Meeting the Ongoing Challenge of Continued Competence

Properly conceived and executed, regulation can both protect the public's interest and support the ability of health care professionals and organizations to innovate and change to meet the needs of their patients.

– Crossing the Quality Chasm, 2001

I. Introduction and Purpose

Nursing is a profession that requires the application of substantial knowledge, skills and abilities. The unsafe or unethical practice of nursing could cause harm to the public unless there is a high level of accountability. (Sheets, 1999) Thus, it is the responsibility of boards of nursing to hold nurses professionally accountable. The regulation of nursing is all about public protection and patient safety. As the pace of technological and scientific development accelerates, one of the greatest challenges to all health care practitioners is the attainment, maintenance and advancement of professional competence. In 1995, the Citizen Advocacy Center (CAC) asked the question, "Can the public be confident that health care professionals who demonstrated minimum levels of competence when they earned their licenses continue to be competent years and decades after they have been in practice?" CAC's response in 1995 was: "No." (Swankin, 1995). Ten years later, nursing is still seeking an answer.

The National Council of State Boards of Nursing has long acknowledged continued competence as a critical regulatory issue for Boards of Nursing. In an effort to have language applicable to all practitioners at every level of practice, NCSBN defined competence as… *the application of knowledge and the interpersonal, decision-making and psycho In an effort to havee99.13T s 50.925 46.437902r.02 0o havee99.13T*
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activities, beginning in 1985.)

Continued competence has been studied and talked about. There have been proposed regulatory approaches but there has not been agreement on what to do about it. The nursin

ards are being challenged to provide assurance to the public that licensees meet minimum levels of competence throughout their careers, not only at the time of entry and initial licensure. Continued competence is a critical challenge for regulatory boards in the 21st century. It is time to address that challenge.

II. Background

While some boards of nursing have addressed the challenge with state initiatives, there has not been an elegant national regulatory solution for evaluating continued competence. Why is this so?

- Competence is multifaceted and may be difficult to measure.
- The sheer volume of nurses in practice makes it difficult to identify feasible and meaningful yet cost-effective regulatory approaches.
- There is no agreement on who should be responsible for continued competence.
- Nursing careers take widely divergent paths, varying by professional role, settings, clients, therapeutic modalities and other professional criteria as well as level of health care delivery.
- In addition, there is the inherent evolution of practice from the new graduate-entry-level to the experienced-focused practice level of competence.

- Thus, it is not clear what standard should be used to evaluate continued competence. Should the standard be based upon:
    - Current entry-level competency for the profession (i.e., NCLEX)?
    - Generalist core competency each licensure level (RN, LPN/VN, APRN)?[1]
    - Focused areas of practice for?
    - Essential emerging knowledge?
    - Some combination of the above?
    - None of the above (something not yet identified and/or articulated)?

- It is not clear how to evaluate whether a standard has been met.

- It is not clear what to do if a licensee cannot demonstrate continued competence. (NCSBN, 1996).

These are challenging issues that NCSBN has been struggling to address (See Attachment B for a more detailed discussion of these background questions.) But after many years, there are still insufficient answers. Rouse observes that a "…perfect solution – simple, effective, inexpensive and acceptable to all – does not exist and is unlikely to ever be realized." (Rouse, 2004) A better approach may be to work around these

D. What could demonstrate licensure maintenance?

Licensure maintenance could include multiple elements, but should start with an assessment of the nurse's practice to direct professional development activities. In 1991, the NCSBN first articulated that learning strategies, such as continuing education, should be selected on the basis of assessment to identify learning needs.

E. What are activities that have credibility with the public and are meaningful to nurses?

The public needs assurance that nurses have current knowledge and are safe practitioners. The nurse needs the incentive of value added to one's career and practice. Accordingly, the public looks for requirements that demonstrate currency and ability to practice safely. Nurses would benefit from requirements that are relevant to the nurse's practice, promote professional development and can be used to meet the multiple demands of employers, boards and others.

F. Licensure maintenance rather than continued competence – isn't this just semantics?

How language is used is important for how a proposal is perceived. For example, if a nurse does not obtain continuing education hours, does that really mean that he or she is inco

In *Reforming Health Care Workforce Regulation: Policy Considerations for the 21st Century*, the Pew Taskforce on Health Care workforce Regulation recommended, "(3) States should base their practice acts on demonstrated initial and continued competence…[and] (7) States should require each regulatory board to develop

experiences…in the performance of every clinical nursing intervention needed for every clinical nursing intervention needed for patients." (IOM, *Nurses' Work Environment*, 2003, p.203). This is amplified in the face of the growth of new knowledge and technology.

The NCSBN research project, *Evaluating the Efficacy of Continuing Education Mandates* (Smith, 2003) revealed how professionals perceive they have attained professional development. That study showed that work experience is a stronger contributor to the growth of abilities than continuing education, working with mentors or self-study. This research was used to support the continued competence approach used in the current NCSBN *Model Nursing Practice Act and Model Nursing Administrative Rules,* adopted by the 2004 NCSBN Delegate Assembly, requires 900 practice hours rather than continuing education. (NCSBN, 2004)

In 2004, the Citizen Advocacy Center (CAC) presented the *CAC Road Map to Continued Competence*, built upon ten principles:

1. Using

step was to identify the scope of practice of an experienced dietician and then developed a self-
assessment module, using case studies, to evaluate the dietician's performance. An important aspect
was establishing a feedback system allowing the diwilv4.43758 699.2399m(asse)Tj10.02 0 0 10.0ilv4.79.23565 687.7800

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NCSBN 2005 Midyear Meeting

Continued competence was a major discussion at the 2005 Midyear Meeting. Participants were asked to discuss in small groups three questions. The first question was: *Is it the duty of the board of nursing to assure consumers that competence is maintained throughout the lifetime of the license?* Each table of participants talked about this question, and each table reported out on their discussions. The majority of participants said yes, boards do have a duty or indicated that it was a shared responsibility. There were some attendees who perceived continued competence as an employer responsibility. One person asked, in the face of the nursing shortage, how vigorous the process should be?

The second question for discussion was: *Describe how your Practice Act & Rules address the*
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The NCSBN strategy of analyzing the practice of experienced nurses is a crucial first step toward the development of a regulatory model. It will help us describe the practice of an experienced nurse. That will inform whatever model is eventually developed.

The NCSBN has been looking at continued competence sin

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