

# ADC

## AUSTRALASIAN DIABETES CONGRESS 2022



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Capabilities versus competence – what's the difference? The move to capabilities in diabetes care

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**ADEA Best of the Best Orals Prize Session 2**

Info

**Abstract:**

Background: Many countries use competency frameworks to prepare health professionals. In Australia, they were a 1990 Training Reform Initiative to increase industry competitiveness and support economic recovery. The basis for curriculum development became enterprise-driven rather than individual trainers setting priorities. Competency frameworks are task-orientated tools standardising technical skills in stable clinical situations; however, healthcare environments are dynamic.

Aim: To identify an improved way of educating the health professional workforce to meet diabetes consumer healthcare needs.

Method: A systematic narrative literature.

Findings: Literature suggests competency-based frameworks have little utility in an environment aimed at increasing scope of practice by creating a skilled, flexible, and innovative workforce. Limitations of competency-based training include its ties to specific workplace healthcare roles and discipline requirements and work as it currently exists. It is grounded on one-dimensional views that learning processes are identical to the skills to be learnt and a notion of the professional as the supervised worker. Competency frameworks do not recognise the benefits of autonomous practice, a key enabler of innovation. Capability-based training offers an alternative; it extends beyond technical skills to emphasise the components of adaptability to change, lifelong learning, and self-efficacy. Based on Sen's capability approach, a moral framework describing how opportunities are made feasible and constrained by internal (personal) and external (social and environment) factors. Capability-based training focuses on aligning learning with human motivation and adults' preferences for autonomy and learning.

Conclusion: Existing competency frameworks designed to equip health professionals with the knowledge, skills, and attributes to provide diabetes care do not recognise the dynamic environment of healthcare. Australia's geographical nuances require a flexible, adaptable diabetes workforce with skills to practice at extended levels to provide appropriate safe diabetes care. To expand the workforce's capacity to address future diabetes healthcare needs, understanding the diabetes capabilities required by health professionals is essential.

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