Sailing Stormy Seas: A Care Navigation Competency Framework.

J. Simms[1], J. Tavabie[2], T. Swanwick[1],

[1]Health Education England, London;
[2]NHS Bromley Clinincal Commissioning Group, London;

Background
Health systems worldwide are facing shortages of healthcare workers. With pressures to meet current and future population needs, health systems are seeking alternative ways to deliver coordinated sustainable care. Changing workforce skill-mix is one strategy for improving effectiveness of health care. UK health organisations have been developing a variety of non-clinical 'navigation' and 'signposting' roles, to support the safer passage of patients through fragmented health systems. 'Care Navigation' is a person-centered approach, enabling people to self-care and access services based holistic needs. Many existing and emerging frontline non-clinical roles (e.g. receptionists, care navigators and coordinators) are required to deliver and administrate care. These roles also have potential to relieve administrative pressures on clinical staff. However the education requirements of these roles are poorly defined, with inconsistent training and little thought to career structure.

Objectives
We sought to; (a) Understand models of care navigation/co-ordination services and skills/tasks of people working in such roles (b) Develop **core competencies** for 'care navigation' for people in a plethora of multi-sector roles (c) Propose a **career framework and education pathways** to outline routes through which non-clinical staff may progress.

Methods
We adopted a collaborative action research approach using multiple methodologies to develop core competencies including; desk research, job description analysis, interviews, focus groups and multi-professional workshops (October 2015–April 2016). We engaged with a wide range of stakeholders across London and other parts of the UK to co-design the framework. This included frontline non-clinical and administrative staff, clinicians, patient/carer representatives, workforce managers from primary, secondary and voluntary sectors.

Findings
We created a three tiered core care navigation competency framework with 'essential', 'enhanced' and 'expert' level descriptors aligned with proposed educational levels. 'Essential' level core competencies are also relevant to the informal workforce (i.e. voluntary sector , unpaid carers). Incremental levels reflect progression toward more autonomous practice, supervisory and team leadership responsibilities. Core competency domains include: Effective communication, enable access to services, personalisation support; coordination and integration; building and sustaining professional relationships; knowledge for practice; personal development and learning; handling data and information and professionalism.

Discussion
Articulating core competencies enables a more consistent approach to educating and training people in care navigation-roles. There is currently a wide variety of expectations, training standard and lack of clear career pathways. UK health policy shifts toward person centred and integrated working has seen a plethora of new roles flourish within emerging integrated care models, as well as efforts to extend existing roles. However a lack of coherent education/training standard or career opportunities will impact on staff recruitment and retention, hence sustianibility of such approaches. Overlapping existant non-clinical role competencies helps fashion career paths, such as bridging in to clinical training or 'expert' management/co-ordinator roles. We are continuing to work with education providers across London to develop training/education programmes using the competency framework to then pilot training programmes within the primary care setting.

Conclusions
Establishing care navigation core competency framework provides a more enduring 'common ground', to help develop education, training and development for a valuable multi-sector navigation workforce.