

THERAPY PROJECT OFFICE

Physiotherapy Competencies

2008



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



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Therapy Project Office

The Therapy Project Office was established in January 2007 to progress and initiate project activities on behalf of the National Implementation Group (NIG) for Clinical Placement Provision for Occupational Therapy, Physiotherapy and Speech & Language Therapy. The projects related to a number of key actions identified by the 'The Report of the National Planning Group on Clinical Placement Provision for Occupational Therapy, Physiotherapy and Speech and Language Therapy' (2004), under the three broad areas of:

- Practice Education
- Continuing Professional Development
- Quality Information for the Public

The Therapy Project Office was funded by the HSE and staffed by three project managers, representing the professional bodies of the Association of Occupational Therapists of Ireland (AOTI), the Irish Society of Chartered Physiotherapists (ISCP) and the Irish Association of Speech & Language Therapists (IASLT). A collaborative, project management model was applied throughout the process. The Project Managers also worked in partnership with the Higher Education Institutes, Therapy Services, the Department of Health & Children and the Health Service Executive to build on existing work and to drive the projects forward.

Introduction

Competence

Bossers et al (2002:11) describe professional competency as “the behavioural definition of the knowledge, skills, values and personal qualities that underlie the adequate performance of professional activities”. Competence taken as the overall integration of knowledge, skills and abilities into professional practice is not static but dynamic and demands that therapists ‘keep abreast with change’ in order to maintain and continually develop competencies (Alsop & Ryan, 1996:187). In this respect, this framework offers guidance and structure for continuing professional development over the varied stages and changing demands of one’s career.

Professional Competency Project

This document outlines a set of competencies that have been developed for Physiotherapists in Ireland at each of the three grades of:

- Graduate/Entry level Therapist
- Senior Therapist
- Clinical Specialist Therapist

The competencies are the outcome of one of the projects undertaken by the Therapy Project Office with the following stated aim:

‘To develop a framework identifying professional competencies of therapists across the three professions of Occupational Therapy, Physiotherapy and Speech and Language Therapy’

Project Process

The project was carried out with each of the three professions to produce three separate overall frameworks which best meet the needs of each professional group. Collaborative working groups were established with service managers, therapists and members of the practice education teams as applicable, to devise the competencies at each of the three grades. Details of the project process are documented in Appendix 1 and the members of each of the working parties are listed in Appendix 2.

Physiotherapy Professional Competency Framework

Purpose

- The purpose of this framework is that the competencies would be used by therapists to aid in:
 - Identifying learning and development needs
 - Guiding continuing professional development
 - Assisting in career progression and personal development.
- At each professional grade there may be additional competencies specific to the context of individual work settings. These should be identified by individual therapists in conjunction with their line managers and considered in addition to these competencies.
- Evidence of the development and achievement of competence should be recorded within a personal portfolio e.g. ISCP Professional development portfolio
- The Senior and Clinical Specialist competencies within this framework are developmental competencies and are **NOT** considered to be baseline competencies at the indicated level.
- The competency framework as developed by the Therapy Project Office was not devised as an audit or appraisal tool.
- The Entry level/Graduate competencies are based on the Physiotherapy Clinical Placement Common Assessment form (Level 3) and the DATHS clinical competency framework for staff grade therapists.
- The Health and Social Care Professional Management Competency User Pack¹ as devised by the Office of Health Management offers a useful tool for therapists at Senior and Clinical Specialist level to develop their managerial competencies. It is recommended that these therapists refer to the operational level competencies and behaviour indicators within this framework to develop their

competencies in each corresponding area.

Navigation

- This competency framework is comprised of sets of competencies at each of the three clinical grades for Physiotherapy. Therapists may use it to develop their skills at the appropriate grade.
- The competencies at each grade are grouped into three broad competency areas:
 - Professional practice
 - Providing a quality service
 - Education and development.
- Although competencies at Senior and Clinical Specialist level have the same headings, it is accepted that at a Clinical Specialist level there would be a greater level of proficiency and greater depth and complexity as to how these competencies are demonstrated.
- The ratio of clinical work to service development, education and research and the balance of time given to these different elements of a therapist's role will differ depending on the clinical grade.
- Competencies at Senior level and Clinical Specialist level are divided into two groups:
 - **Core competencies:**
Competencies which are considered essential for therapists at Senior or Clinical Specialist grade and which can be applied, regardless of the area of work/speciality.
 - **Additional competencies:**
 - a) Competencies that a Senior/ Clinical Specialist therapist may need time and support to develop to a proficient level *or*
 - b) Competencies which may not apply to all Senior therapists/ Clinical Specialist therapists depending on their work context.

The Physiotherapy Competency Framework

Chart 1: Competency Headings at each Clinical Grade as devised by the Therapy Project Office

	Entry Level	Senior	Clinical Specialist
Professional Practice	<ul style="list-style-type: none"> ● Professionalism ● Communication 	<ul style="list-style-type: none"> ● Professionalism ● Communication ● Caseload Management: <ul style="list-style-type: none"> • Assessment • Intervention • Documentation 	<ul style="list-style-type: none"> ● Professionalism ● Communication ● Caseload Management: <ul style="list-style-type: none"> • Assessment • Intervention • Documentation
Providing a Quality Service	<ul style="list-style-type: none"> ● Planning & maintaining a quality service ● Research & Evidence Based Practice ● Caseload Management: <ul style="list-style-type: none"> • Assessment • Intervention • Documentation 	<ul style="list-style-type: none"> ● Planning & maintaining a quality service ● Leadership and service development ● Managing people ● Research and evidence based practice 	<ul style="list-style-type: none"> ● Planning & maintaining a quality service ● Leadership and service development ● Evidence based practice ● Research
Education and Development	<ul style="list-style-type: none"> ● Continuous Professional Development (CPD) ● Education 	<ul style="list-style-type: none"> ● Continuous Professional Development (CPD) ● Education ● Acting as a clinical resource 	<ul style="list-style-type: none"> ● Continuous Professional Development (CPD) ● Education ● Acting as a clinical resource

N.B. This chart provides headings only and should only be read in conjunction with the full competency document. It is accepted that there would be a greater level of proficiency and there would be greater depth and complexity to how competencies are demonstrated as a therapist progresses along the clinical grades. It is also accepted that the balance between the different elements of a therapist's workload will vary considerably from one grade to another.

Chart 2: Framework of competency areas as developed by the Therapy Project Office alongside performance tools currently in use.

	Entry Level	DATHS Clinical competency framework for staff grade physiotherapists ¹	Senior	Clinical Specialist	OHM ²
Professional Practice	<ul style="list-style-type: none"> Professionalism Communication 	<ul style="list-style-type: none"> Professional appearance Patient centeredness Interpersonal sensitivity Communication skills Awareness of limitation 	<ul style="list-style-type: none"> Professionalism Caseload Management Communication 	<ul style="list-style-type: none"> Professionalism Communication Caseload Management 	<ul style="list-style-type: none"> Being a champion for the service user Evaluating information and judging situations Working toward a user centred service Maintaining composure and quality of working life Being a communication channel
Providing a Quality Service	<ul style="list-style-type: none"> Caseload Management: <ul style="list-style-type: none"> Assessment Intervention Documentation Planning & maintaining a quality service Research & Evidence Based Practice 	<ul style="list-style-type: none"> Patient assessment Treatment planning Implementation of treatment Ability to apply theory to practice Discharge/handover Documentation Safety Team work Planning and organizing 	<ul style="list-style-type: none"> Planning & maintaining a quality service Managing people Leadership and service development Evidence based practice Research 	<ul style="list-style-type: none"> Planning & maintaining a quality service Leadership and service development Evidence based practice Research 	<ul style="list-style-type: none"> Planning and managing resources Being a leader in ones profession Assuring high standards in the service of today Creating the service of the future Influencing people and events Managing individual performance Creating team spirit
Education and Development	<ul style="list-style-type: none"> Continuous Professional Development (CPD) Education 	<ul style="list-style-type: none"> Learning and teaching 	<ul style="list-style-type: none"> CPD Education Acting as a clinical resource 	<ul style="list-style-type: none"> CPD Education Acting as a clinical resource 	<ul style="list-style-type: none"> Supporting personal development

¹ DATHS, Dublin area teaching hospitals
² Office for Health Management OHM

The Physiotherapy Competency Framework

Physiotherapy Graduate/Entry level competencies¹

A. Professional Practice

1. Professionalism

- 1.1. Interpreting professional codes of conduct, standards of practice, professional and organisational policies as well as legal and ethical standards and incorporates them into practice.
- 1.2. Recognizing the role of the physiotherapist in the multidisciplinary team and managing overlap of professional roles, seeking help where necessary.
- 1.3. Demonstrating appropriate professional behaviours and attitudes.
- 1.4. Recognizing own limitations and liaising with senior staff and other team members when appropriate.
- 1.5. Maintaining patient confidentiality
- 1.6. Demonstrating adequate preparation for each rotation.
- 1.7. Demonstrating initiative and willingness to learn.

2. Communication

- 2.1. Managing communications in a professional manner.
- 2.2. Communicating effectively with the patient and family/carer.
- 2.3. Communicating effectively with colleagues (e.g. Physiotherapy colleagues, ward staff, health professionals, administration staff, porters etc).
- 2.4. Communicating oral and written information in a clear, structured and succinct manner which is free from unnecessary jargon.
- 2.5. Demonstrating appropriate presentation skills.

B. Providing a Quality Service

3. Caseload Management

- 3.1. Prioritizing and managing their caseload according to the needs of the department.
- 3.2. Demonstrating effective team working as a component of efficient case management to ensure an optimum service is provided for all service users.

Assessment

- 3.3. Demonstrating appropriate background knowledge prior to commencing assessment.
- 3.4. Retrieving relevant information from available sources.
- 3.5. Performing a subjective examination.
- 3.6. Performing an objective examination.
- 3.7. Demonstrating appropriate handling skills and performing assessment safely.
- 3.8. Ensuring patient comfort and dignity during assessment.
- 3.9. Interpreting and evaluating assessment findings.
- 3.10. Using clinical reasoning skills to set appropriate goals.

Intervention

- 3.11. Planning an appropriate treatment programme with realistic goals.
- 3.12. Justifying the treatment programme using evidence based practice.
- 3.13. Implementing a treatment programme.
- 3.14. Carrying out treatment tasks within a reasonable time period.
- 3.15. Educating patient appropriately.
- 3.16. Managing the end of the patient care episode.
- 3.17. Demonstrating appropriate manual handling skills for self and patient during treatment.
- 3.18. Implementing safe practice during treatment.

¹ It is acknowledged that some of these competencies will emerge post- qualification

- 3.19. Demonstrating an appreciation of a holistic approach to patient treatment and management.

Documentation

- 3.20. Accurately recording the assessment findings showing evidence of clinical reasoning.
- 3.21. Demonstrating evidence of clinical reasoning in documentation.
- 3.22. Recording clear, concise, legible notes that have appropriate use of abbreviations.
- 3.23. Adhering to legal requirements and local guidelines regarding documentation/signature.

4. Planning and maintaining a quality service

- 4.1. Understanding the role of their service area and their department within the larger organisation.
- 4.2. Recognizing requirements for service development within their service area.
- 4.3. Communicating service development needs in collaboration with their senior.

5. Research and Evidence Based Practice

- 5.1. Demonstrating a good knowledge of current literature and applying same to practice.

- 5.2. Reviewing and critically analysing available evidence based information and literature and integrating into clinical practice
- 5.3. Monitoring and evaluating effectiveness of interventions through the use of evidence based practice and outcome measures and modifying practice accordingly.

C. Education and Development

6. CPD

- 6.1. Identifying own learning needs.
- 6.2. Setting appropriate learning outcomes.
- 6.3. Demonstrating initiative and willingness to learn.
- 6.4. Acting on and accepting guidance and/or feedback.

7. Education

- 7.1. Recognizing the need to provide training within the department and MDT.
- 7.2. Planning, delivering and evaluating education, training and health promotion activities within the department and MDT.

Physiotherapy Senior competencies

A: Professional Practice

1. Professionalism

Core

- 1.1. Interpreting professional codes of conduct, standards of practice, professional and organisational policies as well as legal and ethical standards and incorporates them into own practice.
- 1.2. Exercising a professional duty of care to clients and acting as an advocate for clients' right to self determination and autonomy.
- 1.3. Representing their profession within their own service area and organisation.
- 1.4. Demonstrating effective planning/ preparation for meetings, case conferences, in-services training etc.
- 1.5. Promoting initiatives that will ensure professional practice.
- 1.6. Understanding and respecting the roles of all members of the MDT.
- 1.7. Recognizing when it is appropriate to refer decisions to a higher level of authority and include colleagues in the decision making process.
- 1.8. Managing own work life balance and supporting others in the management of their own.
- 1.9. Keeping up to date with developments in own organisation, professional body and Irish and global healthcare and applying the same to practice as appropriate.

Additional

- 1.10. Promotes the profile of the speciality and profession locally, nationally and internationally.
- 1.11. Contributing professional expertise to wider organisation initiatives/ committees/steering groups at local, national and international levels.

2. Caseload Management

Core

- 2.1. Assessing, planning and the implementation, evaluation and modification of treatment programs for service users.
- 2.2. Demonstrating clinical skills in keeping with current evidence based practice.
- 2.3. Demonstrating clinical reasoning according to evidence based practice.
- 2.4. Applying evidence based outcome measures to evaluate efficacy of treatment and quality of care.
- 2.5. Working in collaboration with clients and colleagues to manage complex patients.
- 2.6. Delegating a clinical caseload and other tasks to relevant team members.
- 2.7. Balancing clinical demands with other responsibilities (e.g. departmental responsibilities, practice education, CPD, organisational, service development, administration and managerial demands) through effective time management and organisational skills.

3. Communicating effectively with others

Core

- 3.1. Communicating oral and written information in a clear, concise and well structured manner appropriate to the content and the target audience.
- 3.2. Managing communications in a professional manner.
- 3.3. Facilitating and maintaining communication within own department, across multi-disciplinary and practice education teams.
- 3.4. Promoting and improving communication in their area of responsibility.
- 3.5. Presenting lectures and research projects at local and national levels.
- 3.6. Negotiating clearly and effectively with relevant stakeholders.

B: Providing a Quality Service

4. Planning and maintaining a quality service

Core

- 4.1. Identifying and prioritizing the requirements of their service area.
- 4.2. Collecting, evaluating and reporting data on therapy outcomes for service user group.
- 4.3. Developing and implementing service/ business plans, quality initiatives audits etc and reporting on outcomes in collaboration with line manager.
- 4.4. Providing a flexible service that is responsive to service user needs in the context of available resources.
- 4.5. Identifying and engaging with all relevant stakeholders in order to deliver a quality service.
- 4.6. Optimizing appropriate resources (e.g. manpower, equipment, physical environment) within own area to achieve effective outcomes.
- 4.7. Understanding the role of their service area and their department within the larger organisation.

5. Leadership and Service Development

Core

- 5.1. Acting as a positive and supportive team leader in their own area with strong and appropriate leadership skills.
- 5.2. Identifying the changing needs and opportunities to improve services in the organisation.
- 5.3. Identifying and prioritizing the requirements of change within their service area.
- 5.4. Driving change and promoting and encouraging others when implementing change.

- 5.5. Challenging the standards of quality and efficiency in service provision and striving to find ways in which standards of care can be improved.

Additional

- 5.6. Identifying and availing of opportunities to assist /contribute to strategic planning.
- 5.7. Identifying changing needs and opportunities to improve services in the organisation and wider health care structure.
- 5.8. Developing and implementing new service initiatives in collaboration with appropriate stakeholders (other seniors in area, Clinical Specialist, line manager, MDT etc).

6. Managing People

Core

- 6.1. Supervising and supporting assigned staff.
- 6.2. Delegating responsibility appropriately to assigned staff and students.
- 6.3. Giving appropriate and effective feedback and is also receptive to feedback.
- 6.4. Assisting staff in identifying their own development needs.
- 6.5. Facilitating resolution of same needs through planned learning, clinical supervision, professional support and coaching as required.
- 6.6. Mentoring senior and staff grade therapists.

Additional

- 6.7. Developing and/ or operating systems to support the supervision of assigned staff in collaboration with service manager.

7. Research and evidence based practice

Core

- 7.1. Critically evaluating relevant literature and incorporating into evidence based practice in all areas e.g. clinical guidelines and standards, assessment, treatment etc.
- 7.2. Monitoring and evaluating effectiveness of interventions and modifying accordingly where the evidence base is incomplete.
- 7.3. Understanding the principles of research and research methodology which underpin an analytical approach to clinical practice.
- 7.4. Promoting and demonstrating best practice at all times.
- 7.5. Participating in research projects relevant to their clinical area.

Additional

- 7.6. Disseminating available evidence based information to influence the clinical practice of all staff within the area of responsibility.
- 7.7. Matching research projects to the service and professional need.
- 7.8. Collaborating with all the relevant stakeholders in respect of research issues.

C: Education and Development

8. Acting as a Clinical Resource

Core

- 8.1. Acting as a clinical advisor to colleagues, MDT and students.
- 8.2. Facilitating collaborative client consultation with colleagues, clients and carers.
- 8.3. Identifying the need for appropriate onward consultation (e.g. Clinical Specialist, MDT specialist etc).

Additional

- 8.4. Displaying specialist knowledge and skills in a defined clinical area.
- 8.5. Acting as an advanced clinical resource in own organisation and responds to queries from internal and external resources.

9. Continuing Professional Development

Core

- 9.1. Identifying and taking responsibility for own personal and professional development needs (PDP and CPD).
- 9.2. Putting structures in place to meet these needs in consultation with line manager.
- 9.3. Tailoring own CPD to match service needs.
- 9.4. Promoting the importance of CPD within their team and beyond.

10. Education

Core

- 10.1. Recognizing the need to provide training for team, and other relevant stakeholders.
- 10.2. Planning, delivering and evaluating education, training and health promotion activities to meet service needs within the department and MDT.
- 10.3. Identifying and availing of formal and / or informal learning opportunities within Physiotherapy and multidisciplinary contexts.
- 10.4. Ensuring there is a balance between staff education and service delivery.
- 10.5. Managing, participating and playing a key role in the practice education of student therapists (in collaboration with practice education teams).

Additional

- 10.6. Delivering effective training and support to ensure the successful implementation of new initiatives.

Physiotherapy Clinical Specialist Competencies

A: Professional Practice

1. Professionalism

Core

- 1.1. Interpreting professional codes of conduct, standards of practice, professional and organisational policies as well as legal and ethical standards and incorporating them into own practice.
- 1.2. Exercising a professional duty of care to clients and acting as an advocate for clients' right to self determination and autonomy.
- 1.3. Representing their profession within their own service area and organisation.
- 1.4. Promotes the profile of the speciality and profession locally, nationally and internationally.
- 1.5. Demonstrating effective planning / preparation for meetings, case conferences, in-services training etc.
- 1.6. Developing, introducing and promoting initiatives that will ensure professional practice.
- 1.7. Understanding and respecting the roles of all members of the MDT
- 1.8. Recognizing when it is appropriate to refer decisions to a higher level of authority or include colleagues in the decision making process
- 1.9. Managing own work life balance and supporting others in the management of their own.
- 1.10. Identifying service development needs and communicating these needs to all relevant stakeholders.
- 1.11. Keeping up to date with developments in own organisation, professional body and Irish and global healthcare and applying the same to practice as appropriate.
- 1.12. Contributing professional expertise to wider organisation initiatives/ committees/steering groups at local, national and international levels.

2. Caseload Management

Core

- 2.1. Applying expert clinical knowledge, reasoning and skills in their assessment, planning, implementation, evaluation and modification of treatment programs for service users in a defined clinical area.
- 2.2. Carrying out the clinical skills in the area in keeping with current evidence based practice.
- 2.3. Delivering a holistic patient – focused approach, embracing the multidisciplinary perspective.
- 2.4. Applying evidence based outcome measures to evaluate efficacy of treatment and quality of care.
- 2.5. Delegating a clinical caseload and other tasks to relevant team members.
- 2.6. Balancing clinical demands with other responsibilities (e.g. departmental and organisational responsibilities, CPD, service development, administration and managerial demands) through effective time management and organisational skills.

3. Communication

Core

- 3.1. Communicating oral and written information in a clear, concise and well structured manner appropriate to the content and the target audience.
- 3.2. Managing communications in a professional manner.
- 3.3. Facilitating and maintaining communication within own department and across MDT.
- 3.4. Putting structures in place to promote and improve communication in their area of responsibility.
- 3.5. Communicating service development needs and changes in a clear and comprehensive manner.
- 3.6. Negotiating clearly and effectively with relevant stakeholders.

B: Providing a Quality Service

4. Planning and maintaining a quality service

Core

- 4.1. Identifying and prioritizing the requirements of their service area within a constantly changing environment.
- 4.2. Collecting, evaluating and reporting data on therapy outcomes for service users.
- 4.3. Developing and implementing service/business plans, quality initiatives audits etc and reports on outcomes in collaboration with line manager and other stakeholders.
- 4.4. Providing a flexible service that is responsive to service user needs in the context of available resources.
- 4.5. Identifying and engaging with all relevant stakeholders in order to deliver a quality service.
- 4.6. Optimizing appropriate resources (e.g. manpower, equipment, physical environment) within own area to achieve effective outcomes.
- 4.7. Understanding and promoting the role of their service area and their department within the larger organisation.

Additional

- 4.8. Initiating, collecting, evaluating and reporting data on therapy outcomes to all the stakeholders.
- 4.9. Co-ordinating the collection and analysis of statistical information and participating in service audits as per service guidelines.

5. Leadership and Service development

Core

- 5.1. Acting as a positive and supportive team leader in their speciality with strong leadership skills.

- 5.2. Identifies changing needs and opportunities to improve services in the organisation and wider health care structure.
- 5.3. Identifying and prioritizing the requirements of change within their service area, organisation and the wider health care structure.
- 5.4. Driving change and promoting and encouraging others when implementing change.
- 5.5. Challenging the standards of quality and efficiency in service provision and striving to find ways in which standards of care can be improved.
- 5.6. Developing and implementing new service initiatives in collaboration with line manager and other appropriate stakeholders (e.g. MDT, national organisations etc).
- 5.7. Identifying and availing of opportunities to assist /contribute to strategic planning.

Additional

- 5.8. Leading/contributing to strategic planning of the service with the management team.
- 5.9. Promoting their area as a centre of excellence in a specific speciality.

6. Evidence based practice

Core

- 6.1. Critically evaluating relevant literature and the incorporation of this into evidence based practice in all areas e.g. clinical guidelines and standards, assessment, treatment etc.
- 6.2. Monitoring and evaluating effectiveness of interventions and modifying accordingly where the evidence base is incomplete.
- 6.3. Promoting and demonstrating best practice at all times.
- 6.4. Disseminating available evidence based information to influence the clinical practice of all staff within the area of responsibility.

- 6.5. Facilitating integration of the most up to date research theory into practice.

7. Research

Core

- 7.1. Understanding the principles of research and research methodology which underpin an analytical approach to clinical practice.
- 7.2. Leading, facilitating and/or participating in research projects relevant to their specialism at a local level.
- 7.3. Engaging with all the relevant stakeholders in respect of research issues (Research hub, HRB etc).
- 7.4. Leading the dissemination of the findings both locally and in the wider health care arena at professional and national conferences etc.
- 7.5. Exploring innovative ways for them and/or their team to contribute to research in their clinical area.

Additional

- 7.6. Writing up research, case studies, and critical reviews for publication in peer-reviewed journals/publications in the clinical field.
- 7.7. Identifying gaps in the evidence base and initiating /facilitating research to enhance evidence based practice locally, nationally and internationally.
- 7.8. Leading and facilitating research projects relevant to their specialism at a national and international level.
- 7.9. Facilitating and advising those wishing to initiate in research in their department on research methodology etc.
- 7.10. Co-ordinating and promoting department research in conjunction with department service plans.

C: Education and Development

8. Acting as a clinical resource

Core

- 8.1. Applying advanced specialist knowledge and skills in their area of specialisation.
- 8.2. Acting in an advanced clinical advisory role to own colleagues and MDT within own organisation.
- 8.3. Developing colleagues' knowledge and skills by facilitating decision making and collaborative client consultation.
- 8.4. Identifying the need for appropriate onward consultation (e.g. other Clinical Specialist, specialist members in the MDT etc).

Additional

- 8.5. Acting in an advanced clinical advisory role to colleagues (professional and MDT) nationally.
- 8.6. Identifying further clinical research and educational needs and collaborates with Higher Education Institute on the provision of meeting of those needs.

9. Continuing Professional Development

Core

Personal

- 9.1. Identifying and taking responsibility for own personal and professional development needs (PDP and CPD).
- 9.2. Implementing structures in place to meet these needs in consultation with line manager.
- 9.3. Tailoring own CPD to match service needs and specialist area.

Team

- 9.4. Facilitating staff in identifying their own development needs and facilitating completion of same through planned learning, clinical supervision and professional support as required.
- 9.5. Delivering appropriate and effective feedback and is receptive to feedback also.
- 9.6. Promoting the importance of CPD within their team and beyond.

Additional

- 9.7. Mentoring senior and staff grade therapists.
- 9.8. Facilitating education and CPD within their specialist area e.g. by research, lecturing etc both within and outside the organisation.

10. Education**Core**

- 10.1. Recognizing the need to provide training for team, and other relevant stakeholders.
- 10.2. Planning, delivering and evaluating education, training and health promotion activities to meet service needs within the department and MDT.

- 10.3. Identifying and availing of formal and / or informal learning opportunities within Physiotherapy and multidisciplinary contexts.
- 10.4. Ensuring there is a balance between staff education and service delivery.
- 10.5. Participating in the practice education of post graduate therapists (in collaboration with practice education teams).
- 10.6. Delivering effective education training and support to ensure the successful implementation of new initiatives.
- 10.7. Participates in education at a national level and international level.

Additional

- 10.8. Providing education in a specific field of clinical expertise nationally and internationally by lecturing or through publishing research in professional journals.
- 10.9. Contributing to educational policy and education of pre/post qualifying practitioners.

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Appendices

Appendix 1:

Project Process for Graduate/Entry level competencies

The entry level competencies for Physiotherapy graduates were initially taken directly from the Physiotherapy Clinical Placement Common Assessment form, Level 3.

This common assessment tool was devised by representatives from the four Physiotherapy courses in the Republic of Ireland in 2004-2005 and is currently being rolled out as the common practice education assessment tool for student physiotherapists in the Irish practice education setting. This tool and the competencies in it were also ratified by the Irish Society of Chartered Physiotherapists (ISCP) and the overseas accreditation committee of the ISCP as the entry level competencies for those who apply for validation of their overseas qualification to work in the Republic of Ireland. They were revised following the validation process to include other competencies that are not listed on the Common Assessment Form including those related to education and research. Some of those revised competencies were taken from the DATH's Physiotherapy Departments staff grade physiotherapist rotational feedback and competency assessment form. This process has yielded a set of competencies proposed as attainable within a Physiotherapy degree programme with some competencies identified as emerging post qualification

Senior and Clinical Specialist Competencies

Research

The process of identifying the competencies of Senior and Clinical Specialist therapists began by identifying and analysing the following resources:

- Local, national and international competencies available across the three professions of Occupational Therapy, Speech and Language Therapy and Physiotherapy
- Job descriptions of Senior and Clinical Specialist Physiotherapy grades (HSE senior and staff grade job descriptions)
- Health and social care professional manager competencies as devised by Pearn Kandola for the Office of Health Care management (2003)

Senior competencies

The next stage in the process involved the establishment of collaborative working groups made up of manager and senior grade therapists. The aim of this group was to have a diverse group, representative of the different sectors that Physiotherapy works within in the Republic of Ireland. (For members of this group see appendix 2)

A one day structured workshop for this group was then facilitated by the Therapy Project Office at which the working group developed competencies for the senior grade. A draft was devised and circulated by email until a final draft was agreed on regarding the areas and wording of the competencies. This final draft (along with the final Clinical Specialist draft) was then circulated to the Executive Committee of the Chartered Physiotherapists in Management with a pilot feedback form for their input. The feedback on the documents was incorporated into this final document.

Clinical Specialist competencies

A similar process was used to generate Clinical Specialist competencies. A collaborative working group of ISCP Clinical Specialists attended a workshop to draft the Clinical Specialist competencies. The process was informed by the research mentioned previously and also by the draft Senior competencies document (as put together by the Senior competency group). It was

also informed by local Clinical Specialist job descriptions and by a Clinical Specialist job description devised by the Royal College of Speech and Language. The Clinical Specialists identified competencies that they felt were representative for their grade at a core and additional level.

This then followed the same process as the Senior competencies. A draft was generated from the output of that workshop and circulated by email. Feedback on competency areas and wording was collated and inputted into the document.

The draft competencies were also circulated to other Clinical Specialists who were not available to attend the workshop on the day but who had expressed an interest in being involved in the process. A further Clinical Specialists meeting was held in November 2007. A structured feedback tool (which as mentioned earlier had been piloted on the Chartered Physiotherapists in Management executive committee) was provided to participants. Feedback received was collated and incorporated into a final document which was signed off at the Clinical Specialist meeting in November 2007.

External input

All of the competencies at the Senior and Clinical Specialist professional grade were then sent to an Occupational Psychologist for input and feedback. A subsequent full day review meeting was carried out with the Occupational Psychologist and the project managers from the Therapy Project Office. All documents were revised on foot of the advice given. The revised versions were then re-circulated to the working groups in each of the three professions for final group sign off.

Compilation

Entry level competencies, Senior competencies and Clinical Specialist competencies were then compiled into one

document. The competencies were then grouped into three broad areas

- Professional practice
- Providing a quality service
- Education and development

A high level framework (see chart 1) was devised to aid understanding and navigation of the document by therapists. This framework shows the progression of the competencies and how they link across the three levels.

In light of the fact that there are currently competency assessment tools (OHM HSCP competencies and DATHS staff grade assessment tool) used in the Physiotherapy profession a second chart was drawn up to show where these tools applied to the competency documents and how they could be used in conjunction with the competency framework.

Validation

The completed competency framework was circulated to all managers and the Physiotherapy Heads of Schools in the Higher Education Institutes within the profession. It was requested that they be circulated by managers to all staff to ensure that responses from all grades were represented. The following responses were collated via an online survey.

Of the respondents:

- 90% found the document user friendly
- 95% found the purpose of the competencies clear
- 85% felt it was clear how the competencies would be used in the workplace
- 94% felt the competencies would be of benefit to them in the workplace

Specific alterations were incorporated into the document where appropriate.

Appendix 2: Membership of Professional Competencies working groups

Physiotherapy Senior competencies working group

Riana O’Cofaigh

Ann Sheedy

Nuala Reynolds

Michelle Shannon

Muireann Tobin

Sonia Sommers

Lara Bourton Cassidy

Helen Flynn

Anne Marie McKeown

Physiotherapy Clinical Specialist competencies working group

Marian Connor

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