Re-inventing the Wheel

Consensus, Continuing Competence and Public Safety

STTI 24 Annual Research Congress
Session: Global Health Nursing Research Initiatives
25 July 2013

Rachael Vernon
RN BN MPhil (Dist.)(Nursing) MCNA(NZ) MSTTI
PhD (Candidate), Fulbright Alumni

Head of School Nursing
Eastern Institute of Technology
New Zealand
Objectives

➢ To present and discuss the consensus view of international regulatory experts with regard to the assessment and demonstration of continuing competence

➢ To discuss the relationship between continuing competence and public safety
International consensus model for the assessment of continuing competence

To determine:

- Consensus view amongst regulatory experts and regulatory authorities
- Australia, Canada, Ireland, New Zealand, the United Kingdom, the United States of America
- International conceptual model for the assessment of continuing competence

Recommendations:

- For legislative and policy change to align best practice with existing conditions
International consensus model

Australia, Canada, Ireland, New Zealand, the United Kingdom, the United States of America
## Continuing Competence Frameworks

<table>
<thead>
<tr>
<th>Country</th>
<th>Framework</th>
<th>Recertification/Revalidation Requirements</th>
<th>Auditing Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Zealand</td>
<td><em>Nursing Council of New Zealand (NCNZ)</em></td>
<td>Recertification of practising certificate annually</td>
<td>5% Audited Annually</td>
</tr>
<tr>
<td></td>
<td>(National Framework)</td>
<td>Maintain a professional portfolio</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Self-declaration (self assessment against relevant competencies for practice)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Practice - minimum of 450 hours (60 days) in previous 3 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Professional Development minimum of 60 hours in previous 3 years</td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td><em>National Nursing and Midwifery Board of Australia</em></td>
<td>Revalidation of registration annually – currently under development draft only</td>
<td>2% Audited Annually</td>
</tr>
<tr>
<td></td>
<td>(National Framework)</td>
<td>Maintain a professional portfolio</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Formal self-declaration of competence annually</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Practice – must have practised in previous 5 years or completed return to practice programme – <em>statutory declaration</em> from individual or employer indicating hours spent in practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Continuing Professional Development (CPD) minimum of 20 hours annually</td>
<td></td>
</tr>
<tr>
<td>Ireland</td>
<td><em>Nursing and Midwifery Board of Ireland (Bord Altranais agus Cháimhseachais na hÉireann)</em></td>
<td>Annual payment of a ‘retention’ fee to remain on the register of Nurses and / or Midwives</td>
<td><em>No audit requirements</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Currently no mandated or formally monitored continuing competence requirements</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>Requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>United Kingdom</strong></td>
<td><strong>Nursing and Midwifery Council (UKNMC)</strong> <em>(National Framework)</em>&lt;br&gt;Required to renew registration every 3 years. Process currently under review&lt;br&gt;Maintain professional portfolio&lt;br&gt;▪️ Self-declaration – complied with all Prep standards and signed notification of practice or intent to practice&lt;br&gt;  ▪️ Prep practice standard - minimum of 450 hours in previous 3 years or undertaken approved return to practice programme&lt;br&gt;  ▪️ Prep continuing professional development (CPD) standard - in previous 3 years&lt;br&gt;No Audit % stated – Risk approach</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>United States of America</strong></td>
<td><strong>National Council of State Boards of Nursing (NCSBN, Council of regulators - Incorporated Federal Model)</strong> <em>(National Principles requirements vary across States and Territories)</em>&lt;br&gt;Annual revalidation of registration – models vary significantly between States. Indicators include&lt;br&gt;▪️ Self-declaration, including self-assessment of competence&lt;br&gt;▪️ Declaration of criminal convictions, physical, mental, and drug related issues that affect the ability to provide safe effective nursing care.&lt;br&gt;▪️ Continuing Education credits&lt;br&gt;▪️ Practice hours&lt;br&gt;*Audit requirements exist in some States – Risk based approach in some others&lt;br&gt;Separate legislative jurisdictions/Regulatory Boards in each State/Territory. Mutual recognition agreements some States.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Canada</strong></td>
<td><strong>Canadian Council of Registered Nurse Regulators (CCRNR 2011)</strong> <em>(Incorporated Federated model - National principles - no National Framework)</em>&lt;br&gt;Revalidation of registration&lt;br&gt;▪️ Self-declaration including self assessment&lt;br&gt;▪️ Continuing education – annual requirements&lt;br&gt;  ▪️ Report of CE activities and evaluation of learning needs&lt;br&gt;  ▪️ Development of a learning plan, report on previous plan&lt;br&gt;  ▪️ Peer feedback / review meetings&lt;br&gt;▪️ Practice – minimum of 1,125 hours in previous 5 years&lt;br&gt;*Requirements vary between the legislative jurisdictions&lt;br&gt;No Audit % stated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Method: Delphi Technique**

**Expert Panel A:**
14 regulatory experts from the six participant countries

**Expert Panel B:**
Anonymous group of international regulatory experts

---

**International Consensus Model**

1. Delphi Round 1: Stakeholder Interviews (gpA)
2. Delphi Round 2: Qualitative E-survey (gpB)
3. Delphi Round 3: Quantitative E-survey (gpB)
4. Delphi Round 4: Consensus E-survey (gpA)

- Discussion of findings
- Summary Recommendations
Method: Delphi Technique

Delphi Round 1
- Expert Panel A (Semi-structured Interviews)

Delphi Round 2
- Expert Panel B (Anonymous E-survey, open ended questions)

Delphi Round 3
- Expert Panel B (Structured statistical E-survey)

Delphi Round 4
- Expert Panel A (Structured E-survey)
Key Findings

- The consensus model
- Definitions
- Responsibility and accountability
- Continuing Competence Framework
- Indicators or continuing competence
- Barriers and enablers
Key Principles - General

- The purpose of nursing regulation is protection of the public
- Public right to expect that RNs are competent
- Revalidation, recertification, re-registration should occur annually, associated with requirements to declare and/or demonstrate the ability to meet required standards of continuing competence
- Education and practice standards for RNs are similar between the six participant countries
- Similar definitions of competence and continuing competence
- Legislative mandate is a significant enabler
Responsibilities

- RNs are registered health professionals who are responsible, accountable, ethical, competent and committed to life-long learning and nursing practice.

- RNs are responsible for ensuring their own individual continuing competence, relevant to the required practice standards, code of conduct, and practice setting.

- Employers and employment settings have a responsibility and role in facilitating and ensuring that their registered nurse workforce is, and continues to be, competent.
Continuing Competence Framework

- Clear transparent purpose and processes, credible and understandable to the public and the nursing profession
- Is a tool that facilitates the assessment and monitoring of the continuing competence - has a role in assuring and ensuring public safety
- Assessment requires triangulation of data
- No single indicator can ensure valid, reliable and consistent measurement of ‘continuing competence’
- Framework must be flexible and adaptable, administratively feasible, financially viable, and publically defensible
Components of the best practice international consensus model

- Guiding Principles
- Common language - Lexicon of terminology
- Best practice Continuing Competence Framework
- Mandatory assessment linked to annual recertification / revalidation / relicensure
- Indicators of continuing competence
- Self-Assessment
- Mandatory Practice Hours (specified number/timeframe)
- Mandatory Professional Development hours (specified number/timeframe)
- Annual audit of a percentage of practising population annually
- Peer Assessment
Future Development

- Further refinement of the key principles identified as underpinning the international best practice consensus model

- Development of an international lexicon of terminology related to nursing regulation and the assessment of continuing competence.

- Development of the best practice Continuing Competence Framework, including: assessment guidelines and assessment criteria
References


http://nursingcouncil.org.nz/Publications/Reports