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The Concept of Competence

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Competence, Higher Education and Employment

It is generally accepted that until the latter part of the 20th century the main aim of Higher Education was to create knowledgeable individuals who by their knowledge had more likelihood of becoming competent. It could be argued whether they actually became competent was outwith the interests of Higher Education. Educational programmes within Higher Education are designed to produce graduates who have the capability to become competent practitioners. They instil knowledge, skills and understanding in the students, but will fail to meet the needs of employment if another dimension is missing. That dimension is application. If students cannot apply their knowledge, skills and understanding in the workplace then education is failing to meet market need (Storey 1998). As we moved towards the 21st century the needs of employment became a key issue. This was acknowledged within the United Kingdom when a commission into Higher Education was established in 1996. Gillian Shepherd, then Secretary of State for Education and Employment said

"Today's graduates face a different world from their predecessors. They must be prepared for changes in the nature of work and the greater demands it makes. Increasingly, they will need to switch career more than once in their lifetime. We must ensure that they are equipped with the skills and flexibility needed by the labour market of the 21st century- through both initial education and updating and up-skilling throughout their lives. Higher Education must be in the best shape possible to meet these needs...As the pace of change quickens, there will be a greater premium on the capacity to innovate . . . H.E. can help too to drive local and regional regeneration through services to employers" (Shepherd 1996)

Nursing, within the United Kingdom, has responded to this challenge with a number of policy documents from the Government and Statutory Bodies focussing on competency approaches and the need to produce practitioners "who are fit for practice, fit for purpose and fit for award" (UKCC 1999a). These initiatives have resulted in the development of a new curriculum for pre-registration nursing that is designed

"To prepare the student to provide the nursing care that patients require, safely and competently, and to assume the responsibilities and accountabilities necessary for public protection" (UKCC 1999a)

This is similar to the learning outcomes specified by An Bord Altranais in their requirements for Nurse Registration Education Programmes (2000)

" The purpose of the registration education programme is to ensure that the student is equipped with the knowledge and skills necessary to practice as a competent and professional nurse" (An Bord Altranais 2000)

The issue of competence in nursing appears to be a key agenda item in a number of countries including the Republic of Ireland, the United Kingdom and Australia. In the UK policy documents from the UKCC, Department of Health and NHS Executive all make reference to competence and are impacting on the future direction of education and training for nursing. Fitness for Practice (UKCC 1999a), Standards for Higher Level of Practice (UKCC 1999b), Agenda for Change (NHS Executive 1999), Making a Difference (DoH 1999) and the NHS Plan (DoH 2000) all promote the

development of nursing competence and promote the implementation of a competency/outcomes based approach to nurse education and nursing practice. In Australia a commission into nurse education is currently being conducted and again one of the key issues relates to the competence of nurses to practice on completion of their pre-registration education programme.

Competence-based approaches to professional education are becoming more common and appear to offer the opportunity to develop flexible programmes that meet needs of students, practitioner and their employers. A recent report commissioned by the UKCC on Nursing in Secure Environments (UKCC and University of Central Lancashire 1999) concluded that a competence framework lends itself to the development of modular, competence based programmes that can be delivered through a number of media. It went on to suggest that classroom based programmes do not need to be the main method of delivery, open and distance learning packages are available to support such a programme or can be developed.

Definitions and Types of Competence Models

A cursory review of the literature reveals that there is no common approach or agreed definition of competence. Without clear direction there is potential for a number of competence frameworks emerging that may lead to confusion and replication of effort by nurses attempting to meet the requirements of each system.

There are a significant number of definitions and types of competence described in the nursing and wider professional literature including Hogston 1993 and the NBS 1995

In 1988 the World Health Organisation described competence as:

"Competence requires knowledge, appropriate attitudes and observable mechanical or intellectual skills which, together account for the ability to deliver a specified professional service (WHO 1988,p68)

In 1999 the UKCC Commission for Education created the following definition

"Competence is the skills and ability to practice safely and effectively without the need for direct supervision"

In 1984 Benner suggested that a competent nurse is one who sees actions in terms of long-range goals or plans of which she is consciously aware. However in Benner's view competence is only one level and that proficiency and expertise go beyond competence.

In the literature competence is defined in a number of ways, Eraut (2001) defines two types of competence 'Socially Defined Competence' and 'Individually Situated Competence'. He suggests that

Socially Defined Competence is the ability to perform the tasks required to the expected standard

- Applies to any career stage
- Expected standard will vary with experience and responsibility
- Takes into account lifelong learning and changes in 'good practice'
- Does not specify whose requirements and expectations are to be taken into account

Individually Situated Competence is an underlying characteristic of an individual that is causally related to criterion-referenced effective and/or superior performance in a job or situation which

- Is Psychometrically derived
- Is used for selection or assessment of training needs
- Accounts for some variation in performance

(Eraut 2001)

From the diverse definitions and models of competence it could be argued that competence is still a confusing concept. Competence is seen as an 'absolute' in some definitions whilst it is 'relative' in others.

In order to attempt to clarify this confusion it might be worth considering competence as a dynamic process that changes as experience, knowledge and skills develop through and in practice. If we think of a continuum ranging from just knowing how to do something at the one end, to knowing how to do something very well at the other, knowing how to do something competently could fall somewhere along the continuum, and that through development of experience and knowledge competence fluctuates throughout practice.

Mitchell (1998) suggests that Competence models can come in a number of forms but can be generalised under the three following types:

- "what people should be like"- models based on personal characteristics or an individuals behaviour
- "what people need to possess"- models based on acquiring knowledge, understanding and skills
- "what people need to achieve in the workplace"- models based on outcomes and standards including underpinning knowledge and skills

(Mitchell 1998)

It is the latter model " what people need to achieve in the workplace" which appears to be accepted as the preferred model in most organisations and a number of competency frameworks are emerging based on this model.

Whichever model of competence is used within professional education programmes the assessment of competence should include the assessment of cognitive, affective and psychomotor skills. Therefore an aggregated definition of Competence could be

"Competence is the knowledge, skills, abilities and behaviours that a nurse needs to perform their work to a professional standard, and is key lever for achieving results that will enable the organisation to achieve it's health care objectives."

Benefits of Competence Models

The competences needed to undertake a given role in nursing and health care should prepare practitioners who are fit for purpose and fit to practice. Competences are needed to provide recognition of learning, wherever it takes place, and provide links between individual and organisational requirements, which should enable cost effective education and training programmes to be delivered.

The issue of competence pervades all professional areas. Much work has been undertaken in the last few years to develop competences or national occupational standards for professionals, these include accountants, engineers, psychologists, social workers, probation officers and health promotion advisors and professions allied to medicine.

In England NHS Executive funded projects have been commissioned to examine the relevance of national occupational standards to nursing. These include "Utilising National Occupational Standards as a complement to nursing curricula" (Storey et al. 1995) and "Occupational Standards - A Framework for Clinical Effectiveness?" (O'Hanlon and Andrews 1997) Both reports have concluded that occupational standards "have much to offer the nursing profession" (O'Hanlon and Andrews 1997), and suggest that national occupational standards "provide a common language that can be used to describe nursing and articulate clearly expected performance. They also provide a potential national curriculum template that would assist education providers in devising curricula thus ensuring that nurses completing programmes are 'fit for purpose' ". (O'Hanlon and Andrews 1997)

National Occupational Standards are defined by the occupational sector and specify the outcome of work activities. They describe what should happen, what should be achieved and are structured to include

- Performance Criteria- how you know that the outcome is the right quality
- Range- situations and contexts to which the standard applies
- Knowledge specification- what the individual needs to know, understand and apply to achieve the outcome
- Evidence requirements- types and sources of evidence required to prove that the outcome has been achieved

Occupational Standards describe in 'ideal' terms what people need to be able to do in employment

Delivering Competence

The key to 'fitness for purpose' and 'fitness for practice' lies in the ability of Education Commissioners and Purchasers reaching agreement with the nurse education and training providers on the competence outcomes that a student should have acquired, and be able to use in practice, at the end of a nursing programme (Storey et al. 1995).

In order to achieve competence in the workplace professionals must demonstrate this through practice by integrating cognitive, affective and psychomotor skills. It is not inconceivable, therefore, to use national occupational standards and/or NVQ units as programme outcomes, as, in the UK, these are part of a nationally accepted framework of qualifications and credit that focus on occupational competence. Although the achievement of vocational credit within nursing programmes can be used to meet the needs of purchasers in ensuring that staff are 'fit for purpose', it is essential that the requirements of statutory and professional bodies are also met within the programmes.

In the UK this approach is becoming more common in the professional domain, as reported in the Future Health Care Workforce : "The professional bodies are increasingly aware of the need to deliver occupational competence. The Calman report on specialist medical training, for example states that the completion of specialist medical training should be based on assessment of competence..." (Conroy 1996).

The UKCC have developed a framework of competences following the publication of Fitness for Practice. These outcomes based competences have been developed for entry to the branch

programme, and for entry to the register. These outcomes are similar to the five Domains of

Competence developed by An Bord Altranais (2000) for entry to the Register

1. Professional / ethical practice
2. Holistic approaches to care and the integration of knowledge
3. Interpersonal relationships
4. Organisation and management of care
5. Personal and professional development

In the UK a number of Universities are using the UKCC standards to adapt pre-registration programmes to enable students to be accredited with prior experience and learning, this process can result in students being given exemption from part of the first year of the pre-registration programme.

In addition to the pre-registration standards the UKCC have developed standards for Higher Level of Practice (UKCC 1999b).

The HLP standard encompasses the following areas of practice

1. Providing effective health care
2. Improving quality and health outcomes
3. Evaluation and research
4. Leading and developing practice
5. Innovation and changing practice
6. Developing self and others
7. Working across professional and organisational boundaries

In order to demonstrate that they have met the standards the practitioner must provide evidence of performance and evidence of capability (Eraut and Cole 1993). The former involves consideration of evidence obtained from the workplace whilst the latter focuses on the cognitive processes, concepts and theories that the practitioner has had to consider, in other words the knowledge base which will supplement performance evidence (NBNI 2000).

Portfolios and Lifelong Learning

One method that is emerging for practitioners to demonstrate and record competence is through the use of portfolios. Health professionals of all backgrounds are increasingly interested in applied learning which has a real world validity and direct relevance to day-to-day practice. Portfolio building is an assessment system that is congruent with these aspirations. The portfolio system allows for closer integration of theory and practice. The portfolio system used in the Faculty of Health at the University of Central Lancashire has allowed for the closer integration of theory and practice. The competency based outcome statements utilised within a number of our programmes avoid the perhaps false separation of theory from practice - a separation which may well have been fostered by the implied belief that it is indeed possible to divide the two. The thinking fostered by portfolio use has enabled lecturers to reconsider crucial curricular issues such as what to teach and how to teach it.

It has been found that students on programmes which use portfolios and competency based outcome statements are from the beginning, focused on their personal development in terms of direct vocational relevance. Additionally the use of portfolios can enable the nurse to subject their practice to scrutiny through reflective processes and experiential learning. Competency based frameworks and the portfolio approach to assessment have the potential to bring the best of both worlds

together, (learning theories and learning on the job), through the development of programmes of learning which

- assess theory through application in practice
- subject practice to scrutiny
- allow practitioners to reflect on appropriateness of actions taken and alternatives to be considered

The Assessing Competence in Nursing and Midwifery Education Project report (Bedford et al - 1993) includes a set of recommendations on practice assessment that promote the use of portfolios in assessment processes. These processes include several that match the requirements of an NVQ-type assessment,

- The assessment of clinical practice should require the collection of a range of forms of evidence to serve as the basis for student-assessor discussion about knowledge, skills, attitudes and understanding.
- The preparation of clinical area assessors should develop assessors' competence in collecting evidence, analysing data, and developing frameworks for discussion.
- Assessment documentation should be broadened to include evidence contributed by more than one accredited witness.

Portfolios seem to be taking over the UK, everywhere you turn these days you are being required to produce a portfolio of evidence. It starts at school where all secondary pupils and some primary school pupils are issued with a National Record of Achievement that they start to compile before they are 11 years old. The principle behind this being that once they are conditioned and start portfolio building at an early age they will then continue to build portfolios for the rest of their lives (Storey 1996)

Portfolios are not only being used in secondary education they are now being widely used in Further and Higher Education for a variety of purposes. They are extensively used within the Vocational Qualification Framework for NVQs and GNVQs as well as within many academic programmes at Certificate, Diploma and Degree level. In many educational institutions portfolios are required for Accreditation of Prior Learning (APL), they can be used for two purposes, first for credit exemption from parts of a programme that the candidate demonstrates sufficient knowledge and experience for them to meet the learning outcomes, and secondly for formal accreditation for units or modules towards an award such as a certificate, diploma or degree (Storey 1996).

However the number of different competency frameworks that are emerging, the purposes for which they are to be used and the way in which individuals present evidence that they are meeting the criteria identified in the frameworks, is confusing the whole issue of competence.

To many people portfolio production is like entering a strange land, you do not understand the language and the culture is different. Most people in the workforce these days have come through an education system that relies on testing of knowledge at the end of a period of learning, therefore the production of portfolios for assessment presents them with riddles to solve and evidence to find.

Portfolios are not the easiest system for students and practitioners to master, however they do provide an effective mechanism to relate theory to practice. White (1994) claims that the portfolio system offers a view of student learning that is active, engaged and dynamic as opposed to the overwhelming passivity that characterises other approaches to assessment and can be a vehicle to bring teaching, learning and assessment together as mutually supportable activities (NBNI 2000).

Deterioration of Competence

As stated previously competence can be seen as a continuum along which people can move. This can be backwards as well as forwards and it must be acknowledged that in any clinical situation competence can deteriorate if it is not maintained. Contexts change, new knowledge emerges, and practice develops therefore competence to practice needs to be redefined on a regular basis if the practitioner is to ensure that they are meeting the needs of their patients and the organisation.

Hogston (1983) reported that

"Periodic registration will not itself guarantee that registered practitioners have maintained a level of competence"

If this is the case then systems need to be in place to ensure that practitioners maintain their fitness for practice and fitness for purposes. The portfolio system can be utilised by the practitioner as a dynamic tool to demonstrate that competence is being maintained and developed over time. In a number of States in Australia systematic auditing of a percentage of practitioner's professional portfolios has shown that

- the majority of nurses are able to demonstrate continued competence,
- a small number of nurses have left practice and not re-registered
- only 2 nurses required further education and professional development before they were reinstated to the register

These formal processes appear to be having a significant impact on nurses who are having to subject their practice to scrutiny and ensuring that they are competent to practice.

A knock on effect of this auditing system is likely to be an increase in the Continuing Professional Development as a means for the registered nurse to update knowledge and practice. Auditing may also go some way to overcome the stagnation that was observed during my visit to some services in Australia where staff had been in post for many years and had not undertaken any professional development and their practice had not changed during this time. The Australian audit system has some similarities to the pilot that the UKCC has undertaken to review selected portfolios when nurses seek to re-register with the UKCC (Storey 2001).

Conclusion

The need for defined competences for nurses has been clearly articulated by many organisations and authors including An Bord Altranais (2000) NBNI (2000), UKCC (1999), Benner (1984) and Storey et al (1995), the emerging competence frameworks and portfolio systems are providing a foundation to support lifelong learning and continuing professional development.

Competency frameworks can also be utilised by employers to develop competence based job descriptions. Competence based job descriptions would enable employers, and employees, to have a clear understanding of expectations in relation to role performance, they can be used to undertake training needs analysis, would contribute to individual performance review and provide a basis for developing continuing education packages that meet the needs of the service and individual employees.

Despite the significant interest and investment in competence and competency-based education there are still some barriers to the universal acceptance of outcomes based approaches to professional nursing education. Competence based approaches are still seen by some to be less attractive than traditional qualifications and to a certain extent professional and academic snobbery still exists. Another criticism that has been levelled at competency-based approaches is that the assessment processes are sometimes paper driven and bureaucratic.

However, from the level of activity being undertaken by national nursing boards, education providers and employing organisations, the momentum to develop and implement competency-based approaches to professional nursing programmes continues to grow.

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