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Confidence in Competence: The Search for the Holy Grail

# The Search for the Holy Grail

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Explore the interface between professional regulation and competence to practise in relation to:

- performance of competence; and
- to identify whether public safety can be assured through performance of competence (perhaps something of a holy grail);
- or awareness of competence; or
- or indeed incompetence.

“An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills.

It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others.

Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain.

These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society” (Cruess, Johnston & Cruess, 2004, p.74).

# The regulation of health professionals

- ❑ Forms part of a branch of law known as administrative law
- ❑ Is described as a “protective jurisdiction”
- ❑ ICN & WHO agree that “The purpose of professional self-regulation is to safeguard and champion patient safety” (ICN/WHO, 2005 p.7)
- ❑ Primary objective of the national registration and accreditation scheme in Australia under *Health Practitioner Regulation National Law 2009* (Qld) Part One, s.3(2)(a)

“to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered”

## The regulation of health professionals (2)

In most countries this is achieved by a combination of processes:

1. Standard setting to ensure the right people get into the profession –this includes standards for courses (accreditation) and standards for entry (registration)
2. Advice and guidance to assist practitioners to practise “in a competent and ethical manner”
3. Mechanisms to protect the public when they do not practise in a competent and ethical manner, for whatever reason

# The “privilege of self-regulation”

- ❑ Professional regulation may be taken to read that the profession regulates itself
- ❑ To some extent this is correct, albeit in most countries through a statutory framework to give “teeth” to the regulatory processes
- ❑ Professions therefore tend to decide
  - who should enter the profession,
  - what those who enter might look like,
  - how they might properly conduct themselves as members of that profession and
  - what criteria would need to be breached in order for them to be excluded from the profession



# Self-regulation or co-regulation?

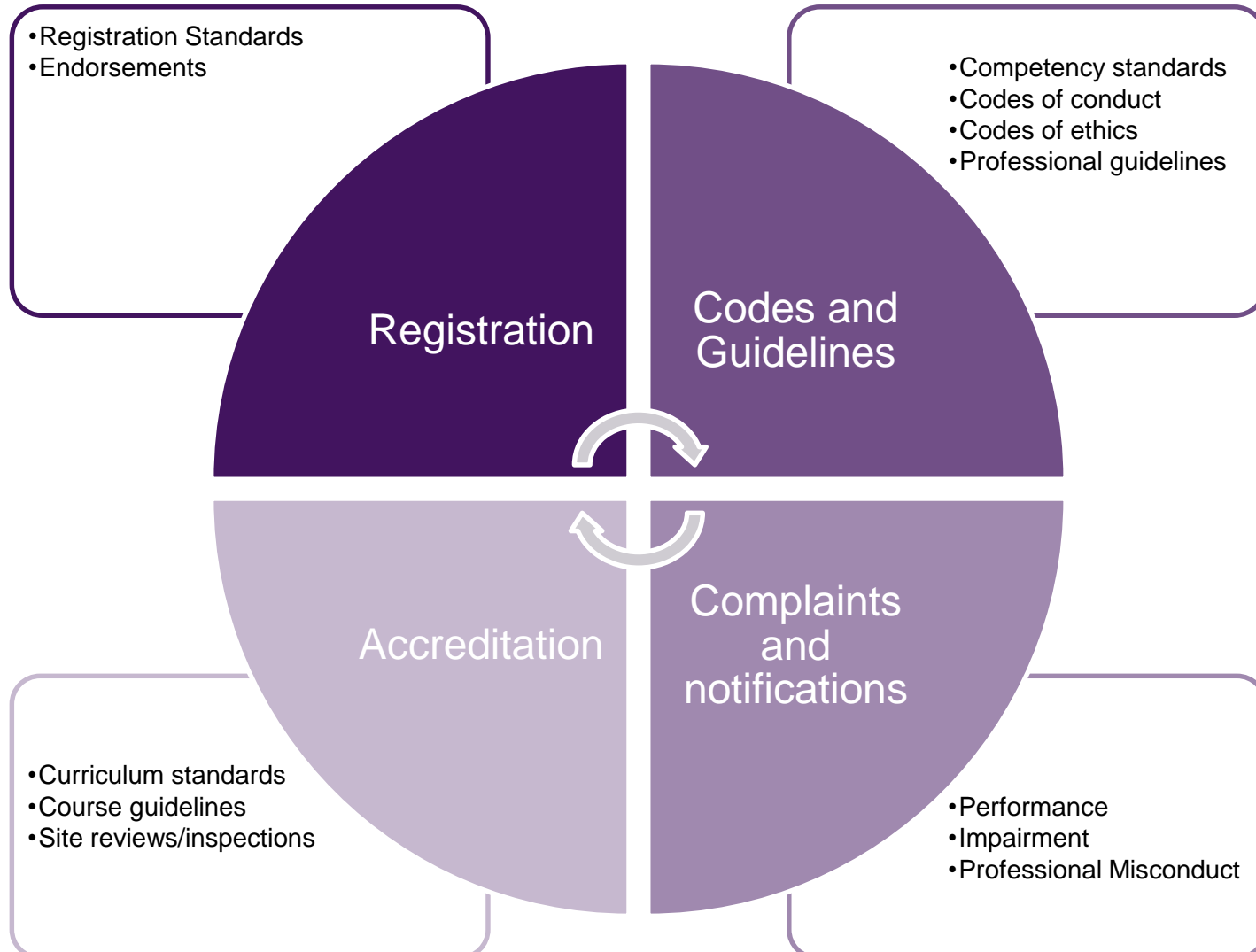
- ❑ Arguably in most countries the model is not one of complete self-regulation, but co-regulation
- ❑ Governments already play a significant role in regulation of health professionals
- ❑ Through remuneration systems in both the industrial and commercial domains
- ❑ Through legislation that grants access to the use of therapeutic drugs and devices
- ❑ Through such structures as admitting and visiting rights to hospitals and other health care facilities; and
- ❑ Through processes such as adverse incident reporting and, where serious adverse events occur, investigations and recommendations from Commissions of Inquiry.

## Elements of professional regulation include...

- ❑ **Registration:** who should enter the profession and what those who enter might look like
- ❑ **Accreditation:** oversight of how those who might enter should be prepared
- ❑ **Codes and guidelines:** how they might properly conduct themselves as members of that profession; and
- ❑ **Complaints and notifications:** what criteria would need to be breached in order for them to be excluded from the profession (Chiarella & White, 2013)

# The elements of professional regulation

(Chiarella & White, 2013)



# Three common indicators of competence

- ❑ Continuing Professional Development (CPD),
  - ❑ Hours of practice and
  - ❑ Self-assessment against the competencies
- 
- Three indicators are not a guarantee of competence
  - Missing thread - competence awareness or insight.

# Continuing Professional Development (CPD)

- ❑ Now an annual mandatory requirement consistent across all registered health professions in Australia.

“the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal qualities required in their professional lives (MBA, 2010)”.

- ❑ CPD is a means of ensuring that health professionals keep up to date and hence are more likely to be safer,

- ❑ This relates to the first objective of the national registration and accreditation scheme in Australia under Part One S.3 (2)(a) of the *National Law*, which is

“to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered,

- ❑ Health practitioners also believe that CPD is an essential component in continuing competence (Vernon, Chiarella, Papps & Dignam, 2010)

- It is difficult to ascertain how either CPD or indeed recency of practice can assure competence.
- For example, is there any link between a person who attends a lot of lectures and a person who is competent?
- Clearly there are people who do complete their requisite CPD but still are found to be unsafe to practise.
- Indeed it is difficult to be certain that continuing competence **can** be assured.
- For example, just because a health practitioner performs competently during one assessment of competence, they will perform competently the next time they undertake the same skill.
- I might bake a perfect cake today and burn one tomorrow. Drive my car well today but have an accident tomorrow.
- Consider the risk matrix below.

# Risk matrix for the assessment of competence

(Chiarella & White, 2013)

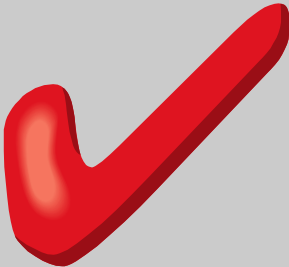
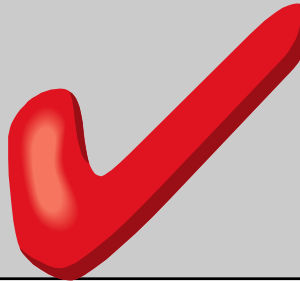


	Evidence of sufficient CPD	No evidence of sufficient CPD
competent	<p>Sufficient CPD</p> <p><b>Competent</b></p> <p><b>No problem</b></p>	<p>No CPD</p> <p><b>Competent</b></p> <p><b>No problem</b> – they will be picked up but they are not dangerous</p>
Not competent	<p>Sufficient CPD</p> <p><b>Not competent</b></p> <p><b>Problem</b> – won't get picked up as will meet renewal requirements but not safe</p>	<p>No CPD</p> <p><b>Not competent</b></p> <p><b>Potential problem</b> - but we should pick them up through lack of CPD</p>

## So is continuing competence just a holy grail?

- ❑ Perhaps the important aspect of CPD is not necessarily the assurance of competence, but rather a heightened sense of self-awareness of risk and the ability to reflect on competence.
- ❑ Reviewing our practice against the competency standards or standards for practice cannot guarantee that we will always be competent. But then nothing can.
- ❑ However, it is perhaps more important that we are aware of our limitations and strengths and are able to measure these against the requirements of a given situation.
- ❑ Perhaps the more important issue is that we are **aware** of our level of competence or incompetence in any given situation.



# Competence awareness matrix

	<b>Competent</b>	<b>Incompetent</b>
Aware	Aware that they are competent 	Aware that they are incompetent 
*Unaware	Unaware that they are competent 	Unaware that they are incompetent 

- ❑ Insight has been demonstrated to be the deciding factor for adjudicating bodies in relation to deregistration (Adrian & Chiarella, 2010; Vernon, et al., 2010; Vernon, 2013).
- ❑ Thus the questions that we would like to explore are;
- ❑ can insight be identified, measured and assured, and
- ❑ is this measurement preferable to the measurement of competence in clinical performance at a given point of time or in relation to the current requirements for registration, or renewal of registration / licensure / certification?

- ❑ Professional regulation is more than registration of health professionals
- ❑ It consists of four key elements that together are designed to protect the public from unsafe practitioners (in whatever field)
- ❑ We are interested to determine whether there are better ways to identify unsafe (or at least incompetent) practitioners than our current processes

*“Regulation touches the point between the public and the personal. Over regulation is seen as an interference in personal conduct; under regulation is seen as an abdication of public responsibility.*

*When harm happens we blame ineffective regulation but when we are stopped from doing something risky we say regulation is excessive. The public, media and politicians often face both ways wanting more or less regulation depending on the moment and the mood”.*

*Harry Cayton, Chief Executive, Commission for Health Care Regulatory Excellence. Address to AHPRA Conference September 2010*

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