to the effective workforce domain (Department of Human Services 2009b)
- allow for knowledge and resource sharing between health services.

The key components and purpose of the framework are depicted in Figure 3.

Figure 3: Key components and purpose of the framework



How was it developed?

To ensure the strengths of existing local governance models were carried forward into the framework, broad consultation formed a key component in the framework's development phase. A steering committee comprising representatives from the Victorian Department of Health and Human Services (the department) and Monash Health was established to undertake an extensive statewide consultation. A series of forums were held across metropolitan and regional Victoria in 2013 to garner input from key stakeholders including professional associations, metropolitan/rural healthcare networks, Medicare locals, private healthcare providers and representatives from the community sector. More than 60 Victorian health services and organisations were represented. Additional information and written feedback was sought during and after the forums and has informed the development and review of the framework. Case studies and sample documents from a range of health services and organisations have been included to demonstrate and clarify key aspects of the framework.

Who does it apply to?

Allied health professionals are qualified to support and enable diagnosis of health conditions. They provide treatment to maintain and optimise physical, social and mental health and function across the continuum of care, and promote healthy living. Allied health assistants provide therapeutic and program-related support to allied health professionals under the guidance and supervision of an allied health professional.

In Victoria a diverse group of professions and practitioners comprise the allied health workforce including both allied health: therapy and allied health: science professions. The professions include nationally registered and non-registered or self-regulated allied health professionals and allied health assistants. The framework provides targeted guidance to both allied health: therapy and allied health: science managers and clinicians to assist with developing structures and processes needed to build and sustain an effective workforce.

Private allied health practitioners, non-allied health professionals, peak bodies or regulators might view and use the guide and adapt it to meet their own needs.

Framework structure

The framework is divided into three main sections and is complemented by a resource kit for each section. These are colour-coded for easy reference. Together the framework and the resource kits comprehensively outline the framework development as well as including explanatory content, supporting evidence and resources to assist from scoping to implementation. The full framework and resource kits can be accessed at www2.health.vic.gov.au

This overview provides a snapshot of each section including the aim, key definitions, steps to implementation, the resources table and the self-assessment tool.

As a starting point it is suggested that health service organisations use the self-assessment tool for each section of the framework to assess their current position and then access the relevant section of the framework or resource kit to address their identified need.

Allied health: credentialling, competency and capability framework

1. Credentialling and defining the scope of practice framework
2. Competency framework
3. Capability framework

Allied health: credentialling, competency and capability resource

1. Credentialling and defining the scope of practice resource kit
2. Competency resource kit
3. Capability resource kit

How can I use the framework?

The department strongly encourages health service organisations to actively apply the framework or review and further develop existing frameworks. The application of the framework or parts thereof can be used to: supplement established organisational structures; improve the quality of care provided; increase workforce competency and adaptability; create learning cultures; assist with the development of leadership capability; and provide a platform for transferability of new roles and advancing practice.

We recommend using the self-assessment tool for each section before you progress through the framework. The self-assessment tool can be used to identify areas for targeted action. If you have identified an area of need, please refer to the contents page of the framework – this provides a quick reference for finding parts of the framework. Alternatively you can refer to the resources table in each section of the framework to seek out the most relevant resource for your use. These resources can then be accessed in the corresponding resource kit.

Case studies demonstrating how parts of the framework and resources can be practically applied are available in the framework.

Section 1: Credentialling and defining the scope of practice

Overview

Credentialling *'refers to the formal process used to verify qualifications, experience, professional standing and other professional attributes for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high-quality healthcare services within specific organisational environments'* (Australian Council for Safety and Quality in Healthcare 2004, p. 3).

Defining the scope of practice *'follows on from credentialing and involves delineating the extent of an individual (allied health practitioner's) clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability, and the needs and capability of the organisation to support the practitioner's scope of clinical practice'* (Australian Council for Safety and Quality in Health Care 2004, p. 4).

The allied health workforce includes both nationally registered and non-registered or self-regulated allied health professionals and allied health assistants. Considerable variation exists in the manner that individual profession groups are credentialled and have their scope of practice defined. These include a range of regulatory requirements external to the organisation such as professional standards, the National Registration and Accreditation Scheme ('the national scheme') for participating professions and professional association membership eligibility. Internal processes directed at credentialling and defining the scope of practice include procedures, position descriptions and the verification of basic credentials such as qualifications. A generic internal process that could be used to credential and define the scope of practice of individual allied health practitioners is depicted in Figure 5.

Accreditation is recognised as an important driver of safety and quality improvement. The NSQHS standards are a critical component of the Australian Health Services Safety and Quality Accreditation Scheme as they determine how and against what an organisation's performance will be assessed. Core actions of the national standards are considered fundamental to safe practice and are mandatory requirements. Core actions linked to Standard 1 (*Governance for safety and quality in health service organisations*) include 'Implementing a system that determines and regularly reviews the roles, responsibilities, accountabilities and scope of practice for the clinical workforce' (ACSQHC 2011) and 'Implementing a governance system that sets out the policies, procedures and/or protocols for establishing and maintaining a clinical governance framework' (ACSQHC 2011).

This section provides a framework for developing or enhancing credentialling and defining the scope of practice for allied health profession groups and individuals within your health service organisation. It can be used to support achieving and maintaining mandatory accreditation standards, meetings regulatory requirements, and improving the governance and quality and safety systems within your organisation. The steps to designing and implementing such a framework are depicted in Figure 4.

Figure 4: Steps to designing and implementing a credentialling and defining the scope of practice framework

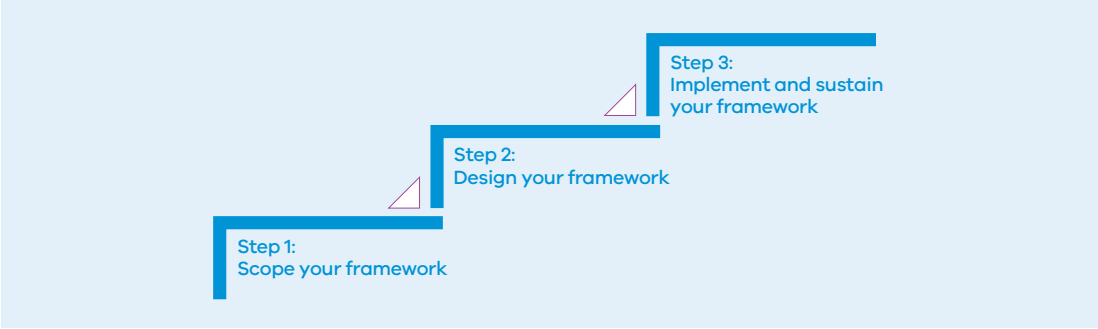
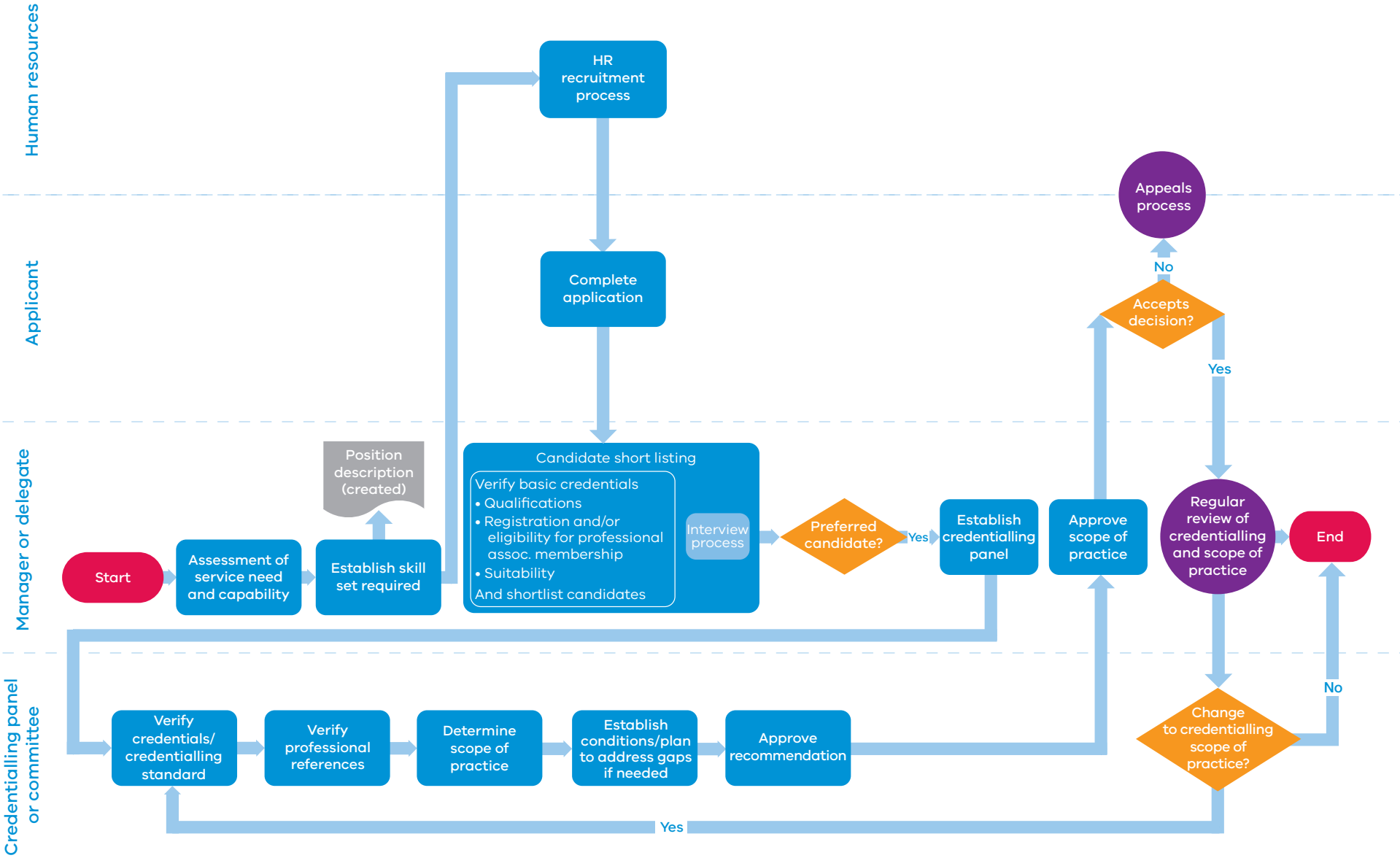


Figure 5: Generic allied health process for credentialling and defining the scope of practice of an individual



Credentialling and scope of practice resources table

The following resources table is a summary of the tools and samples related to credentialling and scope of practice (CSOP). They can be accessed electronically in the CSOP resource kit available on the Department of Health and Human Services website (www2.health.vic.gov.au).

CSOP resource name	Description or purpose
Tools	
1.1 Self-assessment tool: credentialling and scope of practice	Use this self-assessment tool to identify areas for targeted action by your health service. If you have identified an area of need please refer to the CSOP methodology section or access the other samples and tools to assist you in this process.
1.2 Decision tool: Is it standard clinical practice?	Use this tool to assist to determine which skills are considered 'standard' for your organisation. This will help guide decisions in situations where a hierarchy of skills is established to support CSOP processes.
Samples	
1.3 Sample: CSOP framework	This sample from Western Health represents a mature and broad framework for clinical governance and includes CSOP processes.
1.4 Sample: New appointment, re-appointment, change of scope of practice for individual allied health professionals	This sample form from Barwon Health provides a record of initial credentialling for new or (re) appointment purposes, including commonly applied parameters for this purpose. It is also adaptable for use when an **individual** applies to change their scope of practice.
1.5 Sample: Allied health CSOP procedure	This sample from Peninsula Health is a procedure related to allied health CSOP.
1.6 Sample: Credentialling and professional practice standards for allied health staff procedure	This sample from Bendigo Health outlines the credentials and professional practice standards required by allied health practitioners for employment.
1.7 Sample: Allied health: CSOP committee terms of reference	These samples from Western Health outlines the terms of reference for a committee with delegated roles and responsibilities for allied health CSOP.
1.8 Sample: Allied health: CSOP committee terms of reference	These samples from Monash Health outline the terms of reference for a committee with delegated roles and responsibilities for allied health CSOP.
1.9 Sample: Registration and credentialling procedure	This sample from Austin Health outlines a procedure related to allied health registration and credentialling.

CSOP resource name	Description or purpose
Samples (cont.)	
1.10 Sample: Application form for a change to scope of practice, credentials or the use of a new technology or clinical practice for **professions**	This sample from Monash Health is an application form that is used for professions to apply for a change to scope of practice or for the use of a new technology/ clinical process.
1.11 Sample: Application form for changes to **individual** scope of practice (allied health)	This sample from Monash Health is an application form that is used for individuals to apply for a change to scope of practice.
1.12 Sample: Scope of practice documentation (podiatry)	This sample from Monash Health is used to define the scope of practice for a profession group or an individual.
1.13 Generic allied health CSOP process diagram	This diagram shows the CSOP cycle for an individual within an organisation.
1.14 CSOP learnings from the workplace	These examples pose CSOP scenarios with proposed solutions to common issues.
1.15 Sample: Allied health advanced practice skills list	This list is an example of advanced practice skills, categorised by a health service using **Resource 1.2**.
Case studies based on using Resource 1.2: Decision tool: 'Is it standard clinical practice?'	
1 Dietitians Association of Australia: Gastrostomy feeding including tube replacement	
2 Gippsland Lakes Community Health: Dry needling by physiotherapists	
3 A metropolitan community health service: Interpretation of blood glucose readings and administration of appropriate actions in the event of hypoglycaemia or hyperglycaemia in diabetes mellitus clients for exercise physiologists	
4 Western Health: Intravenous (IV) cannulation by radiographers	
5 Western Health: Intradermal injections for lymphoscintigraphy	
6 A large metropolitan hospital: Pharmacist charting in the preadmission clinic	

Resource 1.1: Self-assessment tool

This self-assessment tool can be used to identify areas for targeted action by your organisation. If you have identified an area of need please refer to the main document to access further information, samples and tools to assist you in this process.

CSOP criteria	Planned	Partly implemented	Established	Not applicable	Review date
1. Do you have defined roles and responsibilities for credentialling and defining a scope of practice?					/ /
2. Do you have a documented scope of practice for all identified professions?					/ /
3. Do you have documented processes for **initial credentialling** of an individual?					/ /
4. Do you have documented processes for initial defining of an individual's **scope of practice?**					/ /
5. Do you have documented processes for **re-credentialling** individuals?					/ /
6. Do you have documented processes for **reviewing** an individual's **scope of practice**?					/ /
7. Do you have documented processes for credentialling and defining the scope of practice of **temporary** appointments?					/ /
8. Do you have documented processes for credentialling and defining the scope of practice for **brokered services**?					/ /
9. Do you have documented processes for introducing **new technologies and clinical practice**?					/ /
10. Do you have documented processes for **unplanned reviews**?					/ /
11. Do you have documented processes for **appealing** decisions regarding scope of practice?					/ /
12. Do you have documented terms of reference for all committees?					/ /

CSOP criteria	Planned	Partly implemented	Established	Not applicable	Review date
13. Do you have a documented process that articulates how committees work together?					/ /
14. Do you have templates for position descriptions?					/ /
15. Do you have a template for reference checks (verification of experience)?					/ /
16. Do you have a template for an annual performance review?					/ /
17. Do you have performance review documentation that includes a review of credentials and scope of practice?					/ /
18. Do you have a documented process in place to check data against a register of registered health practitioners?					/ /
19. Do you have a documented system for recording the scope of practice of individuals?					/ /
20. Do you have a documented system for recording the credentials of individuals?					/ /
21. Do you have a documented process to apply for expanded scope of practice?					/ /
22. Do you have a documented process for reviewing CSOP standards?					/ /
23. Do you have a documented process for responding to concerns regarding the conduct, health or performance of a registered health practitioner (notifiable conduct)?					/ /
24. Do you have a documented process for responding to concerns regarding the conduct, health or performance of a self-regulated or non-registered health practitioner?					/ /

Section 2: Competency

Overview

'**Competency** is the consistent application of knowledge and skill to the standard of performance required in the workplace. It embodies the ability to transfer and apply skills and knowledge to new situations and environments' (National Quality Council 2014, p. 4).

Competency-based training is defined by the Australian Commission on Safety and Quality in Health Care as 'an approach to training that places emphasis on what a person can do in the workplace as a result of training completion' (Department of Human Services 2009, p. 8).

'**Competency-based assessment** is a purposeful process of systematically gathering, interpreting, recording and communicating to stakeholders, information on candidate performance against industry competency standards and/or learning programs' (National Quality Council 2014, p. 5).

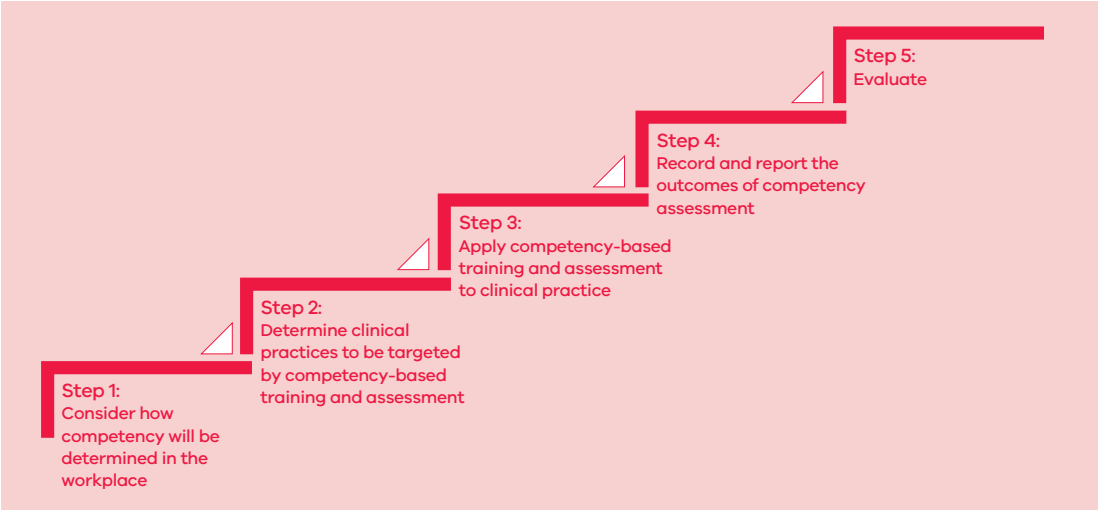
'Internationally, healthcare providers are more and more moving toward adopting competence and competency standards, rather than moving against them' (Department of Human Services 2009a) as 'multiple benefits have been identified that support the use of competency frameworks' (Brownie et al. 2011). This framework provides a means for establishing and developing the clinical competency of the allied health workforce. This is critical to the ability to respond dynamically, effectively and sufficiently to changing community needs and health workforce innovation and reform. It provides a mechanism to support changing scope of practice for an adaptable and productive workforce.

The concept of clinical 'competency' is inconsistent across the Victorian health system. At the heart of the issue is that the concept of 'competency' is not a universal one (Department of Human Services 2009a). While the language used across the health workforce sector varies between higher education, the vocational education and training sector, regulatory bodies and the workplace, 'each to some extent describes knowledge and skill sets for learning attainment and work practice' (Department of Human Services 2009a).

This framework focuses on what a person can do in the workplace, how they perform in relation to a required standard and how we might use this information to support changing work roles and practices. While there are various methods that can be applied to determine clinical competence, the central aim here is to define what and how we verify specific aspects of clinical competency using competency-based training and assessment processes. The primary but not exclusive focus is on the knowledge and skills needed to support clinical competency for specific work roles or practices while providing a pathway for recognising undergraduate and postgraduate qualifications, experience and training.

The competency framework is designed to supplement and strengthen other governance processes in the local organisational environment. It is not intended to be a competency-based career framework, replace accredited training, be aligned with remuneration nor replace or retest entry level professional standards or qualifications. Programs developed using this framework might be used for credentialling of advanced practice skills or to verify that the learning outcomes of training programs have been achieved. The steps to designing and implementing such a framework are depicted in Figure 6.

Figure 6: Steps to implementing competency based training and assessment in the workplace



Competency resources table

The following resources table is a summary of the tools and samples related to competency. They can be accessed electronically in the competency resource kit available on the Department of Health and Human Services website (www2.health.vic.gov.au).

Competency resource name
General tools
2.1 Self-assessment tool: Competency
2.2. Competency-based learning and assessment process overview
Developers' resources
Use these resources to determine if a competency-based training and assessment program is recommended and to guide you through the process of developing competency-based training and assessment in the workplace for an identified area of competency. Check off the items in Resource 2.4, the 'Developers' checklist', as you progress through the process.
Developers' tools
2.3 Decision tool: 'Do we need a competency standard?'
2.4 Developers' checklist: Process summary and checklist for developers of competency-based programs
2.5 Developing a unit of competency: Process guide and checklist
2.6 Competency-based terminology: Based on Bloom's taxonomy of educational objectives
2.7 Competency standard template
2.8 Evidence planning document template
2.9 Learning needs analysis (LNA): Self-assessment template
2.10 Learning and assessment plan (LAP) template
2.11 Learning resource development template
2.12 Assessment tool type A template (binary performance rating scale)
2.13 Assessment tool type B template (binary performance rating scale, multiple items)
2.14 Assessment tool type C template (Bondy 1983) (performance rating scale)
Worked examples of competency-based programs:
2.15 Conduct an allied health assistant (AHA)-led adult footwear program: Training and assessment program handbook
2.16 Training a pharmacy technician to use an automated compounding system to fill elastomeric devices with fluorouracil: Training and assessment program handbook

Worked examples of competency-based programs: (cont.)
2.17 Perform ventilator hyperinflation (VHI) in an adult intubated patient 2.17.1 Competency standard 2.17.2 Evidence planning document 2.17.3 Learning and assessment plan 2.17.4 Assessment tool
2.18 Perform PICC line insertion by radiographers: Training and assessment program handbook
2.19 Refer to a housing crisis support agency (transdisciplinary practice) 2.19.1 Competency standard 2.19.2 Evidence planning document 2.19.3 Learning and assessment plan 2.19.4 Assessment tool
2.20 Individual register of competency achievement
Assessors' resources
Assessors can use these resources to support the assessment process for developed competency-based programs. Check off the items in Resource 2.21, 'Assessors'/ supervisors' checklist', as you address them.
2.21 Assessors'/supervisors' checklist: Process summary and checklist for assessors implementing competency-based programs
2.22 Appropriate assessors' self-assessment checklist
2.23 Conditions and context for assessment: Instructions
2.24 Preparing the candidate for direct observation assessment
2.25 Guidelines for allied health assessors during a direct observation assessment
Learners' resources
2.26 Learners' checklist, process summary and checklist of competency-based programs
Evaluation resources
2.27 Learner evaluation survey: Competency-based programs
Case studies (based on using Resource 2.3: Decision tool: 'Do we need a competency standard?')

1.	Do we need a competency standard for allied health assistants to apply dressings, padding and pressure relief in a podiatry department? (submitted by Monash Health)
2.	Do we need a competency standard for a physiotherapist to perform dry needling? (submitted by Gippsland Lakes Community Health)
3.	Do we need a competency standard for pharmacy technicians to use an automated pump system to fill elastomeric devices with fluorouracil? (submitted by Western Health)

Resource 2.1: Self-assessment tool

This self-assessment tool can be used to identify areas for targeted action. If you have identified an area of need please refer to the main document to access information, samples and tools to assist you in this process.

Competency question	Planned	Partly implemented	Established	Not applicable	Review date
Concept and terminology					
1. Does your organisation have an agreed concept of competence and competency to work from? And does it align with the concept provided?					/ /
What will be assessed?					
2. Do you have a method for determining which clinical practices will be assessed using competency-based processes?					/ /
3. Do you have a prioritised working list of these clinical practices?					/ /
How will it be assessed?					
4. Do you have a documented method for developing competency standards?					/ /
5. Do you have developed standards in all identified priority areas?					/ /
6. Do all the developed standards provide for skills recognition?					/ /
7. Do you have a systematic mapping of evidence to a standard to determine competency for all competency-based programs?					/ /
8. Have learning and assessment plans been developed for all competency-based programs?					/ /
9. Have assessment tools been developed for all competency-based programs?					/ /
10. Have criteria for workplace assessors been established for each clinical practice?					/ /

Competency question	Planned	Partly implemented	Established	Not applicable	Review date
Record and report outcomes					
11. Do you have a method for recording the outcomes of a competency assessment?					/ /
12. Are the outcomes of a competency assessment integrated into the overall governance framework for your program?					/ /
Evaluate					
13. Have you developed an evaluation plan?					/ /

Section 3: Capability

Overview

Capabilities are underpinning behavioural skills that characterise work being performed well (Health Workforce Australia 2013).

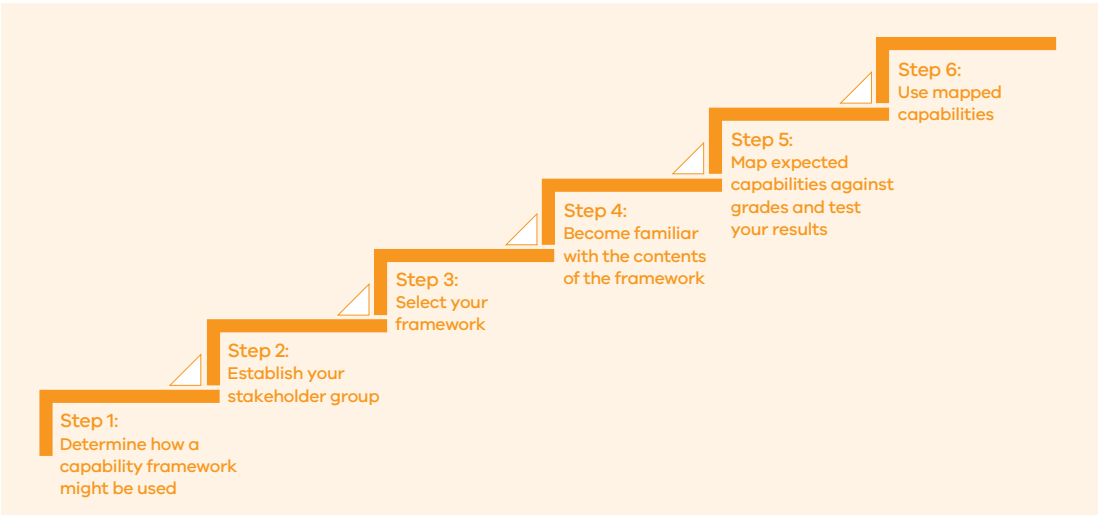
Capabilities specify the expected behaviours and attributes of clinicians as they progress through grading structures. They reflect the expanding sphere of influence and control expected of individuals of a higher grading.

It is increasingly evident that 'health services in the 21st century must aim not merely for change, improvement, and response, but for changeability, improvability, and responsiveness' (Fraser & Greenhalgh 2001). Health services should provide an environment and framework that enables individuals to develop sustainable capabilities appropriate for a continuously evolving environment. By promoting and rewarding the desired behaviours in the workforce, it is possible to cultivate a culture that embraces new and better ways of providing healthcare. This may result in innovation and reform efforts being more likely to succeed and be sustained long term.

Capability frameworks aim to promote the development of shared skills, behaviours and attributes required within the allied health workforce for delivering high-quality, safe and effective care.

Using a capability framework to target workforce development in priority areas can also help align culture with strategic direction and educational objectives (Foley & Conole 2003). The steps to designing and implementing such a framework are depicted in Figure 7.

Figure 7: Steps to mapping out and applying the capability framework



Capability resources table

The following resources table is a summary of the tools and samples related to capability. They can be accessed electronically in the capability resource kit available on the Department of Health and Human Services website (www2.health.vic.gov.au).

Where expected behavioural capabilities have been mapped against allied health professional and assistant grades, the relevant Victorian public health sector enterprise agreements1 have been used.[1]

Competency resource name	Description or purpose
Tools	
3.1 Self-assessment tool: Capability	Use this self-assessment tool before you progress through the rest of the capability section. It can be used to identify areas for targeted action If you have identified an area of need please refer to the capability methodology section or access the other samples and tools to assist you in this process.
3.2 Decision tool: How can a capability framework be used in my organisation?	Determine how a capability framework might be used in your organisation.
Worked examples	
3.3 Capability cards	These cards have been developed using the *National common health capability resource* (NCHCR), which is published by Health Workforce Australia. The cards can be used to support mapping and implementation of a capability framework.
3.4 Capability mapping by grade level: worked example	These worked examples map expected behavioural capabilities against grade levels for allied health professionals and assistants.
3.4.1	Fundamental and desirable capabilities mapped against AHP grades and levels of the NCHCR
3.4.2	Fundamental and desirable capabilities mapped against AHA grades and levels of the NCHCR
3.4.3	Visual representation of expected fundamental behavioural capabilities mapped against AHP grades and levels of the NCHCR
3.4.4	Visual representation of expected behavioural capabilities mapped against AHA grades and levels of the NCHCR
3.4.5	NCHCR level descriptors of expected behavioural capabilities: grade 1 allied health professional

1 These include the *Victorian public health sector (health professionals, health and allied services, managers and administrative officers) enterprise agreement 2011–2015*, the *Victorian public health sector (medical scientists, pharmacists and psychologists) enterprise agreement 2012–2016*, the *Public community health sector enterprise agreement 2012–2016*, the *Victorian public health sector (health and allied services, managers and administrative employees) multiple enterprise agreement 2009–2011* and the *Health Services Union (health professionals) – multiple enterprise agreement 2009*.

Competency resource name	Description or purpose
Worked examples (cont.)	
3.4.6	NCHCR level descriptors of expected behavioural capabilities: grade 2 allied health professional
3.4.7	NCHCR level descriptors of expected behavioural capabilities: grade 3 allied health professional
3.4.8	NCHCR level descriptors of expected behavioural capabilities: grade 4 allied health professional
3.4.9	NCHCR level descriptors of expected behavioural capabilities: grade 2 allied health assistant
3.4.10	NCHCR level descriptors of expected behavioural capabilities: grade 3 allied health assistant
3.5 Position description incorporating capabilities: worked example	This mock example outlines the capabilities expected of a grade 2 AHP, incorporating them into a position description and using the NCHCR.
3.6 Position description incorporating capabilities: worked example	This example from Western Health outlines the capabilities expected of an intern radiographer, incorporating them into a position description and using the NCHCR.
3.7 Behavioural interviewing: worked example	Provided here are example interview questions aligned with the NCHCR.
3.8 Capability assessment: worked example	This mock example uses the expected capabilities of a grade 2 AHP, incorporating them into a tool that can be used for self-assessment for annual performance appraisal. It is based on the NCHCR.
3.9 Capability assessment: worked example	This example from Western Health uses the expected capabilities of intern radiographers, incorporating them into a tool that can be used for self-assessment for annual performance appraisal and is based on the NCHCR.

Resource 3.1: Self-assessment tool

This self-assessment tool can be used to identify areas for targeted action. If you have identified an area of need please refer to the main document to access information, samples and tools to assist you in this process.

Capability question	Planned	Partly implemented	Established	Not applicable	Review date
1. Does your organisation have an agreed conceptof capability to work from?					/ /
2. Does your organisation have a capability framework that meets the needs of allied health?					/ /
3. Do you have an agreed set of expected capabilities for each grade level?					/ /
4. Are the expected capabilities incorporated into recruitment processes (such as position descriptions, interview questions)?					/ /
5. Are the expected capabilities incorporated into supervision practices?					/ /
6. Are the expected capabilities incorporated into performance development processes?					/ /
7. Have education/professional development opportunities been linked to the identified capabilities?					/ /

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