Using competences and competence tools in workforce development projects: an evaluation in five NHS Trusts

Tess Green, Claire Dickerson and Eddie Blass

Tess Green is Divisional Manager, Health Policy Team, Skills for Health, Bristol, UK, Claire Dickerson is Research Fellow and Eddie Blass is Reader in Leadership Development, School of Education, University of Hertfordshire, Hatfield, Hertfordshire, UK

Corresponding author:

Tess Green

Divisional Manager, Health Policy Team

Skills for Health

1st Floor Goldsmiths House

Broad Plain

Bristol BS2 0JP

tel: 01844 214812

email: tess.green@skillsforhealth.org.uk

Abstract

The NHS Knowledge and Skills Framework (KSF) has been a driving force in the move to competence based workforce development in the NHS. Skills for Health, the Sector Skills Council for the UK health sector has developed national workforce competences which aim to improve behavioural performance, which in turn increases productivity. Skills for Health competences and competence tools were tested and evaluated in workforce development projects in five NHS Trusts. They were used to redesign services, develop job roles, identify skills gaps and develop learning programmes. Reported benefits of using competences and competence tools included increased clarity and a structured, consistent and standardised approach to workforce development. Findings from the evaluation of the tools were positive in terms of their overall usefulness and provision of related training/support. Reported constraints of using the competences and tools included issues relating to their availability, content and organisation. It is recognised that a highly skilled and flexible workforce is important to the delivery of high quality healthcare. These projects suggest that Skills for Health competences can be used as a 'common currency' in workforce development in the UK health sector. This would support the need to adapt rapidly to changing service needs.

Key words

Competence   National occupational standards   National workforce competence

NHS Knowledge and Skills Framework   Workforce development

Introduction

This paper describes five projects established to test Skills for Health national workforce competences, electronic tools and products in different settings in the NHS. The ways in which the competences and tools were used to develop the workforce and bring about change was evaluated and the findings were used to review and develop the competences and tools. Some reported benefits and limitations of using a competence based approach to healthcare workforce development are presented and discussed together with some findings on the relationship between Skills for Health competences and the NHS Knowledge and Skills Framework (KSF).

Background

Skills for Health

Skills for Health, the Sector Skills Council for the UK health sector, was established in 2002 and is one of 25 Sector Skills Councils. These are employer-led, national organisations that include trade unions, professional bodies and other stakeholders and aim to address the skills and productivity needs of their sector.

Skills for Health supports the health sector, including NHS, voluntary and independent organisations, in developing a skilled and flexible workforce in order to improve health and healthcare. It has developed national occupational standards (NOS) and national workforce competences 'to describe what individuals need to do, what they need to know and which skills they need to carry out an activity (Skills for Health website, 2009). These competences can be used for individual and team development, role design and re-design, service design, education programme and curriculum design, and collecting evidence for

NHS KSF post outlines. Web-based competence tools can be used to support many of these uses.

Skills development and using a competence based approach

The emergence and development of competences has passed through several stages during the last 25 years (Delamare Le Deist and Winterton, 2005). Within Europe there has been renewed political interest in a competence based approach to lifelong learning through the Lisbon Strategy (2006) and funding by the European Commission for the TENCompetence project (TENCompetence website, 2009). The TENCompetence project is designed to support individuals, groups and organisations in Europe in lifelong competence development by establishing the most appropriate technical and organisational infrastructure.

Within the UK, the *Leitch Review of Skills* (2006) and the constitution of the UK Commission for Employment and Skills (UKCES), established in 2008, both focus on skills development and developing national occupational standards using a competence approach.

Conceptualising competence

Researchers, theorists and managers interested in applying competences continue to encounter difficulties in rigorously defining competence conceptually (Sanchez, 2002). This is hindered further by the interchangeable use of the terms 'competences, competencies and competency' (Cooper et el, 1998).

Boyatzis (1982:21) focused on the individual domain and defined competences as 'an underlying characteristic of a person' stating it could be 'motive, trait, and skill'. Sanchez et el (1996:8) however, proposed a working definition of competence as '...the ability to sustain the coordinated deployment of assets in ways that help a firm achieve its goals.' Nordhaug and Gronhaug (1994:91) combined the two, suggesting a more specific definition as 'work-related knowledge, skills and abilities'. Definitions have become increasingly work based, vocational and applied in nature as the concept of competence has been adopted by managers and government policy makers.

The idea of competence has even been removed from the individual domain and applied to 'the organisation' in the form of 'core competence'. This was defined by Prahalad and Hamel (1990:82) as '...the collective learning in the organization, especially how to co-ordinate diverse production skills and integrate multiple streams of technologies...'. The term was coined as an important organisational resource that could be exploited to gain competitive advantage (Campbell and Sommers Luchs, 1997; Nadler and Tushman, 1999).

In 2008, the European Parliament and the Council of the European Union defined competence as '... the proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development. In the context of the European Qualifications Framework, competence is described in terms of responsibility and autonomy' (European Parliament Council, 2008: 4). Within UK nursing practice, the Nursing & Midwifery Council (2008) recently used the definition put forward in the *Fitness for practice* report, which defined competence as '... the skills and ability to practise safely and effectively without the need for direct supervision' (United Kingdom Central Council for Nursing, Midwifery and Health Visiting, 1999:35).

Given the difficulties in agreeing a definition of competence, it is perhaps surprising that the concept has been so widely adopted.

Using competence based approaches to workforce development

Winterton and Winterton (1996) explored the uses of NOS in management (Management Standards) in sixteen organisations, three from the NHS. They concluded that competence based management development led to identifiable improvements in individual, organisational and business performance. Their report also highlighted that this approach was more likely to produce improvements in performance when linked to organisational strategy and when Human Resource Development systems and processes are based on the Management Standards.

Within the UK health sector the focus has been on individual rather than organisational competence and professional and regulatory bodies have developed their own profession specific approaches. Canning (1990) and Donnelly (1991) advocated that competences should be contextually based, reflecting the needs of the organisation and the markets in which it operates. Hendry and Maggio (1996) had a practical perception and observed that competences help prescribe and validate behavioural descriptions that achieve the desired results. Skills for Health has taken this vision of competence and developed competences which aim to improve behavioural performance, which in turn increases productivity. These competences can apply to functions, job roles, standards or performance.

Skills for Health competences and the NHS Knowledge and Skills Framework

In the NHS the competences-based approach is being driven by the NHS KSF. This is a broad, generic UK-wide framework that sets out to describe and recognise the types of knowledge and skills that a post-holder needs to be effective in their NHS job. All competences developed by Skills for Health have indicative links to the relevant KSF dimensions and levels to help NHS staff and managers identify the Skills for Health competences that might link to specific work roles.

Method

The projects

Skills for Health and the Department of Health (England) established and funded the five projects (called 'national demonstrator sites') in 2006. All five projects shared the core purpose of testing Skills for Health competences, electronic tools and products. However, each project had different aims and objectives in terms of the change it was designed to achieve. Each project was managed by a project steering group and a project manager over a twelve month period. The setting, core purpose and aim of each project are shown in Table 1.

Table 1   The setting, core purpose and aim of the projects

Setting	Core purpose. To use Skills for Health competences, electronic tools and products:
1. Central Manchester and Manchester Children's	- for workforce design and redesign in three diagnostic areas in radiology and to demonstrate the impact on the 18 week

Setting	Core purpose. To use Skills for Health competences, electronic tools and products:
University Hospitals NHS Trust (Acute Trust)	wait target
2. The North West London Hospitals NHS Trust (Acute Trust)	- to develop a new Associate Practitioner role and to establish a training package to support the role
3. The Whittington Hospital NHS Trust (Acute Trust)	- to design a Therapy Assistant role
4. Berkshire Healthcare NHS Foundation Trust (Mental health Trust) (three separate work streams)	Stream 1: - to develop and accredit a Foundation level modular training programme in Psychological Therapies Stream 2: - to develop Support Worker roles Stream 3: - to develop a new Advanced Level Practitioner (Hospital at Night) role
5. South Birmingham Primary Care Trust (Primary care Trust)	- to support the consolidation, progression and development of the Community Support Nurse role

Evaluation of Skills for Health competences, electronic tools and products

The evaluation focused on the way in which competences and competence tools were used in each project. Information was collected from project managers using an end of project report and a self-completion questionnaire designed with reference to published literature on questionnaire development (McColl et al, 2001).

Five project managers completed the questionnaire. None of the respondents had used the competence tools prior to taking part in the national demonstrator site project. The respondents described their role in their organisation using one or more of the following categories: training; service design; workforce planning; staff development; team management.

Seven project reports were completed. Separate reports were submitted for each of the three work streams at Berkshire Healthcare NHS Foundation Trust (Table 1).

Findings

Findings relevant to the way in which the project teams used the competences and competence tools are set out below.

The purpose of using the competences and competence tools

Project managers and their teams had used the competences and competence tools to carry out one or more of the activities shown in Table 2.

Table 2   **Activities for which the competences and competence tools were used**

– redesigning services

– designing and developing new job roles or re-designing current roles (including related

documentation: job description, person specification, competence profile and KSF outline)

– identifying learning needs and skills gaps

– designing curricula; developing education and training programmes and designing a learning portfolio and workbook

– supporting individual development or appraisal

The competence tools used and their usefulness

One or more questionnaire respondents used the following electronic tools: competence search; NHS KSF mapping; role profile and self assessment tools. All five project managers rated the overall usefulness of the tools in meeting the purpose for which they were used as 'very good' or 'good'.

The types of training/support used for the competence tools

Questionnaire respondents used the web-based interactive guide and step-by-step instructions; training/support from a technical consultant and other resources. The overall usefulness of this training/support was rated as 'very good' or 'good'. Most respondents felt confident to train a colleague to use the tools.

The main benefits of using the competences and competence tools

The following extracts from the reports provide examples of ways in which the competences and tools were used in the projects and of the benefits identified by project managers.

Redesigning services:

> *'The benefits of a competence based framework for service redesign and workforce development strategies have been confirmed particularly linked to Human Resource strategy planning for recruitment and retention, and training and development'*

Designing and developing new job roles or re-designing current roles:

> *'The Skills for Health tools used to develop the role profile framework and training packages were easy to access and use enabling the Project Manager to build and modify the role profile and develop a job description and person specification in line with Steering Group recommendations'*

> *'The project highlighted the inconsistencies of existing job descriptions and expectations of managers across the Trust. The opportunity to develop a generic competence based job description with core competences and along with the flexibility and agreement between service sectors to develop role specific competences was welcomed'*

Identifying learning needs and skills gaps:

'Job roles and process profiles have been developed using Skills for Health workforce competences resulting in skill profiles required for specific procedures and roles. These will identify future training needs and identify skill gaps for future developments and recruitment'

Designing curricula; developing education and training programmes and designing a learning portfolio and workbook

'The mentors, ward mangers and candidates felt the competences workbook was easy to follow and guided them on how to carry out the practical assessment. The reflection and the case study aspect of the training programme allowed the candidates to explore their every day practice in relation to their new knowledge and skills. The feedback from the ward manager and candidate was they experience a new level of confidence and knowledge'

'Introducing a competence based learning programme utilising the Skills for Health competences has been a beneficial exercise and helped to formalise the issue of training... Developing the competences for this role emphasised the need to set clear objectives for the post holders to help structure the learning and building of the portfolio. It also clarifies the expectations, for supervisors and supervisees'

Supporting individual development or appraisal:

'Role holder and stakeholder feedback indicated increased clarity of the job holders role with a clearly defined competence linked job description, person specification, induction, and training and development package to facilitate performance, professional development and a career pathway'

One project manager suggested the following benefits of using a competence based approach:

'A competence based framework facilitates transfer of knowledge and skills across roles and services facilitating training and development across different roles within the same service and across different agencies'

The main constraints or limitations of using the competence tools

Table 3 shows examples of the constraints of using the competence tools in the projects, which were identified from the reports and questionnaires. Most improvements or new developments suggested by respondents related to these constraints.

Table 3   Examples of constraints or limitations of using the competences and competence tools

Availability and content of the competences and tools

– competences were not available for all job roles and KSF dimensions/levels

– all the tools were not readily available due to reconfiguration of the website

– a high level of language and critical analysis was required to select relevant competences

Organisation of the competences and the search process

– competences were initially structured in disease pathways rather than career framework specific areas

– the search process was time consuming

Matching with other learning programmes

– difficulty in identifying the level of competences when trying to match them to Master's level programmes

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The relationship between Skills for Health competences and the NHS KSF

> *'The use of the NOS and the impact this will have on KSF was predominantly managers concerns. However it is believed that whilst the KSF continues to be used the use of NOS could enhance, support the KSF and appraisal process. This appeared to be welcomed by managers...*

> *'The development of competence based job descriptions... will provide the organisation with consistent expectations and standards supporting the KSF…*

> *'The detailed information was welcomed by managers in comparison to the KSF descriptions… It was suggested to managers that the NOS descriptions would support the KSF levels and dimensions...'*

> *'From the development of the role profile, each area then identified both their core and specific competences. It is vital from a strategic perspective to identify a set of core competences applicable for this role. This is to prevent 'reinventing the wheel' scenario when the post are duplicated in another clinical area. Once the core competences were established, then each clinical environment identified competences relevant to their caseload of patients/specialty. In turn, the manager was able to demonstrate the competences were linked to the* [NHS KSF] *as part of the Agenda for Change.'*

> *'The development of a competence based training package supports the KSF process providing a structured format for clinical supervisors and mentors to record and monitor performance facilitating continuity and a standardised approach to professional development…*

> *'Having a competence based role including job description/person specification and competence profile along with KSF outline should improve commissioning arrangements with local education providers. Commissioning can be competence rather than person focussed.'*

Final comments

All five questionnaire respondents indicated that they would use the competence tools again. Final comments on the experience of using the competence tools included:

> *'I thought the tools were self explanatory and easy to use enabling a competence based role profile to be built up that was specific and accurate.'*

Discussion

Skills for Health competences and competence tools were tested in five unique workforce development projects in the NHS and used to bring about change within each organisation. Project managers provided practical examples of the ways in which competences and tools were used to identify skills gaps and design or redesign roles to meet the gaps, develop job descriptions, person specifications and KSF outlines and develop learning programmes. These activities supported recruitment, selection and professional development of staff.

Findings from the evaluation of the competence tools were positive in terms of the overall usefulness of the tools and the related training/support provided. None of the project managers who evaluated the tools had used them before and all indicated that they would use them again. The reported constraints or limitations of using the competences and tools included issues relating to their availability, content and organisation (Table 3). The evaluation served both formative and summative purposes. The formative component of the evaluation has contributed to the ongoing development of the competences and tools. Such an evaluation, typically, does not aim to generalise beyond the setting (Patton, 1990).

During the last decade, driving forces in the move to competence based workforce development in the NHS included the introduction of the NHS KSF (Department of Health, 2004), the NHS career modernisation programme (eg 4 UK Health Departments, 2004; Department of Health, 2006) and the regulation of health professionals (Department of Health, 2007). There have been challenges in implementing the NHS KSF (Buchan and Evans, 2007; National Audit Office, 2009). A recent independent review of the implementation reported that '...the gap between the intended policy and the actual practice remains unacceptably wide' (Brown et al, 2010: viii). The project reports included feedback on the relationship between Skills for Health competences and the NHS KSF. Managers in one Trust welcomed the detail of the competences compared to the NHS KSF descriptions.

Findings from the project reports suggested that the benefits of using competences and competence tools included increased clarity and a structured, consistent and standardised approach to workforce development. The benefit of developing generic job roles, which included core competences and formed the basis for further development in different clinical areas, was noted. One project manager commented that this would save 'reinventing the wheel'. This view was shared by one respondent to the NHS KSF implementation review who suggested this could be done on a national level using '...standard KSF outlines, linked to [Agenda for Change] national profiles perhaps (and/or Skills for Health competences) which can be plucked off the shelf...' (Brown et al, 2010: 139). Competence frameworks can be developed for patient pathways, practitioner roles and areas of service delivery (Clements and Mackenzie, 2005; NHS National Genetics Education and Development Centre, 2007).

The importance of a highly skilled and flexible workforce to the delivery of high quality healthcare is recognised (Department of Health, 2008). Developing such a workforce lies at the centre of the work of Skills for Health. The projects reported here suggest that Skills for Health competences can be used as a 'common currency' in the design of job roles in the UK health sector. One project manager suggested that using a competence based approach made it easier to transfer knowledge and skills across roles, services and agencies. This would support the need to adapt rapidly to changing service needs. At a European level, the European Healthcare Training and Accreditation Network project was established to address the challenge of developing a means of comparison to enhance the

mobility of the nursing workforce within the European Union (Cowan et al, 2008).

Limitations

- The demanding time-scale of the projects.
- The limitations common to the data collection methods (eg some responses to self-completion questionnaires depend on respondents' recall).

Conclusion

Skills for Health and the Department of Health (England) national demonstrator site projects met the purpose for which they were established. This was to test Skills for Health competences, electronic tools and products in different settings in the health sector. The information collected through the evaluation process has been used to review and develop the competences and competence tools.

The workforce development projects described here have shown that Skills for Health national workforce competences can be used to provide a more standardised approach to workforce development.

Possible areas for further work or study

Further work that is in progress or is being considered includes:

- Developing an evaluation framework for benefits realisation. Skills for Health identified a need to provide support for the management and evaluation of project benefits. A draft framework is undergoing pilot testing in partnership with healthcare staff.
- Extending the use of the competence based approach to other roles and service areas and working towards implementing a competence based approach to future workforce development and service delivery.
- Continuing to work in partnership with Trusts and higher education institutions to develop competences, career frameworks and competence based programmes to support work based assessment and service needs.

Key themes

The NHS Knowledge and Skills Framework (KSF) has been a driving force in the move to competence based workforce development in the NHS. This is a broad, generic UK-wide framework that sets out to describe and recognise the types of knowledge and skills that a post-holder needs to be effective in their job.

Skills for Health, the Sector Skills Council for the UK health sector, supports the sector in developing a skilled and flexible workforce in order to improve health and healthcare. It has developed national workforce competences which aim to improve behavioural performance, which in turn increases productivity.

Skills for Health competences and competence tools were tested and evaluated in workforce development projects in five NHS Trusts. Competences and tools were used to identify skills gaps and design or redesign roles to meet the gaps, develop job descriptions, person specifications and KSF outlines and develop learning programmes.

Findings from the project reports suggested that the benefits of using competences and

competence tools included increased clarity and a structured, consistent and standardised approach to workforce development.

Findings from the evaluation of the competence tools were positive in terms of the overall usefulness of the tools and the related training/support provided. The reported constraints or limitations of using the competences and tools included issues relating to their availability, content and organisation.

The importance of a highly skilled and flexible workforce to the delivery of high quality healthcare is recognised. The projects reported here suggest that Skills for Health competences can be used as a 'common currency' in the design of job roles in the UK health sector. This would support the need to adapt rapidly to changing service needs.

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It is noted that Tess Green worked for Skills for Health during the delivery of the Projects and the writing of the article.