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Rehabilitation Competency Framework
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FOREWORD

Most people will need rehabilitation at some point in their life, and often recurrently, as the result of injury, illness, congenital anomaly or the effects of ageing. Rehabilitation is a critical health strategy to enabling participation in education, work, and society; but too often, lack of access to trained rehabilitation workers leaves needs unmet. As health systems progress towards universal health coverage and encounter the growing challenges of rising prevalence of noncommunicable diseases, ageing populations, and the consequences of health emergencies, the importance of a strong rehabilitation workforce becomes more apparent than ever. Yet around the world, the capacity for building and sustaining a multidisciplinary rehabilitation workforce capable of effectively addressing population needs effectively is widely variable and is largely lacking in many low- and middle-income settings.

The rehabilitation workforce is diverse, composed of multiple disciplines and specializations that collectively meet the range of needs existing within populations. While this diversity is necessary and valuable, it can present a particular challenge to resource scarce countries and settings attempting to build their rehabilitation workforce. A competency framework that recognizes the range of activities performed by different types of rehabilitation workers, and the core competencies that enable them to perform effectively, is a valuable resource to academic institutions, educators, accreditation bodies and regulatory agencies in these settings. The WHO Rehabilitation Competency Framework provides such a resource. It is aligned with WHO's strategic approach to workforce competencies, detailed in WHO Global Competency Framework for UHC (2020) and will be foundational to the development of contextually specific competency frameworks and standards needed to strengthen education and training, regulation, and quality care, such as through guiding curriculum development, establishing standards for practice, and building performance appraisal tools. The Rehabilitation Competency Framework also provides common core values and beliefs, as well as a shared language, to harmonize and unify the rehabilitation community for greater impact.

The WHO Rehabilitation Competency Framework is the result of a highly collaborative process and reflects the commitment and enthusiasm of the public health community towards addressing the significant workforce challenges faced around the world. It represents an important step towards the vision of the Rehabilitation 2030 Initiative, where anyone can access the quality rehabilitation they need.

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GLOSSARY

Activity	An area of work that encompasses groups of related tasks. Activities are time limited, trainable and, through the performance of tasks, measurable.
Behaviours	Observable conduct towards other people or activities that expresses a competency. Behaviours are durable, trainable and measurable.
Body functions	Body functions are the physiological functions of body systems (including mental functions).
Body structures	Body structures are anatomical parts of the body such as organs, limbs and their components.
Colleague	In the context of this framework, a colleague refers to a member of the team or service of a different discipline.
Competency	The observable ability of a person, integrating knowledge, skills, values and beliefs in their performance of tasks. Competencies are durable, trainable and, through the expression of behaviours, measurable.
Competent	Performance of required competencies and activities to a defined standard for an occupational role (e.g. "she/he is competent").
Environment	Environment encompasses the physical, social and attitudinal environment in which people live and conduct their lives.
Evidence	In the context of the RCF, evidence encompasses the body of knowledge, acquired through means such as research, observation, or evaluation, intended for use in understanding an intervention, service, or approach to care, including effectiveness and factors related to implementation.
Health condition	Disease (acute or chronic), disorder, injury or trauma, or other circumstances such as pregnancy, ageing, stress, congenital anomaly, or genetic predisposition.
Knowledge	The informational base of competencies and activities.
Models of care	The way in which health services are delivered.
Occupational role	A category that characterizes certain groups of activities (e.g. student, practitioner, educator, manager, researcher).
Occupational standard	The level of proficiency required to perform an occupational role, acquire a professional title, or be deemed safe to perform specific tasks.
Person and their family	In the context of the RCF, "the person" refers to the individual with rehabilitation needs; "their family" refers to all those, related or unrelated to the person, who are directly involved in the rehabilitation process e.g. family members, partner, employer, teacher. In some contexts, "family" may be extended to include the broader community.

Physical modalities	Physical agents or tools that produce a specific response to a body structure or function e.g. heat, electrical stimulation, taping.
Proficiency	A person's level of performance.
Rehabilitation	A set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.
Rehabilitation worker	A person delivering or supporting the delivery of rehabilitation, whether interacting directly or indirectly with a person, their family or service-user groups.
Skill	A specific cognitive or motor ability that is typically developed through training and practice.
Task	Observable units of work as part of an activity, which draw on knowledge, skills, attitudes and behaviours. Tasks are time-limited, trainable and measurable.
Values and beliefs	A person's feelings, values and beliefs, which influence their behaviour and performance of tasks.

ACRONYMS

PIR	The WHO Package of Interventions for Rehabilitation
RCF	Rehabilitation Competency Framework
WHO	World Health Organization

EXECUTIVE SUMMARY

The Rehabilitation Competency Framework (RCF) is a model that communicates the expected or aspired performance of the rehabilitation workforce across professions, specializations and settings to enable quality care and service delivery. It encompasses the core values, beliefs, competencies, activities, and underlying knowledge and skills required by the rehabilitation workforce to deliver and support rehabilitation. The RCF was developed as a tool to help different stakeholders in many parts of the world respond to challenges in their workforce. This is achieved primarily by facilitating the development of context-specific competency frameworks through an “adopt and adapt” approach; competency framework developers can adopt the structure and language of the RCF and adapt the content according to their situation and needs. Once contextualized, competency frameworks can support workforce development in a range of ways: regulatory bodies, for example, use them to communicate standards required by a particular profession; educational institutions to convey the learning outcomes of their courses and to ensure the knowledge and skills taught by the institution are aligned with population needs; rehabilitation services use them for a variety of reasons particularly in the context of planning and human resource management; and ministries of health apply them in workforce evaluation and planning, as well as for conducting competency gap analyses.

The guide accompanying the RCF, Adapting the Rehabilitation Competency Framework for a Specific Context, provides practical steps to assist those wishing to use the RCF to develop a competency framework for any of the above applications.

The RCF describes competencies and activities over a spectrum of proficiency (from Level 1 to Level 4) and thus does not define discrete standards of practice. It should not be interpreted as a guideline, protocol or performance appraisal tool, but rather used as a reference in their development within specific contexts.

The RCF is relevant to all rehabilitation disciplines, specializations and settings; the core values and beliefs and competencies, as well as the behaviours through which these are expressed, can be considered cross-cutting and applicable to all rehabilitation workers. The activities, and the tasks that they encompass, capture the range of rehabilitation work and not all will be relevant to every rehabilitation worker. In the process of contextualizing the RCF, competency framework developers are expected to extract only the activities and tasks relevant for their specific workforce.

Competencies, activities and knowledge and skills are organized into five thematic domains that encompass the following areas of rehabilitation: Practice; Professionalism; Education and Development; Management and Leadership; and Research. Each domain includes:

- Core values and beliefs;
- Competencies, and the behaviours through which they are expressed;
- Activities, and the tasks that they encompass; and
- Knowledge and skills.

The competencies and activities of each domain are summarized overleaf; the behaviours and tasks associated with each (described across rehabilitation worker proficiency Level 1 to Level 4), as well as the knowledge and skills, are outlined in the body of this document.

The RCF was developed through a highly iterative process, led by the WHO Rehabilitation Programme and supported by an expert Technical Working Group. Consensus was built through a modified Delphi study, which encompassed the perspectives of relevant stakeholders across WHO regions. A consultation between rehabilitation service-users was also conducted to ensure that the values, beliefs and competencies accurately capture what is important to people who access rehabilitation.

SUMMARY OF COMPETENCIES AND ACTIVITIES FOR R

PRACTICE (P)

Competencies (C)

The rehabilitation worker:

C1. Places the person and their family at the centre of practice

C2. Establishes a collaborative relationship with the person and their family

C3. Communicates effectively with the person, their family, and their health-care team

C4. Adopts a rigorous approach to problem-solving and decision-making

C5. Works within scope of practice and competence

Activities (A)

Activities include:

A1. Obtaining informed consent for rehabilitation

A2. Documenting information

A3. Conducting rehabilitation assessments

A4. Developing and adapting rehabilitation plans

A5. Referring to other providers

A6. Implementing rehabilitation interventions

A7. Evaluating progress towards desired outcomes

A8. Discharging and ensuring appropriate continuity of care

PROFESSIONALISM (PM)

Competencies (C)

The rehabilitation worker:

C1. Demonstrates ethical conduct

C2. Maintains professionalism

C3. Works collaboratively

C4. Manages professional responsibilities

Activities (A)

Activities include:

A1. Managing risks and hazards

A2. Undertaking quality improvement initiatives

A3. Participating in team forums

A4. Advising on rehabilitation

EHABILITATION WORKERS, WITHIN THE FIVE DOMAINS

LEARNING AND DEVELOPMENT (LD)

Competencies (C)

The rehabilitation worker:

C1. Continues to learn and develop

C2. Supports the learning and development of others

C3. Works to strengthen rehabilitation education and training

Activities (A)

Activities include:

A1. Managing own professional development

A2. Supervising and teaching others

MANAGEMENT AND LEADERSHIP (ML)

Competencies (C)

The rehabilitation worker:

C1. Works to enhance the performance of the rehabilitation team

C2. Works to enhance the performance of rehabilitation service delivery

C3. Acts as a rehabilitation advocate

Activities (A)

Activities include:

A1. Managing a rehabilitation team

A2. Managing rehabilitation service delivery

A3. Monitoring and evaluating rehabilitation service delivery

RESEARCH (R)

Competencies (C)

The rehabilitation worker:

C1. Integrates evidence in practice

C2. Works to strengthen evidence for rehabilitation

Activities (A)

Activities include:

A1. Designing and implementing research

A2. Disseminating evidence

A3. Strengthening rehabilitation research capacity

INTRODUCTION

WHAT IS THE REHABILITATION COMPETENCY FRAMEWORK?

The Rehabilitation Competency Framework (RCF) is a model that communicates the expected or aspired performance of the rehabilitation workforce across professions, specializations and settings to enable quality care and service delivery. The RCF includes a number of complimentary and interconnected components, specifically:

- Core values and beliefs;
- Competencies, and the behaviours through which they are expressed;
- Activities, and the tasks that they encompass; and
- Knowledge and skills.

With the exception of the core values and beliefs, these components are organized into five domains: Practice (P), Professionalism (PM), Learning and Development (LD), Management and Leadership (ML), and Research (R), and cover the broad scope of rehabilitation work.

As well as describing how and what the rehabilitation workforce performs, the RCF provides an organizational structure, conceptualization and language that can be "adopted and adapted" to specific contexts and to serve a range of purposes (as outlined below in "How can the RCF be used?"). The RCF can thus be viewed as a master framework from which organizations, institutions and services can build purpose-specific competency frameworks that are aligned with the broader rehabilitation community.

WHAT IS REHABILITATION?

Rehabilitation as a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions, in interaction with their environment. A health condition may include disease, disorder, injury or trauma, as well as other circumstances such as pregnancy, ageing, stress, congenital anomaly, or genetic predisposition. Rehabilitation aims to maximize a person's ability to live, work and learn.

WHAT WORKFORCE DOES THE REHABILITATION COMPETENCY FRAMEWORK RELATE TO?

The workforce referring to the RCF will typically include those who deliver interventions that optimize functioning and reduce disability. Typically, this will include rehabilitation workers belonging to the professions of audiology, occupational therapy, prosthetics and orthotics, physiotherapy, and speech and language therapy, as well as medical, nursing and psychology rehabilitation specialists. The rehabilitation workforce also includes rehabilitation assistants, technicians, and community-based rehabilitation workers, or any other health cadre delivering rehabilitation. The RCF can be also used by sub-specialists within the rehabilitation workforce, or by rehabilitation workers practicing in a specific setting, such as in rural and remote areas.

HOW CAN THE RCF BE USED?

Once adapted to a specific context, the RCF domains included in this document, and the expanded health-condition-specific content available in the online interactive version of the RCF[1], can be used in a variety of ways to support workforce development at the individual, institutional, service or system level. For example:

- **Regulatory or accreditation bodies** use competency frameworks to communicate the standards expected of a profession. When applied to pre-and post-service education and enforced through audits and other mechanisms, they form an integral component of quality assurance.
- **Education institutions** use competency frameworks to communicate the outcomes of their courses, i.e. the behaviours they intend their students to develop and the tasks students will be equipped to perform. Frameworks can be used to shape the learning outcomes of courses, and to ensure that the knowledge and skills taught by the institution are aligned with population needs.
- **Rehabilitation services** use competency frameworks in planning and human resource management.
  - **In the context of planning**, competency frameworks enable services to successfully align staff competencies and activities with population needs and service objectives. They also help to identify knowledge and skill gaps and performance deficiencies within their workforce.

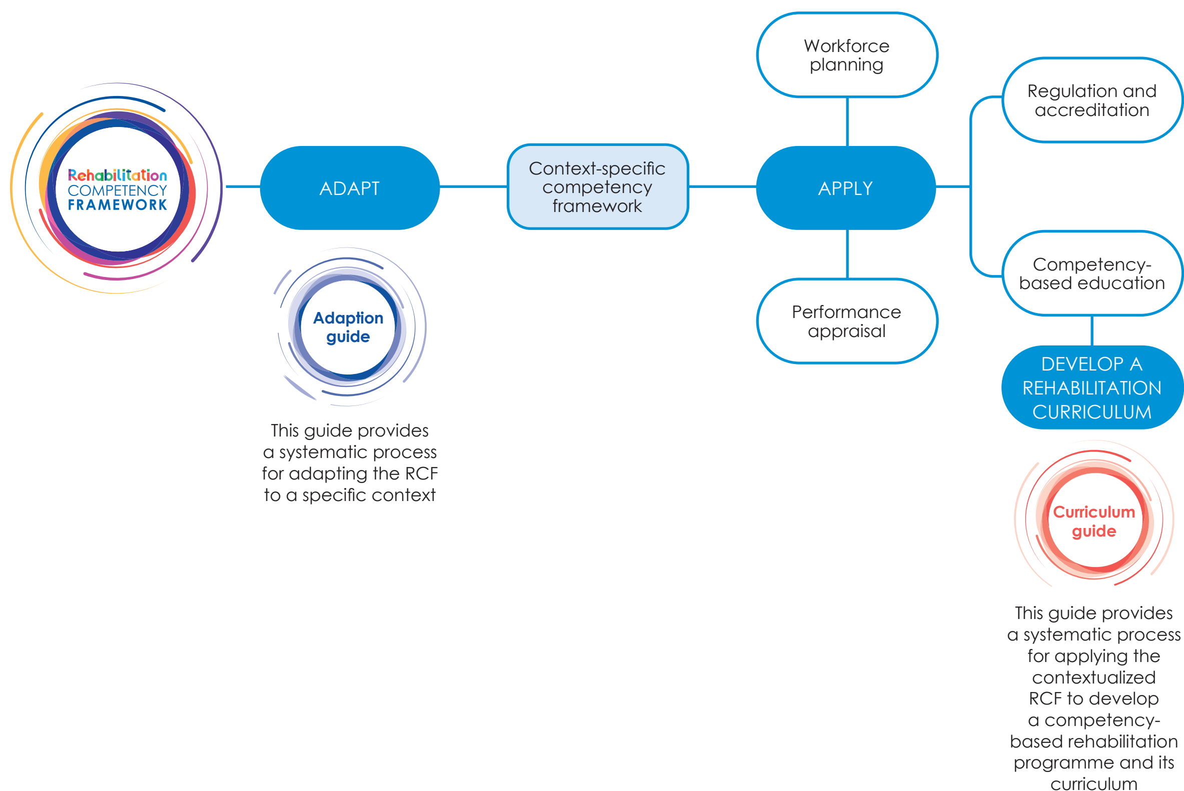
[1] Available in 2021

- **In the context of human resource management**, competency frameworks define performance excellence and provide a benchmark against which workers are assessed. They are also integral to establishing individual and service-wide development priorities.

- **Ministries of health** can apply competency frameworks in workforce evaluation and planning, such as in conducting competency gap analyses.

As seen in Figure 1, the RCF is accompanied by a guide, *Adapting the Rehabilitation Competency Framework for a Specific Context*, which provides a stepwise approach for developing a competency framework using the RCF that can be applied for any of the above purposes. A second guide describes the process of applying the RCF in the context of competency-based education. The RCF should not be used as a practice guideline, protocol, or assessment tool, but rather be as a reference point in the development of such resources.

Figure 1. Rehabilitation Competency Framework resources and their application



WHY WAS THE REHABILITATION COMPETENCY FRAMEWORK DEVELOPED?

Efforts towards achieving universal health coverage call for the health workforce to be responsive to population needs. In many countries, the rehabilitation workforce is underequipped and lacks the competencies, knowledge and skills to perform the activities required. As countries seek to scale up the production of rehabilitation workers, the RCF is a key tool to help ensure they have the competencies necessary to deliver quality care across the scope of rehabilitation needed by the population.

HOW WAS THE REHABILITATION COMPETENCY FRAMEWORK DEVELOPED?

The RCF was developed through a highly iterative process, led by the World Health Organization (WHO) with the guidance of an expert Technical Working Group. The RCF underwent extensive peer review, capturing a broad range of rehabilitation stakeholders and disciplines from both low-, medium-, and high-income countries. A full explanation of the RCF development process can be found in Annex.

REHABILITATION COMPETENCY FRAMEWORK OVERVIEW

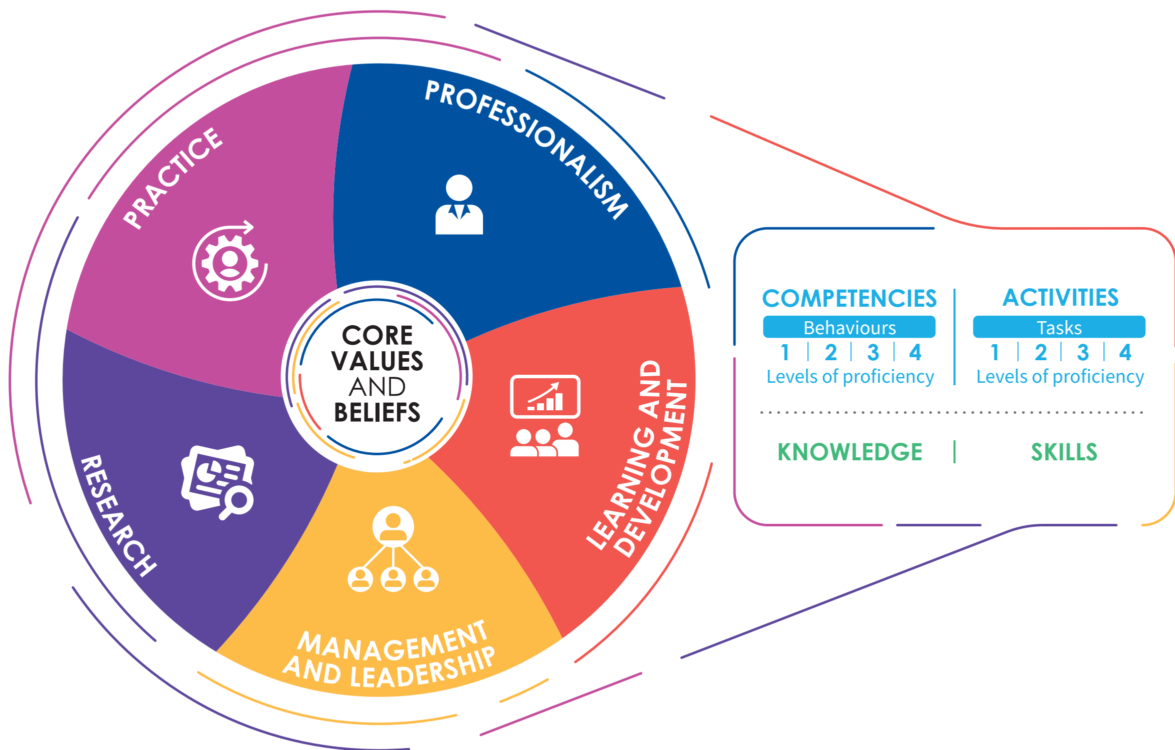
As seen in Figure 2, the RCF comprises five domains, centred around core values and beliefs. These domains cover the areas of rehabilitation practice, professionalism, learning and development, management and leadership, and research.

The domains collectively capture how the rehabilitation workforce behave in order to perform effectively (competencies), and what they do (activities). Competencies are broken down into behaviours; and activities into tasks. Each is described across four levels of proficiency.

Each domain also describes the knowledge and skills that underpin the activities and competencies. These include core knowledge and skills, as well as those that are specific to an activity.

Each component of the RCF is explained in further detail in the following section, "Components of the Rehabilitation Competency Framework".

Figure 2. The structure and components of the Rehabilitation Competency Framework



COMPONENTS OF THE REHABILITATION COMPETENCY FRAMEWORK

DOMAINS

The domains of the RCF provide a broad thematic organization for the competency, activity, knowledge and skill statements. As described in Figure 3, each domain addresses a different aspect of rehabilitation work, yet all interact together in the successful performance of a rehabilitation worker.

Figure 3. Description of the five domains of the RCF

CORE VALUES AND BELIEFS

Four core values and four core beliefs underlie all competencies and activities and are described in the following section. Together they help to shape the performance of a rehabilitation worker in all domains of rehabilitation work.

COMPETENCIES AND BEHAVIOURS

Competencies are the observable abilities of a person, integrating knowledge and skills, as well as core values and belief in their performance of tasks. Competencies are durable, trainable and, through the expression of behaviours, measurable. They are associated with an individual rehabilitation worker and how the worker approaches activities.

Behaviours are the observable components of a competency; while all rehabilitation workers should have all competencies, behaviours may differ depending on the proficiency of the rehabilitation worker.

ACTIVITIES AND TASKS

Activities are the applied knowledge, skills, values, and beliefs, conducted through a series of tasks, that describe *what* the rehabilitation worker does.

Tasks are the observable components of an activity, and like behaviours, may differ depending on the proficiency of the rehabilitation worker. Unlike competencies, not every rehabilitation worker will undertake all activities; which activities are required are dependent on the role and its demands.

The differences between competencies and activities are outlined in Table 1 below.

Table 1. Differences between competencies and activities

COMPETENCIES	ACTIVITIES
Associated with a rehabilitation worker	Associated with a role, its requirements and the scope of practice of the rehabilitation worker
Durable (persist through different activities)	Begin and end
Expressed as behaviours	Encompass tasks
Relevant to all rehabilitation workers	Relevant to some rehabilitation workers and not others, depending on their role

LEVELS OF PROFICIENCY

Behaviours and tasks are described across four levels of proficiency, with Level 1 describing the proficiency of a worker with the lowest level of knowledge and skills and least expectations for decision-making, and Level 4, the highest. In some instances, the behaviours or tasks will be different for each level; at others they will be the same across two or more levels. Summaries of what is expected for each level are provided at the start of each domain. A rehabilitation worker may align with a different level of proficiency both within and between domains. For example, they may align with Level 3 for some behaviours and tasks, and Level 2 or 4 in others.

KNOWLEDGE AND SKILLS

Knowledge and skills are the foundations of competencies and activities. Knowledge is the informational base of rehabilitation, while skills are the physical or cognitive abilities that enable the knowledge to be applied. Within the RCF, knowledge and skills are defined in general terms and are not specific to any particular health condition or context.

KEY CHARACTERISTICS OF THE REHABILITATION COMPETENCY FRAMEWORK

- Values and beliefs underscore all competencies and activities.
- Competencies and behaviours are cross-cutting; they are relevant to all rehabilitation workers, regardless of their scope of practice, role or responsibilities.
- Activities and tasks are selective; those that are relevant in a specific context will be dependent on a rehabilitation worker's scope of practice, role and responsibilities.
- Behaviours and tasks are expressed from Level 1 to Level 4. Whatever behaviours or tasks are described for Level 1 are expected for all proceeding levels.
- Competencies are organized thematically across the five domains; however, they will frequently support performance across multiple domains. For example, the communication competency described in the Practice domain will support performance in all domains but is not repeated in each one.
- The performance of a rehabilitation worker may vary across levels of proficiency within and between domains; the level to which a worker aligns will be influenced by their experiences, the expectations of their role and their personal strengths and interests. It is typical for a rehabilitation worker to align with a different level in each of the domains and for this to change over time,
- Proficiency levels are not determined by duration of education or training, or by any specific qualification. For example, a community health worker may align with Level 1 in some domains, and Level 2 or 3 in other domains. In some areas, and depending on experience and role, a community health worker may align with a higher level than a more qualified rehabilitation worker (for example a community health worker may align with higher levels in Leadership and Management if they hold a coordination role).

CORE VALUES
AND BELIEFS

The four core values and four core beliefs of the RCF are described below. As outlined in the Introduction, these help to shape the behaviour of a rehabilitation worker and their performance of tasks across all the RCF domains.

VALUES

Compassion and empathy

Rehabilitation workers seek to relate and respond with understanding to a person and their family's experience.

Sensitivity and respect for diversity

Rehabilitation workers treat all people equally and fairly, regardless of race, ethnicity, age, sex, gender identity, sexual orientation, disability, beliefs or economic status; they seek to provide care that is respectful and acceptable.

Dignity and human rights

Rehabilitation workers recognize the inherent value of each person, respect their dignity and promote their human rights.

Self-determination

Rehabilitation workers seek to provide choice and promote self-determination for each person.

BELIEFS

Functioning is central to health and well-being; it is integral to how a person is included and participates in meaningful activities and life roles.

Rehabilitation is person/family-centred; it is orientated around the specific needs and goals of the person and their family.

Rehabilitation is collaborative; it requires consultation with, and the active involvement of, the person and their family.

Rehabilitation should be available to all who need it; it should be integrated throughout the continuum of care for anyone with impairment in functioning who are experiencing activity limitations and participation restrictions.

DOMAINS

The five domains of the RCF are presented below. Descriptions of how the proficiency levels can be interpreted for each domain are provided, followed by the competencies and their behaviours; the activities and their tasks, and finally, the knowledge and skills. Note that where "the person and their family" is used, "the person" refers to the individual requiring rehabilitation; and "their family" refers to all those, related or unrelated to the person, who are directly involved in the rehabilitation process e.g. family members, partner, employer, or teacher. In some contexts, "family" can be interpreted as the person's broader community.

PRACTICE (P)

The Practice domain encompasses competencies and activities related to the interaction between the rehabilitation worker and the person requiring rehabilitation and their family. Competencies and activities necessary for establishing appropriate working relationships are included, as are assessment, planning, delivering interventions, communication, and decision-making.

PRACTICE PROFICIENCY LEVELS FOR REHABILITATION WORKERS

COMPETENCIES	BEHAVIOURS			
The rehabilitation worker:	**Level 1**	**Level 2**	**Level 3**	**Level 4**
C1. Places the person and their family at the centre of practice	C1.1 Supports the person and their family to be active partners in their rehabilitation, including decision-making			
	C1.2 Seeks support to adapt practice towards the desired outcomes of the person and their family, responding to their needs, preferences, goals and circumstances		C1.2 Adapts practice towards the desired outcomes of the person and their family, responding to their needs, preferences, goals and circumstances	
	C1.3 Seeks support to recognize and address barriers to the person and their family's engagement in rehabilitation, including their ability to access services		C1.3 Recognizes and addresses barriers to the person and their family's engagement in rehabilitation, including their ability to access services	
C2. Establishes a collaborative relationship with the person and their family	C2.1 Builds and maintains a positive rapport with the person and their family, characterized by confidence, empathy and trust			

COMPETENCIES	BEHAVIOURS			
The rehabilitation worker:	**Level 1**	**Level 2**	**Level 3**	**Level 4**
	C2.2 Recognizes and minimizes power imbalances within the person–practitioner and family relationships, and promotes the person's autonomy			
	C2.3 Maintains ethical boundaries with the person and their family			
	C2.4 Recognizes and acknowledges the attitudes, beliefs, and feelings of the person and their family		C2.4 Explores and validates the attitudes, beliefs, and feelings of the person and their family	
C3. Communicates effectively with the person, their family, and their health-care team	C3.1 Recognizes the communication needs and practices of the person and their family, such as those related to age, education, culture, health condition or language			
	C3.2 Adapts communication to frequently encountered needs and practices, including through the use of interpreters, assistive technology, and relevant accommodations	C3.2 Adapts communication to a range of needs and practices, including through the use of interpreters, assistive technology, and relevant accommodations	C3.2 Spontaneously adapts communication to a range of needs and practices, including through the use of interpreters, assistive technology, and relevant accommodations	C3.2 Spontaneously adapts communication to complex needs and practices, including through the use of interpreters, assistive technology, and relevant accommodations
	C3.3 Speaks clearly and concisely, using terminology and language appropriate to the person and their family			
	C3.4 Actively listens, including using, interpreting, and responding appropriately to body language			
	C3.5 Manages the environment to support effective communication, taking into consideration noise, privacy, comfort and space			
C4. Adopts a rigorous approach to problem-solving and decision-making	C4.1 Seeks support to identify personal, environmental, and health factors when conceptualizing problems and identifying solutions	C4.1 Identifies personal, environmental, and health factors and seeks support to use them in conceptualizing problems and identifying solutions	C4.1 Considers personal, environmental, and health factors when conceptualizing problems and identifying solutions	C4.1 Considers complex personal, environmental, and health factors when conceptualizing problems and identifying solutions
	C4.2 Seeks support to consider information from multiple sources when solving problems and making decisions with the person and their family	C4.2 Considers information from multiple sources when solving problems and making decisions with the person and their family	C4.2 Integrates information from multiple sources when solving problems and making decisions with the person and their family	C4.2 Integrates complex information from multiple sources when solving problems and making decisions with the person and their family
	C4.3 Seeks support to identify innovative approaches to addressing challenges with a person and their family		C4.3 Identifies innovative approaches to addressing challenges with a person and their family	C4.3 Identifies innovative approaches to addressing complex challenges with a person and their family
C5. Works within scope of practice and competence	C5.1 Maintains awareness of own limitations when working with a person and their family			
	C5.2 Seeks support and guidance when encountering situations beyond scope of practice and competence			

ACTIVITIES	TASKS			
Activities and tasks include:	**Level 1**	**Level 2**	**Level 3**	**Level 4**
A1. Obtaining informed consent for rehabilitation	A1.1 Providing basic explanations of what may be involved in the person's rehabilitation, including potential benefits and harms, in the context of routinely delivered interventions		A1.1 Explaining what may be involved in the person's rehabilitation, including potential benefits and harms and alternative options, and the rationale supporting these	
	A1.2 Clarifying the understanding of, and expectations for, rehabilitation of the person and their family			
	A1.3 Confirming consent according to legal and/or organizational policy, seeking support in situations when the person's cognitive or legal capacity to consent is unclear		A1.3 Confirming consent according to legal and/or organizational policy	
A2. Documenting information	A2.1 Following documentation processes to clearly and accurately record rehabilitation information			
	A2.2 Securely storing documentation containing the person's information			
A3. Conducting rehabilitation assessments	A3.1 Obtaining a basic health, environmental and personal history, clearly relevant to the needs of the person and their family		A3.1 Obtaining a comprehensive health, environmental and personal history, which reflects an in-depth understanding of the scope and complexity of determinants of health and well-being	
	A3.2 Observing whether a person may be at a risk of harm to themselves and/or others and seeking support to respond appropriately		A3.2 Assessing whether a person is at a risk of harm to themselves and/or others and implement protection strategies where appropriate	
	A3.3 Conducting routine and basic assessments of body structures and functions according to protocols and/or direction	A3.3 Independently conducting routine and basic assessments of body structures and functions	A3.3 Independently conducting assessments of body structures and functions, adjusting for specific factors, such as age, language, culture or impairment	A3.3 Independently conducting advanced and specialized assessments of body structures and functions, adjusting for specific factors, such as age, language, culture or impairment
	A3.4 Identifying typical barriers and facilitators in the person's environment	A3.4 Analysing barriers and facilitators in the person's environment	A3.4 Analysing complex barriers and facilitators in the person's environment	
	A3.5 Conducting basic assessments of the person's performance in relevant activities and their participation in meaningful events and life roles, through observation and interview		A3.5 Conduct in-depth assessments of the person's performance in relevant activities and their participation in meaningful events and life roles, using critical task analysis and interview	
A4. Developing and adapting rehabilitation plans	A4.1 Providing input to facilitate goal-setting with the person and their family	A4.1 Seeking support to identify rehabilitation goals with the person and their family based on their priorities and expectations, and the service context	A4.1 Identifying rehabilitation goals with the person and their family based on their priorities and expectations and the service context	

ACTIVITIES	TASKS			
Activities and tasks include:	**Level 1**	**Level 2**	**Level 3**	**Level 4**
	A4.2 Contributing to identifying rehabilitation interventions required to address the goals of the person and their family	A4.2 Identifying routine rehabilitation interventions required to address the goals of the person and their family	A4.2 Determining which rehabilitation interventions are required to address the goals of the person and their family, and establishing the frequency and duration of the intervention needed	A4.2 Determining which rehabilitation interventions are required to address the goals of the person and their family in highly complex cases, and establishing the frequency and duration of the intervention needed
	A4.3 Participating in the development and coordination of multidisciplinary rehabilitation plans		A4.3 Developing and coordinating multidisciplinary rehabilitation plans, with support as needed	A4.3 Leading the development and coordination of multidisciplinary rehabilitation plans
	A4.4 Suggesting when adaptations to the person's rehabilitation plan should be made	A4.4 Identifying what adaptations may be needed to the person's rehabilitation plan and seeking support to implement them	A4.4 Identifying and implementing necessary adaptations to a person's rehabilitation plan	
A5. Referring to other providers	A5.1 Making referrals following defined processes to an established list of providers		A5.1. Actively making connections and exploring options for the additional service provision required; identifying those best prepared to address the needs of the person and their family	
	A5.2 Providing all necessary information to the provider when referring a person and their family			
	A5.3 Following-up on referrals to ensure the person and their family received the required service or intervention			
A6. Implementing rehabilitation interventions	A6.1 Providing the person and their family with routine education and training to promote self-efficacy and self-management		A6.1 Providing the person and their family with customized education and training to promote self-efficacy and self-management	
	A6.2 Providing routine assistive products and guiding the person and their family in their use, making minor adjustments according to needs		A6.2 Providing and guiding the person and their family in the use of assistive products, constructing and/or modifying them according to needs	A6.2 Providing specialized assistive products and guide the person and their family in their use, constructing and/or modifying them according to needs
	A6.3 Facilitating prescribed or routine modifications to the person and their family's environment to improve safety, access and functioning		A6.3 Identifying and facilitating innovative modifications to the person and their family's environment to improve safety, access and functioning	
	A6.4 Using prescribed and/or routine preventative, restorative and compensatory exercises, techniques and physical modalities		A6.4 Using and prescribing preventative, restorative and compensatory exercises, techniques and physical modalities	A6.4 Using and prescribing specialized preventative, restorative and compensatory exercises, techniques and physical modalities

<table>
<tr><th>ACTIVITIES</th><th colspan="4">TASKS</th></tr>
<tr><td>Activities and tasks include:</td><td>Level 1</td><td>Level 2</td><td>Level 3</td><td>Level 4</td></tr>
<tr><td></td><td colspan="3">A6.5 Administering prescribed pharmacological agents</td><td>A6.5 Administering and prescribing pharmacological agents as authorized</td></tr>
<tr><td>A7. Evaluating progress towards desired outcomes</td><td colspan="2">A7.1 Using routine evaluation measures to assess progress towards desired outcomes</td><td colspan="2">A7.1 Using a range of evaluation measures to analyse progress towards desired outcomes</td></tr>
<tr><td rowspan="4">A8. Discharging and ensuring appropriate continuity of care</td><td>A8.1 Establishing discharge plans with the person and their family, with support as needed</td><td>A8.1 Establishing a discharge plan with the person and their family</td><td colspan="2">A8.1 Recognizing when discharge is appropriate, establishing plans and facilitating the process with the person and their family</td></tr>
<tr><td colspan="2">A8.2 Compiling relevant information in basic and standardized discharge reports</td><td colspan="2">A8.2 Compiling relevant information in comprehensive discharge reports</td></tr>
<tr><td>A8.3 Contributing to handover processes for successful transition</td><td>A8.3 Facilitating handover processes for successful transition, seeking support to identify and respond to service gaps</td><td colspan="2">A8.3 Facilitating handover processes for successful transition, identifying and responding to service gaps</td></tr>
<tr><td>A8.4 Following-up with the person and their family after discharge, seeking support to initiate further services if necessary</td><td>A8.4 Following-up with the person and their family after discharge, initiating further routine services if necessary</td><td colspan="2">A8.4 Following up with the person and their family after discharge, initiating further services if necessary</td></tr>
</table>

PRACTICE KNOWLEDGE

Core knowledge
Characteristics, benefits, challenges and cultural aspects of client-centred practice
Cultural factors and beliefs impacting attitudes and behaviours towards health, disease and care-seeking
Cultural factors, beliefs and behaviours, including rehabilitation worker's own, impacting on communication, decision-making and desired outcomes for rehabilitation
Socioeconomic, cultural, historical and political determinants of health and inequality
External factors affecting a person's engagement with rehabilitation and other health services, including their availability, accessibility, acceptability and quality
Additional needs of vulnerable populations in accessing and engaging with health and rehabilitation services
Legal and ethical frameworks regarding decision-making, rights, and treatment of incapacitated persons
Factors potentially impacting, and methods of determining, a person's health literacy
Potential communication barriers related to language, vision, hearing, cognition or health literacy, and approaches to managing these
Methods of engaging a person and their family in their rehabilitation and empowering them in decision-making
Ways of preserving dignity and privacy during assessments and interventions
Legal- and competency-based scope of practice
Principles of safe manual handling and dynamic posture

Core knowledge cont.
Policies and procedures for health and safety, including infection control
Available options for support, supervision and mentorship
Roles and responsibilities of all members of the multidisciplinary team
Practice guidelines and protocols relevant to scope of practice
Models of care relevant to scope of practice and context
Technical terminology and abbreviations relevant to scope of practice
Policies and procedures for the use of infrastructure, equipment and consumables
Conceptual models of functioning, including the impact of the interaction of health, personal and environmental factors on performance
Human development over the life course, including physical, cognitive, and psychological development
Fundamentals of developmental, social and clinical psychology and social science
Medical sciences, including anatomy and physiology, relevant to scope of practice
Biomechanics and ergonomics relevant to scope of practice
Etiology and epidemiology of health conditions relevant to scope of practice
The presentation, progression and prognosis of health conditions relevant to scope of practice
General pharmacology relevant to scope of practice

Activity-specific knowledge
A1. Obtaining informed consent for rehabilitation
Definition and legal and ethical implications of written and verbal informed consent
Approaches to determining a person's decision-making capacity
Policies and practices governing how, when, and from whom informed consent is obtained and documented, including when a person does not have decision-making capacity
A2. Documenting information
Policies and procedures for the collection, storage and access of information
Type and purpose of information to be collected and documented
Standardized formats for documenting information
A3. Conducting rehabilitation assessments
Potential sources of information for gathering a person's history
Type and purpose of information to be collected and recorded
Indications that a person is in need of protection measures and how these are initiated
Methods of assessment, such as testing, measurement and evaluation, and when these are applied
Assessment options relevant to scope of practice and considerations for selection
Psychometric properties of assessment tools relevant to scope of practice
Risks associated with conducting assessments relevant to scope of practice and how these are managed
Indications and contraindications for assessments relevant to scope of practice
Resource requirements for assessments relevant to scope of practice
Real and potential impact of health, personal and environmental factors on assessment results

Activity-specific knowledge cont.
Methods and techniques to conduct assessments and environmental analysis relevant to scope of practice, including how to use relevant instruments or devices
Methods of adapting or grading assessments to a person
Timing and frequency for conducting and reporting assessments relevant to scope of practice
Methods of scoring standardized assessments relevant to scope of practice
How to interpret assessment results relevant to scope of practice
A4. Developing and adapting rehabilitation plans
Methods of establishing priorities and desired outcomes of a person and their family
Intervention options relevant to scope of practice and considerations for selection
Frequency and duration typically required for interventions relevant to scope of practice to achieve desired outcomes
Range of health interventions potentially involved in a person's treatment, relevant to scope of practice, and their implications for a rehabilitation plan
Typical care pathways relevant to scope of practice
Methods of constructing a rehabilitation plan, including who should be involved
Indications of the need to, and approaches of, adapting a rehabilitation plan
A5. Referring to other providers
Range of appropriate providers relevant to scope of practice and considerations for referral
Typical eligibility criteria of providers relevant to scope of practice
Potential costs and logistical requirements for accessing providers
Referral pathways and procedures relevant to scope of practice, including information handover requirements
A6. Implementing rehabilitation interventions
Intervention options relevant to scope of practice and considerations for selection
Evidence base for interventions relevant to scope of practice
Risks associated with implementing interventions and how these are managed
Indications and contraindications for the implementation of interventions relevant to scope of practice
Potential modes of intervention, such as group sessions, mHealth and telerehabilitation, and considerations for selection
Existing and emerging technologies for interventions relevant to scope of practice
Resource requirements for interventions
Methods and techniques for implementing interventions, including how to use relevant equipment and consumables
Methods of adapting or grading interventions to a person
Methods of training and supporting family members or caregivers to deliver or assist with interventions
Timing for which interventions relevant to scope of practice should be conducted to achieve desired outcomes
Frequency and duration of an intervention relevant to scope of practice to achieve desired outcomes
Reasons for noncompliance with rehabilitation plans and methods of maximizing compliance
A7. Evaluating progress towards desired outcomes
Expected trajectory of functioning with implementation of the rehabilitation plan relevant to scope of practice
Range of outcome measures relevant to scope of practice and considerations for selection
Intervals for evaluating progress towards desired outcomes

Activity-specific knowledge cont.
Non-standardized approaches to determining progress towards desired outcomes, such as observation, self-report and family or caregiver perceptions
Methods and techniques for using outcome measurement instruments relevant to scope of practice
How to interpret and report outcome measures relevant to scope of practice
A8. Discharging and ensuring appropriate continuity of care
Information required and methods for determining discharge readiness, including typical indications and contraindications for discharge relevant to scope of practice
Methods for determining the need for, and degree of, ongoing support and follow-up that a person and their family may require
Approaches to facilitating self-management following discharge
Potential logistical requirements for discharge or transition of care
How to construct a discharge report, including key information points
How to ensure successful transfer and/or storage of information on discharge

PRACTICE SKILLS

Core skills
Recognizing and relating to the feelings of others and conveying empathy
Using appropriate volume, clarity and pace when speaking
Using and interpreting body language and other non-verbal signals
Using appropriate tone, language and content in written communication
Reflective practice and critical thinking
Using infection prevention and control measures, including donning and doffing personal protective equipment and performing hand hygiene
Conducting first aid, including cardiopulmonary resuscitation
Manually handling equipment and consumables, including safe lifting techniques
Manually assisting positioning, transfers, walking and other forms of mobility, including with assistive products and equipment
Using computers, including operating relevant software and programmes

Activity-specific skills
A1. Obtaining informed consent for rehabilitation
Interviewing
Explaining processes, risks, benefits and potential outcomes to people and their families with various levels of health literacy
A2. Documenting information
Organizing and filing information
A3. Conducting rehabilitation assessments
Setting up and using equipment and consumables relevant to scope of practice
Positioning a person to conduct an assessment
Prescribing and/or delivering different types of assessments relevant to scope of practice
Adapting assessments to a person’s needs
Scoring and interpreting assessment results

Activity-specific skills cont.
Identifying indications of secondary conditions
A4. Developing and adapting rehabilitation plans
Setting and reviewing goals
Constructing a rehabilitation plan
A5. Referring to other providers
Managing handovers
Writing referrals
A6. Implementing rehabilitation interventions
Setting up and using equipment and consumables relevant to scope of practice
Positioning a person to implement an intervention
Prescribing interventions relevant to scope of practice
Adapting interventions relevant to scope of practice to a person's needs
Administering, assisting or guiding interventions relevant to scope of practice
Monitoring interventions relevant to scope of practice
Managing interventions relevant to scope of practice
A7. Evaluating progress towards desired outcomes
Setting up and using equipment and consumables relevant to scope of practice
Implementing inspecting, measuring and testing techniques
Scoring standardized outcome measures
Interpreting the results of outcomes measures
Assessing body functions, activities and participation through observation and interview
Evaluating outcomes
A8. Discharging and ensuring appropriate continuity of care
Managing handovers
Closing relationships with a person and their family

PROFESSIONALISM (PM)

The Professionalism domain encompasses competencies and activities that support rehabilitation service delivery and the ongoing well-being of rehabilitation workers. Competencies and activities are therefore related to professional integrity, collaboration, safety and quality.

PROFESSIONALISM PROFICIENCY LEVELS FOR REHABILITATION WORKERS

COMPETENCIES	BEHAVIOURS			
The rehabilitation worker:	**Level 1**	**Level 2**	**Level 3**	**Level 4**
C1. Demonstrates ethical conduct	C1.1 Respects privacy and maintains confidentiality			
	C1.2 Complies with professional standards, legal regulations and organizational procedures and guidelines		C1.2 Promotes and complies with professional standards, regulations and organizational procedures and guidelines	
	C1.3 Seeks support to identify and manage real or potential conflicts of interest		C1.3 Recognizes and manages real or potential conflicts of interest	
	C1.4 Recognizes and works to mitigate potentially harmful impacts of personal biases and beliefs			
C2. Maintains professionalism	C2.1 Presents self in a manner that instils confidence in others			
	C2.2 Manages professional boundaries with colleagues and stakeholders			
	C2.3 Employs strategies and seeks support to maintain own health and well-being			
C3. Works collaboratively	C3.1 Recognizes, respects and utilizes the expertise of others			
	C3.2 Shares and seeks information with/from relevant colleagues and external stakeholders			
	C3.3 Cooperates with others across disciplines, roles, cultures and organizational hierarchies			

COMPETENCIES	BEHAVIOURS			
The rehabilitation worker:	**Level 1**	**Level 2**	**Level 3**	**Level 4**
	C3.4 Works respectfully and constructively, seeking support to prevent and resolve conflict		C3.4 Manages complex relationships constructively, seeking support when necessary to prevent and resolve conflict	C3.4 Manages complex relationships constructively to prevent and resolve conflict
C4. Manages professional responsibilities	C4.1 Prioritizes an allocated workload with support as needed	C4.1 Prioritizes and manages workload with support as needed	C4.1 Prioritizes and manages workload in the context of multiple and competing demands	
	C4.2 Seeks support in managing uncertainty and changing circumstances	C4.2 Adapts to uncertainty and change, seeking support when needed	C4.2 Demonstrates flexibility and resilience in the context of uncertainty and changing circumstances, seeking support when needed	C4.2 Demonstrates flexibility and resilience in the context of uncertainty, complex challenges and changing circumstances, seeking support when needed

ACTIVITIES	TASKS			
Activities and tasks include:	**Level 1**	**Level 2**	**Level 3**	**Level 4**
A1. Managing risks and hazards	A1.1 Conducting basic assessments of routine hazards and risks		A1.1 Conducting formal and comprehensive assessments to analyse hazards and risks	
	A1.2 Reporting hazards, incidents and errors			
	A1.3 Responding proactively to real or potential routine hazards, incidents and errors, seeking support, or referring on when needed		A1.3 Responding proactively to real or potential hazards, incidents and errors	A1.3 Responding proactively to real or potential complex and major hazards, incidents and errors
A2. Undertaking quality improvement initiatives	A2.1 Contributing to quality improvement activities as directed	A2.1 Identifying the need for quality improvement activities	A2.1 Initiating quality improvement activities	A2.1 Coordinating and evaluating quality improvement activities
A3. Participating in team forums	A3.1 Contributing to team meetings and multidisciplinary case conferences		A3.1 Initiating team meetings and contributing to multidisciplinary case conferences	A3.1 Leading team meetings and multidisciplinary case conferences
A4. Advising on rehabilitation	A4.1 Addressing questions and concerns about rehabilitation as a third party, with support as needed		A4.1 Providing expert advice on rehabilitation as a third party	A4.1 Providing expert advice on specialist rehabilitation as a third party

PROFESSIONALISM KNOWLEDGE

Core knowledge
Structures, functions and authorities of actors within the health system, and where and how rehabilitation is integrated
Professional and ethical codes of conduct
Requirements/legal obligations for professional registration and licencing
Rationale for rehabilitation services, including health, economic and social benefits
Methods of advocating effectively to different audiences
Approaches for helping others communicate their rehabilitation needs to different audiences
Policies and procedures for health and safety, including infection control
Chains of infection and modes of transmission
Health and safety policies and procedures
Strategies to maintain personal health and well-being
Rehabilitation stakeholders and their respective roles and responsibilities
Typical team organization and hierarchy
Definitions and principles of task-sharing and interprofessional practice
Conscious and unconscious biases and personal beliefs
Conflict avoidance, management and resolution strategies

Activity-specific knowledge
A1. Managing risks and hazards
Environmental hazards and policies and procedures for their management
Incident reporting policies and procedures
How to conduct a risk assessment
A2. Undertaking quality improvement initiatives
Concepts and principles of quality improvement in health, including effectiveness, efficiency, timeliness, person/family-centredness, equity and safety
Quality improvement strategies
Methods of collecting feedback and performance data
A3. Participating in team forums
Own and others' roles within a person's rehabilitation management plan and the rehabilitation service
Appropriate etiquette for meetings and case conferences
A4. Advising on rehabilitation
Typical advice needs and requirements for different audiences/stakeholders
Legal considerations and frameworks impacting how and when advice can be provided

PROFESSIONALISM SKILLS

Core skills
Task prioritization
Time management
Multitasking
Negotiating
Adapting to change
Stress management
Working as a team member
Task-sharing and interprofessional practice relevant to context
Applying de-escalation techniques
Advocating to different audiences

Activity-specific skills
A1. Managing risks and hazards
Conducting risk assessments
Using infection prevention and control measures, including donning and doffing personal protective equipment and performing hand hygiene
Strategies to prevent and manage situations of conflict and violence, including de-escalation techniques
A2. Undertaking quality improvement initiatives
Project management
Data collection, analysis and reporting
Impact evaluation
A3. Participating in team forums
Presenting information in team forums
Digital literacy for virtual meetings
A4. Advising on rehabilitation
Modifying communication according to the needs of an audience
Using a variety of media to convey information

LEARNING AND DEVELOPMENT (LD)

The Learning and Development domain encompasses competencies and activities related to the professional development of the rehabilitation worker specifically, and of others. Competencies and activities within this domain relate to professional development, teaching, and learning.

LEARNING AND DEVELOPMENT PROFICIENCY LEVELS FOR REHABILITATION WORKERS

COMPETENCIES	BEHAVIOURS			
The rehabilitation worker:	**Level 1**	**Level 2**	**Level 3**	**Level 4**
C1. Continues to learn and develop	C1.1 Reflects on practice, seeking support to identify alternative approaches and their implications		C1.1 Reflects on practice, identifying alternative approaches and their implications	
	C1.2 Seeks support to identify and address own learning needs	C1.2 Identifies own learning needs and seeks support address them	C1.2 Initiates ways to address own learning needs	
	C1.3 Applies learning to practice with support as needed		C1.3 Applies learning to practice	
	C1.4 Seeks and reflects on feedback, amending performance accordingly, with support as needed			
C2. Supports the learning and development of others	C2.1 Identifies opportunities for learning according to the needs and preferences of the learner(s)		C2.1 Contributes to creation of opportunities for learning according to the needs and preferences of the learner(s)	C2.1 Creates opportunities for learning according to the needs and preferences of the learner(s)
	C2.2 Shares information and practices in terms appropriate to the needs of the learner	C2.2 Seeks support to adapt teaching and supervision style according to specific learning needs and preferences	C2.2 Adapts style of teaching and supervision according to specific learning needs and preferences	

<table>
<tr><th>COMPETENCIES</th><th colspan="4">BEHAVIOURS</th></tr>
<tr><td>The rehabilitation worker:</td><td>Level 1</td><td>Level 2</td><td>Level 3</td><td>Level 4</td></tr>
<tr><td rowspan="3">C3. Works to strengthen rehabilitation education and training</td><td colspan="4">C3.1 Encourages and motivates others in the pursuit of ongoing learning and development</td></tr>
<tr><td colspan="2">C3.2 Advocates for expanded opportunities for rehabilitation education and training</td><td>C3.2 Engages in efforts to expand opportunities for rehabilitation education and training</td><td>C3.2 Initiates and leads efforts to expand opportunities for rehabilitation education and training</td></tr>
<tr><td colspan="2">C3.3 Advocates for quality and regulation in rehabilitation education and training</td><td>C3.3 Engages in efforts to strengthen the quality and regulation of rehabilitation education and training</td><td>C3.3 Initiates and leads efforts to strengthen the quality and regulation of rehabilitation education and training</td></tr>
</table>

<table>
<tr><th>ACTIVITIES</th><th colspan="4">TASKS</th></tr>
<tr><td>Activities and tasks include:</td><td>Level 1</td><td>Level 2</td><td>Level 3</td><td>Level 4</td></tr>
<tr><td rowspan="2">A1. Managing own professional development</td><td colspan="2">A1.1 Participating in prescribed education and training activities to meet personal professional development goals</td><td colspan="2">A1.1 Identifying and participating in education and training activities to meet personal professional development goals</td></tr>
<tr><td colspan="2">A1.2 Participating in meetings with supervisors or mentors to address learning and development needs</td><td colspan="2">A1.2 Initiating meetings with supervisors or mentors to address learning and development needs</td></tr>
<tr><td rowspan="4">A2. Supervising and teaching others</td><td colspan="2">A2.1 Engaging in peer reviews to help identify the learning needs of others</td><td>A2.1 Formally appraising the learning needs of others</td><td>A2.1 Formally appraising the learning needs of others in the context of specialist rehabilitation</td></tr>
<tr><td colspan="2">A2.2 Contributing to education and training activities</td><td>A2.2 Initiating and leading education and training activities</td><td>A2.2 Initiating and leading education and training activities in the context of specialist rehabilitation</td></tr>
<tr><td>A2.3 Providing peer support to encourage learning</td><td>A2.3 Supervising learners, with support as needed</td><td>A2.3 Supervising and evaluating the performance of learners</td><td>A2.3 Supervising and evaluating the performance of learners in the context of specialist rehabilitation</td></tr>
<tr><td colspan="2">A2.4 Providing constructive feedback</td><td>A2.4 Providing constructive feedback in sensitive and complex situations, such as across cultures, genders or organizational hierarchies, seeking support when needed</td><td>A2.4 Providing constructive feedback in sensitive and complex situations, such as across cultures, genders or organizational hierarchies</td></tr>
</table>

LEARNING AND DEVELOPMENT KNOWLEDGE

Core knowledge
Continuing education requirements for registration and licencing
Principles and practices of self-directed learning
Existing or potential opportunities for learning and development, and how to access them
Different learning styles and how to identify and respond to them
Methods of adapting teaching and supervision style to meet learning needs
Hierarchies of accountability and responsibility relevant to context
Principles and legal frameworks pertaining to learning and training in clinical settings, including duty of care, accountability, patient privacy, ethics and consent

Activity-specific knowledge
A1. Managing own professional development
How to establish learning and professional development goals
Different avenues for learning and support, including supervision, mentoring and coaching
Personal needs and preferences for learning
Education and training pathways for specializations
A2. Supervising and teaching others
Principles of adult learning
Potential barriers to learning and development, and strategies to address these
Responsibilities and obligations as a teacher or supervisor
Teaching and supervision techniques and modes of education
Range of resources, including existing and emerging technology, to support teaching and learning and how to use them

LEARNING AND DEVELOPMENT SKILLS

Core skills
Teaching adult learners with different needs
Supervising adult learners with different needs
Digital literacy
Grading and adapting tasks and responsibilities to the appropriate level

Activity-specific skills
A1. Managing own professional development
Establishing and managing a professional development plan
Appraising own professional performance
A2. Supervising and teaching others
Building rapport and trust
Designing training courses, including defining learning outcomes, modes of content delivery, assessment, and evaluation
Providing constructive feedback
Using different modes of teaching
Using different resources and technologies to enhance teaching
Performance appraisal of others

MANAGEMENT AND LEADERSHIP (ML)

The Management and Leadership domain encompasses competencies and activities relating to teamwork, strategic thinking, service development and evaluation, and resource management.

MANAGEMENT AND LEADERSHIP PROFICIENCY LEVELS FOR REHABILITATION WORKERS

<table>
<tr><th>COMPETENCIES</th><th colspan="4">BEHAVIOURS</th></tr>
<tr><td>The rehabilitation worker:</td><td>Level 1</td><td>Level 2</td><td>Level 3</td><td>Level 4</td></tr>
<tr><td rowspan="3">C1. Works to enhance the performance of the rehabilitation team</td><td colspan="2">C1.1 Recognizes and values the roles and contributions of team members</td><td>C1.1 Utilizes the roles and contributions of team members</td><td>C1.1 Cultivates the roles and contributions of team members</td></tr>
<tr><td colspan="2">C1.2 Engages in and supports teamwork</td><td colspan="2">C1.2 Establishes a culture of teamwork</td></tr>
<tr><td colspan="2">C1.3 Encourages others to provide quality practice according to rehabilitation core values and beliefs</td><td colspan="2">C1.3 Empowers others to provide quality practice according to rehabilitation core values and beliefs</td></tr>
</table>

COMPETENCIES	BEHAVIOURS			
The rehabilitation worker:	**Level 1**	**Level 2**	**Level 3**	**Level 4**
C2. Works to enhance the performance of rehabilitation service delivery	C2.1 Recognizes and promotes the needs and preferences of the population in service delivery			
	C2.2 Contributes to the development of and promotes a shared vision for service delivery		C2.2 Collaboratively develops a shared vision for service delivery	C2.2 Oversees the collaborative development of a shared vision for service delivery
	C2.3 Recognizes the environmental context of service delivery		C2.3 Responds to environmental barriers and facilitators to service delivery	C2.3 Responds to complex environmental barriers and facilitators to service delivery
	C2.4 Recognizes the impact of system and structural inequalities on service delivery		C2.4 Recognizes and seeks support to mitigate the impact of system and structural inequalities on service delivery	C2.4 Works to mitigate the impact of system and structural inequalities on service delivery
	C2.5 Encourages efforts to strengthen and integrate rehabilitation in the health system		C2.5 Engages in efforts to strengthen and integrate rehabilitation in the health system	C2.5 Initiates and leads efforts to strengthen and integrate rehabilitation in the health system
C3. Acts as a rehabilitation advocate	C3.1 Participates in initiatives to promote rehabilitation provision for all who need it		C3.1 Identifies and participates initiatives to promote rehabilitation provision for all who need it	C3.1 Leads and evaluates initiatives to promote the role and value of rehabilitation and its provision for all who need it
	C3.2 Promotes the role and value of rehabilitation within the immediate environment		C3.2 Promotes the role and value of rehabilitation at societal and political levels	
	C3.3 Encourages and supports people to advocate for their rehabilitation needs		C3.3 Contributes to ensuring opportunities for people to advocate for their rehabilitation needs	

ACTIVITIES	TASKS			
Activities and tasks include:	**Level 1**	**Level 2**	**Level 3**	**Level 4**
A1. Managing a rehabilitation team	A1.1 Contributing to the allocation of tasks and responsibilities		A1.1 Allocating tasks and responsibilities, with support as needed	A1.1 Allocating tasks and responsibilities in the context of multidisciplinary teams
	A1.2 Utilizing and providing input on lines of accountability and support structures		A1.2 Assisting in the establishment and review of lines of accountability and support structures for team members	A1.2 Establishing lines of accountability and support structures for team members
	A1.3 Utilizing and providing input on mechanisms to support team communication		A1.3 Contributing to the establishment and review of mechanisms to support team communication	A1.3 Establishing and reviewing mechanisms to support team communication

ACTIVITIES	TASKS			
Activities and tasks include:	**Level 1**	**Level 2**	**Level 3**	**Level 4**
A2. Managing rehabilitation service delivery	A2.1 Contributing to the identification of service goals and objectives		A2.1 Identifying service goals and objectives	A2.1 Establishing and prioritizing service goals and objectives
	A2.2 Identifying and reporting the need for human, financial and material resources		A2.2 Assisting with the procurement of human, financial and material resources	A2.2 Procuring human, financial and material resources
	A2.3 Complying with and providing input on policies and procedures for safe and inclusive service delivery		A2.3 Contributing to the establishment and review of policies and procedures for safe and inclusive service delivery	A2.3 Establishing and reviewing policies and procedures for safe and inclusive service delivery
	A2.4 Complying with and providing input on policies and procedures for managing confidential information		A2.4 Contributing to the establishment and review of policies and procedures for managing confidential information	A2.4 Establishing and reviewing policies and procedures for managing confidential information
A3. Monitoring and evaluating rehabilitation service delivery	A3.1 Assisting in identifying service evaluation outcome measures		A3.1 Assisting with the identification of service evaluation outcome measures and associated data requirements	A3.1 identifying and prioritizing service evaluation outcome measures and associated data requirements
	A3.2 Collecting and reporting prescribed service data		A3.2 Contributing to data collection and analysis	A3.2 Initiating and managing data collection and analysis
	A3.3 Collecting and reporting rehabilitation service user feedback		A3.3 Engaging rehabilitation service users and practitioners in service evaluation, using feedback to improve service delivery	
	A3.4 Recording and reporting the use of human, financial and material resources		A3.4 Assisting with monitoring the use of human, financial and material resources	A3.4 Monitoring the use of human, financial and material resources
	A3.5 Complying with, and supporting service audits		A3.5 Assisting with the management of service audits	A3.5 Managing service audits

MANAGEMENT AND LEADERSHIP KNOWLEDGE

Core knowledge
Factors underlying effective teamwork
Strategies to motivate, engage, recognize and reward others
Different management and leadership styles
The role of rehabilitation in population health and its social and economic benefits
Population needs and preferences for rehabilitation relevant to context
Environmental barriers and facilitators to service delivery
Legal and ethical responsibilities of leaders and managers
Hierarchies of accountability and responsibility relevant to context
Cultural factors impacting individual and team behaviours
Advocacy approaches to different stakeholders

Activity-specific knowledge
A1. Managing a rehabilitation team
The scopes of practice, responsibilities and performance standards for health workers relevant to service context
Different levels of monitoring and supervision, delegation, accountability and indications for applying these
Strategies for team communication and coordination
A2. Managing rehabilitation service delivery
Epidemiological and demographic trends driving rehabilitation need relative to context
Safe working conditions and related standards and regulations
Principles of inclusive design and standards and regulations for accessibility
Policies and legislation for human resource management
Potential resource requirements for delivering services
Strategies to mobilize resources and manage a service budget
Methods of managing confidential information and related standards and regulations
A3. Monitoring and evaluating rehabilitation service delivery
Service delivery indicators and associated data requirements and sources
Potential service performance indicators and considerations for selection
How to apply, interpret and report service performance measures
Mechanisms for service data collection and aggregation
Policies and regulations for data collection and reporting
The structure and functions of the health information system and how rehabilitation is or could be integrated
Methods of engaging rehabilitation service users in service evaluation
Policies and procedures for conducting or coordinating service audits

MANAGEMENT AND LEADERSHIP SKILLS

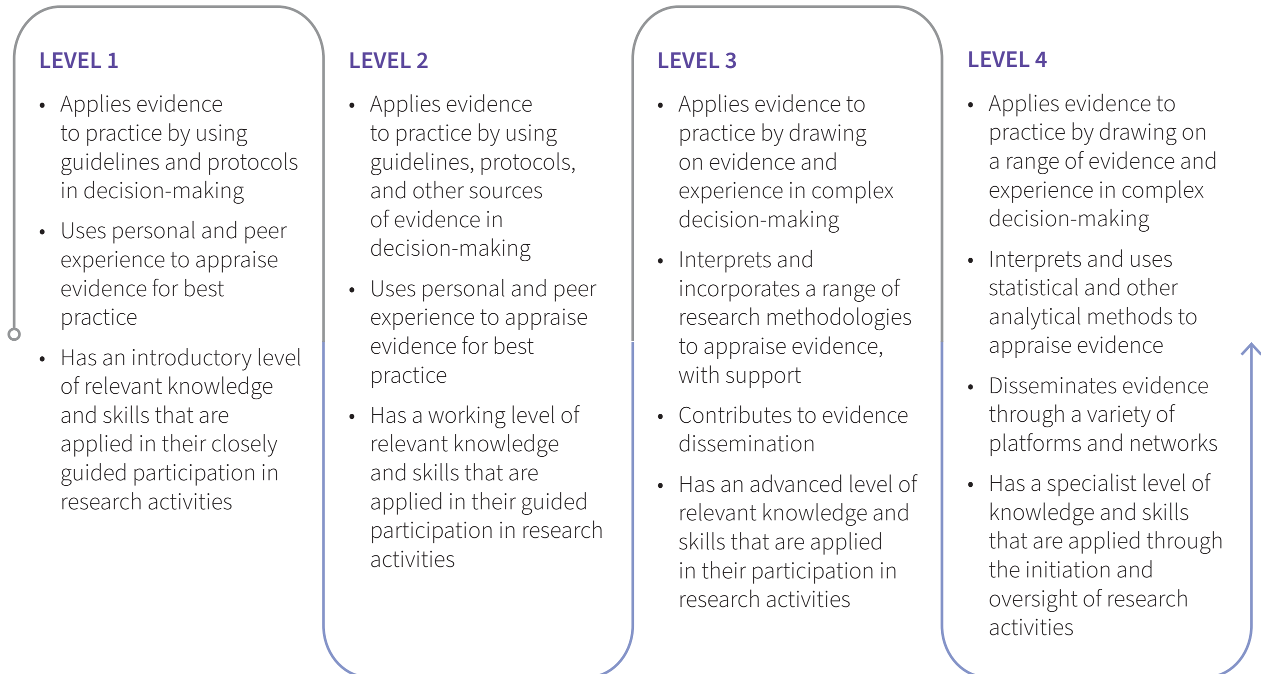
Core skills
Leading members of a team
Motivating others
Conducting a needs assessment
Identifying environmental barriers and facilitators to team performance and service delivery
Advocacy techniques

Activity-specific skills
A1. Managing a rehabilitation team
Allocating tasks
Delegating responsibilities
Rostering team members
Scheduling appointments
Identifying strengths and limitations of team members and how to manage these to best effect
A2. Managing rehabilitation service delivery
Conducting stocktakes of assistive products, equipment and consumables
Procuring resources
Maintaining inventories
Recruiting team members
Invoicing
Drafting policies and procedures
A3. Monitoring and evaluating rehabilitation service delivery
Record keeping
Report writing
Data collection, analysis and reporting, including data visualization
Using standardized service outcome measures
Inputting into health information systems
Conducting surveys

RESEARCH (R)

The Research domain encompasses competencies and activities related to the generation, dissemination and integration of rehabilitation research.

RESEARCH PROFICIENCY LEVELS FOR REHABILITATION WORKERS



COMPETENCIES	BEHAVIOURS			
The rehabilitation worker:	**Level 1**	**Level 2**	**Level 3**	**Level 4**
C1. Integrates evidence in practice	C1.1 Maintains an awareness of current evidence-based practice		C1.1 Identifies and reviews evidence	C1.1 Identifies and critically appraises evidence
	C1.2 Follows current evidence-based guidelines and protocols	C1.2 Adapts evidence-based guidelines and protocols to the context, with support as needed	C1.2 Applies evidence to the context, with support as needed	C1.2 Applies evidence to the context
	C1.3 Seeks support to make evidence accessible to rehabilitation service users and practitioners		C1.3 Makes evidence accessible to rehabilitation service users and practitioners	
C2. Works to strengthen evidence for rehabilitation	C2.1 Advocates for further evidence		C2.1 Identifies needs for further evidence	
	C2.2 Supports opportunities for generating further evidence	C2.2 Identifies opportunities for generating further evidence	C2.2 Creates opportunities for generating further evidence	
	C2.3 Assists in assessing rehabilitation service user needs and priorities for research		C2.3 Collaborates with rehabilitation service users and practitioners in assessment of needs and priorities for research, with support as needed	C2.3 Collaborates with rehabilitation service users and practitioners in assessment of needs and priorities for research

ACTIVITIES	TASKS			
Activities and tasks include:	**Level 1**	**Level 2**	**Level 3**	**Level 4**
A1. Designing and implementing research	A1.1 Contributing to the design and implementation of research		A1.1 Initiating and designing research proposals and protocols	A1.1 Providing oversight to the design of research proposals and protocols
	A1.2 Contributing to identification and acquisition of resources for research		A1.2 Identifying and acquiring resource requirements for research, with support as needed	A1.2 Managing resource requirements for research
	A1.3 Adhering to ethics approvals		A1.3 Acquiring ethical approval and participant consent for low or negligible-risk research activities	A1.3 Acquiring ethical approval and participant consent for moderate or high-risk research activities
	A1.4 Contributing to data collection as directed		A1.4 Collecting and compiling quantitative and qualitative data	A1.4 Collecting and compiling complex quantitative and qualitative data
	A1.5 Contributing to quantitative and qualitative data analysis as directed		A1.5 Analysing quantitative and qualitative data	A1.5 Analysing complex quantitative and qualitative data
A2. Disseminating evidence	A2.1 Contributing to the publication of research findings, as directed	A2.1 Contributing to publications of research findings	A2.1 Publishing research findings in peer-reviewed journals	A2.1 Leading the publication of research findings in peer-reviewed journals
	A2.2 Presenting evidence at internal forums, such as journal clubs, with support as needed	A2.2 Presenting evidence at internal forums, such as in in-services	A2.2 Presenting evidence at external forums, such as conferences or symposiums	
	A2.3 Presenting evidence to rehabilitation service users on accessible platforms, with support as needed		A2.3 Presenting evidence to rehabilitation service users on accessible and innovative platforms	
A3. Strengthening rehabilitation research capacity	A3.1 Complying with policies and procedures to strengthen research production and quality	A3.1 Contributing to policies and procedures to strengthen research production and quality, with support as needed		A3.1 Establishing policies and procedures to strengthen research production and quality
	A3.2 Advocating for increased availability of funding grants for rehabilitation research		A3.2 Assisting with efforts to increase availability of funding grants for rehabilitation research	A3.2 Initiating and leading efforts to increase availability of funding grants for rehabilitation research
	A3.3 Advocating for strengthening institutional capacity for rehabilitation research		A3.3 Assisting with efforts to strengthen institutional capacity for rehabilitation research	A3.3 Initiating and leading efforts to strengthen institutional capacity for rehabilitation research

RESEARCH KNOWLEDGE

Core knowledge
Where and how to locate evidence relevant to scope of practice
Approaches to determining population needs and priorities for rehabilitation research, relevant to context
Gaps and opportunities for rehabilitation research relevant to scope of practice
Methods of appraising evidence, including quality and applicability
Considerations and limitations in generalizing research findings to different contexts
Indicators of quality research
Methods for making evidence accessible to different audiences
Approaches to evidence implementation in practice

Activity-specific knowledge
A1. Designing and implementing research
Ethical standards for research with human subjects
Potential sources of conflicts of interest and how these can be detected and managed
Potential research grants relevant to context and how to access them
Quantitative and qualitative study designs
Types of research bias and how to mitigate for them
Inferential and descriptive statistics
Principles of ethical and respectful use of data, and relevant legislation and protocols
A2. Disseminating evidence
Impact factors and target audience of scientific journals
Real or potential platforms for disseminating evidence
Dissemination strategies for evidence
A3. Strengthening rehabilitation research capacity
Existing research capacity
Barriers and facilitators to the expansion of research activities
Rehabilitation research stakeholders and their respective roles
The rationale for rehabilitation research, including health, economic, educational and social benefits

RESEARCH SKILLS

Core skills
Sourcing evidence from different platforms
Reviewing evidence
Critically appraising evidence
Communicating evidence to different audiences

Activity-specific skills
A1. Designing and implementing research
Constructing research proposals and protocols
Writing funding applications for research
Writing ethics applications
Collecting data from a range of sources
Analysing quantitative and qualitative data, including use of statistical software
Extracting meaningful conclusions from data and identifying potential applications
Academic writing
A2. Disseminating evidence
Writing scientific manuscripts
Presenting evidence to different forums and in different formats
A3. Strengthening rehabilitation research capacity
Developing stakeholder networks for research partnerships

ANNEX. DEVELOPMENT PROCESS

FIRST DRAFT OF THE RCF DOMAINS DEVELOPED

Existing rehabilitation-related competency frameworks were identified through a call-out to rehabilitation professional organizations, as well as through electronic database and Google searches. Identified competency frameworks were collated and their thematic arrangement and content were analysed.

A systematic scoping review of literature was conducted to clarify the conceptualization and use of key terminology; and a glossary was developed in collaboration with other WHO departments undertaking similar projects.

The various thematic arrangements of the identified frameworks and the glossary were used to develop several potential structures for the RCF. These were presented to the Technical Working Group, who collectively agreed on the final structure.

The content of the identified rehabilitation-related frameworks was mapped to the agreed structure, and common themes were used to establish the competencies, behaviours, activities and tasks. These were organized across the domains of the RCF to form the first draft.

TECHNICAL WORKING GROUP REVIEW

The first draft of the RCF domains was disseminated for review by the Technical Working Group. Feedback was reviewed, discussed and integrated into a second draft of the framework.

MODIFIED DELPHI STUDY

A modified Delphi study was used to build consensus on the items of the RCF domains. The study sought input from approximately 80 rehabilitation practitioners, educators, managers and researchers from across the WHO regions. Results from the first round of the modified Delphi were reviewed with the Technical Working Group and amendments were made to establish the third draft of the framework, which underwent a second and final round of review through the modified Delphi study.

CONSULTATION WITH REHABILITATION SERVICE USERS

Rehabilitation service-users were consulted via a survey to establish the values, beliefs and competencies that were important to them. Participants were identified through a snowballing method, whereby service focal points disseminated the survey to rehabilitation service users and shared it with other service focal points. Feedback was compiled, analysed, and integrated along with the feedback from the second round of the modified Delphi study into the penultimate draft of the RCF.

KNOWLEDGE AND SKILLS IDENTIFIED

General knowledge and skills were drawn from existing rehabilitation-related competency frameworks and rehabilitation curricula. The Technical Working Group also contributed their expertise to establishing the lists of knowledge and skills.

HEALTH CONDITION-SPECIFIC TASKS IDENTIFIED

Tasks specific to the health conditions of the WHO Package of Interventions for Rehabilitation (PIR)[2] were integrated in the online version of the RCF. These tasks were identified by condition-specific Development Groups, comprised of multidisciplinary rehabilitation experts.

PILOT TESTING FOR DIFFERENT USE-CASES

Among its potential applications, the RCF is intended to facilitate the development of context-specific competency frameworks, curriculum development, and competency-based workforce evaluation for rehabilitation. The success of the RCF in these functions is supported by:

- the development of a guidance describing how the RCF can be adapted to develop a context-specific competency framework (applied in the development of a spinal cord injury rehabilitation competency framework);
- the development of a guide describing how the RCF can be used to support the development of competency-based curriculum; and
- the development of Rehabilitation Workforce Evaluation and Planning resources, based on the PIR and RCF (piloted in countries undergoing a national strategic planning process for rehabilitation).

DISSEMINATION

The RCF was translated into official United Nations languages and launched in hardcopy and web format.[3] The research underlying the conceptualization and development process was published in peer-review journals.

[2] Available in 2021

[3] The online interactive version of the RCF, including the health condition specific content, will be available in 2021

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