

**Symposium ID # 20206:
Confidence in Competence: The Search for the Holy Grail**

***Does continuing competence ensure safety to practise
and assure public safety?***

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Faculty Disclosure...

Faculty Name:

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None

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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 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?

Competence is defined as...

“the combination of skills, knowledge attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area and context of practice”

(Nursing & Midwifery Council, 2009).

Practice is defined as...

“Any role in which the individual uses their skills and knowledge as a nurse and/or midwife. For the purpose of the registration standard, practice is not restricted to providing direct clinical care. It also includes working in non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills”

(Nursing & Midwifery Board, 2014)

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...

Previous Findings...

- 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, education and practice standards (for RNs) - Australia, Canada, Ireland, New Zealand, the United Kingdom and the United States of America
- Consensus agreement, revalidation, recertification, re-registration should occur annually, associated with requirement to declare/demonstrate the ability to meet required standard of continuing competence
- Strong similarities in 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 '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
- Influence of behavioural and attitudinal traits
- Variation in distinction between core and higher levels of competence, and the impact of behaviours i.e. ethical comportment and insight

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 - CPD...

- 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 - behavioral and attitudinal traits, attitudes and beliefs
- Systems and operational influences

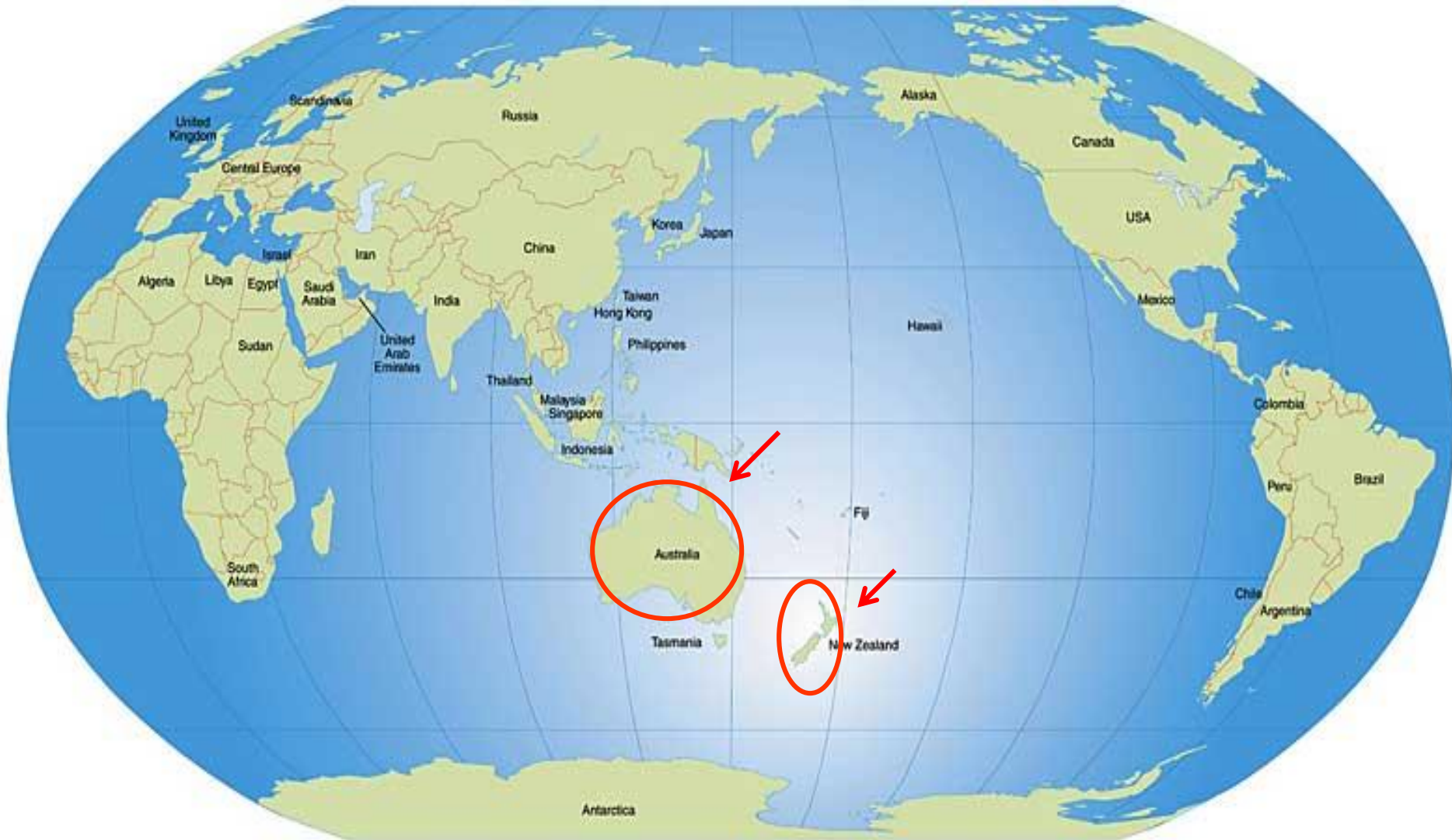
Active engagement in CPD assures continuing competence to practise however does not ensure public safety

Purpose...

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

- Ascertain any relationship between CPD, recency 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

Focus of the study



Australia and New Zealand

Research design...

- Mixed-method evaluation research design
- Three independent phases of data collection
 - Phase 1- Critical analysis of case law (five years)
 - Phase 2 - A comparative analysis of competence assessment (audit) and competence notification data over previous three year period
 - Phase 3 - Interviews with key staff employed by the Regulatory Authorities

Phase one – Analysis of case law...

- Analysis of 5 years of case law in each of the selected regulatory authorities relating to complaints of unsatisfactory performance (howsoever defined), that have been prosecuted and adjudicated.
- To identify what factors led to decisions either to retain or remove a nurse from the register.
- In this case law analysis both the *ratio decidendi* and the *obiter dicta* will be examined for any comment relating to awareness/insight, history, demographics.
- In addition, relevant country policies and legislation relating to requirements for competence assurance and CPD will be analysed, themed and reported.

Phase two – Review/audit of CPD and competence notification data...

- Subject data will be elicited from a review / audit of the CPD and recency profiles of a convenience de-identified sample of RNs drawn from the data bases of the nursing regulatory boards/councils who participate in this study. The subject sample will be comprised of RNs from the following two groups:
 - Group A. RNs who have become the subject of competence notifications based on performance grounds (previous 3 years).
 - Group B. RNs who have been assessed as part of a recertification / revalidation audit process (previous 3 years).

Competence Notifications 2013-2014

Recertification/Registration Audits 2013-2014

New Zealand		Australia		New Zealand		Australia	
100 notifications (total of 96 nurses, 78 inquiries completed)		624 mandatory notifications (nurses and midwives)		1,524 audited – 84% met requirements immediately		Total number of nurses in Australia = 396,878 at time of audit. Number audited unclear from report, but statistically relevant to jurisdictional population split 84.5% met audit requirements immediately	
Closed - No further action	25	Closed - No further action	151	Conditions to meet requirements	244	4.4% required to make submissions to Board	N/A
Sent for competence reviews (performance)	53	Sent for further regulatory action	302	11/.1% either withdrew their registration or changed to non-practising. NB: this is the first time some jurisdictions in Australia have been required to demonstrate recency or practice or CPD requirements. These nurses would possibly be non-practising or inactive before they were selected for audit.			
Sent to competence programmes (performance)	34	Investigation only	167	Source: AHPRA (2014) Nursing & Midwifery Audit report http://www.ahpra.gov.au/Registration/Audit.aspx#prac			
		Performance or health assessment	97				
		Both performance and health assessment	37				

Phase three – Interviews...

Semi-structured interviews with assessors / competence assessors with a view to understanding how competence is assessed and the factors that influence performance.

Interview questions will include:

- What methods of competence assessment are being used?
- Is there a clear evidence-based assessment policy, criterion, process and guidelines?
- What are the moderation processes?
- What are the factors that influence performance or non performance?
- Are there issues that recur in terms of registrants who are required to undertake a competence assessment i.e. the behavioural traits, history demographics (awareness/insight?)

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Thank you...

