

The **limited existing advice** and observed **variability** when developing competency frameworks in healthcare professions may lead to the creation of “**false-god**” frameworks that unwittingly **create and legitimise artificial outcomes**.

How do healthcare professions develop competency frameworks?

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INTRODUCTION

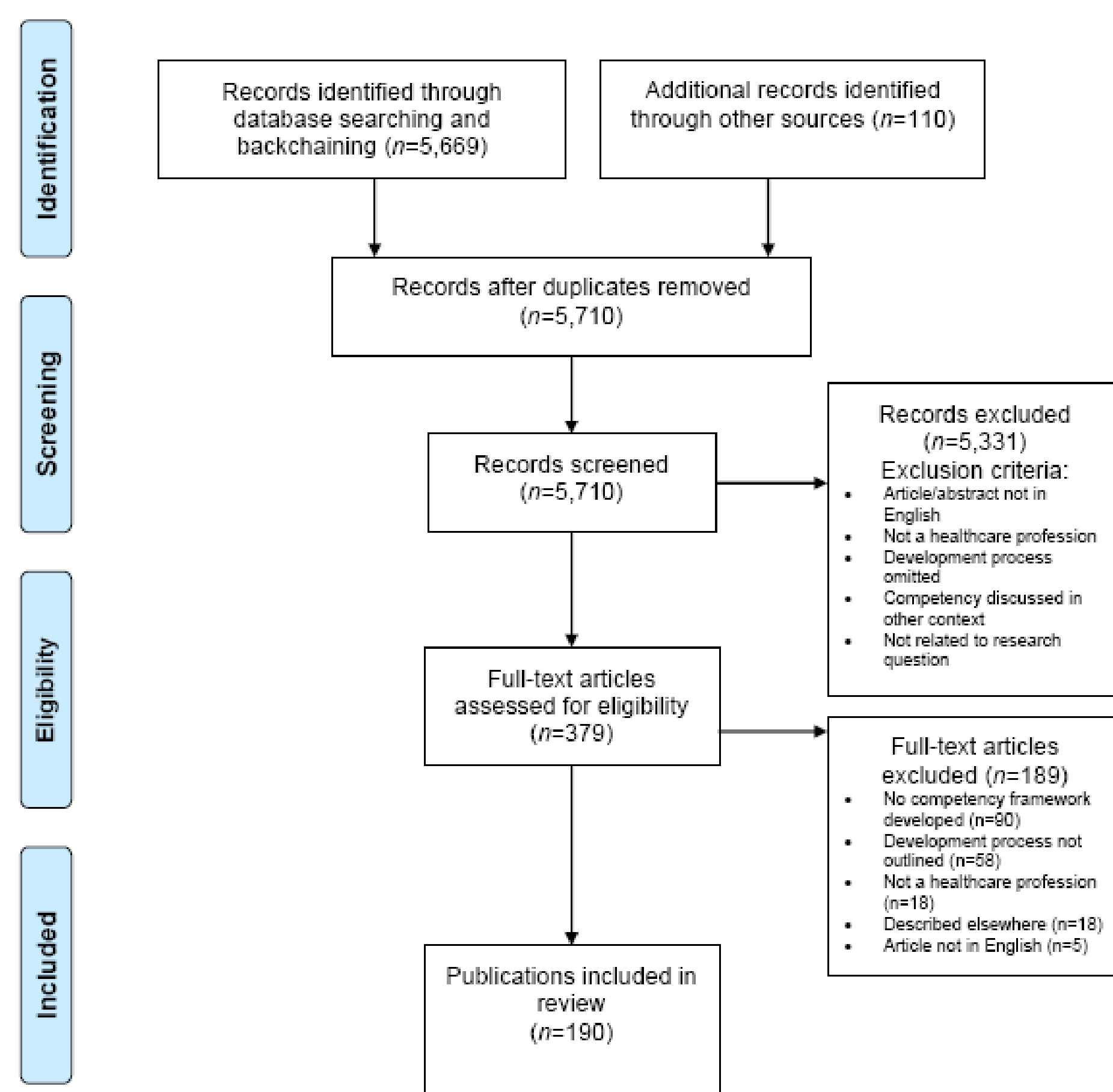
- Competency frameworks serve many roles including outlining characteristics of a competent workforce, to provide clarity to complex constructs, to facilitate professional mobility, and to help structure analysis, evaluation or assessment of professional expertise.
- Given these roles and their relevance in the health professions, we sought to understand the methods and strategies used in the development of existing competency frameworks.

METHODS

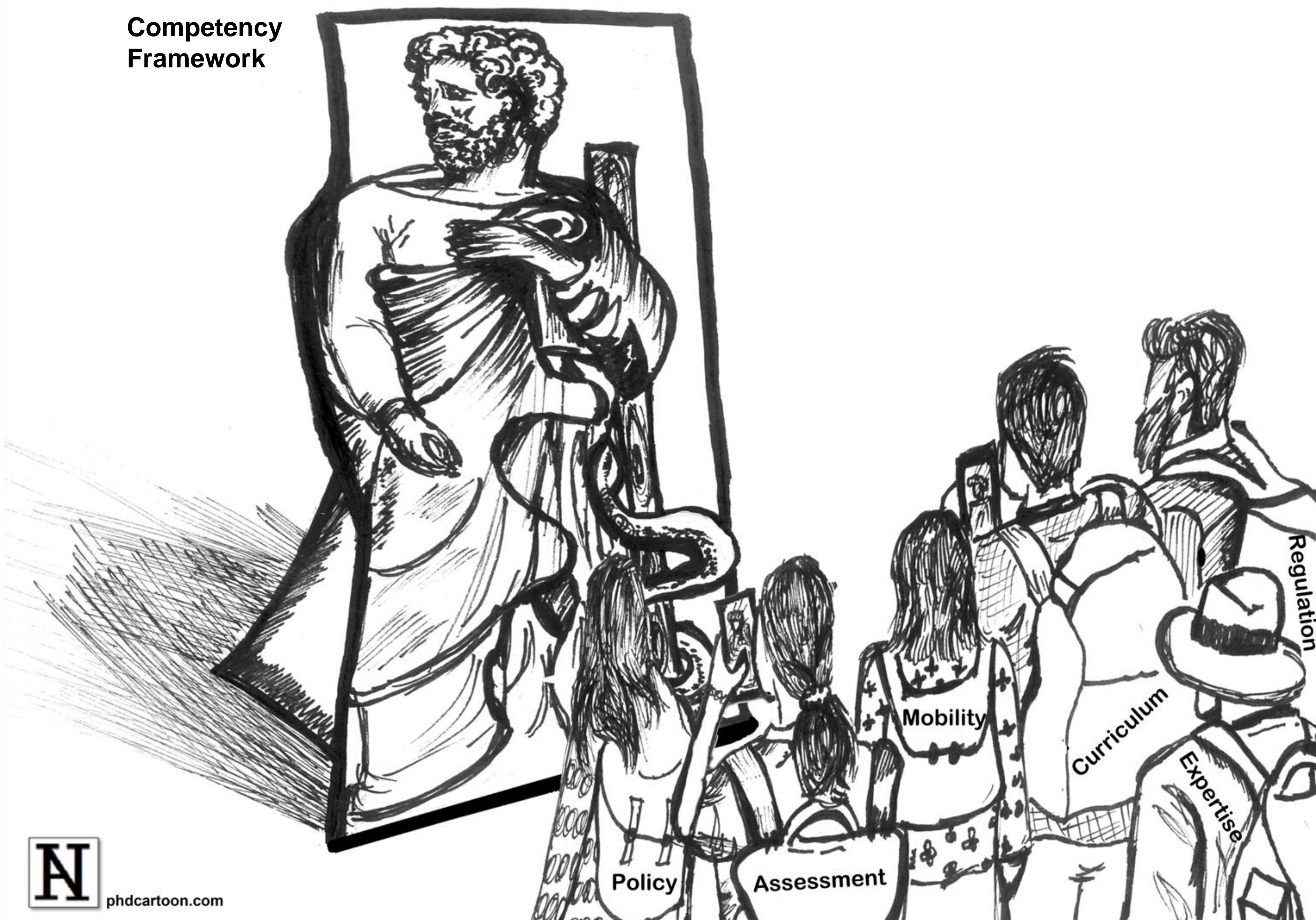
- Arksey and O’Malley framework was applied
- Six electronic databases (MEDLINE, CINAHL, PsycINFO, EMBASE, Scopus, and ERIC) and three grey literature sources were searched using keywords related to competency frameworks.
- Studies of all types were included that described the development of a competency framework in a healthcare profession.
- Studies were screened for inclusion, and data were extracted independently by two reviewers.
- Data synthesis was both quantitative and qualitative.

RESULTS

- Among 5,710 citations, 190 were selected for analysis.
- The majority of studies were conducted in medicine and nursing professions.
- Group techniques were utilised in 140 studies (74%), literature reviews were conducted in 112 (59%), and 81 (43%) outlined some form of stakeholder deliberation.



Competency Framework



KEY FINDINGS

- Variability exists in what methods or combinations of methods developers used as well as within methods.
- Adherence to existing guidance was inconsistent, and existing guidelines are insufficient.
- Limited connections were made between intended use of the framework and development choices.
- Processes and outcomes were inconsistently reported.
- These findings may result in uncertainty regarding the utility and validity of the outcomes, which may lead to unintended or unwarranted legitimacy i.e. “false-gods”.
- These “false-gods” may be worshipped or admired through their influence on downstream processes such as curriculum, policy, mobility and assessment.
- In light of our findings, improved guidance may be required for those developing competency frameworks in healthcare professions.

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