FREQUENTLY ASKED QUESTIONS

Access to the Rehabilitation Competency Framework and associated guides is available here:

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The Rehabilitation Competency Framework

What is the Rehabilitation Competency Framework?

The Rehabilitation Competency Framework is a document that captures what people delivering or supporting rehabilitation do (activities), and the behaviours, knowledge and skills (competencies) that enable quality care and service delivery. The Framework covers activities and competencies across the areas of rehabilitation practice, professionalism, learning and development, management and leadership, and research.

The Rehabilitation Competency Framework can be used as a reference to develop competency frameworks for specific contexts. It has been designed to be easily adapted by any rehabilitation profession, setting or specialization and provides a structure, language and menu of core and optional content relevant to those who will use it and what it will be used for.

How can the Rehabilitation Competency Framework be adapted to different contexts around the world?

The Rehabilitation Competency Framework was designed to be adapted and adopted for use in different contexts so that it is relevant to the people, places and cultures where it will be used. Some aspects of the
Rehabilitation Competency Framework, including the core values and beliefs, are designed to be widely applicable for all rehabilitation workers. However, these values and beliefs may be interpreted slightly differently by different people and cultures, and thus may be adapted somewhat in a context-specific competency framework. The competencies and behaviours are also designed to be relevant to all rehabilitation workers, while the activities and tasks will be relevant to some and not others, depending on their scope of practice and the expectations of their role. A stepwise guide titled, *Adapting the WHO Rehabilitation Competency Framework to a specific context*, is available online.

**What languages is the Rehabilitation Competency Framework available in?**

The Rehabilitation Competency Framework will be available in Spanish, French, Russian and Chinese in 2021, and Arabic by 2022. Those wanting to translate the Rehabilitation Competency Framework into other languages are encouraged to email the WHO Rehabilitation Programme (rehabilitation@who.int).

**How does the Rehabilitation Competency Framework contribute to the attainment of the Sustainable Development Goals?**

By contributing towards building a stronger rehabilitation workforce, the Rehabilitation Competency Framework serves to achieve SDG 3, Ensure healthy lives and promote well-being for all at all ages. Specifically, the Rehabilitation Competency Framework aligns with target 3.8, the attainment of universal health coverage, and 3.c by supporting the recruitment, development, training and retention of the health workforce in developing countries.

**The scope of the Rehabilitation Competency Framework**

**Who is the Rehabilitation Competency Framework relevant to?**

The Rehabilitation Competency Framework is relevant to all rehabilitation workers and other health workers who implement rehabilitation interventions. Rehabilitation workers deliver interventions that primarily target functioning and reduce disability, such as those addressing mobility, cognition, communication and mental health. Typically, rehabilitation workers include audiologists, occupational therapists, prosthetists and orthotists, physiotherapists, and speech and language therapists, as well as rehabilitation specialists in the fields of medicine, nursing and psychology. The rehabilitation workforce also includes rehabilitation assistants, technicians, community-based rehabilitation workers and any other cadre delivering rehabilitation. The Rehabilitation Competency Framework can also be used by subspecialists within the rehabilitation workforce, and by those practicing in specific settings, such as in rural and remote areas.
How can the Rehabilitation Competency Framework be relevant to all rehabilitation workers given the diversity of cultures and scopes of practice around the world?

Before it is used in countries, the Rehabilitation Competency Framework needs to be adapted to reflect the needs and characteristics of the workers it concerns and the populations they serve. This is particularly important for a competency framework to be acceptable and used by the workforce. Each competency framework modelled from the Rehabilitation Competency Framework will differ, but each should share a similar terminology, a comparable structure and be based on the same concepts. The Rehabilitation Competency Framework was designed to make the process of adaptation as easy as possible by using simple, culturally-neutral language that is conducive to translation, and a structure suited to a broad range of competency framework applications.

Is the Rehabilitation Competency Framework relevant to rehabilitation in the context of mental health?

Yes, the Rehabilitation Competency Framework is relevant to anyone working with people with rehabilitation needs, including in the field of mental illness. Tasks related to rehabilitation in the context of schizophrenia, as well as tasks targeting emotional and cognitive functions in the context of other health conditions, will be added to the Rehabilitation Competency Framework in the second phase of its development. These tasks should be available by 2022.

Does the Rehabilitation Competency Framework encompass community-delivered rehabilitation?

Yes. The Rehabilitation Competency Framework is relevant to all rehabilitation workers practicing in all settings. The Framework can be adapted to create a framework specifically for workers delivering rehabilitation in communities; or competencies and activities relevant to community settings may be integrated into frameworks, such as for a rehabilitation profession or specialization. Such frameworks would highlight and/or expand on the behaviours, tasks, knowledge and skills that are needed for a rehabilitation worker to perform effectively in community settings.

Can the Rehabilitation Competency Framework be used by the general health workforce, who often deliver rehabilitation interventions?

Yes, the Rehabilitation Competency Framework can be used to integrate rehabilitation competencies and activities in the pre-service and post-service education and training of health workers who deliver rehabilitation assessments and interventions within their scope of practice.
Application of the Rehabilitation Competency Framework

How can the Rehabilitation Competency Framework be used?

The Rehabilitation Competency Framework is designed to facilitate the development of context-specific competency frameworks which can be used in several ways to strengthen the performance and relevance of the rehabilitation workforce. For example:

- Professional associations and educators may use competency frameworks to establish standards through which the workforce can be regulated.
- Educational institutions can use competency frameworks to guide the development curricula and support the delivery of competency-based education.
- Employers and service managers may use competency frameworks for purposes such as recruitment, performance appraisal, and supporting professional development.
- Service users may refer to competency frameworks to determine the expected behaviours of rehabilitation workers.

In its current form (i.e. not adapted to a specific context), the Rehabilitation Competency Framework is being used to integrate competency-based approaches in national and subnational rehabilitation workforce evaluation and planning. It can also strengthen communication between groups of rehabilitation workers around the world by providing a shared language to describe their actions and behaviours.

How can the Rehabilitation Competency Framework be used in settings where the rehabilitation workforce is only emerging?

The Rehabilitation Competency Framework can be used both in places where the rehabilitation workforce is well established and where it is only just starting to emerge in the health system. In settings where rehabilitation workforce is still emerging and where competency frameworks do not yet exist, the Rehabilitation Competency Framework can be helpful in facilitating framework development. Competency frameworks can be important in establishing regulatory mechanisms, education programmes and national workforce planning, including the rational delegation of tasks to optimize the efficiency and effectiveness of a lean rehabilitation workforce.

The document, *Adapting the WHO Rehabilitation Competency Framework to a specific context*, provides a stepwise process for developing context-specific competency frameworks, and can be especially useful where they are being developed for the first time. The document, *Using a contextualized context-specific competency framework to develop rehabilitation programmes and their curricula*, is also highly relevant when establishing new rehabilitation education programmes.
Why is the Rehabilitation Competency Framework especially important for less resourced settings?

In many less resourced settings, the rehabilitation workforce is still emerging; significant shortages of workers exist, as do gaps in competencies of core rehabilitation professions. In such situations, the efficiency and performance of the workforce are more important than ever – health systems have to use whatever workforce they have to the best possible effect. The Rehabilitation Competency Framework can play a significant role in this regard by facilitating the development of context-specific frameworks that can be used to strengthen quality of care and rational task-delegation across cadres to optimize the existing workforce.

Competency frameworks also help ensure that emerging rehabilitation workers are being trained to deliver the interventions most needed by the population, and that they can work efficiently within the service delivery models and practice environments of their country (i.e. they know how to use technology such as telerehabilitation; they can task share and collaborate; and they can be innovative and creative when required).

How does the Rehabilitation Competency Framework support health system strengthening for rehabilitation?

The workforce is the backbone of the health system, and efforts to expand access to and quality of rehabilitation will always require strengthening the rehabilitation workforce. One of the primary ways that the Rehabilitation Competency Framework assists with such strengthening is by ensuring that the workforce is aligned with population needs – i.e. that workers are equipped with the knowledge and skills to provide quality care, and that they can deliver the range of interventions most needed by the populations they serve, where they are needed (including in rural and remote settings).

Competency frameworks help align the workforce with population needs when they are developed based on an assessment of health and demographic trends, service delivery models, and other factors that shape the knowledge and skills needed for workers to perform effectively in their environment. Once these needs have been determined, competency frameworks can define and communicate the competencies and activities required to address them.

However, health system strengthening for rehabilitation requires addressing not only the workforce, but all the “building blocks” of the health system, including governance, financing, information systems, assistive technology and service delivery. The WHO Rehabilitation Programme is in the process of developing and implementing a range of resources that target these various building blocks (see the WHO Rehabilitation web page for further information).

Does the Rehabilitation Competency Framework play a role in identifying population needs for rehabilitation?

Yes, the Rehabilitation Competency Framework identifies which tasks the rehabilitation workforce needs to be competent to provide care for people with a range of health conditions (these tasks will be integrated into the
Practice domain by 2022). How these tasks are delegated among cadres will be determined by the relevant stakeholders in a country.

The role of WHO in implementing the Rehabilitation Competency Framework

How will WHO support the implementation of the Rehabilitation Competency Framework in countries?

WHO regional and country offices can work closely with the rehabilitation stakeholders that use competency frameworks, such as government ministries, regulatory bodies and educational institutions. When requested, WHO can provide technical support in using the Rehabilitation Competency Framework, and in the processes of adapting it to the context required. However, this work can be undertaken independently if rehabilitation stakeholders at the national, institutional or service level have adequate technical capacity to do so. Whether or not WHO support is required also depends on the scale of the work. For example, a hospital rehabilitation department wanting to develop recruitment criteria or performance evaluation assessments modelled on the Rehabilitation Competency Framework are unlikely to require WHO support. On the other hand, support may be sought by a national regulatory body looking to establish competency standards for a rehabilitation workforce where these have not previously been developed.

Will WHO support countries to identify rehabilitation workforce needs and opportunities for using the Rehabilitation Competency Framework?

WHO can support countries in identifying workforce needs and opportunities for using the Rehabilitation Competency Framework when such technical support is requested through the WHO country or regional offices. Additionally, a range of tools is available to assist countries in identifying rehabilitation needs; these include the WHO Rehabilitation Needs Estimator, and the Systematic Assessment of Rehabilitation Situation (STARS) tools within the Rehabilitation in health systems: guide for action, and the forthcoming Guide for Rehabilitation Workforce Evaluation (GROWE). Understanding rehabilitation needs is essential for competency framework development, as is ensuring that frameworks include the competencies and activities most relevant to the population. Both STARS and GROWE can help identify where competency frameworks are needed, such as in the context of strengthening regulation and education, or to support rehabilitation workforce recruitment and performance appraisal at the service level.
Education, assessment, standards and workforce optimization

How does the Rehabilitation Competency Framework deal with interprofessional education?

The Rehabilitation Competency Framework does not deal explicitly with interprofessional education, however because it is professional-neutral, it may be a useful tool in this context. The Framework can serve as a reference in the development of interprofessional curricula, for example, by providing a range of potential learning outcomes.

Can the Rehabilitation Competency Framework be used to support continuous professional development?

Yes, the Rehabilitation Competency Framework can be used to support both pre-service and post-service education. It can be used to develop competency standards for regulating the rehabilitation workforce, which can define the competencies and activities needed by rehabilitation workers to maintain their license/continue practicing, and be used to develop curricula and learning outcomes for professional development courses.

Is the Rehabilitation Competency Framework addressed by the WHO Academy?

Not yet, but it may be in the future as the WHO Academy continues to expand.

Can rehabilitation workers be assessed against the Rehabilitation Competency Framework?

Rehabilitation workers should not be assessed against the Rehabilitation Competency Framework, but rather against context-specific competency frameworks and/or curricula, that may be modelled on it. Furthermore, in order for workers to be assessed, competency frameworks will generally need to include performance indicators to determine the standard of performance of the behaviours or tasks within the rehabilitation worker’s context.

Does the Rehabilitation Competency Framework set standards for the rehabilitation workforce?

No, the Rehabilitation Competency Framework does not set standards for rehabilitation workers; rather it shows a broad spectrum of performance (describing how behaviours and tasks are observed across four levels of proficiency). The Rehabilitation Competency Framework will need to be adapted to create a context-specific competency framework that may define a standard of performance appropriate to the workforce it relates to. This standard could reflect any of the proficiency levels of the Rehabilitation Competency Framework depending on what is expected of the rehabilitation workers concerned.

How does the Rehabilitation Competency Framework relate to existing national and international competency frameworks and standards of professional associations and regulatory bodies?

The Rehabilitation Competency Framework does not replace or supersede existing national or international competency frameworks or standards. Rather, professional associations and regulatory bodies can refer to the Rehabilitation Competency Framework when developing or revising their own competency frameworks or
standards if they want to align the language, concepts and structure, to improve communication and comparability between professions and countries.

**Is the Rehabilitation Competency Framework equivalent to an international guideline for rehabilitation workers? Does it provide instruction for delivering rehabilitation?**

No, the Rehabilitation Competency Framework is not a guideline or a protocol for delivering rehabilitation. While the tasks associated with specific health conditions (pending) within the Practice domain indicate which assessments and interventions rehabilitation workers may need to be competent in when working with people with those health conditions, it does not describe when and how the assessments and interventions should be delivered, nor what composition of assessments and interventions a person might need.

**How does the Rehabilitation Competency Framework deal with task-sharing?**

Although the Rehabilitation Competency Framework does not deal explicitly with task-sharing, it can be used as a mechanism to ensure that when task-sharing occurs, tasks are delegated rationally, and workers are equipped with the knowledge and skills to perform tasks not traditionally within their scope of practice, safely and effectively. Competency frameworks can achieve this through acting as a reference document that clearly communicates task delegation, and details the underlying knowledge, skills and behaviours needed to deliver the tasks. In allowing the relevant stakeholders to discuss the tasks and agree on how they are delegated, the process of developing a competency framework to support task-sharing can of itself be valuable.

**Rehabilitation Competency Framework terminology and concepts**

**How does the Rehabilitation Competency Framework differentiate between competence and proficiency?**

The Rehabilitation Competency Framework considers proficiency to be a spectrum of performance. A person is considered competent when they perform at a predetermined standard, as defined by a regulatory body. The Rehabilitation Competency Framework describes four levels of proficiency that reflect an evolution in autonomy, specialization and knowledge and skills, but does not define the levels at which a rehabilitation worker would be considered competent. This is to be determined in a specific context and based on what is required or expected of the rehabilitation worker.

**Why does the Rehabilitation Competency Framework differentiate between competencies and activities?**

In the context of the Rehabilitation Competency Framework, the differentiation between competencies and activities of a rehabilitation worker (i.e. how they behave and what they do) is useful as competencies are considered relevant to all rehabilitation workers, while activities are relevant to some and not to others.
The distinction can also be useful when considering education, as competencies, and the behaviours through which they are expressed, generally need to be practiced in the context of a range of activities in order to be mastered. Similarly, workers may need to be observed in a range of activities in order to be adequately assessed. There can be tendency to focus education and assessment on activities and tasks, as these are more explicitly observable. However, by differentiating competencies and behaviours from activities and tasks, the Rehabilitation Competency Framework draws attention to them as critical elements of performance.

**How were the four levels of proficiency used in the Rehabilitation Competency Framework developed?**

The four levels of proficiency were developed with the support of the Rehabilitation Competency Framework Technical Working Group members. The levels were designed to capture the spectrum of performance within the rehabilitation workforce – from those who work with close direction and supervision and have introductory knowledge and skills, to those who work autonomously with specialist knowledge and skills.

**How does the Rehabilitation Competency Framework relate to the WHO Global Competency Framework for Universal Health Coverage?**

The project leads for the Rehabilitation Competency Framework and the WHO Global Competency Framework for Universal Health Coverage collaborated throughout the development of both frameworks. A shared terminology was agreed, and both are based on the same core concepts; for example, both frameworks differentiate between competencies, behaviours, activities and tasks, and share a similar glossary of terms. Differences between the two are reflected their distinct target audience, scope and objectives.