

Global Certification: A Transformative Approach to Building the World's Rehabilitation Health Workforce

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Article Info

Article Notes

Received: June 03, 2021

Accepted: June 29, 2021

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Keywords:

Global certification

Credentialing

Health workforce shortage

Disability

Rehabilitation

Rehabilitation ecosystem

Rehabilitation health workforce

Health workers

Nurses

WHO

WHO Rehabilitation Competency Framework

Health workforce development

Continuing professional development

Abstract

To meet the needs of the 2.41 billion people seeking rehabilitation care, the world's health workforce must be sustainable and scalable. In 2021, the WHO launched its Rehabilitation Competency Framework (RCF) to help countries build local rehabilitation ecosystems by focusing on high-level priorities. A top priority is the development of a health workforce that is sustainable and scalable to meet local needs. To capitalize on existing health workforce resources, countries need to focus on the specialists and on other members of the rehabilitation team who can assume targeted responsibilities for delivering care. To support these efforts, CGFNS International, Inc., an assessment organization for health professionals worldwide, is developing two exam-based global certifications, one for rehabilitation health workers and one for registered nurses working in rehabilitation settings. These global certifications assess the knowledge and competencies of individual rehabilitation health workers and nurses and certify those who meet the standards. For consumers, global certification attests to the competence of local service providers and helps ensure quality care. For health workers and nurses, global certification confers a credential that recognizes their expertise and supports their continuing professional development and career goals. And for policymakers, global certification provides useful information for managing care delivery. This article provides the rationale behind global certification, describes the methodology for creating these certifications, and shows how their underlying constructs and those of the WHO's RCF align. This alignment helps consumers, health workers and nurses, and local authorities use all available tools to make informed decisions advancing rehabilitation care.

Background

Objective

This paper reports on an initiative that CGFNS International, Inc. (CGFNS) is undertaking to offer certification for rehabilitation health workers and nurses worldwide⁶. The basic principle undergirding this initiative is that rehabilitation health systems can function only with competent health workers who are enabled and supported to perform their roles. Recognizing that countries at all levels of socioeconomic development face difficulties, to varying degrees, in the education and performance monitoring of this health workforce, CGFNS is collaborating with the Association of Schools Advancing Health Professions (ASAHP), CARF International, and others from across the world to help local communities develop sustainable and scalable ecosystems to advance rehabilitation care through this certification process. Because this initiative is still under development, this paper should be viewed as a proof of concept, rather than as a completed research study.

Current Approaches

Previously, several approaches have been used to help advance rehabilitation care worldwide. On a policy level, WHO has provided a global platform to champion the cause over the past decade and its work has captured global attention and commitment. In May 2013, the 66th World Health Assembly, in resolution WHA66.9 on disability, endorsed the recommendations of the WHO disability report. A comprehensive *WHO Disability Action Plan 2014-2021*⁸ was developed, recognizing that disability is universal, and that more than 1 billion people were living with a disability worldwide. Under the Plan, disability must be seen as a global public health issue, a human rights issue, and a developmental priority. In February 2017, WHO hosted *Rehabilitation 2030: A Call for Action*¹⁰. This seminal meeting highlighted the globally unmet need for rehabilitation and asked for a joint commitment to raise the profile of rehabilitation as a health strategy for the 21st century⁵. In July 2019, WHO hosted a second *Rehabilitation 2030: A Call for Action* and focused on continuing with the progress made in evolving a Global Strategy on Human Resources for Health^{9,11}. *Rehabilitation 2030* placed significant emphasis on optimizing the existing workforce as well as strengthening individual and institutional capacities for service. In December 2019, the WHO produced a comprehensive, landmark study on global rehabilitation data and provided statistical evidence supporting the estimate that 2.41 billion people are living with disabilities worldwide¹. In February 2021, the WHO launched the Rehabilitation Competency Framework (RCF)^{4,12} and challenged stakeholders to further the health workforce goals of *Rehab 2030* by applying the RCF to build a sustainable and scalable local rehabilitation health workforce. This is an important step toward realizing the United Nations' sustainable development goals by, for, and with persons with disabilities⁷.

The higher education sector has also supported improving rehabilitation care worldwide. Historical contexts have played a key role in the development of academic programs in different rehabilitation fields. Efforts have been made to replicate existing academic degree-based programs from western countries and to implement them in other countries, and thereby preparing their health workers for professional practice. For example, the World Confederation for Physical Therapy (WCPT) has helped several universities in China develop physiotherapy programs and is currently performing program approval work to ensure program quality. Doctor of Physical Therapy (DPT) programs are offered in universities in Ethiopia. Programs in the allied health fields in the Philippines are based primarily on U.S. curricular models. Those in India are shaped by the British model of education. Some U.S. universities offer degree-based programs and training services in the health sciences

in partnership with universities overseas. Although these academic degree-based programs strengthen the preparation of these disciplinary specialists for leadership roles in rehabilitation care, the gap between the supply of disciplinary specialists and the demand for rehabilitation care is large and is growing larger. The scalability of these programs to meet local health workforce needs in terms of sufficiency, distribution, retention, and performance merits further research.

Mission trips offer an additional approach in advancing rehabilitation care worldwide. There are organizations that help coordinate volunteers from developed countries who travel to developing countries and provide technical guidance, training, or direct patient care on a broad array of rehabilitation services. There are also rehabilitation clinics overseas that depend on volunteers from developed countries as a part of their staffing model. As a component of field experience, universities regularly organize faculty-led overseas trips for students in physical therapy, occupational therapy, and in other allied fields. These students travel to clinical sites abroad to observe and assist as appropriate. Although students may gain valuable learning experiences, the episodic nature of these short-term visits diminishes their overall usefulness as a sustainable and scalable health workforce intervention strategy. This is particularly true with rehabilitation patients who require care over an extended period.

Technology will continue to play a key role in making knowledge bases available and accessible to the rehabilitation workforce worldwide. Physiopedia (<https://www.physio-pedia.com>) is an example of a dedicated effort to improve global health through universal access to physiotherapy knowledge. Validating appropriate application of this knowledge to patient care is the next logical step.

Filling a Gap

Collectively, these efforts point to a need to build out an ecosystem for rehabilitation care in a local context by differentiating functions and roles and by enabling individual health workers to work to their full capacity in a team-based environment. Certification as a practical assessment tool targeting the individual health workers can provide key information to implement staffing models for rehabilitation care that maximize health workers' demonstrated level of competence.

The prevalent model for providing rehabilitation care is the specialist model in which the service providers are disciplinary experts. Historically, occupational therapy, physical therapy, and speech-language pathology have each required separate training and separate educational degrees. Those degree requirements have included at least a baccalaureate degree and often a master's degree or an

entry-level clinical doctorate. This is the predominantly traditional approach across the world, with some variations between countries. While this model of producing rehabilitation care personnel may be sustainable and scalable in higher-income countries, it may be impractical, or even infeasible, in other countries³. The challenge of implementing this model of care in many lower-income countries is the lack of resources. This insufficiency occurs in many areas, from education and training resources to health workforce distribution and retention and to performance monitoring and quality management. This insufficiency is particular pronounced when there is a rapid explosion of need from the community suddenly requiring the very few services that are available. Natural disasters such as earthquakes and the poignant lessons from the COVID pandemic help illustrate this workforce mobilization predicament. Achieving effective workforce mobilization requires a commitment to enabling individual health workers to work to their full potential. Certification can play a role in validating the knowledge and competence of individual health workers and preparing them for increased responsibilities in providing care.

In nursing, the CRRN (Certified Rehabilitation Registered Nurse) credential sets the standard for rehabilitation nursing. The CRRN is the only available rehabilitation nursing certification in the U.S. The Association of Rehabilitation Nurses (ARN) has been offering this credential for many years. Nurses can earn this credential by passing the certification exam and meeting other certification requirements, such as specified work experience. However, this certification exam is available only in English and is offered only in the U.S. and Canada. The ARN caters to an American membership and has not included a global offering of its certification as a strategic priority. There are many other English-speaking rehabilitation nurses in other countries who have voiced a desire for rehabilitation nursing certification but traveling to the U.S. for the certification exam prohibits accessibility. Requiring licensure as a registered nurse in a jurisdiction in the United States or Canada is another obstacle. In contrast, CGFNS' global rehabilitation nursing certification, GRNC, is based on well-defined standards that would be applicable to all registered nurses practicing in the rehabilitation discipline, regardless of the geographic setting, political influence, or culture in which the care is provided.

The underlying purpose of offering certification in rehabilitation is to both educate and validate the skills of registered nurses worldwide to provide quality rehabilitation care. Education of nurses on rehabilitation procedures has demonstrated an increase in competency level in China and the UAE through pre- and post-testing with an educational intervention, leading to positive outcomes in rehabilitation nursing knowledge².

Global Certification

Definition

Certification is the process of assessing, validating, and attesting to the achievement of an individual who has met the requirements to be awarded a professional credential. In the healthcare industry, certification plays a key role in recognizing knowledge and competence in a specialized practice domain.

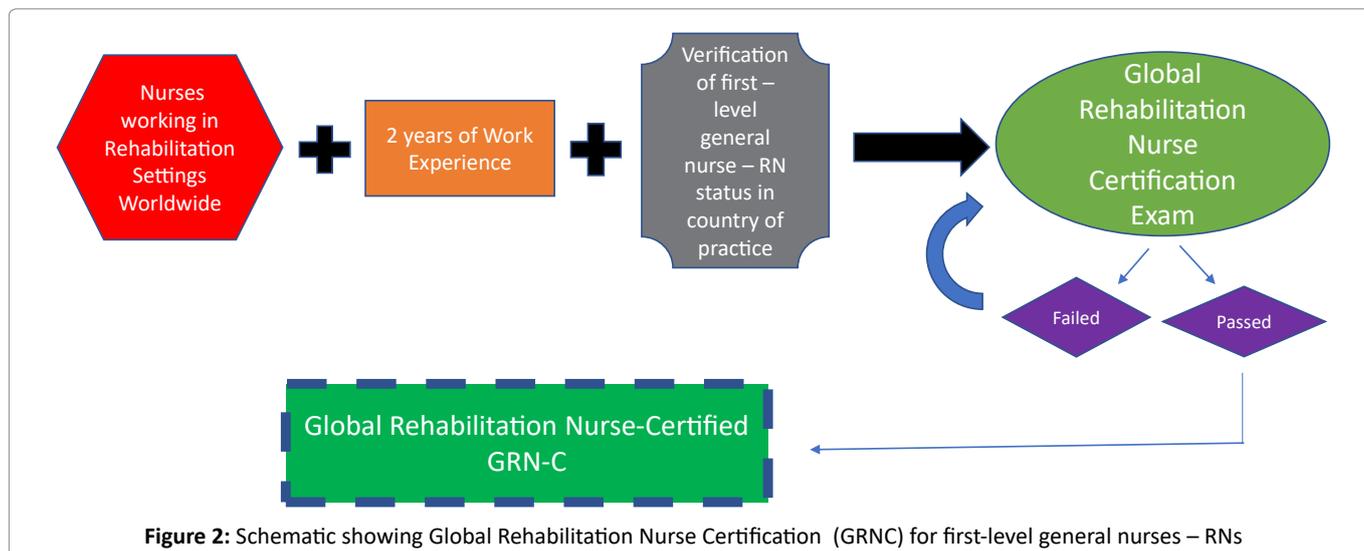
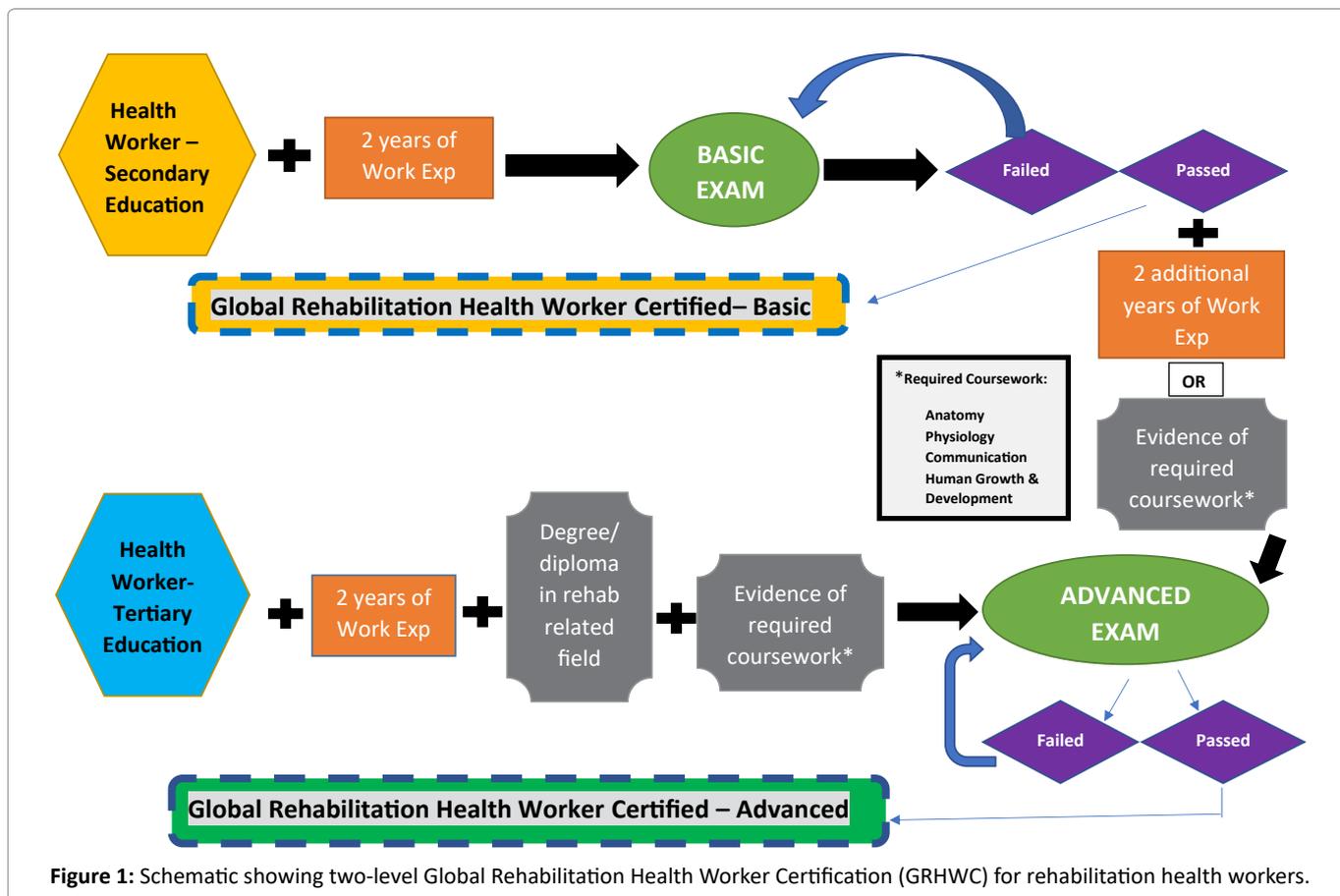
Since 2019, CGFNS has been actively developing its Global Rehabilitation Health Worker Certification (GRHWC) and its Global Rehabilitation Nurse Certification (GRNC). Both certifications are structured as credentialing services to recognize the professional attainment of rehabilitation health workers and nurses respectively, through a rigorous, psychometrically sound exam, designed to measure knowledge and competencies.

For the GRHWC, there are two levels of certification – basic and advanced. The Basic Level certification is designed primarily for health workers who have completed secondary school and are working in an assistive or supportive role in a rehabilitation care setting. The Advanced Level certification is designed primarily for those who have completed tertiary education in a rehabilitation or rehabilitation-related field. Health workers taking the Advanced Level exam must provide evidence of specific coursework, regardless of the degree earned or educational level attained. Both certifications also require two years of work experience in a rehabilitation care setting. Figure 1 below shows the pathway for global certification for health workers.

For the GRNC, nurses must provide evidence of licensure as a first level, general nurse, or registered nurse (RN), in the country where they practice. They also must show evidence of two years of work experience in a rehabilitation care setting. Figure 2 below shows the pathway for global rehabilitation certification for nurses.

Methodology

The GRHWC and the GRNC, currently under development, are being built using a convergent parallel mixed methods research design to capture the nuances of qualitative data in context while maintaining quantitative rigor. A modified Delphi iterative process is also used to allow the development team to collect data from subject-matter experts along a continuum of activities and to assist them in arriving at consensus. This method is used in lieu of the traditional method of practice analysis for creating certification exams because of the aspirational nature of aspects of this assessment for specific countries, in which certain expectations essential for the safe delivery of care are absent. Early in the development process,



the taskforces contributing to this work adopted a principle-based philosophy for best practices to manage this challenge and to ensure that those who are certified can perform to the required standards for rehabilitation care.

In April 2019, the Taskforce for the Global Rehabilitation Health Workers Certification created a set of essential quality standards for the safe delivery of care. This

taskforce consisted of physical therapists, occupational therapists, speech language pathologists, and deans from schools of health sciences in the United States. They worked in an interprofessional and interdisciplinary manner to articulate an integrative approach to rehabilitation care. The International Classification of Functioning, Disability and Health (ICF) offers a unifying language to capture the nuances associated with functioning and disability across these professions. The attributes that are essential to

these standards were clustered into four content domains: professionalism, safety, communication, and knowledge and application of skills. To ensure the relevance of these standards to the global community, the development team sent these standards out for field review by rehabilitation stakeholders in 15 countries. These global stakeholders reviewed the standards in detail and agreed that this certification should be made available to rehabilitation health workers in their countries. Table 1 below shows the consensus on this matter.

The feedback from these global reviewers provided the bases for revisions, resulting in an interim set of standards, which was further reviewed and adjusted by a global advisory panel with representation from 12 countries. To account for the diversity of the global health workers in education, competence, and roles, a decision was made to offer the certification at the Basic Level and at the Advanced Level, using two different examinations. A test blueprint was created to guide the development of test items. Once the test items pass technical review, they are sent to global subject-matter experts for their review for cultural appropriateness, relevance for rehabilitation care in respective local contexts, and suitability in reference to level of difficulty for local health workers. Once all the stepwise protocols are completed, the test items will be ready for beta-testing with global rehabilitation health workers. Test forms will be created and cut-scores will be determined using psychometrically sound methodologies before the formal launch of the certification program in 2022.

The Global Rehabilitation Nurse Certification has used the same mixed methods research design to develop the standards for rehabilitation nursing care. The taskforce for this certification, comprised of rehabilitation nurse leaders from 10 countries, met in November 2019 and began to develop the standards organized around four content domains: professionalism, safety, education, and rehabilitation nursing interventions. These standards were then sent to rehabilitation nurse leaders in 20 countries for field review. These nurse leaders agreed that this global rehabilitation nurse certification program should be made available to registered nurses working in rehabilitation settings in their communities to support continuing professional development and validation of practice competence. Table 2 below shows the consensus on this matter.

The development team for the Global Rehabilitation Nurse Certification will continue to follow the same stepwise protocols used in the process described for the Global Rehabilitation Health Worker Certification. This certification program is scheduled to launch in 2022.

Comparative Analysis with RCF

As countries commit to improving their rehabilitation care, they may find both the WHO RCF and the CGFNS global certifications useful for different yet complementary purposes. To facilitate the appropriate use of these tools, either independently or together, this section provides a comparative analysis to demonstrate their alignment.

Table 1: Responses from Global Field Reviewers on Rehabilitation Health Worker Certification

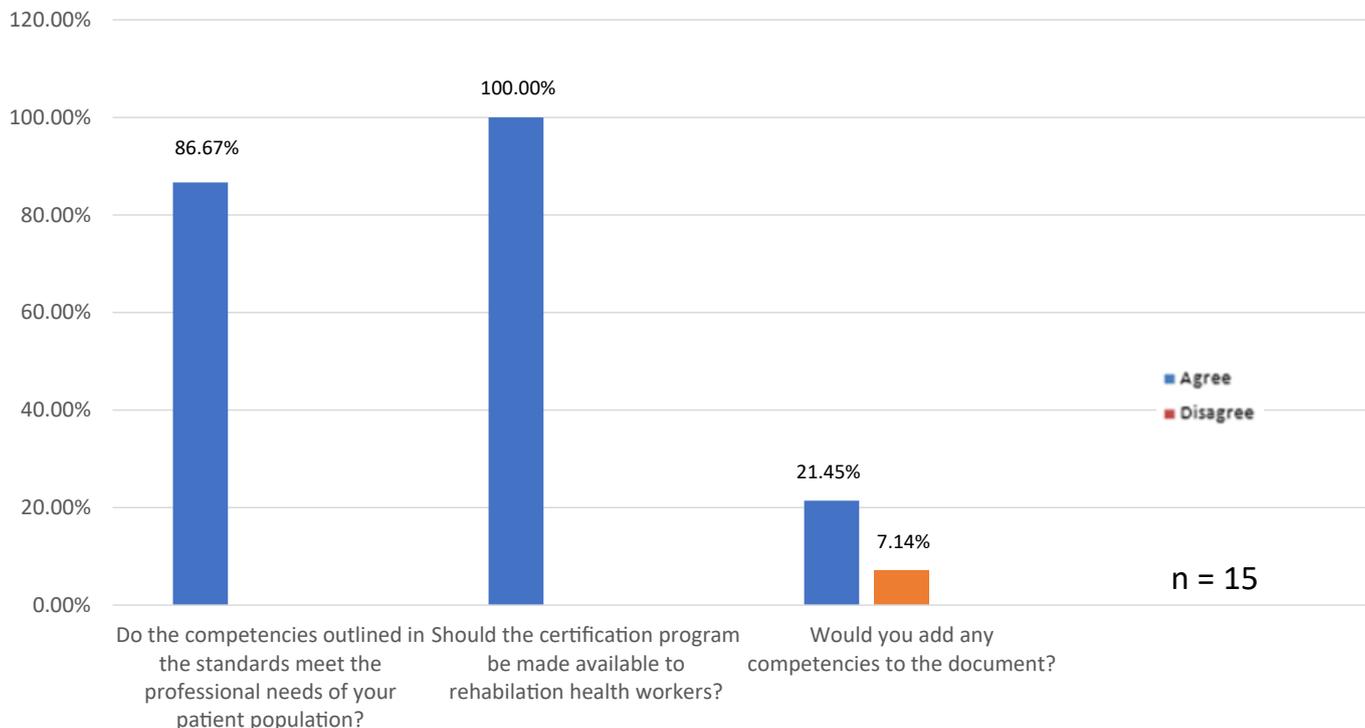
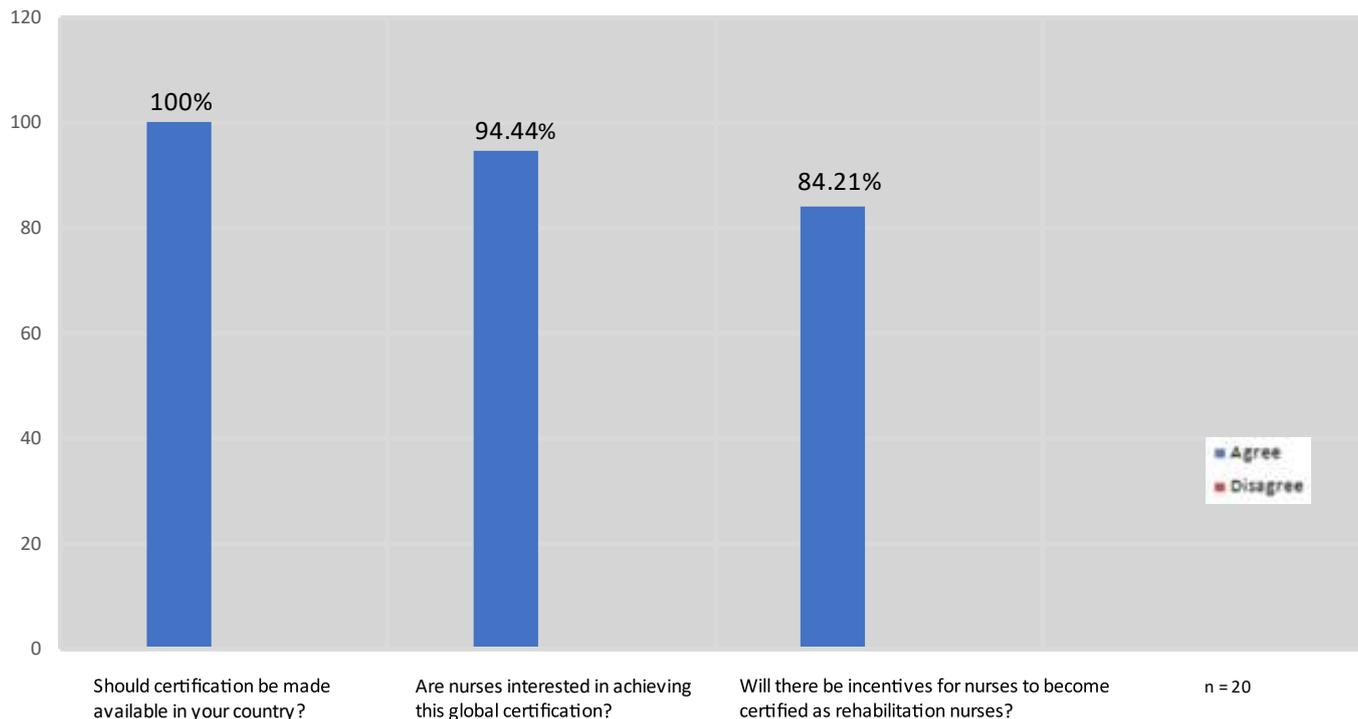


Table 2: Responses from global field reviewers on rehabilitation nurse certification



I. *Global Rehabilitation Health Worker Certification (GRHWC):*

The four overarching standards of the GRHWC are professionalism, safety, communication, and knowledge and application of skills. These standards are labeled as constructs, and they coincide with the RCF domains, thus providing a method to align with population needs and help stakeholders respond to contextual challenges in the rehabilitation workforce. The GRHWC exam is offered at two levels – Basic and Advanced. The Advanced Level includes all standards from the Basic Level plus additional standards. The cognitive demand of behavioral performance, ranging from literal recall of facts to analysis and synthesis, and to application of skills and evaluative judgment, brings an additional layer of complexity that differentiates the basic level tasks from the advanced level integrative activities. These exams have designated percentages for each construct and category of attributes in order to quantify competency levels and knowledge attainment. The sections below illustrate the relationship between each of the four constructs, and collectively, their ability to translate the RCF domains into practice.

The first construct, **professionalism**, covers 10 standards for both levels and addresses skills such as establishing collaborative patient relationships, respecting patients’ rights, and demonstrating high quality service with sensitivity to individual differences. This construct coincides with the RCF domains of professionalism, learning and development, and practice.

The second construct, **safety**, covers 9 standards across both exams. These standards include observing contraindications, safely using equipment, and exercising manual transfers. This construct aligns with the domains of professionalism and practice from RCF, which highlight skills including managing risks and hazards such as infection control precautions.

The third construct, **communication**, covers 9 standards categorized at the community, cultural, and individual levels. These standards include skills such as using teach back strategies, providing information about health conditions and risks, and identifying cultural differences across individuals. This construct aligns with the RCF domains of practice and learning and development.

The fourth construct, **knowledge and application of skills**, covers 3 categories in both exams. The categories are screening and monitoring patient status, managing referrals, and application of skills. These standards align with the RCF domains of professionalism and practice. This GRHWC construct outlines these same activities in greater detail, including standards such as assessment of neuromuscular status, cognitive status, and providing functional training interventions.

II. *Global Rehabilitation Nurse Certification (GRNC):*

The GRNC exam aligns with the WHO’s Rehabilitation Competency Framework (RCF). The four overarching standards of the GRNC include professionalism, safety, education, and rehabilitation nursing interventions. These standards are labeled as constructs, and they align with

the RCF domains. Similar to the GRHWC framework, four unique domains were identified for the specialty of global rehabilitation nursing.

The first construct, **professionalism**, covers 3 categories that include clinical reasoning, interdisciplinary teamwork, and ethics. Global rehabilitation nurses are expected to embrace the scope and standards of rehabilitation nursing practice while using the nursing process to engage in ethical, patient-centered care as an essential member of the interdisciplinary team. This construct coincides with the RCF domains of professionalism, learning and development, and practice.

The second construct, **safety**, covers 4 categories within this domain with competencies that include safe patient handling, fall prevention and follow-up, universal precautions (sanitation), and privacy. This construct aligns with the RCF domains of professionalism and practice, which highlights skills such as responding proactively to real or potential hazards, incidents, and errors.

The third construct, **education**, covers 7 categories that address principles of teaching patients and families across the lifespan as well as cultural sensitivity and health literacy. This construct aligns with the RCF learning and development core skills. For example, global rehabilitation nurses devote a significant part of their role to teaching patients and families the necessary skills to maximize self-care as they return to their homes and communities.

The fourth construct, **rehabilitation nursing interventions**, covers 3 major categories: general rehabilitation nursing, disorder specific rehabilitation nursing, and age-span considerations. These standards align with all 5 components – Practice, Professionalism, Learning and Development, Management and Leadership, and Research – of the RCF. Through the GRNC exam, a rehabilitation nurse will be able to demonstrate competence in creating and managing patient-centered

care plans, collaborating with an interdisciplinary team, planning educational activities for patients, families, and rehabilitation teams, showing leadership and management of rehabilitation protocols, and using best evidence to establish policies and procedures.

Discussion

From Certification to Global Certification

Using Mixed Methods study in combination with the modified Delphi process has enabled the development team to triangulate data from both qualitative and quantitative sources and to achieve consensus. The development team observes all the psychometric principles and the technical requirements for creating a certification process and the exams. But what makes these certifications global is the use of global reviewers. The interplay between disciplinary faculty and clinicians based in the United States and their counterparts from 40 countries, across income-levels and across continents and world regions, has elevated these certifications to global status. The socio-anthropological approach and the iterative process adopted support exchanges among professionals across disciplinary lines, practice contexts, and geographic boundaries to resolve seemingly intractable positions on specific issues. Table 3 below shows the representation of disciplines and countries participating in this global certification initiative.

Global Certification in a Rehabilitation Ecosystem

A rehabilitation ecosystem presupposes a team-based approach to patient care which may already have begun to be implemented in some local communities worldwide. The extent to which this ecosystem can function efficiently and effectively to meet the local demand for care depends significantly on redeploying health workers to serve in non-traditional roles that they can nonetheless competently perform. Indeed, this concept of extending and expanding the availability of health services through

Table 3: Table showing representation from different disciplines and world regions.

World Regions	Countries	Disciplines and Health Professions Representation
Asia and South Asia	Bangladesh, China, Hong Kong, India, Indonesia, Malaysia, Maldives, South Korea, Thailand, The Philippines, Sri Lanka	Medicine, Nursing, Occupational Therapy, Orthotics, Physical Therapy, Rehabilitation Medicine
Africa	Ethiopia, Egypt, Ghana, Kenya, Malawi, Namibia, Nigeria, South Africa	Medical Rehabilitation, Nursing, Occupational Therapy, Physical Therapy, Rehabilitation Medicine
Central America and Caribbean	Haiti, Honduras, Jamaica	Medicine, Nursing, Physical Therapy
Europe	Ireland, Norway, Portugal, Spain, Sweden, United Kingdom	Nursing, Orthopedics, Physical Therapy, Occupational Therapy
Middle East	Jordan, Palestine, Saudi Arabia, Turkey, United Arab Emirates	Medicine, Nursing, Phoniatics, Physical Therapy, Rehabilitation Medicine
North America	Canada, Mexico, United States	Health Ethics, Health Policy and Administration, Nursing, Occupational Therapy, Physical Therapy, Rehabilitation Medicine, Speech Language Pathology
Oceania	Australia, New Zealand	Nursing, Physical Therapy, Speech Language Pathology
South America	Brazil, Chile	Occupational Therapy, Rehabilitation Medicine

structural reconfiguration of functions and roles is not new. Enhancing the role of primary care physicians and using physician assistants in medical and surgical teams, and nurse practitioners to render medical care are all existing examples of structural re-alignments to build more robust care ecosystems. Some countries are already using rehabilitation specialists and rehabilitation technicians, who are not trained as physical therapists, occupational therapists, or speech language pathologists, to provide rehabilitation care to meet the rapid rise in demand. The key question is how to ensure patient safety.

Global certification provides an objective benchmark attesting to individual health workers' competence and allowing employers to assign them responsibilities that they can perform safely. Conferring yet another benefit, the opportunity to become certified gives health workers the incentive that they need to commit to learning and to pursue continuing professional development. For consumers, receiving care from certified health workers provides the quality assurance that they seek from their service providers. For policy makers and health authorities, global certification yields useful analytics to support health system management, planning, and change. In short, global certification is about professionalizing rehabilitation care personnel and recognizing them for their practice competence regardless of the path they originally took to acquire their knowledge and skills.

ASAHP Curriculum and Delivery Model

The Association of Schools Advancing Health Professions (ASAHP), a professional organization with 120 health professions schools as its members in the United States, is well-positioned to provide for the education of global rehabilitation health workers. ASAHP institutions are comprised of institutions of higher education that offer a wide range of accredited rehabilitation degree programs including physical therapy (PT), occupational therapy (OT), speech language pathology (SLP) and orthotics and prosthetics. These degree programs are offered at the bachelor's, master's and the clinical doctorate level depending on the area of study. Many of the faculty in these institutions have relationships with international partners and have also promoted faculty and student exchanges with educational partners and clinical sites across the globe. ASAHP institutions also play a key role in providing continuing professional development to clinical practitioners needing to upgrade their rehabilitation theory and practice guidelines to stay abreast of new knowledge and to satisfy their licensure boards' continuing education requirements.

Several ASAHP member-institutions will develop educational modules to upgrade the education of the global rehabilitation health workforce. This education will

be offered through a robust online platform. Since the test blueprints of the Global Rehabilitation Health Worker Certification exams capture the expected outcomes or aspired standards of rehabilitation care, they provide a comprehensive roadmap for designing an effective curriculum to deliver high-quality education to frontline health workers. The online delivery of coursework enables the ASAHP member-institutions to level the playing field for rehabilitation health workers from countries in which access to such an education is neither available nor accessible. This mission-driven approach is a tangible way to achieve fair and equal access to knowledge and competency development for rehabilitation health workers in many countries.

An emphasis will be placed on those modules that are viewed as the most critical for those needing assistance in preparing to take the certification exam to validate their achievement. The online educational offerings are currently being developed by faculty work groups and will be reported on in the near future. It is also important to note that the role ASAHP institutions will play in offering educational modules will help maintain an important division of duties between CGFNS, which is focused on test development and certification, and ASAHP, which is focused on providing educational content reflecting a global standard of safe delivery of care covered by the certification examination.

Limitations

Bias Mitigation

The strong conceptual and operational framework undergirding the initiative has provided effective mitigation against individual biases. There are defined protocols to follow and there are internal and external review processes involving different stakeholders to achieve anticipated milestones and to keep the work on track. The beta-testing of the test items with actual health workers and nurses in different local communities worldwide will provide empirical evidence on item effectiveness and will serve as an added safeguard against individual biases.

Acceptance of Certification

Local authorities may find the concept of certification difficult to incorporate into their rehabilitation system. Current models of professional rehabilitation education relies heavily on more traditional higher education degree pathways that must also comply with stringent accreditation standards. While specific knowledge and clinical skills are measured and assessed, this is done within the context of these more traditional degree pathways. The global need for rehabilitation workers requires an emphasis on certification as a practical assessment tool that does not rely on these traditional degree pathways.

This approach may be viewed as a disruptive innovation and may be met with some resistance. But such disruption can provide key insights into new approaches required to tackle global challenges that cannot be solved using traditional methodologies or current thinking.

Exam Translation

CGFNS has received multiple inquiries regarding the translation of the certification examinations into other languages. Although there are plans to explore translating these certification examinations into multiple languages, they will be available initially only in English.

Conclusion

Certification is a widely accepted and highly respected process of validating the knowledge and competence of individual health professionals in the healthcare industry. As countries build their rehabilitation ecosystems to increase workforce capacity and capability, making certification available to the frontline rehabilitation health workers and nurses across local communities will elevate their status, equip employers with health workforce planning tools, and improve rehabilitation care for the public. With 2.41 billion people worldwide needing rehabilitation care, the importance of these benefits to society cannot be overstated.

Acknowledgements

We thank the International Taskforces, the Global Advisory Panels, the Global Review Teams, and the Item-Writing Teams for their continuing guidance and input into the development of the CGFNS global certification systems. We also thank Abigail Graf, third year entry-level occupational therapy doctoral student at Midwestern University, United States, for her organization of GRHWC and RCF domains and corresponding categories to inform subsequent comparative analyses.

Conflict of Interest

The authors declare no conflict of interest in writing this article, including no financial interest or other non-academic gain.

Authors' Contributions

The authors have been contributing to this global certification initiative for three years. Julia To Dutka is Senior Advisor at CGFNS International, Inc., an NGO with consultative status to the United Nations and a nonprofit credentialing and assessment organization serving health professionals worldwide. Julia To Dutka is the team lead for the initiative. Mark Kovic serves on the CGFNS International Taskforce for Rehabilitation Health Worker Certification and was the team lead for creating the standards for the global rehabilitation health worker certification. Kristen

Mauk serves on the CGFNS International Taskforce for Rehabilitation Nurses Certification and has been instrumental in bringing to CGFNS' attention the need for a certification for rehabilitation nurses worldwide. Richard Oliver is team lead for educational content and its delivery to health workers worldwide. He is representing ASAHP and its membership, which is comprised of 120 schools of health sciences in the United States.

List of Abbreviations

ASAHP : Association of Schools Advancing Health Professions

CGFNS : Founded in 1977 as the Commission on Graduates of Foreign Nursing Schools. Since 2007, the organization has been using CGFNS International, Inc. as initialism for its name.

GRHWC : Global Rehabilitation Health Worker Certification

GRHWC -B : Global Rehabilitation Health Worker Certified – Basic

GRHWC- A : Global Rehabilitation Health Worker Certified - Advanced

GRNC : Global Rehabilitation Nurse Certification

GRN-C : Global Rehabilitation Nurse Certified

RCF : Rehabilitation Competency Framework

WHO : World Health Organization

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