

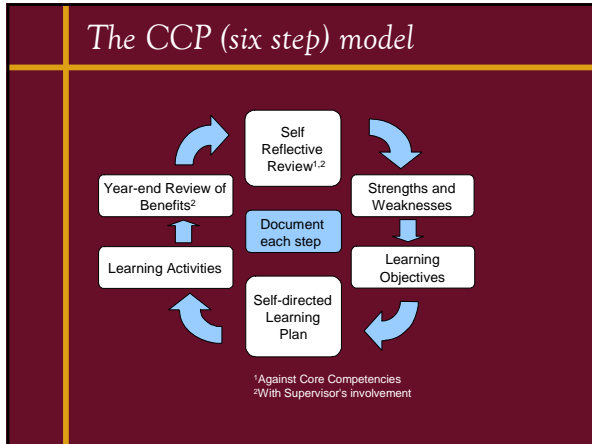
“A new continuing competence programme: An individually tailored, high-trust approach”

		<p>London, England</p>
<p>7-8 July 2011</p>		<p>International Congress on Professional and Occupational Regulation</p>
		<p><i>Applying what evidence there is to a new continuing competence programme: An individually tailored, high-trust approach.</i></p>
		<p>Anne Goodhead and Steve Osborne, New Zealand Psychologists Board</p>
		<p><i>Promoting Regulatory Excellence</i></p>

<p><i>Presentation Outline</i></p>
<ol style="list-style-type: none">1. Introduction to our Continuing Competence Programme (CCP)2. Rationale3. Development process4. Principles5. Evidence for our approach6. Where to from here

<p><i>The CCP</i></p>
<p>Introduced April 2009.</p>
<p>Compulsory for all active practitioners to participate.</p>
<p>Just completed our second year, including audits of participation.</p>

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Rationale

The HPCA Act requires that the Board be satisfied that a practitioner is competent before issuing a practising certificate.

Complaints data suggest older and more experienced practitioners are more likely to attract complaints, consistent with research in other disciplines.

Our aim is to lift the competence of all.

How can we lift performance?

Best practice guidelines.

Newsletters to raise awareness of pertinent issues.

Well-established culture of supervision at all levels of practice.

And most recently, mandatory CCP.

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Development of the CCP

Consultation - widespread support.
Pilot study helped refine the model.
Informed by literature on CPD.
Newsletter updates on instructions, also conference and stakeholder group presentations.
Audit has informed further refinement, as has our new learning outcomes survey.

CCP principles

Lift competence standards overall.
Individually tailored: Practitioners benchmark themselves against competence standards, then strive to improve on *own* areas of need.
Assure the public of high standards.
Flexible: To encompass the diversity of practice.

CCP principles

Valid and relevant for practitioners.
Support self-regulation, and the natural incentives for high quality practice.
Increase self-efficacy.

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Why try to lift overall standard?

Need to counter the trend of knowledge and performance declining with years of experience. Choudhry 2005 review

Traditional input models to CME and CE known to have only a small impact. Marinopoulos et al 2007, Mansouri and Lockyer 2007, Forsetlund et al (Cochrane review) 2009, Davis and Galbraith 2009

Research on output models of CPD “sparse” but seen as way forward. PARN 2008

Will the CCP lift the overall standard?

It is informed by what works:

- Improved by multiple media, mixed interactive. Mansouri and Lockyer 2007
- Multiple events on single topic. Davis and Galbraith 2009, Mazmanian et al 2009
- Practitioner assessed learning needs. Mazmanian and Davis 2002
- Integrated with practice.

Will the CCP lift the overall standard?

What works (continued):

- Self-awareness, self-reflection, and self-evaluation. Kaslow et al 2007
- Seek feedback. Eva and Regehr 2008
- Guided self-assessment. Duffy and Holmboe 2006
- Evaluation of outcomes - participant satisfaction, knowledge, behaviour, patient safety. Tian et al 2007

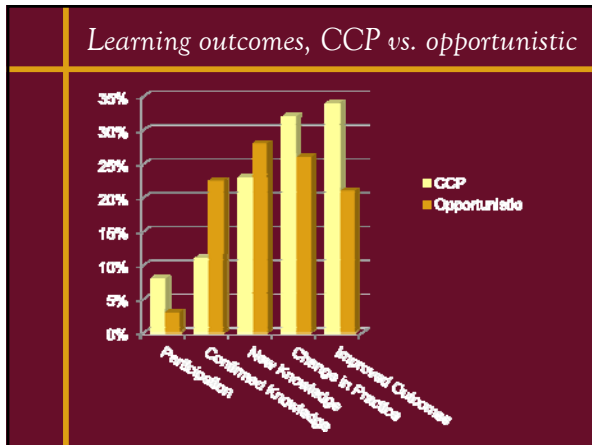
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And what of individual improvement?

CCP requires a Self Reflective Review against prescribed Core Competencies.

Eva and Regehr caution against self-evaluation. (2005, 2006) We require supervisor or colleague involvement - but is this enough?

Face validity: Set goals, plans, and evaluate at end of the CCP year.



Does CCP assure safety of the public?

Meeting legislative obligations.

Consumer and policy “watchdogs” on public safety groups promote a similar approach to professional development.

Citizens Advocacy Centre (2006), Institute of Medicine (2010)

CCP includes the quality assurance step of evaluating outcomes and seeking feedback re impact on practice.

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IS the CCP valid and relevant?

Intention is that each psychologist shapes their programme to be meaningful, useful, relevant, and valid for them.

Avoids tokenism.

Does not block opportunistic professional development or that driven by unanticipated professional challenge.

Does the CCP facilitate self-regulation?

Our pilot study suggests most psychologists do a considerable amount of PD without being directed to.

The majority hold high ethical standards and strive for excellence.

Natural incentives reward high standards. But, a US survey showed ~ 20% did little if not mandated. Neimeyer, 2009, 2010a, 2010b

Does CCP support self-efficacy?

Our pilot study indicated amount of PD was correlated with confidence in being up-to-date with psychology practice.

Undertaking the SRR also appeared to be associated with more confidence and higher professional self esteem.

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Do the benefits outweigh the costs?

In an ideal world:

- cost-benefit analysis.
- demonstrate cost-effective.
 - compared to status quo.
 - compared to other CE models.

But hard to measure this in PD generally -
Few studies, evidence weak, hard to research. Brown et al 2002

Costs

Personal/Employer costs:

- Bureaucratic costs of record keeping.
- Opportunity costs in supervision.
- For some, increased PD.
- Organisational costs (e.g., employee's time).
- Stress.

Costs

For the Board:

- Labour costs of development and instruction.
- The financial, time, and other resource costs of the annual audit.
- Potential loss of goodwill.

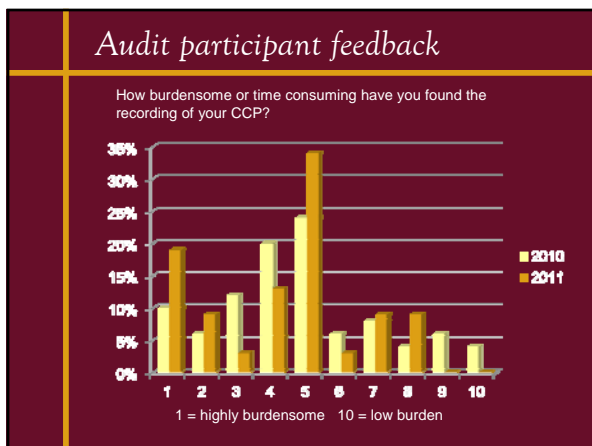
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Benefits

Potential impact on client outcomes.
Mixed reports whether it changes what individuals would have done anyway.
Long term impact unknown (but we're hopeful).

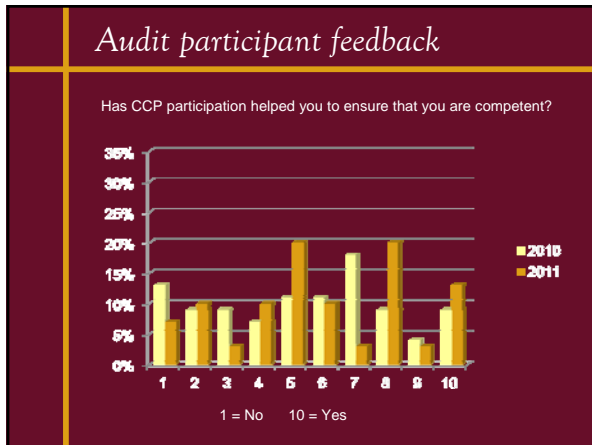
Benefits

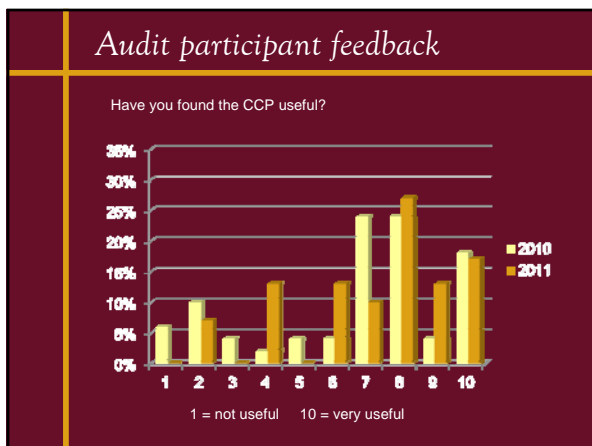
Meeting statutory obligations.
Feedback from audit participants and others...



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Where to from here?

Continue to fine tune, have a framework we can tweak:

Now offering more structured way of recording to reduce confusion and time (optional template).

Clarifying role of supervisor, goal setting, and the end of year review.

Attitudes remain mixed, ranging from enthusiastic to resentful.

Where to from here?

Further research?

We would be interested in any related research that you know of.

Thank you!

And thanks to Dr Lois Surgenor for her assistance with the statistical analysis!

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Research and development work by...

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