WRITING COMPETENCY STATEMENTS

Competencies make up all those elements that must exist to deliver a professional service. According to the International Council of Nurses (ICN), competency is the effective application of a combination of knowledge, skill, and judgement demonstrated by an individual in daily practice or job performance. Competency is a combination of:

- Knowledge, understanding, judgement
- Skills—cognitive (analytic, critical thinking), technical, and interpersonal
- Attitudes and personal attributes

Figure 1. Elements of Competency

Competencies focus on what the person can do—on performance. The three components listed above need to be appropriately applied. A skilled act that is not accompanied by an appropriate attitude or good communication skills is not an example of competent practice.

A task is a set of activities aimed at reaching a specific goal or objective; it can involve a number of skills. Tasks, which are lower than a competency, specify what is to be done, but not why it is done. For example, a task is to measure/record vital signs of a patient while a competency is to assess the current health status of a patient. See Figure 1.
Competencies are not job-based but are broad and apply across an occupation or profession and, in some cases, are shared with others. Moreover, competence is not a static notion but changes as the context alters and the practitioner acquires more knowledge and experience. The idea that the set of competencies a health worker has acquired on completing an education programme will suffice to last the duration of one’s work life is long gone. Competency verification does not end with initial registration, and there is a need to ensure the on-going competence of health care providers.

Today, continuing competence is receiving greater attention as a result of the growth of the safety and quality movement and increased consumer demands for assurance that the health care provider is competent. However, regulators are grappling with how to verify that a licensee continues to be competent and professional groups and employers are exploring models of professional development that are sustainable and deliver the intended outcomes of maintaining and advancing competence.

**WRITING A COMPETENCY STATEMENT**

A well written competency statement can provide a great deal of guidance on what task is to be done; who or what is the target; how well the task should be done; and under what conditions it is carried out. ICN notes that the competency statements ascribed to nurses often fail to differentiate between the practice of the registered nurse and that of other nursing personnel, such as the practical nurse. This usually stems from a limited use of the language describing the expected performance. The terms used may not communicate the complexity of the work and the higher levels of critical thinking, judgement, and decision-making that is involved. This can have consequences: educators may fail to prepare students adequately for future roles, and the health care provider may be rated at a lower level when job grading studies are undertaken. Therefore, formulating competency statements using terminology describing work in all its complexity that can be used to differentiate levels of practice is important.
A competency statement usually consists of:

**Action verb:** This is the *observable or measurable performance of a worker*, for example: conducts, engages in, designs, accepts, appraises, listens to, cooperates, advocates, manipulates, assembles, adjusts, confronts

**Content:** *Subject matter, type of performance, specific task*, such as a physical examination, professional judgement, ethical decision-making, quality improvement, conflict resolution

**Context:** *Limitations, conditions, circumstances, or context within which the competency is performed*, for example: in a patient with complex health problems; in a rural health centre, under the supervision of

**Level of performance:** *How well something should be done; the level at which the competency should be performed*—accurately, systematically, with cultural sensitivity, completely, in accordance with institutional policies. See figure 3 for an example.

**Figure 2: Competency statement**

A Competency Statement

- **Verb**
  - Carries out a complete and accurate physical examination of patients with simple health problems.

- **Level of performance**
  - Accurately, systematically, with cultural sensitivity

- **Content**
  - Complete

- **Context**
  - Under the supervision of

Describe the nursing profession: Dynamic language for advocacy, which draws heavily on Bloom’s Taxonomy of Educational Objective, is a useful guide on language to describe the varying levels and types of competence.

Competencies should be derived from scopes of practice statements as these describe the spectrum of roles, functions, responsibilities, activities, and decision-making capacity that can be carried out by a specific health care provider. A way to identify the competency set from the scope is to carry out a task analysis. This systematic method of collecting data can help to determine the essential knowledge, skills, responsibilities, judgements, and behaviours associated with roles identified in the scope of practice. For more information about task analysis, refer to Task Analysis as a Tool for Health Systems Strengthening.

Examples of competency frameworks:

- International Confederation of Midwives: [Essential Competencies for Basic Midwifery Practice 2010 Revised in 2013](#)
International Council of Nurses (ICN): *Nursing care Continuum—Framework and Competencies*

ICN Regulation Series: *ICN framework of competencies for the nurse specialist*

Nursing Council of Hong Kong: *Core-Competencies for Registered Nurses (General)*

Nursing Council of Hong Kong: *Core-competencies for Enrolled Nurses (General) and a Reference Guide to the syllabus of subjects and requirements for the preparation of Enrolled Nurses (General) in the Hong Kong Special Administrative Region*

**REFERENCES**


International Council of Nurses. 2007. *Describing the Nursing Profession: Dynamic Language for Advocacy*