

Continuing Education Ensures Competence to Practice and Assures Public Safety?

A Holy Grail?

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This presentation seeks to...

- Explore the interface between professional regulation and competence to practice, particularly in relation to continuing education and performance of competence
- Explore whether public safety can be assured through performance of competence, or awareness of competence or indeed incompetence

Research Overview...

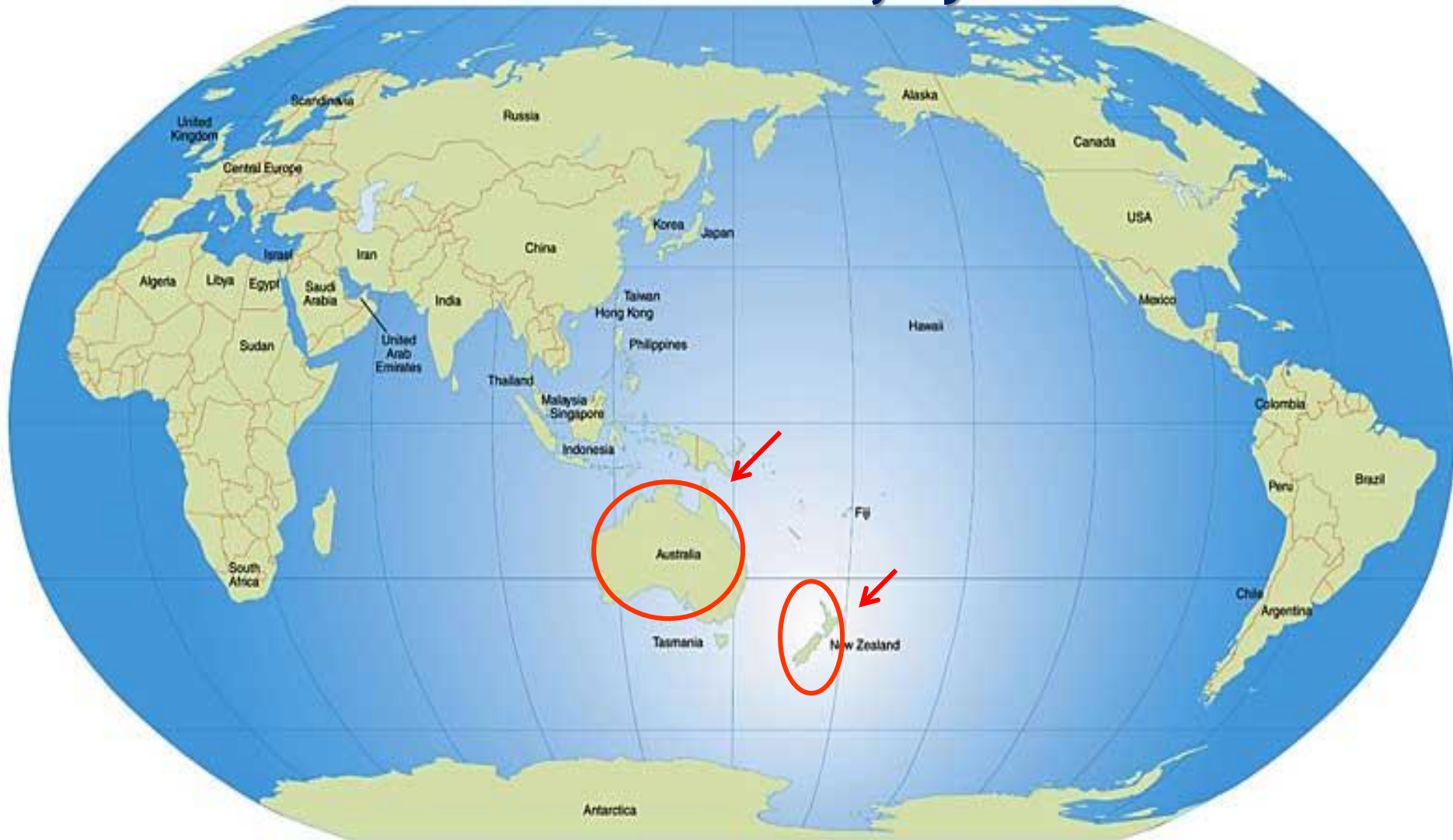
- Builds on two previous studies *Evaluation of the Continuing Competence Framework* (Vernon, Chiarella, Papps & Dignam, 2010) and *The International consensus model for the assessment of Continuing Competence* (Vernon, 2013)
- Examines aspects of competence assessment to differentiate between performance competence and assessment of insight into, or awareness of competence, or indeed incompetence...

Purpose...

To analyse the assessment and adjudication of nurses with performance related notifications for competence, to:

- Ascertain any relationship between CPD, re entry of practice and performance competence
- Explore if remediation provides any guarantee of performance competence
- Identify any relationship between awareness/insight of competence and performance competence
- Classify how decisions are made related to continuing registration, sanctions or deregistration

Continuing Education Ensures Competence to Practise and Assures Public Safety?



Australia and New Zealand

Literature Review...

- The purpose of nursing regulation is protection of the public in many countries it is a legislative mandate
- Public right to expect that RNs are competent
- Similarities in legislative requirements, role and purpose of Regulatory Authorities in Australia, Canada, Ireland, New Zealand, the United Kingdom and the United States of America
- Education and practice standards for RNs are similar between countries
- Consensus agreement, revalidation, recertification, re-registration should occur annually, require self declaration / demonstrate ability to meet required standard of continuing competence



Continuing Competence Frameworks

<p>New Zealand <i>Nursing Council of New Zealand (NCNZ)</i> (National Framework)</p>	<p>Recertification of practising certificate annually</p> <p>Maintain a professional portfolio</p> <ul style="list-style-type: none">▪ Self-declaration (self assessment against relevant competencies for practice)○ Practice - minimum of 450 hours (60 days) in previous 3 years○ Professional Development minimum of 60 hours in previous 3 years <p>5% Audited Annually</p>
<p>Australia <i>National Nursing and Midwifery Board of Australia</i> (National Framework)</p>	<p>Revalidation of registration annually – currently under development draft only</p> <ul style="list-style-type: none">▪ Maintain a professional portfolio▪ Formal self-declaration of competence annually▪ Practice – must have practised in previous 5 years or completed return to practice programme – <i>statutory declaration</i> from individual or employer indicating hours spent in practice▪ Continuing Professional Development (CPD) minimum of 20 hours annually <p>2% Audited Annually</p>
<p>Ireland <i>Nursing and Midwifery Board of Ireland (Bord Altranais agus Cnáimhseachais na hÉireann)</i></p>	<p>Annual payment of a ‘retention’ fee to remain on the register of Nurses and / or Midwives</p> <p>Currently no mandated or formally monitored continuing competence requirements</p> <p>*No audit requirements</p>



<p>United Kingdom</p> <p><i>Nursing and Midwifery Council (UKNMC)</i></p> <p>(National Framework)</p>	<p>Required to renew registration every 3 years. Process currently under review</p> <p>Maintain professional portfolio</p> <ul style="list-style-type: none"> ▪ Self-declaration – complied with all Prep standards and signed notification of practice or intent to practice <ul style="list-style-type: none"> ○ Prep practice standard - minimum of 450 hours in previous 3 years or undertaken approved return to practice programme ○ Prep continuing professional development (CPD) standard - in previous 3 years <p>No Audit % stated – Risk approach</p>
<p>United States of America</p> <p><i>National Council of State Boards of Nursing (NCSBN, Council of regulators - Incorporated Federal Model)</i></p> <p>(National Principles requirements vary across States and Territories)</p>	<p>Annual revalidation of registration – models vary significantly between States. Indicators include</p> <ul style="list-style-type: none"> ▪ Self-declaration, including self-assessment of competence ▪ Declaration of criminal convictions, physical, mental, and drug related issues that affect the ability to provide safe effective nursing care. ▪ Continuing Education credits ▪ Practice hours <p>*Audit requirements exist in some States – Risk based approach in some others</p> <p>Separate legislative jurisdictions/Regulatory Boards in each State/Territory. Mutual recognition agreements some States.</p>
<p>Canada</p> <p><i>Canadian Council of Registered Nurse Regulators (CCRNRR 2011)</i></p> <p>Incorporated organisation. (Incorporated Federated model - National principles - no National Framework)</p>	<p>Revalidation of registration</p> <ul style="list-style-type: none"> ▪ Self-declaration including self assessment ▪ Continuing education – annual requirements <ul style="list-style-type: none"> ○ Report of CE activities and evaluation of learning needs ○ Development of a learning plan, report on previous plan ○ Peer feedback / review meetings ▪ Practice – minimum of 1,125 hours in previous 5 years <p>*Requirements vary between the legislative jurisdictions</p> <p>No Audit % stated</p>



Significance...

- Similar definitions of competence and continuing competence exist
- Similarities in models for assessment of continuing competence
- Consistency between the indicators of competence, continuing competence and assurance of public safety
- Most common 'competence' indicator: Examination
- Most common 'continuing competence' indicators: CPD, Practice Hours, Self Declaration, Self/Peer Evaluation
- Issues of validity, reliability and efficacy within and between models, and indicators of continuing competence
- Influenced by individuals - behavioural and attitudinal traits



Competence is defined as...

“ the combination of skills, knowledge attitudes, values and abilities that underpin effective performance as a nurse ” (Nursing Council of New Zealand, 2007).

- Principle function - quality assurance mechanism
- Mechanism for the assessment of competence as a potential measure of public safety
- Demonstrate to public that the nursing profession is cognisant of and has mechanisms to assess the CC of the profession and thereby ensure public safety
- Promote consistency of CC standards and assessment processes

Research Question...

Can performance awareness / insight be identified, measured and assured, and is this preferable to the measurement of competence in clinical performance (at a given point of time), or in relation to requirements for initial registration, registration renewal / recertification?

Research Method...

- Philosophical approach: interpretive and constructionist
- Mixed-method evaluation research design
- Three independent phases of data collection
 - Phase 1 - Critical Analysis of case law
 - Phase 2 - A comparative analysis of competence assessment and competence notification data
 - Phase 3 - Interviews with key staff employed by the Regulatory Authorities

Relationship between CPD and Competence...

	Evidence of Sufficient CPD	No Evidence of Sufficient CPD
Competent	<p>Sufficient CPD Competent</p> <p>NO PROBLEM</p>	<p>No CPD</p> <p>NO PROBLEM – they will be picked up but they are not dangerous</p>
Not Competent	<p>Sufficient CPD Not Competent</p> <p>PROBLEM – Won't get picked up as they will meet renewal requirements but are not safe</p>	<p>No CPD Not Competent</p> <p>POTENTIAL PROBLEM – Should be picked up through lack of CPD</p>

(Chiarella and White, 2013)



Preliminary Findings...

- Variation in understandings of what constitutes CPD
- Lack of understanding of how to articulate / demonstrate CPD
- Limited / lack of engagement in CPD
- Influenced by individuals - behavioural and attitudinal traits, attitudes and beliefs
- Systems and operational influences

Active engagement in CPD assures continuing competence to practise however does not ensure public safety

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