

# Assistive Technology Workforce Development



## Appendix 1: Framework Development and Shape



# Appendix 1

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# 1 Proposed National Workforce Competence in AT framework - development and shape

1.1 AT services, alongside many health and social care services are likely to undergo radical changes over the coming decade. AT services are particularly well placed to achieve Government objectives of shifting care closer to home and supporting independent living for disabled and older people and therefore likely to receive the spotlight of policy initiatives and of pilot programmes to explore service remodelling.

1.1.1 Though this has the potential to substantially develop our understanding of new ways of working to deliver health and social care, there are potential risks that such service remodelling will not achieve the outcome of greater independence for disabled and older people unless rooted in the evidence base for effective practice.

1.1.2 Our approach to developing a framework for AT workforce development was, in the first instance, to base it on available research and expert consensus on effective AT service provision. By effective we mean delivering outcomes of quality of life and independence for disabled and older people and cost-effectiveness in relation to alternative care approaches for service providers.

## 1.2 Generic functions of an effective AT service

Though a number of care pathways are being developed within regional AT services, the most recent pathway relating to generic, non-service specific AT provision was developed through the HEART study<sup>1</sup>. This was funded by the European Commission and drew together existing good practice in AT service delivery into a care pathway describing the essential functions of a service:

**Initiate › Assessment › Typology › Selection › Financing › Delivery › Follow-Up**

1. **Initiate:** initiation of the overall service delivery process;
2. **Assessment:** recognition of the need for assistive technology (e.g. by a general practitioner with a prescription);
3. **Typology:** recommendation for a type of assistive technology (e.g. one particular model of wheelchair);
4. **Selection:** final choice of the assistive technology among the different types available;
5. **Financing:** organization of the payment for the assistive technology (either through official or personal funding channels);
6. **Delivery:** physical delivery of the assistive technology to the disabled person, including training and setup and, if required
7. **Follow-up:** maintenance and, for the longer term, continuous monitoring that the assistive technology is still the appropriate one for the individual requirements of the disabled person.

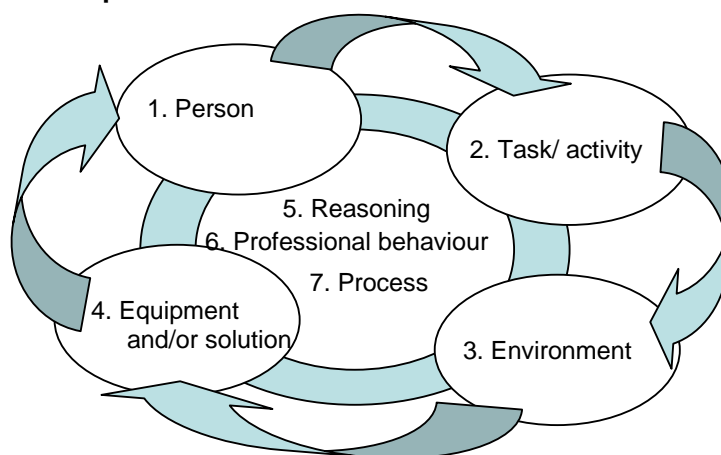
This gave us the overall framework. We then looked in more detail at individual elements and reviewed recent work on AT service provision to identify and fill gaps and deficits within the framework.

### 1.3 **Assessment:**

There is now consensus on the issues to be considered in relation to the knowledge, skills and understanding which are required from the practitioner in order to carry out an effective assessment in AT. This has been drawn together by Winchcombe and Ballinger in the Trusted Assessor Competence framework<sup>2</sup>.

1.3.1 In summary, the Trusted Assessors Framework proposes an underlying approach which would embed a person-centred approach and which is developed from the International Classification of Functioning, Disability and Health (ICF)<sup>3</sup>

**Fig. 1 A theoretical model to inform the Trusted Assessor Competence Framework**



1.3.2 In this model:

- **Person** (ie service user) denotes the factors to be considered with regard to body function, structures and of impairments as well as the user's abilities, ambitions and attitudes;
- **Task/ activity** denotes factors relating to the execution of a task or action such as learning, general tasks, communication, interpersonal relationships, and the person's preference about how that task is completed; and
- **Environment** denotes factors relating to the natural and human-made changes to the environment, support and relationships, others' attitudes, services, systems and policies.

The Trusted Assessor's approach places the factors that are relevant to finding a solution, which may or may not include assistive technology, as the fourth component.

1.3.3 As outlined in the AT Forum's report Assistive Technology: an education, a career, a partnership, the particular value of this model is that it provides a framework which is likely to resonate with the requirements of a whole range of AT professionals and of users. For example, an occupational therapist is like to have been supported to develop competence in the areas of person, task/activity and environment. However, it is clear from the AT Forum survey respondents' comments that many OTs may not feel competent to translate the matrix of information drawn from an assessment process into a competence to prescribe an effective and safe AT solution. On the other

hand, a representative of a private company is likely to have competence in the technical and functional facilities provided by their company's range of equipment but is unlikely to have competence to relate this information to the issues relating to person, task/ activity and environment. Both scenarios could result in inefficient and potentially unsafe prescription of AT.

- 1.3.4 The Trusted Assessor's approach recommends that the knowledge and understanding relating to person, task/activity and environment are core to the effective working practice for any AT practitioner, even if they are not responsible for the assessment of individuals for AT. A commissioner, researcher, or the person responsible for delivery and installation need to understand this range of issues and how they impact on finding a sustainable solution to meet the needs and wishes of the individual.

#### 1.4 **Identifying creative AT solutions, confidence with technology:**

We propose that all AT practitioners should be supported to understand and be confident with technology. For most practitioners who undertake education, training and continuing professional development in AT this will mean being provided with the opportunity to learn practical skills relevant to electrical/ electronic and mechanical equipment and components. This may mean being able to fit the correct battery safely; to be able to advise on safe use of electrical equipment; to adjust cables, straps, and fixing components, such as those on a bath hoist, appropriately; and to repair simple components such as a punctured tyre on a wheelchair.

- 1.4.1 The need for building all AT practitioners' and users' technical knowledge and understanding is clearly laid out in MHRA guidance<sup>4</sup> and some of the specific guidance is worth including here:

##### **Training for professional users (5.2)**

Professional users need to understand how the manufacturer intends the device/equipment to be used, and how it works normally, to be able to use it effectively and safely. Where relevant they should:

- Be aware of differences between models, compatibility with other products and any contraindications or limitations on use
- Be able to fit accessories and to be aware of how they may increase or limit the use of the device
- Be able to use any controls appropriately
- Understand any displays, indicators, alarms, etc
- Be aware of requirements for maintenance and decontamination, including cleaning, in accordance with the manufacturers' and relevant local procedures
- Be able to show end users how to use the device
- Be aware of known pitfalls, including those identified in safety advice from the MHRA, manufacturers and other relevant bodies
- Be able to recognise device defects or when a device is not working properly and know what to do

- Understand the importance of reporting device-related adverse incidents to the MHRA and be familiar with the organisations' reporting procedure (see section 2.6)

- 1.4.2 Guidance from the MHRA is that individuals providing repair and maintenance services need to be adequately trained and appropriately qualified. This applies to directly employed staff, contracted services or others. 'For simple mechanical devices a qualification at NVQ level 2 may be appropriate. For more complex devices a qualification at NVQ level 3 or above may be required.'
- 1.4.3 The guidance is clear that all the workforce, not just those directly providing repair, maintenance, design and manufacturing services, have to take responsibility for device management. "In the community routine device management may in practice transfer either to the user or to a community healthcare worker. It is essential that all individuals are aware of the medical device management system and the part they play within the system to ensure that medical devices are managed correctly. .. This includes:
- Decontamination procedures
  - Maintenance and its records
  - Availability of up-to-date instructions
  - Period and type of use
  - Information supplied to any discharged patients/users
  - Device identification
  - Passing on of manufacturer's instructions to end users
  - Contact details (users and healthcare establishment)" (Page 9 of the Device Bulletin<sup>4</sup>)
- 1.4.4 We propose all the AT workforce should be supported to build confidence and competence in relation to technology. This would address the current failure to support many AT practitioners to understand technology, to employ it appropriately, to be confident to adopt emerging technology and to engage with designers and manufacturers in relation to current and required products.
- 1.4.5 Specific reasons for supporting the whole AT workforce to build technical competence are:
- To be able to engage in maintenance of AT to the level appropriate to the individual's skills and knowledge and to know when to refer for expert maintenance/ repair.
  - To understand the potential of technology/ design/ materials to meet the needs and preferences of individuals, taking into account: up front and life cycle costs; maintenance requirements; inter-operability; adjustability; safety and risk.
  - To be able to work creatively (and cost effectively) with technology.
  - To work safely, to be competent to advise users and carers on safety or, from a management perspective, to ensure safe working practices are undertaken by the workforce and that safety and risk-management procedures are implemented.
  - To understand technical specifications in order to: comply with manufacturers' instructions; to ensure that recommended AT is not under- or over-specified; and to engage knowledgeably with suppliers in relation to procuring and commissioning products and services.

1.4.6 The proposals that the workforce should be supported to be confident in relation to technology is put forward on the basis that there is not an inherent bias towards recommending AT solutions by practitioners. There is a requirement in relation to any assessment process, whether formal or informal, that the solutions negotiated with disabled and older people include low tech and non-AT solutions. The primary goal of any intervention by an AT practitioner must be to support the best solution for each individual. AT practitioners must therefore have an understanding of the non-AT solutions, such as personal care, family and community network support, how to empower individuals to make alternative choices in lifestyle, etc. This needs to be built in to the core competences in relation to clinical reasoning and supporting decision making alongside supporting practitioners to build knowledge and competence in technology solutions.

#### 1.5 **Sustaining the use of AT:**

The evidence in relation to sustaining the use of AT following assessment and provision is not extensive. At the high-tech end of the spectrum "it is estimated that as much as 75% of assistive technology (computer related) is abandoned by users due to the lack of available training and support.<sup>5</sup> It is also well recognised that other forms of AT often remain unused.<sup>6</sup> This needs to be benchmarked against non-compliance in taking oral medication, where the consensus appears to be that around two-thirds of medication may not be taken properly.<sup>7</sup>

1.5.1 Research into the reasons for successful use and for abandonment of AT is relatively consistent in its conclusions. The uptake of AT has long been acknowledged as being affected by the extent to which the user is involved in device selection.<sup>8</sup> The willingness of professionals to listen to a client and value their opinion<sup>9</sup> is also a key component in the successful sustained use of AT. Other factors that may contribute to successful use of AT include; ensuring users have information about the advantages and disadvantages of specific technologies; putting users in touch with peers who use similar technology; scheduling follow-up visits to help consumers refine and tune a device to their specific needs and ensuring the device is compatible with other devices.<sup>10</sup>

1.5.2 The ongoing reliable operation of AT is essential to successful use<sup>11</sup> but users rarely have access to support from practitioners to deal with break down or malfunction. This is increasingly an issue as technology becomes more high-tech. In a recent study,<sup>12</sup> continuous updating of AAC systems was identified as a factor underlying long-term use. Additionally, it is recognised that adaptation by the individual to a device can take a significant period of time and psychosocial support may be required.<sup>9</sup>

1.5.3 These findings indicate that ongoing support is required to make the most effective use of a wide range of AT. If support is not going to be available from professionals or practitioners, then strategies are needed to build the capacity of the individual, and that of their informal network of family, friends, or volunteers, to maintain the use of AT. Additionally it would appear logical to build capacity within mainstream services to provide some level of support in sustaining the use of AT.

## 1.6 **Information provision by practitioners:**

Another body of evidence that was reviewed in order to develop the framework for workforce development was that drawing on users' perspectives of the AT services they receive. This identified gaps and deficits in the current service provision model that have implications for workforce development. While there is a requirement for service remodelling to address these gaps and deficits, it is necessary to ensure the workforce are competent to deliver the missing elements. The first deficient element relates to information provision and awareness raising of the potential of AT.

1.6.1 There is relatively low awareness of how AT can support independent living on the part of the general public and health and social care practitioners<sup>13</sup>. When made aware of the potential of AT then the information required relates to products (the range of products on the market, their effectiveness in relation to functional impairment and tasks, sources of supply, up front and life cycle costs, maintenance requirements, inter-operability, adjustability, safety and risk) and also to services (range of services provided, eligibility criteria for services and service standards). To be useful the information should be comparable and accessible.

1.6.2 There are few resources available to support information seeking by users and carers in relation to AT<sup>14</sup> and little awareness of the resources that exist. This lack of awareness is illustrated by a recent toolkit on information provision compiled to support the National Service Framework for Long Term Conditions (Neurological) which notes an ad hoc, short list of information providers in relation to AT. Information provided by the statutory sector is generally negligible. Voluntary sector organisations are the major providers of information about available AT (primarily the Disabled Living Foundation and Ricability for general information, Trent Dementia Services for AT for cognitive support, RNID and RNIB for AT for hearing and AT for vision, TechDis and the ACE Centre Advisory Trust for AT for social communication, and Disabled Living Centres who offer individual consultations). The default position for most information services within the voluntary sector organisations who represent disabled and older people is to respond to queries relating to AT by signposting to local occupational therapy services<sup>15</sup> which may be inaccessible or inappropriate.

1.6.3 We would propose that most practitioners need to understand the basics of providing information and about supporting individuals to access information (requiring an understanding of available information sources).

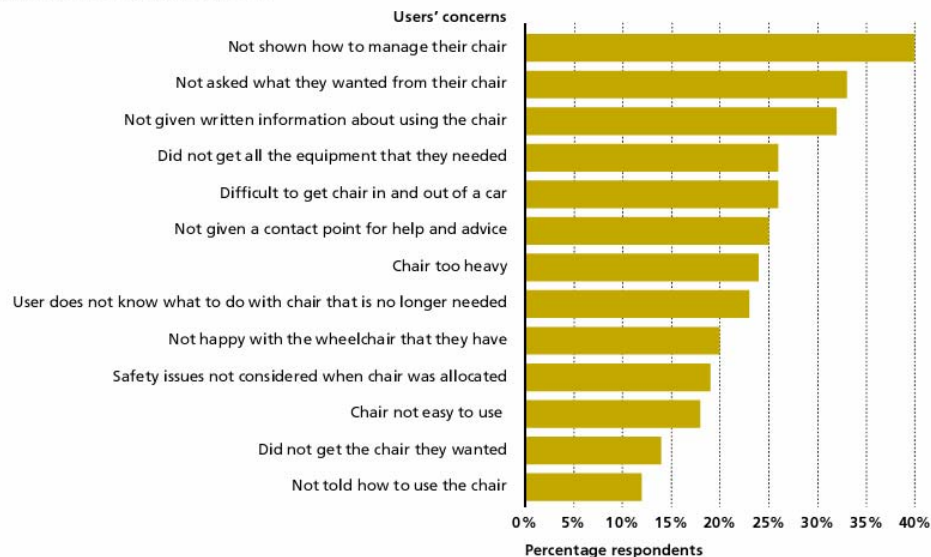
## 1.7 **Engaging users in decision making and training them in safe use of AT:**

There also appear to be a significant proportion of assessments which do not engage the participation of users, with recommendation of equipment relating to stock held rather than user needs. Though a requirement for safe device management, there appears to be a lack of training and support provided to users and carers on the use and maintenance of AT.

The users' perspective is illustrated by the Audit Commission's report on community equipment services, Fully Equipped (2000). This reported on a survey of users' views of the service they had received, in this instance from wheelchair services.

#### User dissatisfaction with the wheelchair services

Users report a variety of problems.



Source: Quality Health surveys at six wheelchair centres, N = 2,300

- 1.7.1 We would propose that practitioners need to be supported to communicate effectively with service users, to empower users to exercise choice, to train them in the safe use of AT and to work with users to sustain the use of AT for as long as it is useful to them.

#### 1.8 Negotiating risks

The current debate on how users of public services can be supported to share risk to enable them to exercise real choice does not yet appear to have impacted significantly on AT services. AT users are disempowered in relation to risk, whether funding comes from statutory or voluntary organisations or the user themselves.

- 1.8.1 The approach to risk which shapes most AT statutory service provision and workforce practice is based on protection, primarily of the service provider organisation but consequently of the user. Few services have processes in place to support users to exercise any real choice in AT and risk is carried primarily by the provider organisation. Voluntary sector organisations are in a similar position with regard to risk as statutory services, though perhaps with fewer processes in place to manage risk and greater financial vulnerability to litigation. Much of the MHRA guidance relates to management of risk by the workforce and by users. Users are seen as active participants in the risk management process and need to be supported to identify adverse incidents and unsafe practices such as inadequate information from manufacturers or lack of training in the safe use of equipment by service providers.

1.8.2 This is clearly laid out in MHRA guidance<sup>16</sup>:

#### **Training for end users (5.3)**

End users need to understand the intended use and normal functioning of the device in order to use it effectively and safely. Where relevant, training should cover:

- Any limitations on use
- How to fit accessories and to be aware of how they may increase or limit the use of the device
- How to use any controls appropriately
- The meaning of any displays, indicators, alarms, etc., and how to respond to them
- Requirements for maintenance and decontamination, including cleaning
- Recognise when the device is not working properly and know what to do about it
- Understand the known pitfalls in the use of the device, including those identified in safety advice from the MHRA, manufacturers and other relevant bodies
- Understand the importance of reporting device-related adverse incidents to the MHRA (see section 2.6)

1.8.3 If disabled and older people choose to purchase AT directly the assumption might be that issues of risk are made clear. In fact many AT users carry risks that the retailer does not bring to their attention and to which they are consequently left vulnerable. The British Healthcare Trades Association is currently attempting to encourage retailers to take a more responsible attitude and to establish standards for the information which should be available to individuals who buy AT over the internet. Support for users to understand and address risk in the use of AT is particularly urgently required in the case of individuals who employ personal assistants and domiciliary workers who use, clean and maintain that individual's privately purchased equipment.

1.8.4 Workforce processes to manage risk in partnership with users of AT need to be clarified. Those risks include:

- inappropriate choice leading to: a waste of money; exacerbation of symptoms such as pressure sores and infection; physical damage to individuals and carers when using AT, for example to move and transfer; and the potential for accidents, e.g. from lack of control of mobility equipment.
- lack of hygiene procedures leading to transmission of disease.
- poor maintenance leading to risk of fire, electrocution, and physical harm to individuals and carers.

1.8.5 The Medicines and Healthcare products Regulatory Agency (MHRA) have recently launched a publicity campaign that highlights the increasing role of the public in managing risk arising from faulty equipment. The MHRA is asking the public to report faulty medical equipment they have bought or been given to them by a GP's surgery, hospital, pharmacy, optometrist or clinic. The aim is to reduce the number of adverse incidents with medical equipment. The MHRA has produced new leaflets and posters designed to highlight the dangers of faulty medical equipment and how people can report them. It is working with community pharmacists, GPs and hospital out-

patient departments to encourage public reporting and protect public health. The MHRA handles 8,500 incidents related to faulty medical equipment annually, approximately 1,500 of which result in serious injury or death<sup>17</sup>.

1.8.6 We would propose that all practitioners demonstrate core competence in risk management and negotiating risk for which they need comprehensive understanding about the potential and limitations of a range of technologies. The intention is that practitioners are able to address risk within a person-centred approach<sup>18</sup> to enable informed risk taking by the individual to the level that the individual is comfortable with and which is in line with their lifestyle and preferences. This would require the demonstration of underlying knowledge relating to the ethical use of technology, in the sense of supporting and empowering the recipient, rather than controlling behaviour or using technology as a substitute for social contact.

## 1.9 **Supporting universal access to AT:**

One of the principles underlying the development of the workforce development strategy is that this should enable the workforce to support disabled and older people irrespective of their financial position. The demographic challenges facing health, social care and employment services, the policy objective of supporting self care and participation in managing the care plan, and the requirement to widen access to services to maximise the take up of preventative approaches, means that health and social care practitioners will have to build competence to support direct purchase of AT. There is little information on the level of financing for AT by statutory and voluntary services or from disabled and older people who self-finance. An indication of increasing levels of self financing is the recent appearance of AT in high street stores.

1.9.1 The link between eligibility for statutory provision of AT and assessment services has been recognised as problematic as this creates a barrier to the take up of preventative services. The likely shape of future service models is to break the link between assessment and eligibility and make assessment services more widely available, whether funded by statutory or voluntary services or privately. This would reduce the overall need for statutory funding for other elements of the care package. The challenge is that separating assessment from funding/ eligibility, the direction of travel signalled by Direct Payments and Individual Budgets, will require the workforce to change in relation to increasingly empowered individuals and their carers and care brokers.

1.9.2 There will be a need for greater numbers of the workforce able to provide advice, an increase in the range of guidance required from the workforce to include advice on the optimal funding route to access AT and clarity on risk sharing between assessment services, those organisations providing and supplying AT and the individual. Some AT services are already addressing their workforce's requirement for competence in this area, with Home Improvement Agency running courses on 'Alternative Sources of Funding', 'Equity Release: Understanding the Options' and 'Understanding Test of Resources'.

## 1.10 **Integrated care planning:**

Wanless<sup>19</sup> has identified a growing body of evidence relating to the gains from better joint working between the health and social care systems. He notes that 'the government has promoted a series of measures to improve partnership working, but their use is far from widespread... Overall, there is

potential to shift more care out of hospital and into the community, including social care, but simply re-directing resources without making arrangements to coordinate and integrate those services will be the least effective strategy.'

- 1.10.1 Care planning to ensure information sharing and integrated service provision is ubiquitous in workforce development approaches across health and social care to the point that inclusion of competences relating to these functions is by default. There are some specific aspects in relation to AT services that are worth mentioning. The current situation is that users of AT services rarely experience them as coherent or integrated even if provision of straightforward AT has been via statutory services in health, social services and by local education authorities. There are still unresolved issues in relation to how AT is addressed within the Common Assessment Framework (CAF) and how practitioners using applying the CAF are supported to recommend AT products and intervention programmes using AT.
- 1.10.2 The importance of multidisciplinary working across education, health and social services is emphasised in recent policy, is a key factor for successful intervention identified in the Every Child Matters guidance and is highlighted in the January 2007 'Policy Review of Children and Young People – A Discussion Paper' from HM Treasury.
- 1.10.3 This perceived lack of coherence in service provision arises from a multiplicity of reasons including the lack of shared language, competence and the ability to issue a sufficiently wide range of AT to address the individual's situation. If provision and support of AT is going to be accessed through an increasingly diverse range of organisations in health, social care, education, employment and housing in statutory, voluntary and industry sectors, then all practitioners need to be competent and build information management and communication competences. There are real challenges to sharing care planning information which are proving a barrier to the mainstreaming of emerging services such as telecare. Such services, based outside the mainstream healthcare structure, may not develop beyond a responsive alarm service if such barriers to sharing information are not resolved.
- 1.10.4 Sharing and processing information and bringing it together into a coherent care plan will increasingly be a required competence of most AT practitioners but will also be an area of specialisation for those AT services that aim to support independent living through lifestyle monitoring/ automated home support, telecare and telehealth applications.
- 1.11 **Competence in safe and effective working practice:**  
Additional competence would be required in relation to safe and effective practice and would include: promoting equality of opportunity and diversity, health and safety, ensuring compliance with legal, regulatory, ethical and social requirements, and acting within the limits of competence and authority. These and other competence required for safe and effective practice are noted in the health sector functional map and can be covered within the framework for AT as it develops (see appendices for the full health sector functional map).
- 1.11.1 Similarly competence in relation to: team working; managing the development of learning and education, individually and as a team;

managing and improving the quality of care; managing and working with people; managing resources; administration and operational processes, are covered by generic standards and not covered within this presentation of the framework.

**1.12 Benchmarking the framework:**

In developing the framework we looked to benchmark it against similar standards/ educational frameworks internationally. The situation with regard to education has been examined in detail by Turner-Smith<sup>20</sup>:

- 1.12.1 Ireland/ Europe: Turner-Smith highlights the lack of trans-national collaboration or harmonised educational structures or syllabus across Europe. He notes there is some consensus on the shared use of standards based on a succession of EU-funded research and education programmes including the HEART line programme and its sequelae; EUSTAT, IMPACT and TELEMATE. These programmes have not led to a shared educational or standards framework but have established a common pattern that is being followed in several centres including by the King's MSc Course at CoRE.
- 1.12.2 North America: Turner-Smith notes that in the USA, RESNA<sup>21</sup> have developed a coherent package of qualifications for assistive technology professionals: Assistive Technology Practitioner (ATP), Assistive Technology Supplier (ATS) and Rehabilitation Engineering Technologist (RET). There is some learning that may be possible from examining the RESNA model but any direct transfer of knowledge is not possible due to licensing fees. There is also a concern that practice relating to wheelchairs and mobility remain the focus of the model.
- 1.13 This review led to the development of a framework of proposed elements of a service/ required functions which could correlate to competences. No single individual working within this area would be expected to carry out all of the available competences and some competences would be more relevant to industry or the third sector than to the current model of statutory service in health, social care and education.
- 1.14 **Core competences:**  
We propose that competences in relation to assessment and in identifying creative solutions, AT, non-AT and hybrid, would be core competences for all levels and in relation to all areas of AT practice.

## 1.15 Functions of an effective AT service –competences

Functions of an AT service structured loosely on the care pathway (may occur at several points along care pathway) – relates to competences required

<b>Raise awareness of services</b>		
	<ul style="list-style-type: none"> <li>▪ Raise awareness of the potential of AT</li> <li>▪ Identify potential service users.</li> </ul>	
<b>Provide and manage information</b>		
	<ul style="list-style-type: none"> <li>▪ Make available information about the service</li> <li>▪ Support information seeking about AT and AT services</li> </ul>	
<b>Obtain information and carry out assessment</b>		<b>Core</b>
Person	<ul style="list-style-type: none"> <li>▪ Communicate effectively using a range of methods in relation to sensory, physical and cognitive needs</li> <li>▪ Assess the impact of a range of functional impairments on the individual's lifestyle/ preferred way of life</li> <li>▪ Assess the individual's preferences and choices</li> </ul>	✓ ✓ ✓
Task/ Activity	<ul style="list-style-type: none"> <li>▪ Assess the needs and abilities of the individual to participate in desired activities</li> </ul>	✓
Environment	<ul style="list-style-type: none"> <li>▪ Assess the impact of social and environmental factors on function and on the potential use of AT</li> <li>▪ Assess the impact on the service user/ carer relationship of impairment, use of AT, changing social roles and transitions</li> </ul>	✓ ✓
<b>Exercise clinical reasoning/ support decision making:</b>		
	<ul style="list-style-type: none"> <li>▪ Identify creative solutions acceptable to client and relevant funder or service provision organisation(s) - AT, non-AT and hybrid</li> <li>▪ Identify the degree of risk involved in using/ not using AT and agree a risk management strategy acceptable to the client and the funder/ provider organisation(s)</li> </ul>	✓ ✓
	<ul style="list-style-type: none"> <li>▪ Support clients to decide on a course of action/ develop a care plan</li> </ul>	
<b>Implement a care plan</b>		
	<ul style="list-style-type: none"> <li>▪ Implement care plans with individuals</li> <li>▪ Make and respond to referrals to/from external agencies</li> <li>▪ Independently represent and advocate with and on behalf of users of AT</li> <li>▪ Procure AT and AT services for individuals</li> <li>▪ Collect, analyse and manage data and information</li> <li>▪ Create and manage information and communication systems</li> <li>▪ Provide ICT services and systems for AT</li> </ul>	
<b>Sell/ Assess for eligibility for AT</b>		
	<ul style="list-style-type: none"> <li>▪ Assess and advise on the optimal funding route acceptable to the client (and funder) to access AT</li> <li>▪ Sell / supply AT</li> </ul>	

<p><b>Deliver/ fit/ set up/ install</b></p> <ul style="list-style-type: none"> <li>▪ Maintain vehicles used to deliver AT</li> <li>▪ Collect, transport and deliver AT</li> <li>▪ Install and commission new AT</li> <li>▪ Fit and adapt AT to meet individual needs</li> <li>▪ Set up AT</li> </ul>
<p><b>Train/ provide remote support</b></p> <ul style="list-style-type: none"> <li>▪ Train the individual and/or carers in the use of AT</li> <li>▪ Support remote communication with the individual</li> </ul>
<p><b>Manage AT distribution and storage:</b></p> <ul style="list-style-type: none"> <li>▪ Maintain systems and facilities for distributing stock</li> <li>▪ Monitor and modify systems and facilities for distributing stock</li> <li>▪ Monitor and evaluate the quality of service provided by external suppliers</li> <li>▪ Receive goods and materials into storage</li> <li>▪ Issue AT</li> <li>▪ Clean/ recycle/ dispose of AT</li> </ul>
<p><b>Maintain and repair AT:</b></p> <ul style="list-style-type: none"> <li>▪ Acceptance test new AT</li> <li>▪ Establish strategies, policies and plans for maintenance and repair</li> <li>▪ Maintain and service AT</li> <li>▪ Locate faults in AT</li> <li>▪ Repair AT</li> <li>▪ Calibrate AT</li> <li>▪ Decommission AT</li> <li>▪ Provide emergency response to replace/repair AT</li> </ul>
<p><b>Specify, design, manufacture and develop AT</b></p> <ul style="list-style-type: none"> <li>▪ Specify requirements for AT</li> <li>▪ Generate new ideas for AT</li> <li>▪ Design AT to meet specific needs</li> <li>▪ Manufacture AT</li> <li>▪ Commercially exploit novel designs for AT</li> </ul>
<p><b>Sustain the use of AT (in a range of environments and over transition periods)</b></p> <ul style="list-style-type: none"> <li>▪ Modify/ customise/ adjust AT in response to changing needs and wishes, tasks and environmental factors</li> <li>▪ Implement a programme using AT to increase an individual's capacity to perform desired activities.</li> <li>▪ Act on a range of social and environmental barriers which impact on functional ability and the use of AT</li> <li>▪ Provide support to enable an individual, their carer/ family members to manage change, adapt to disability and to the use of AT</li> </ul>

<p><b>Review a care plan</b></p> <ul style="list-style-type: none"> <li>▪ Review provision and identify emerging/ changing needs and potential problems.</li> </ul>
<p><b>Manage, commission, procure and administer</b></p> <ul style="list-style-type: none"> <li>▪ Manage staff responsible for using AT to provide care for an individual (staff who use AT, including directly employed personal assistants, care workers, etc)</li> <li>▪ Manage a service which provides AT to clients</li> <li>▪ Market service to clients and commissioners</li> <li>▪ Evaluate new and existing AT for individual health needs</li> <li>▪ Test AT</li> <li>▪ Evaluate AT against a standard</li> <li>▪ Advise on the risks and benefits of existing, new and emerging AT</li> <li>▪ Manage the bulk purchase/ procurement of AT</li> </ul>

## 1.16 **Assessment of work required to develop the generic AT framework**

- 1.16.1 In order to assess the amount of work that would be required to map the competences outlined in the generic AT services framework reviewed existing National Workforce Competences and National Occupational Standards.
- 1.16.2 The full mapping is included in Appendix 2. This reveals the number of existing National Occupational Standards that could contribute towards or be available to be used as standards within the proposed AT framework. There are only a small number of functions at this level of the mapping for which the existing coverage reveals significant gaps. The major deficit at this level appears to be in relation to the knowledge and understanding that is required by AT practitioners at the different levels.
- 1.16.3 As this mapping was developed there were discussions with the Skills for Health team charged with developing and rationalising the health sector functional map. It has become clear that many key reference functions will be developed in a format that enables them to be applied to various areas in health and social care, including to the AT workforce. Within AT there is an additional requirement to make the framework applicable across education, employment, housing, leisure and transport services. It also has to be applicable to the voluntary and private sector which are not considered under the health sector functional map. What a review against the health sector functional map enabled was an assessment of the gaps in functions. The review enabled a conclusion that much of the work that will be required to implement the framework is at the level of the knowledge and understanding required to underpin delivery of functions (such as 'Deliver, fit, set up and install AT'). As such, the existing training and education may provide much of this information.
- 1.16.4 The gaps at this stage (highlighted in yellow in the table below) relate to the functions of enabling choice, identifying the optimal funding route to access AT products and services and in relation to selling AT products and services (though identified as a required Reference Function in the mapping there are

no underlying standards that exist for selling in a healthcare context). There may also be deficits in relation to emergency access to homes and the commercial design and exploitation of designs. These key functions appear to be missing across health sector functions and Skills for Health may wish to consider developing these as key functions to be available across the sector (for example, selling will be relevant to the pharmacy workforce also and exploitation of innovation is now an element of NHS business).

- 1.16.5 There also appear to be some deficits in the health sector functional map in relation to: assessing the requirements of each task and the related ability and needs of individuals to take part in a range of activities; and also in acting on a range of social and environmental barriers to the implementation of AT programmes. By their nature these are competences drawing more on the social model of disability than the medical model.
- 1.16.6 There are generic competences that would be required of any AT workforce which are not detailed in the framework as they exist within the health sector functional map and can be encompassed as the need arises. Such competences relate to: requirements in relation to equality and diversity, health, safety and security and around safe practice to protect individuals. There are also many functions included under management and administration of services, education and learning around health care and promotion and protection of the health of the public which may be useful to the workforce but which we have not duplicated within this framework.

- 1.16.7 We map below the proposed generic AT workforce competences against a recent version of the health sector functional map (an overview of generic 'tasks' and activities that need to be carried out to deliver a service). Note that the health sector function map is used as there is no similar generic mapping exercise from another sector. A mapping against national workforce competences identified from a comprehensive review of sector skills councils documents and considered relevant to AT (covering engineering, business, sales, housing, etc) is contained in the Appendices.

## HEALTH SECTOR FUNCTIONAL MAP -VERSION 5

### **Overview**

The Health Functional Map identifies and categorises the functions which need to be performed for effective health care services to be provided. It provides the foundations from which National Workforce Competences are identified and developed and is a living document, subject to on-going review and updating.

The functions within this map all follow from a Key Purpose statement which is successively broken down until the functions described are at the level for which individuals can take personal responsibility. This lowest level function is known as a Reference Competence.

There are eight initial divisions of the Key Purpose; producing eight Key Domains, each of which links to a specific set of dimensions in the Knowledge and Skills Framework. A table at the beginning of the Functional Map shows these links.

Each Key Domain is itself then subdivided into Key Roles and from there into Reference Functions. Sometimes the Key Area needs no further subdivision but has been taken straight to the level of Reference Functions.

Reference Functions are capable of demonstration by an individual. There is no hierarchy implied in the Reference Functions, neither is there any specification of which groups of health practitioners would be expected to develop and demonstrate the competences which address these functions. If a work role demands that certain competences are displayed, it is the responsibility of the organisation and individuals to ensure that each person charged with undertaking the function concerned has the skills, knowledge and ability to perform to the standards expected of a world class health sector.

Details of the skills, knowledge and performance expectations in relation to each Reference Function are being developed by Skills for Health and will be maintained and updated continuously to ensure their value as a quality resource for the health sector. These detailed specifications are known as National Workforce Competences and there may be more than one for each Reference Function, reflecting differences in autonomy, responsibility and complexity which have a bearing on patient safety. Workforce Competences are truly transferable in that, once an individual has developed skill in, and can demonstrate that Workforce Competence consistently, s/he needs only to re-focus their competence to be able to perform to the required standards in a new setting or context.

Skills for Health is developing National Workforce Competence Frameworks which use the Workforce Competences and/or Specific Presentations of them. National Workforce Competence Frameworks describe the range of activities needed to deliver services for a given focus, representing part or all of an occupational sector or organisation.

**Domains (functions of an AT service) structured loosely on the care pathway (may occur at several points along care pathway)**

Proposed AT workforce functions	Health sector functional map (version 5, draft 1) Appendix 5 (This is an illustrative listing of key roles and functions to indicate standards that can be used to develop the AT framework)
Raise awareness of services <ul style="list-style-type: none"> <li>▪ Raise awareness of the potential of AT</li> </ul>	<ul style="list-style-type: none"> <li>▪ Key role: G3 Market and promote health care services to potential customers</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Key role: C2.1 Promote, improve and protect the population's health</li> </ul>
<ul style="list-style-type: none"> <li>▪ Identify potential service users.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reference function: F2 Share information and knowledge on health</li> <li>▪ Reference function: C2.1.5 Work in partnership with others to contact, assess and support individuals in populations [who are at risk from identified hazards to health and wellbeing]</li> </ul>
Provide and manage information <ul style="list-style-type: none"> <li>▪ Make available information about the service</li> <li>▪ Support information seeking about AT services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Key role: F2.1 Disseminate information and knowledge on health</li> <li>▪ Key role: F2.2 Facilitate access to and the use of information and knowledge on health</li> <li>▪ Key role: B1.2 Refer and direct individuals to sources of assistance in meeting their health care needs</li> </ul>
Obtain information and carry out assessment	
<i>Person</i> <ul style="list-style-type: none"> <li>▪ Communicate effectively using a range of methods in relation to sensory, physical and cognitive needs</li> </ul>	Underpinning principle: 1. Communication (including):
	<ul style="list-style-type: none"> <li>▪ Reference function 1.1 Develop methods of communicating effectively</li> <li>▪ Reference function 1.2 Communicate effectively</li> <li>▪ Reference function 1.3 Communicate significant news to individuals</li> <li>▪ Reference function 1.4 Support individuals with specific communication needs</li> <li>▪ Reference function 1.5 Support individuals to communicate using technology</li> <li>▪ Reference function 1.6 Communicate with others through interpreters</li> <li>▪ Reference function 1.7 Interact with individuals using</li> </ul>

## Proposed AT workforce functions

## Health sector functional map (version 5, draft 1) Appendix 5 (This is an illustrative listing of key roles and functions to indicate standards that can be used to develop the AT framework)

		telecommunications
		<ul style="list-style-type: none"> <li>Reference function 1.8 Relate to, and interact with individuals</li> </ul>
	<ul style="list-style-type: none"> <li>Assess the impact of a range of functional impairments on the individual's lifestyle/ preferred way of life</li> </ul>	<ul style="list-style-type: none"> <li>Key role: A2.1 Plan assessment of an individual's health status</li> <li>Key role: A2.2 Obtain information on an individual's health status and needs</li> </ul>
		<ul style="list-style-type: none"> <li>Key role: A2.5 Conduct investigations where the individual is present</li> </ul>
		<ul style="list-style-type: none"> <li>Key role: A2.6 Capture images and data for investigations</li> </ul>
		<ul style="list-style-type: none"> <li>Key role: A2.7 Interpret and present information on an individual's health status</li> </ul>
		<ul style="list-style-type: none"> <li>Key role: A2.8 Assess an individual's health status against expectations</li> </ul>
		<ul style="list-style-type: none"> <li>Key role: A2.10 Determine a diagnosis and prognosis for an individual</li> </ul>
		<ul style="list-style-type: none"> <li>Key role: A2.11 Determine an individual's risks of developing health needs</li> </ul>
		<ul style="list-style-type: none"> <li>Key role: A2.12 Communicate and discuss the results of assessment with others</li> </ul>
	<ul style="list-style-type: none"> <li>Assess the individual's preferences and choices</li> </ul>	Deficit:
		<ul style="list-style-type: none"> <li>Reference function: B1.1.2 Enable individuals to make health choices and decisions regarding their own health or the health of others</li> </ul>
<i>Task/ Activity</i>	<ul style="list-style-type: none"> <li>Assess the needs and abilities of the individual to participate in desired activities</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: A2.8.4 Assess an individual's suitability to undergo planned actions</li> </ul>
<i>Environment</i>	<ul style="list-style-type: none"> <li>Assess the impact of social and environmental factors on function and on the potential use of AT</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: A2.8.6: Assess the need for and provision of environmental and social support</li> </ul>
	<ul style="list-style-type: none"> <li>Assess the impact on the service user/ carer relationship of impairment, use of AT, changing social roles and transitions</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: A2.8.7: Assess the needs of carers and families</li> </ul>
<b>Exercise Clinical Reasoning/ Support Decision Making:</b>		
	<ul style="list-style-type: none"> <li>Identify creative solutions acceptable to client and relevant funder or service provision organisation(s) - AT, non-AT and hybrid</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: D1.1.1 Specify requirement for medical devices, products and equipment</li> </ul>

Proposed AT workforce functions	Health sector functional map (version 5, draft 1) Appendix 5 (This is an illustrative listing of key roles and functions to indicate standards that can be used to develop the AT framework)
<ul style="list-style-type: none"> <li>▪ Identify the degree of risk involved in using/ not using AT and agree a risk management strategy acceptable to the client and the funder/ provider organisation(s)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Key role: B1.1 Plan actions to address an individual's health care needs               <ul style="list-style-type: none"> <li>▪ Reference function: A2.11.2 Undertake a risk assessment in relation to a defined health need</li> </ul> </li> </ul>
	Underpinning Principle 4: Safeguard and protect individuals
<ul style="list-style-type: none"> <li>▪ Support clients to decide on a course of action/ develop a care plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reference function: A2.8.8: Agree courses of action following assessment</li> </ul>
<b>Implement a care plan</b>	
<ul style="list-style-type: none"> <li>▪ Implement care plans with individuals</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reference function: B2.7.1 Coordinate the implementation and delivery of treatment plans</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Reference function: B2.7.3 Implement care plans/programmes</li> </ul>
<ul style="list-style-type: none"> <li>▪ Make and respond to referrals to/from external agencies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Key role A2.12 Communicate and discuss the results of assessment with others</li> </ul>
<ul style="list-style-type: none"> <li>▪ Independently represent and advocate with and on behalf of users of AT</li> </ul>	<ul style="list-style-type: none"> <li>▪ Key role B1.2 Refer and direct individuals to sources of assistance in meeting their health care needs</li> </ul>
<ul style="list-style-type: none"> <li>▪ Procure AT products and AT services for individuals</li> </ul>	<ul style="list-style-type: none"> <li>▪ Key role: C2.3 Work with and for, individuals, groups and communities to represent their own needs and wishes relating to health and wellbeing               <ul style="list-style-type: none"> <li>▪ Reference function: D1.1.2 Procure new medical devices, products and equipment</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ Collect analyse and manage data and information</li> </ul>	<ul style="list-style-type: none"> <li>▪ Key role: F1.1 Collect, analyse and manage data and information</li> </ul>
<ul style="list-style-type: none"> <li>▪ Create and manage information and communication systems</li> </ul>	<ul style="list-style-type: none"> <li>▪ Key role: F1.2 Process data and information</li> </ul>
<ul style="list-style-type: none"> <li>▪ Provide ICT services and systems for AT</li> </ul>	<ul style="list-style-type: none"> <li>▪ Key role: F2.1 Provide ICT services and systems for health</li> </ul>
<b>Sell/ Assess for eligibility for AT:</b>	
<ul style="list-style-type: none"> <li>▪ Assess and advise on the optimal funding route acceptable to the client (and funder) to access AT</li> </ul>	<b>Deficit/GAP:</b> <ul style="list-style-type: none"> <li>▪ Reference function: F2.2.2 Identify a strategy to meet a user's complex needs [in relation to information]</li> </ul>

## Proposed AT workforce functions

## Health sector functional map (version 5, draft 1) Appendix 5 (This is an illustrative listing of key roles and functions to indicate standards that can be used to develop the AT framework)

<ul style="list-style-type: none"> <li>Sell / supply AT</li> </ul>	<b>Deficit/GAP:</b> <ul style="list-style-type: none"> <li>Reference function: B2.8.3 Sell or supply medicines and products</li> </ul>
<b>Deliver/ fit/ set up/ install</b> <ul style="list-style-type: none"> <li>Maintain vehicles used to deliver AT</li> <li>Collect, transport and deliver AT</li> <li>Accept and install AT</li> <li>Fit and adapt AT to meet individual needs</li> <li>Set up AT</li> </ul>	<ul style="list-style-type: none"> <li>Key role: E2.1 Maintain vehicles used in the provision of health care</li> <li>Key role: E2.3 Transport people and resources</li> <li>Key role: D2.2 Accept, install and commission medical devices and equipment                             <ul style="list-style-type: none"> <li>Reference function: D2.2.3 Fit and adapt medical devices and equipment to meet individual needs</li> <li>Reference function: D2.2.4 Set up medical devices and equipment</li> </ul> </li> </ul>
<b>Train/ provide remote support</b> <ul style="list-style-type: none"> <li>Train the individual and/or carers in the use of AT</li> <li>Support remote communication with the individual</li> </ul>	<p>Key Area H3: Enable individuals and carers to improve their knowledge, understanding of, and skills in, managing their own and others' health.</p> <ul style="list-style-type: none"> <li>Reference function 1.7 Interact with individuals using telecommunications</li> </ul>
<b>Manage AT distribution and storage:</b> <ul style="list-style-type: none"> <li>Maintain systems and facilities for distributing stock</li> <li>Monitor and modify systems and facilities for distributing stock</li> <li>Monitor and evaluate the quality of service provided by external suppliers</li> <li>Receive goods and materials into storage</li> <li>Commission AT</li> <li>Issue AT</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: E2.2.1 Maintain systems and facilities for distributing stock</li> <li>Reference function: E2.2.2 Monitor and modify systems and facilities for distributing stock</li> <li>Reference function: E2.2.3 Monitor and evaluate the quality of service provided by external suppliers</li> <li>Reference function: E2.2.8 Receive goods and materials into storage</li> <li>Key role: D2.2 Accept, install and commission medical devices and equipment                             <ul style="list-style-type: none"> <li>Reference function: D1.2.4 Issue medical devices products and equipment</li> </ul> </li> </ul>

## Proposed AT workforce functions

## Health sector functional map (version 5, draft 1) Appendix 5 (This is an illustrative listing of key roles and functions to indicate standards that can be used to develop the AT framework)

<ul style="list-style-type: none"> <li>Clean/ recycle/ dispose of AT</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: D2.3.5 Decommission medical devices and equipment</li> <li>Reference function: E1.3.5 Sterilise and disinfect equipment used for the provision of health care</li> </ul>
<b>Maintain and repair AT:</b>	
<ul style="list-style-type: none"> <li>Acceptance test new AT</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: D2.2.1 Acceptance test new medical devices and equipment</li> </ul>
<ul style="list-style-type: none"> <li>Establish strategies, policies and plans for maintenance and repair</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: D2.3.1 Establish strategies, policies and plans for maintenance and repair</li> </ul>
<ul style="list-style-type: none"> <li>Maintain and service AT</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: D2.3.2 Maintain medical devices and equipment</li> </ul>
<ul style="list-style-type: none"> <li>Locate faults in AT</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: D2.3.3 Repair medical devices and equipment</li> </ul>
<ul style="list-style-type: none"> <li>Repair AT</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: D2.3.3 Repair medical devices and equipment</li> </ul>
<ul style="list-style-type: none"> <li>Calibrate AT</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: D2.3.4 Calibrate medical devices and equipment</li> </ul>
<ul style="list-style-type: none"> <li>Decommission AT</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: D2.3.5 Decommission medical devices and equipment</li> </ul>
<ul style="list-style-type: none"> <li>Arrange access to an individual's homes as part of an emergency response or AT repair requirement</li> </ul>	<p><b>GAP/deficit:</b></p> <ul style="list-style-type: none"> <li>Reference function: D2.1.9 Arrange access to resources needed to support planned healthcare/lifestyle programmes</li> </ul>
<b>Specify, design, manufacture and develop AT</b>	
<ul style="list-style-type: none"> <li>Specify requirement for AT, for modification, or customisation of AT</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: D1.1 Specify requirements for medical devices, products and equipment</li> </ul>
<ul style="list-style-type: none"> <li>Generate ideas for new AT</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: D1.1.3 Generate new ideas for medical devices, products and equipment</li> </ul>
<ul style="list-style-type: none"> <li>Design AT to meet specific needs</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: D1.1.4 Design medical devices, products and equipment to meet specific needs</li> </ul>
<ul style="list-style-type: none"> <li>Design AT to meet commercial needs</li> </ul>	<b>Gap/deficit</b>
<ul style="list-style-type: none"> <li>Manufacture AT</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: D1.2.1 Manufacture equipment</li> </ul>
<ul style="list-style-type: none"> <li>Commercially exploit novel designs for AT</li> </ul>	<b>Gap/deficit</b>

## Proposed AT workforce functions

## Health sector functional map (version 5, draft 1) Appendix 5 (This is an illustrative listing of key roles and functions to indicate standards that can be used to develop the AT framework)

Sustain the use of AT (in a range of environments and over transition periods)	
<ul style="list-style-type: none"> <li>Modify/ customise/ adjust AT in response to changing needs and wishes, tasks and environmental factors</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: D2.2.3 Fit and adapt medical devices and equipment to meet individual needs</li> </ul>
<ul style="list-style-type: none"> <li>Implement a programme using AT to increase an individual's capacity to perform desired activities.</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: 2.9.4 Support individuals in undertaking desired activities</li> <li>Reference function: 2.9.5 Support individuals in their daily living</li> <li>Reference function: 2.9.6 Support individuals with their personal care needs</li> <li>Reference function: 2.9.7 Support individuals to retain, regain and develop the skills to manage their lives and environment</li> <li>Reference function: D2.9.8 Support individuals to keep mobile</li> <li>Reference function: D2.9.9 Support individuals to continue therapies</li> </ul>
<ul style="list-style-type: none"> <li>Act on a range of social and environmental barriers that impact on functional ability and the use of AT</li> </ul>	<ul style="list-style-type: none"> <li>Reference function: 2.9.3 Support individuals to access and use services and facilities</li> </ul>
<ul style="list-style-type: none"> <li>Provide support to enable an individual, their carer/ family members to manage change, adapt to disability and to the use of AT</li> </ul>	<ul style="list-style-type: none"> <li>Key role: 2.10 Work with others to maximise the health of an individual</li> <li>Reference function: 2.9.10 Support individuals to prepare for, adapt to and manage change</li> <li>Reference function: 2.9.13 Support individuals and carers to cope with the emotional and psychological aspects of healthcare activities</li> </ul>
Review a care plan	
<ul style="list-style-type: none"> <li>Review provision and identify emerging/ changing needs and potential problems</li> </ul>	<ul style="list-style-type: none"> <li>Key role: B3.1 Monitor and review the effectiveness of health care provided to individuals</li> </ul>
Manage, commission, procure and administer	
<ul style="list-style-type: none"> <li>Manage staff responsible for using AT to provide care for an individual</li> </ul>	<ul style="list-style-type: none"> <li>Key role: G1.3 Manage and work with people within health care</li> </ul>

## Proposed AT workforce functions

## Health sector functional map (version 5, draft 1) Appendix 5 (This is an illustrative listing of key roles and functions to indicate standards that can be used to develop the AT framework)

	Underpinning principle: 4 Safeguard and protect others
<ul style="list-style-type: none"> <li>▪ Market service to clients and commissioners</li> </ul>	<ul style="list-style-type: none"> <li>▪ Key area: G3 Market and promote health care services to potential customers</li> </ul>
<ul style="list-style-type: none"> <li>▪ Evaluate new and existing AT for individual health needs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Key role: D2.1.1 Evaluate new and existing medical devices and equipment for individual health needs</li> </ul>
<ul style="list-style-type: none"> <li>▪ Test AT</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reference function: D2.1.2 Test medical devices, products and equipment</li> </ul>
<ul style="list-style-type: none"> <li>▪ Evaluate AT against a standard</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reference function: D2.1.3 Test existing medical devices, products and equipment against a standard</li> </ul>
<ul style="list-style-type: none"> <li>▪ Advise on the risks and benefits of existing, new and emerging AT</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reference function: D2.1.4 Advise on the risks and benefits of existing, new and emerging equipment, technologies and devices</li> </ul>
<ul style="list-style-type: none"> <li>▪ Manage the bulk purchase/ procurement of AT</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reference function: G1.4.7 Procure goods and services</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Reference function: G1.4.8 Manage suppliers and contracts</li> </ul>

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