Schema to demonstrate maintenance of professional competence for Nurses and Midwives: Results of a National Mixed Methods Study

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Acknowledgement: funding from Nursing and Midwifery Board of Ireland.
Broad Aim of the Project

- To conduct a **National Consultation and analysis** of responses based on proposals for scheme(s) of maintaining competence and determine if a singular or multiple scheme is required.

- To **consult with key stakeholders** to ascertain their perspectives on the various types of schema that could be used and the requirements for a singular scheme or multiple schema for demonstrating the maintenance of Professional Competence of nurses and midwives.
Multiple phases in the project

**Review of literature**
An integrative review of empirical, theoretical and grey literature relating to “Continuing Professional Competence” and scheme/schema utilised to demonstrate the maintenance of professional competence for nurses and midwives.

**Quantitative (cross sectional-survey)**
To reach a wider population of nurses and midwives an online survey was conducted.

**Qualitative focus group interviews**
To explore the perspectives of interested stakeholders using in-person and teleconference focus group interviews.
Why the interest in the ongoing professional competence?

• In 1999 the US, Institute of Medicine published a report ‘To Err is Human: Building a Safer Health System’ which stated that 44,000 to 98,000 persons in the US die each year from medical errors that could be prevented.

• 10% of patients impacted by errors worldwide (Clancy, 2009)

• European data, mostly from European Union Member States, consistently show that medical errors and health-care related adverse events occur in 8% to 12% of hospitalizations (WHO, 2017)

• Increased focus on the science of Human Factors and Error Prevention
Human factors

Job: Tasks, workload, environment, displays and controls, procedures.

*Individual*: Competence, skills, personality, attitudes, risk perception.

Organisation: Culture, leadership, resources, work patterns, communications

Source: HSE (UK) HSG48 Reducing error and influencing behaviour
Stages of Learning:

**Conscious incompetence**
(know that one doesn’t know and it bothers one)

**Conscious competence**
(know that one knows but takes effort)

**Reflective competence**
(can shift back into conscious competence to teach someone else)

**Unconscious competence**
(knows how and is second nature)

**Unconscious incompetence**
(don’t know that one doesn’t know)

(Burch, 1970)
ANTECEDENTS

Legislative/regulatory requirements
Educational preparation programme and registration as a nurse or midwife
Personal accountability and responsibility
Employer facilitation
Processes underpinning enhanced and safe practice
Perception of importance of continuing competence to the nurse’s/ midwife’s professional career / practice

The Concept of Continuing Competence in the context of professional nursing/midwifery practice
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ATTRIBUTES
1) Self-awareness
2) Continuing Professional Development within an ethos of lifelong learning
3) Application and integration of knowledge, skills and abilities
4) Practice as a registered nurse/midwife
5) Attitudes, values and beliefs
Review of literature

An overview of the attributes of continuing professional competence

Self-awareness

An individual's knowledge of themselves and their own intellectual strengths and weaknesses; and an individuals’ understanding of how to acquire missing competencies.

Self-awareness involves a realistic assessment of one’s own abilities which is grounded in the scope of one’s practice and professional competence.

Enhanced through reflection when overtime documents evidence of their continuing competence

CPD within an ethos of lifelong learning

Through learning and reflective processes so that knowledge is applied.

Lifelong learning: 1) A dynamic process, driven by the individuals motivation to engage with and learn 2) Can be both formal and informal; 3) Is underpinned by lifelong learning skills and varied approaches to learning.

The context of a rapidly evolving health and social care systems, consumer needs, technological and medical advancements and expanding role of the nurse/midwife.

Ongoing practice as a registered nurse/midwife

Ongoing practice affords the nurse the opportunity to maintain competence in the context of their role e.g. in a specific area or specialism of nursing/midwifery.

Such sustained practice promotes the ongoing use of and development of competence and skills.

Application of knowledge, skills and abilities

Knowledge: 1) An interaction between intelligence (capacity to learn), situation (opportunity to learn) and the integration of new information/learning/evidence with existing information (comprehension); 2) requires application to practice 3) Is dynamic and constantly evolving;

Skill: is a learned ability to complete something to a pre-defined standard.

Abilities refer to the capacity to perform appropriately in the context of role requirements

Attitudes, values, beliefs

The personal and professional attitudes, values and beliefs (e.g. kindness, compassion, honesty, integrity, respect, advocacy, professionalism) that underpin respectful, caring, accountable and responsible person centred nursing/midwifery practice.
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### CONSEQUENCES
- Safe, ethical and effective nursing care
- Improved standards of patient care and patient safety
- Public confidence in professional nursing/midwifery care
- Internal motivation for continued lifelong learning
- Development of the profession

The concept of continuing competence in the context of professional nursing/midwifery practice
Mechanisms which Support the Maintenance of Continuing Professional Competence

- Accurate measurement of competency is challenging and has been the focus of a limited number of studies that typically assess perceived or self-assessed competency, rather than objective, observed competency. Issues identified as contributing to the debate regarding assessment of professional competence in nursing and midwifery include the following:

  ➢ Individual nurses may vary in their capability to self-reflect and self-assess with some nurses concentrating predominantly on their weaknesses and others on their strengths whilst others can over or underestimate their skill level.
  ➢ Assessment approaches tend to break down competence into smaller units under the assumption that competence in the individual parts will lead to competence of the integrated whole.
  ➢ Issues with measurement of competence are all competencies observable and measurable).
  ➢ Inter-observer reliability for external assessment of competence under-researched.
  ➢ Transferability of competence (i.e. demonstration of a skill or competence in one area is not an indication of competence in other contexts).
  ➢ Need for further differentiation between competence requirements at different levels of practice and for different specialities.
  ➢ External assessment of competence is complex in terms of both using validated assessment processes and in the terms of logistical organisation and costs.
As an alternative, the literature and international experience(s) support the idea of a multi-method approach (inclusive of both quantitative and qualitative measures) to the assurance of continuing professional competence which includes:

- A robust, multifaceted system
- With assessment processes being continuous, cyclical, frequent, criterion-based, developmental, applied to the role context.
- Key focus on learning, application of knowledge in practice and not on credit/certificate accumulation
- Supported by employers
- Overseen by a regulatory body.
Nurses and midwives by their engagement with mechanisms to maintain and develop continuing professional competence seek to:

- maintain the **public’s trust** in nurses and midwives
- enhance the **quality of patient care**
- respond to **changing practice(s)** and/or changes in job description
- meet **professional obligations** and **professional developmental goals**
- enhance the **professionalisation of nursing and midwifery**.

Participants viewed competence as effectively and safely fulfilling the nurse’s/midwife’s specific job/role. While it was recognised that there may be shared or core competencies across disciplines, it was considered that the individual nurse’s/midwife’s specific job/role must be considered in defining what is required for him/her to demonstrate competence.

Participants were of the view that there is a strong relationship between continuing professional development and maintaining and demonstrating competence.
The most favoured or highly ranked components of a professional competence scheme included: **verification of professional development activities** (mean (SD) 5.86 (1.40)IR, 5.68 (1.73)GR); **verification of minimum practice hours** (5.25 (1.73)IR, 4.53 (2.17) GR), and **self-appraisal against: defined competencies**. The criteria against which a self-assessment is conducted are thought to be critical; with the highest proportion of respondents preferring competencies specific to the role of the nurse/midwife (mean (SD) 5.20 (1.76)IR, 4.79 (2.49)GR).

Participants noted that whatever schema/process was chosen by NMBI, in essence, it should be ‘**a supportive, nurturing process** for nurses/midwives to develop and maintain their competence’ and it needs to ‘**be realistic and implementable** and not add onerous duties onto individuals or managers’.

A **blended approach** is required with nurses and midwives having a ‘professional individual responsibility’ and the employer as facilitator ‘needing assurance that the nurse or midwife is competent’.
# The potential elements of the Continuing Professional Competence Scheme for nurses and midwives

## Reflect upon and Self Assess Competence
- Reflect upon and self-assess competence against clear criteria taking cognisance of role and current area of practice
- Identify strengths, weaknesses, deficits and potential opportunities for learning.
- Discuss the self-assessment and associated actions with a third party. The third party should ordinarily be another nurse or midwife registered with NMBI.
- Implement a plan to address the identified weaknesses.
- Evaluate the outcomes of the implementation of that plan

## Engage In Continuing Professional Development Activities
- Develop a plan for the engagement in continuing professional development (CPD) activities
- Participate in continuing professional development activities each year
- Seek to actively apply learning in the practice setting

## Engage in the Practice of Nursing and Midwifery
- Retain evidence of practice hours over the three year period since prior revalidation

## Maintain a Record of Activities Pertinent to the Continuing Professional Competence Scheme
- Maintain a record of activities pertinent to the demonstration of compliance with the continuing professional competence scheme; such a record should be suitable for third party review if required. The record should include sections as follows:
  - Demographics including details of professional education, employment
  - Declarations (relating to good character/ lack of criminal convictions/cautions, indemnity)
  - Practice hours including role, place, dates and verification details
  - Reflection on practice
  - Feedback attained from third parties
  - Assessment of competence including self-assessment of competence, identified strengths, weaknesses, deficits and potential opportunities for learning. Formal discussion of the self-assessment and associated actions with a third party.
  - Continuing professional development activities including: an overview of learning needs linked to the assessment of competence; a plan to meet those learning needs. Continuing professional development activities. Some examples of translation of the learning into practice.
  - An e-portfolio is the recommended format for such a record

## Meet the Requirements of the Continuing Professional Competence Scheme
- Make an annual declaration at registration
- Every 3 years, nurses and midwives formally declare compliance with the continuing professional competence scheme requirements cognisant of their role and current area of practice.
- Random sample of registrants are requested to complete the recertification audit annually.
- If selected for audit the registrant is required to provide evidence that supports their declaration of meeting the continuing competence requirements
An individual's position within the Stages of Learning model evolves with engagement in the continuing professional competence schema/processes.
In Summary

• The benefits of the revalidation framework in the UK context have been cited as: encouraging greater reflection and continuing professional development; greater sense of professionalism; assurance to employers and the public on the level of professionalism and improvements in service delivery. However uncertainty exists as to the scale of the benefits, the individual and organisational costs (once off and ongoing) of implementation of such a scheme (KPMG, 2015).

• The key recommendations relating to the components of a continuing competence scheme emanating from this study were outlined in a report (which is with NMBI).

• Implementation of the scheme requires careful consideration of the needs of all stakeholders and ongoing dialogue with all stakeholders.
Acknowledgments:

- All those who participated in the research.
- The team: Adeline Cooney, Rhona O’Connell, Anne-Marie Brady, Gerard Fealy, Elizabeth Heffernan, Catriona Kennedy, Martin McNamara, Pauline O’Reilly, Laserina O’Connor, Denise O’Leary, Kathleen Ryan, Aoife O’Mahony, Mary Casey.
- Funding from the Nursing and Midwifery Board of Ireland.