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Development of National Competency Standards for Audiologists in Australia

Discussion Paper

February 2019

Background

About Audiology Australia

Audiology Australia is the peak professional body for audiologists with over 2,600 members. Audiologists are tertiary educated health professionals who work with clients of all ages to help them to preserve, manage and improve their hearing, their ability to process and understand sounds, and their balance.

Audiology Australia provides the highest standard of self-regulation for its members based on the standards set by the National Alliance of Self-Regulating Health Professions (NASRHP). Central to this self-regulation is the clinical certification program which includes:

- completion of an Audiology Australia Accredited Australian Masters-level degree and the intensive one-year Audiology Australia internship;
- meeting the rigorous Recency of Practice and Continuing Professional Development Requirements; and,
- adhering to the Code of Conduct that all members of Audiology Australia must abide by and that is based on the National Code of Conduct for Health Care Workers.

Aspects of the clinical certification process are supported by a series of documents which describe the underpinning knowledge, skills and competencies required by audiology students and clinical interns. These documents provide the road map for competency acquisition across the development spectrum, however they were designed to support individual components of the training and education of audiologists such as accreditation of the education program or completion of the clinical intern year.

National Alliance for Self-Regulating Health Professions (NASRHP)

To ensure the highest standards of self-regulation for the Audiology profession, Audiology Australia is a member of the National Alliance of Self Regulating Health Professions (NASRHP).

> *NASRHP was originally an informal alliance which began in 2008 under the auspices of Allied Health Professions Australia, to support member organisations of self-regulating health professions. Its transition to a formal independent body providing a quality framework for these professions has been supported by seed funding by the Australian Government Department of Health. The NASRHP Board has the decision-making power regarding governance, and its membership. All decisions are independent of government.*
>
> *Australian peak bodies of self regulating allied health professions wishing to join NASRHP must meet benchmark standards for regulation and accreditation of practitioners within that*

profession. NASRHP standards have been closely modelled on AHPRA standards and are composed of the following eleven standards:

- *Scope (Areas) of Practice*
- *Code of Ethics/Practice and/or Professional Conduct*
- *Complaints Procedure*
- *Competency Standards*
- *Course Accreditation*
- *Continuing Professional Development*
- *English Language Requirements*
- *Mandatory Declarations*
- *Professional Indemnity Insurance*
- *Practitioner Certification Requirements*
- *Recency and Resumption of Practice Requirements*

This facilitates national consistency in quality and support for self regulating health professionals and satisfies national and jurisdictional regulatory requirements, including the National Code of Conduct of health care workers. This provides assurance to patients they are receiving a quality service from a certified health professional. (Excerpt NAHRHP Website: http://nasrhp.org.au/about-us/)

One key tenet of NASRHP is the focus on competency standards as the document which underpins a wide range of professional processes. NASRHP *Standard 4: Competency Standards* articulates the following objectives for professional competency standards:

- *Providing a basis for assessment of practitioners' performance; ensuring they can safely and effectively fulfil their required role prior to certification*
- *Informing the public of the role of the professional and the minimum expectations they can have in their interaction with the professional*
- *Informing the education sector of the professions work place requirements to assist with curriculum development*
- *Informing government and policy makers of the range and standard of practice they can expect from entry level allied health practitioners in Australia.*

Figure 1 Variable Roles of Competency Standards

The full NASRHP *Standard 4: Competency Standards* is included in **Appendix 1** to this discussion paper.

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Audiology Australia National Competency Standards Project

As part of alignment to the NASRHP requirements, Audiology Australia is seeking to develop National Competency Standards for Audiologists in Australia (National Competency Standards). The National Competency Standards are intended to fully articulate the minimum skills, knowledge and behaviours required for 'entry level' independent practice for audiologists in Australia and provide the standards against which the public can expect safe practice. When complete, the National Competency Standards for Audiologists in Australia will become primary document which describes the professional skills of independently practicing audiologists. It is intended that these standards will support further recognition of the profession as highly qualified health professionals and a key component of the Australian health and ageing sector.

It is expected that the development of a set of National Competency Standards will be completed over the course of the next two years. The development of the National Competency Standards will be managed by the Audiology Australia University Accreditation Committee (AAUAC) and be supported by a working group consisting of a range of practicing professionals, academics and clinical intern supervisors.

Over the course of the project, AAUAC, with the support of the project working group, will develop a draft national competency framework and undertake two phases of consultation on the draft framework.

The purpose of this discussion paper is to provide an overview of the project and an introduction to current practice as it relates to the use and structure of competency frameworks.

Describing Competency

Describing competence or performance across the health professions can be complicated by the number of definitions in use. At its core, **performance** is the 'actions or functions of performing a task or function[1]' while **competence** can best be described as 'an ability to do something successfully and efficiently[2]'.

In a clinical setting, performance can be influenced by a range of factors. Some of these factors, as shown in the grey sections of Figure 1, can be improved through the acquisition of new skills obtained through education and training.[3]

[1] https://en.oxforddictionaries.com/definition/performance accessed 21 September 2018
[2] https://en.oxforddictionaries.com/definition/competence accessed 21 September 2018
[3] Khan K, Ramachandran S. Conceptual framework for performance assessment: Competency, competence and performance in the context of assessments in healthcare – Deciphering the terminology. Medical Teacher; 2012:1-9.

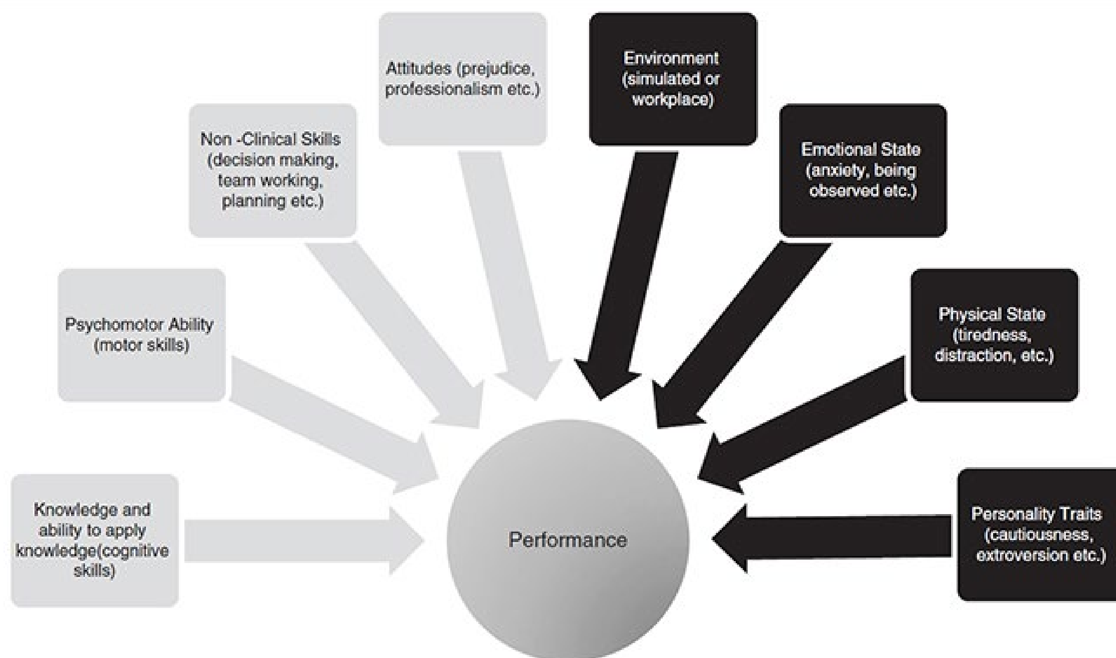

Figure 2 Factors Influencing Performance

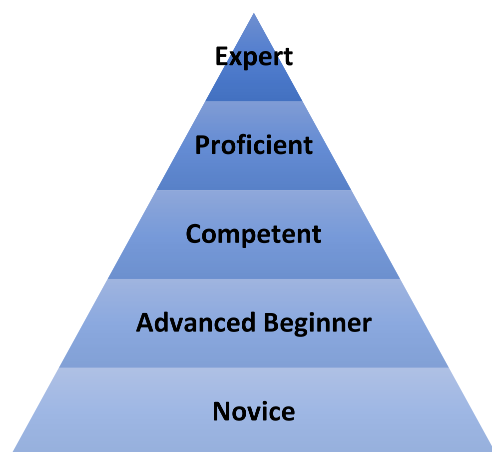

Figure 3 Dreyfus Model of Skill Acquisition

The relationship between competence and performance is best described as one where competence is a defined point against a scale of improving performance. Several models have attempted to depict performance improvement through skill acquisition, such as Miller's Pyramid and the Dreyfus Model, by demonstrating increasingly sophisticated levels of mastery on the part of learners.

Khan and Ramachandran have modified these models and applied concepts such as training and career progression to the overall matrix of performance improvement[4].

In Figure 4 there is an attempt to articulate advancing levels of practice beyond the early years of practice, encompassing *incompetent* through *competent* practice supported by formal training structures. Concepts such as deliberate practice are introduced to include the concept of improved performance through practice, self-reflection and lifelong learning.

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[4] Khan K, Ramachandran S. Conceptual framework for performance assessment: Competency, competence and performance in the context of assessments in healthcare – Deciphering the terminology. Medical Teacher; 2012:1-9.

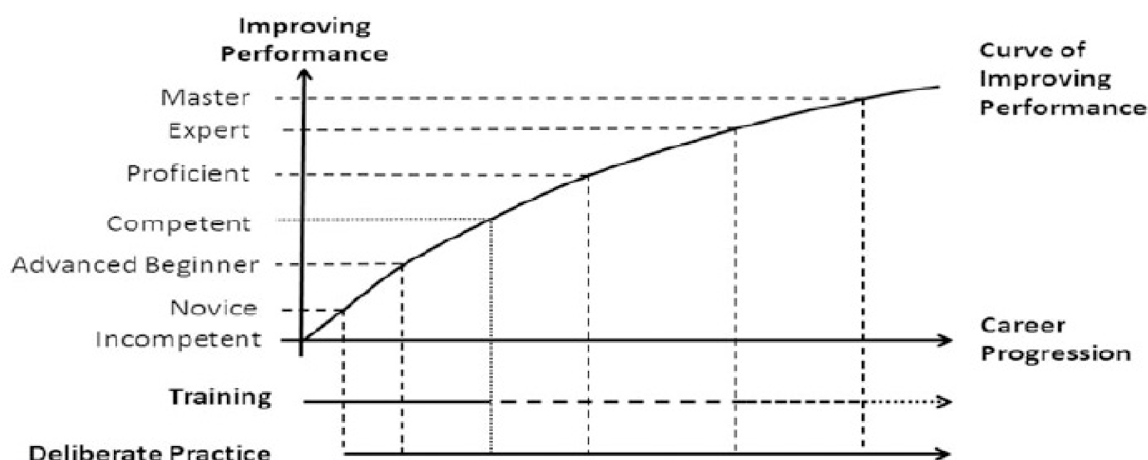

Figure 4 Curve of improving performance adapted for healthcare – modified from Dreyfus and Dreyfus (1980) and ten Cate et al. (2010)

Structuring competencies

There is no one accepted way to structure competencies within a competency framework model. Many health professions in Australia favour the use of 'domains'. Domains are used to describe high level areas of responsibility such as Cultural Competence or Communication. Figure 5 provides an example of a domain structure taken from the *National Competency Standards for Dietitians in Australia 2015*. In this example, the domain is 'Practises Professionally' and it is supported by a number of elements and observable actions.

Domain 1. Practises professionally	
Key Tasks/Elements	**Observable and/or measurable actions**
1.1 Demonstrates safe practice	1.1.1 Reviews and evaluates the impact of own practice on improving nutritional health 1.1.2 Recognises own professional limitations and the profession's scope of practice and seeks assistance as necessary 1.1.3 Accepts responsibility for and manages, implements and evaluates own personal health and well-being 1.1.4 Shows a commitment to professional development and conduct and lifelong learning 1.1.5 Consistently demonstrates reflective practice in collaboration with supervisors, peers and mentors 1.1.6 Accepts responsibility for own actions 1.1.7 Demonstrates flexibility, adaptability and resilience and the ability to manage own emotions
1.2 Practises within ethical and legal frameworks	1.2.1 Exercises professional duty of care in accordance with relevant codes of conduct, ethical requirements and other accepted protocols 1.2.2 Demonstrates integrity, honesty and fairness 1.2.3 Prepares appropriate documentation according to accepted standards
1.3 Demonstrates professional leadership	1.3.1 Uses negotiation and conflict resolution skills when required 1.3.2 Develops and maintains a credible professional role by commitment to excellence of practice 1.3.3 Seeks, responds to, and provides, effective feedback 1.3.4 Participates in mentoring 1.3.5 Demonstrates initiative by being proactive and developing solutions to problems
1.4 Practises effectively	1.4.1 Applies organisational, business and management skills in the practice of nutrition and dietetics (effective time, workload and resource management) 1.4.2 Utilises suitable evaluation tools to review effectiveness of practice 1.4.3 Identifies and assesses risks, follows risk management protocols and develops basic risk management strategies for services 1.4.4 Utilises relevant technology and equipment efficiently, effectively and safely 1.4.5 Applies the principles of marketing to promote healthy eating and influence dietary change
1.5 Demonstrates cultural competence	1.5.1 Reflects on own culture, values and beliefs and their influence on practice 1.5.2 Seeks out culturally specific information to inform practice 1.5.3 Works respectfully with individuals, groups and/or populations from different cultures

Figure 5 National Competency Standards for Dietitians in Australia: Domain 1

An alternative to the domain model that has been increasingly used is the structuring of competency frameworks according to 'roles' such as Researcher or Communicator.

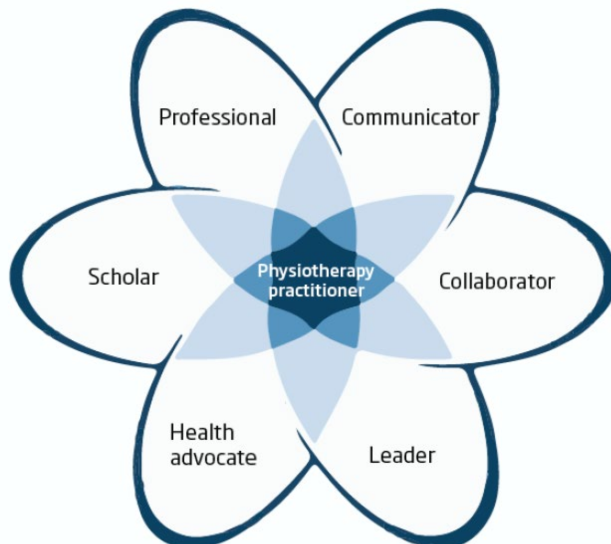

Figure 6 Physiotherapy Roles in Competency Framework

One such model that uses the concepts of 'roles' is the CanMEDS Physician Competency Framework. The CanMEDS Framework was developed for physicians in Canada and was released in 2005 and reviewed in 2015. It 'is based on the seven roles that all physicians need to have to be better doctors: Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional'. For each role, there are key competencies which are further described by enabling competencies.

An example where this has been adapted for use by an Australian health profession can be seen in the *Physiotherapy Career Pathway Competence Framework* as shown in Figure 6. These role descriptors are used as a conceptual framework to group elements of competency into attributes that can be ascribed to a fully competent practitioner. Beneath each 'role' is a series of competencies that describe how a practitioner is defined as a collaborator, for example. In this example, the competencies relate to the practitioner's ability to work as part of a health care team, maintaining relationships with peers and support patient centred care through the use of professional partnerships.

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Performance on a Continuum

In recent years there have been a number of attempts to develop competency frameworks that not only articulate the competency requirements for entry-level practice, but also provide a framework for advanced and expert practice.

One such example, the previously mentioned CanMEDS Framework, provides milestones to 'describe the development of physician abilities across the continuum of their career starting at entry to residency, following them throughout practice, and finally into the transition out of professional practice'. Figure 7 demonstrates the scaffolding approach to improved performance and ultimate recognition of speciality or advanced practice.

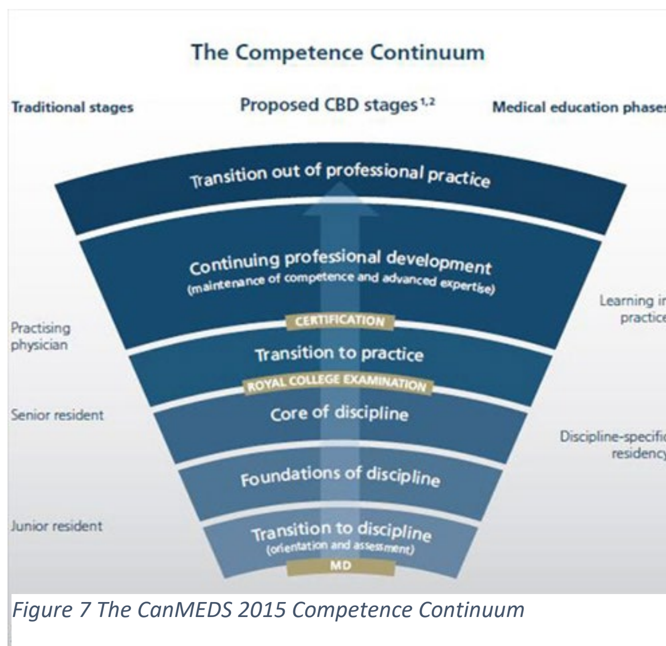

Figure 7 The CanMEDS 2015 Competence Continuum

The development of a performance continuum has also been reflected in the structure of the competence standards. Using the 'role' approach, the milestones outlined in Figure 6 demonstrate the increasing performance measures of practitioners along the continuum.

Key and enabling competencies	Requirements for residency	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice	Advanced expertise
SCHOLAR MILESTONES						
1 Engage in the continuous enhancement of their professional activities through ongoing learning						
1.1 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice	Describe principles of effective learning relevant to medical education Describe learning opportunities, resources, and assessment and feedback opportunities relevant to learning in the clinical setting	Demonstrate a structured approach to monitoring progress of learning in the clinical setting Describe physicians' obligations for lifelong learning and ongoing enhancement of competence	Create a learning plan in collaboration with a designated supervisor and others as needed, identifying learning needs related to their own discipline and career goals Use technology to develop, record, monitor, revise, and report on learning in medicine	Review and update earlier learning plan(s) with input from others, identifying learning needs related to all CanMEDS Roles to generate immediate and longer-term career goals	Create a learning plan, incorporating all CanMEDS domains, targeting residency program completion and the transition to practice Discuss a learning plan and strategy for ongoing self-monitoring with a mentor, faculty advisor, or learning coach	Develop a plan to enhance competence across all CanMEDS domains for practice and update it regularly Coach others to enhance their own learning plans for practice

Figure 8 CanMEDS Framework 2015 Scholar Role Milestones

Conclusion

There is no one right way to structure and expand upon competency standards for professional practice. Over the course of the project, Audiology Australia will be discussing with members and other key stakeholders the most appropriate framework for national competency standards that will help prospective students, interns, practicing Audiologists and the public have a comprehensive understanding of the competence requirements for contemporary practice in Australia.

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We would welcome your feedback on your experience with competency requirements to this point and any comments you would like to make regarding potential structures of National Competency Standards for Audiologists in Australia.

We have prepared four consultation questions to help guide your feedback. We would appreciate your comments on any or all of these consultation questions.

Consultation Questions

1. Do you have experience using competency standards? If so, in what context (i.e. professional practice, education)
2. Do you believe that the use of role descriptors such as 'Professional' and 'Communicator' would be useful to help practitioners and the public conceptualise the role of Audiologists in Australia?
3. Should concepts such as self-reflection and lifelong learning be included in the draft competency standards?
4. Should the competency standards articulate the competencies for a 'generalist' audiologist as well as specific areas of practice that should be deemed 'optional' in the draft competency standards? For example, paediatric diagnostics.

Contact

To provide your feedback to the consultation questions, or to speak about the project, please contact Rachel Adkins, Accreditation and Policy Officer at rachel.adkins@audiology.asn.au

The consultation closes on **Friday 29 March 2019**.

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Appendix 1

Excerpt from the Self Regulating Health Profession Peak Bodies Membership Standards

4. Competency Standards

The concept of competency focuses on what is expected of a practitioner in the workplace, rather than the learning process. Competence relates to the ability to transfer and apply skills and knowledge to new situations and environments whilst integrating components such as values and attitudes. A competency is an observable quality which can be measured and assessed to ensure acquisition by a professional.

Competency Standards describe the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance in a professional or occupational area. Competency Standards utilise the meaning of competence to provide discipline specific detail regarding entry level attributes.

Competency Standards underpin many self regulation processes and therefore play a vital role in ensuring the quality and safety of services provided by health care professionals.

Competency Standards achieve their intended outcome by:

- Providing a basis for assessment of practitioners' performance; ensuring they can safely and effectively fulfil their required role prior to certification
- Informing the public of the role of the professional and the minimum expectations they can have in their interaction with the professional
- Informing the education sector of the professions work place requirements to assist with curriculum development
- Informing government and policy makers of the range and standard of practice they can expect from entry level allied health practitioners in Australia.

Scope of application:

To become a NASRHP Professional Body, a current Competency Standards document reflecting entry level practice in Australia must be publicly available.

Requirements of the standard:

Method of application
All NASRHP Professional Bodies must use assessment of or against Competency Standards to inform practitioner certification. See Practitioner Certification and Course Accreditation standards for details.

The methods proposed by the NASRHP Professional Body to link Competency Standards to practitioner certification, must be clearly documented, robustly developed and able to be consistently applied.

Where NASRHP Professional Bodies rely on an external entity to determine practitioner eligibility against the Competency Standards, in addition to the above evidence, the Professional Body is required to demonstrate how they will monitor the application of the Competency Standards and be aware of any changes which the external entity may implement.

Competency Standards document

All Competency Standards documents must be outcome based and all statements expressed as measurable/observable aspects of knowledge and skills expected of the workforce within the descriptive categories used. It is preferable that all Competency Standards documents follow the common lay out of Units/domains, Elements/Activities, Performance Criteria/Indicators, Range Variables/Cues in order to assist the public's understanding of the individual professions and the differences between them.

Clinically specific differences between professions are expected and necessary, however at a minimum all NASRHP Professional Bodies must address the following concepts within their Competency Standards document:

- Legal requirements related to practice e.g. confidentiality
- Documentation
- Collaborative approach to practice
- Working within Scope of Practice
- Client focused care
- Culturally responsive and inclusive practice
- Use of best available evidence to inform practice
- Evaluation of care outcomes
- Adherence to ethical and professional standards.

Review Period

A planned review date for Competency Standards documents must be clearly noted. This date should not exceed seven years post the release date of the document.

*All professions should commit to a thorough review of the Competency Standards in a shorter time frame where significant change to the role of the profession occurs, where Competency Standards are thought to no longer be reflective of current practice, or where evidence exists that certified practitioners are not performing safe and effective care.

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Appendix 2 Examples of Health Professions Using Integrated Competency Standards

Psychology

Psychology has a number of educational program sequences which encompass structures such as 3+2 Bachelor/Master programs, 4+2 Bachelor plus internship, 5+1 Master plus internship and a 4+2 specialisation pathway. Because of the variety of these structures, they have sequences their competency standards to allow clarity regarding the competency requirements for graduates of each level as well as those requirements for specialisation.

They have divided their competencies as follows:

1. Foundational Competencies
2. Pre-professional Competencies
3. Professional Competencies
4. Professional Competencies for Specialised Areas of Practice

Pharmacy

The educational structures for pharmacy are not as flexible as psychology. Programs are either a bachelor or master level program with all graduates being required to complete a twelve-month internship. The pharmacy profession has structured their competency standards as a stand-alone document to the accreditation standards used by the Australian Pharmacy Council. The aim of the competency standards is to guide practitioners in the selection of CPD and the development of their competence towards advanced practise.

Pharmacy degree programs and intern training program providers are required to map their programs to the professions competency standards and the accreditation evaluation of each program provider reviews the mapping to ensure appropriate alignment between learning and assessment strategies and the professional competencies.

A notable inclusion in the pharmacy standards is the capacity for practitioners to build their own areas of advanced practice. Unlike psychology, where there are recognised areas of speciality, the pharmacy profession does not have the capacity to specialise under the National Registration and Accreditation Scheme (NRAS). While some committees of specialty practice (COSPs) have established competency guidelines practitioners can apply, the profession wide competency standards are designed to accommodate practice that may not yet be supported by these structures.

Dietitians

The 2015 version of the National Competency Standards for Dietitians in Australia have been developed as a set of four domain areas with sub-set elements and observable and/or measurable actions associated with each element. The Dietetics Association of Australia describes the intended use of the standards for each stakeholder group as:

The National Competency Standards for Dietitians in Australia are used to facilitate a shared understanding of competency. More specifically they may be used by:

Students to:

- *Identify the relationship between their program of learning, assessment and program outcomes*
- *Determine what they are expected to do by the end of their university study (on entry to the profession)*
- *Guide their plans for professional development as part the Accredited Practising Dietitian program*

Practitioners to:

- *Provide a framework for assessment of students*
- *Guide professional development plans for the Accredited Practising Dietitian mentoring program*
- *Describe minimum performance in the workplace*

Universities to:

- *Design and implement dietetic education programs that are compliant with the DAA Accreditation Standards*
- *Develop curricula and assessment strategies that are aligned with the Competency Standards*
- *Graduate entry-level dietetic practitioners that are competent against the Competency Standards.*

DAA to:

- *Inform standards for accreditation of university programs*
- *Guide the assessment processes of dietitians whose qualifications are not from Australia and for dietitians returning to practice*
- *Describe safe performance in the workplace*

By patients, clients and the community to:

- *Establish the expected knowledge, skills and behaviours of dietitians and provide the standards against which the public can expect safe practice*