



Project to Develop a National Framework for Continuing Competence

DRAFT 2

December 2007

FEEDBACK QUESTIONNAIRE

Please use this questionnaire to respond to the second draft of the National Framework for Continuing Competence. The form is deliberately provided in Word format for ease of responding electronically.

In order to respond to this questionnaire, you will need to review the second draft of the National Continuing Competence Framework, and it is strongly recommended that you read the National Continuing Competence Project: Progress Summary, December 2007 in conjunction with the draft. These are available on the ANMC website at www.anmc.org.au

This feedback form should **preferably be emailed** to cashley-coe@anmc.org.au, or may be faxed to Christine Ashley-Coe, Research and Policy Advisor, ANMC
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Final dates for submissions to this draft:

14 FEBRUARY 2008.

GENERAL FEEDBACK

1. Does this draft of the framework reflect the issues identified in the summary of the literature review?

The ANF has serious concerns about the draft framework as it currently stands. If it were to be implemented, the draft continuing competence framework, with five mandatory requirements, would be a significant change from the self declaration of competence that currently characterises the jurisdictional requirements for nurse and midwife re-registration. While the ANF acknowledges that shifts in demonstration in competence are inevitable and reflective of the demand of community opinion in relation to transparency and accountability because of the inherent risks associated with health care delivery, our concern is for nurses who, faced with a significantly more onerous requirements for re-registration, may fail to do so.

The mandatory requirements as they currently stand are not supported. The Australian Nursing Federation was represented at a number of the state and territory forums conducted during October and November 2007 to gain feedback on Draft one of the framework. However it is apparent from the ANMC progress summary of the project that many of the issues identified in both the literature review and the forums as desirable but non-mandatory have been included in draft two as mandatory requirements.

In addition, the literature is still unclear about the links between CPD and competence, as indeed with practice hours and competence. We can see no evidence to date supporting the stipulation of this particular number of hours for CPD and practice as being associated with increased competence.

Some of the difficulties as we see it for nurses and midwives is:

- the lack of access for many nurses and midwives to CPD;
- insufficient evidence demonstrating the link between CPD and improved practice;
- the costs associated with CPD for many nurses, particularly those in rural and remote areas;
- insufficient evidence demonstrating the link between minimum practice hours and improved practice;
- the burdens placed on nurses in the creation of a professional portfolio;
- the financial burden placed on nurses in meeting additional requirements; and
- the potential risk for the workforce if nurses and midwives who are unable to meet the requirements fail to re-register.

2. Are the standards for each component of the framework consistent, appropriate and/or achievable? Please comment.

While a mix of the five standards for each component of the framework might be acceptable to demonstrate continuing competence, it is the view of the ANF that it is not appropriate to specify minimum continuing professional development (CPD) hours and minimum practice hours, particularly at the level they are proposed: 90 hours CPD and 420 hours minimum practice every three years.

The Framework should offer nurses and midwives flexibility of means by which to demonstrate their continuing competence to practice. This may require that nurses and midwives undertake the proposed components of the framework selecting from a choice of assessment methods and without the prescriptive and arbitrary imposition of minimum hours.

Although most of the state and territory regulatory authorities have recency of practice requirements embedded in legislation, none currently require minimum practice hours for renewal of registration. The minimum practice hours stipulated in the framework is an arbitrary figure. Practice hours necessary for competence will vary greatly for individual nurses and midwives. Setting minimum practice hours does not necessarily provide further protection of the public and nor can it assure competence to practice.

Currently the Australian Capital Territory Nursing and Midwifery Board is the only regulatory authority to stipulate a requirement for minimum CPD hours. Hours required are one third (30 hours over three years) of those proposed for the national framework. Again the minimum CPD hours stipulated in the framework is an arbitrary figure and although detail could be provided around recommended CPD activities and hours this should not be mandatory.

The consequences of these requirements for mandatory minimum CPD and practice hours may be that nurses and midwives elect not to renew their registration despite their competence to do so.

An acceptable alternative framework proposed by ANF is one that supports a strengthening of the requirements for the demonstration of competence, but in a framework that provided greater flexibility, by nurses being able to choose between a range of options to demonstrate competence. This could include a mandatory requirement for self-assessment against the competency standards, if a satisfactory tool were able to be developed for this to occur, with additional requirements able to be chosen from a range of practice hours, CPD hours, portfolio presentation, or peer review.

Assessment methods need to be flexible, straight forward and inclusive of all settings, including unpaid work, in order to be achievable and to ensure that the process for nurse and midwives to demonstrate competence to practice is equitable, achievable, and will not create an onerous, expensive, process that may cause some nurses or midwives to fail to reregister despite their competence to do so.

Nurses and midwives should be able to select one of a range of possible assessment methods. These should include:

- Self-assessment **AND**
- Peer (nurses and midwives only) assessment **OR**
- Performance appraisal **OR**
- Practice hours **OR**
- CPD.

Professional Portfolio:

The use of a professional portfolio as one of a number of methods through which to demonstrate competence by recording continuing professional development activities, practice hours, self-assessment, peer assessment, performance appraisals, reflection on professional issues and as a record of professional documents is supported.

Assessment:

Nurses and midwives practice in a broad range of settings. Assessment methods need to be flexible, straight forward and inclusive of all settings, including unpaid work, in order to be achievable for nurses and midwives. It is important to ensure that assessment of a nurse or midwives competence to practice is not an onerous process.

Nurses and midwives should base their self-assessment on a variety of methods to maintain competence and improve practice, including formal and informal learning; participation in and use of evidence based practice and research; other professional development activities; and reflection on workplace performance appraisals. The self-assessment tool should be standardised and easily accessible for all nurses and midwives.

Peer assessment should only be conducted by nurses and midwives with similar or advanced expertise in the practice setting in which the nurse or midwife is to be assessed. Appropriate peer assessment can present a challenge in any setting but may pose particular difficulties for nurses and midwives practicing in isolation or rural and remote areas of practice.

Continuing Professional Development:

The linking of mandatory minimum continuing professional education hours to ongoing registration is not supported. All nurses have a professional responsibility to maintain competence and to have a contemporary knowledge and skill base in order to provide best practice nursing care, however there are wide variations in the range and type of continuing professional development opportunities available to individual nurses and midwives.

Practice Hours:

The linking of mandatory minimum practice hours to ongoing registration is not supported. Practice hours necessary for competence will vary greatly for individual nurses and midwives.

Declaration of Competence:

Nurses and midwives, as professionals, should be responsible and accountable for assessing and declaring their own competence. Self-declaration of competence to practice following a process of assessment, ongoing professional development and recent practice is and remains the most appropriate mechanism by which nurses and midwives, as educated and qualified health professionals, should renew their registration to practice.

- 3. Does the National Continuing Competence Framework table (figure 1) clearly describe the proposed continuing competence requirements? Please comment.**

The National Continuing Competence Framework table should not specify mandatory minimum CPD hours and minimum practice hours.

- 4. Does the Continuing Competence Process flow chart (figure 2) clearly describe the process for maintaining competence to practise? What would you add/alter?**

Although it is desirable to obtain professional feedback and support it is not always possible or relevant. There may be no suitably qualified or experienced reviewers and it may not be feasible to seek professional feedback and support from professional organisations, members of professional interest groups or from nurses and midwives who work in similar roles. As stated above, there should be options for the method of assessment. The step in the flow chart 'Undertaking Self Assessment' should be amended to 'Undertaking Assessment' and the requirement for 'Obtaining Professional Feedback and Support' should be removed. The other steps detailed in the Continuing Competence Process flow chart (figure 2) are supported but mandatory minimum number of CPD hours and minimum practice hours should not be required.

- 5. Does the glossary explain all terminology clearly? What would you add/alter?**

The definitions of assessment and peer should be amended to reflect recommendations made above.

FEEDBACK RELATING TO THE IMPLEMENTATION OF THE FRAMEWORK

- 6. In order to successfully implement the National Continuing Competence Framework, we are seeking feedback how we might best achieve this. Please provide any comments or ideas on how the implementation process might be undertaken? (*This may include consideration of legislation, workplace support, tools and documentation*)**

A national continuing competence framework should be implemented when national registration is established. The national nursing and midwifery regulatory authority should provide an overview of this framework for registration which should include: methods of assessment, sample professional portfolio, detail of recommended CPD activities and declaration of competence.

OTHER

- 7. Please provide any further feedback about the second draft of the framework. You may like to comment about it's applicability in a specific area of practice.**

The National Continuing Competence Framework may be unachievable for nurses and midwives in a number of circumstances and practice settings. There are many possible scenarios where the nurse or midwife is competent to practice but is unable to complete all of the five mandatory components of the framework. Some but not all of the mandatory components could be achieved by nurses or midwives who are: on study

leave but have not completed the minimum hours of practice in the three year period; on maternity leave but not have completed the minimum hours of practice and/or minimum CPD hours in the three year period; in a rural or remote setting without access to an appropriately qualified nurse or midwife to undertake peer review and/or CPD; in a general practice setting without access to an appropriately qualified nurse or midwife to undertake peer review. Such a framework needs to recognise the need for flexibility to accommodate varied work practices across the profession.

The Continuing Competence Audit process does not include an appeals mechanism available to the nurse or midwife prior to cancellation of their practicing certificate. Such a mechanism as well as information about the process to be undertaken should a nurse or midwife fail to demonstrate competence should be included in this framework.

Thank you for your valued feedback.

Please continue to monitor the progress of this project by checking the ANMC website at www.anmc.org.au.

Final date for submissions to this draft: 14 February 2008.