

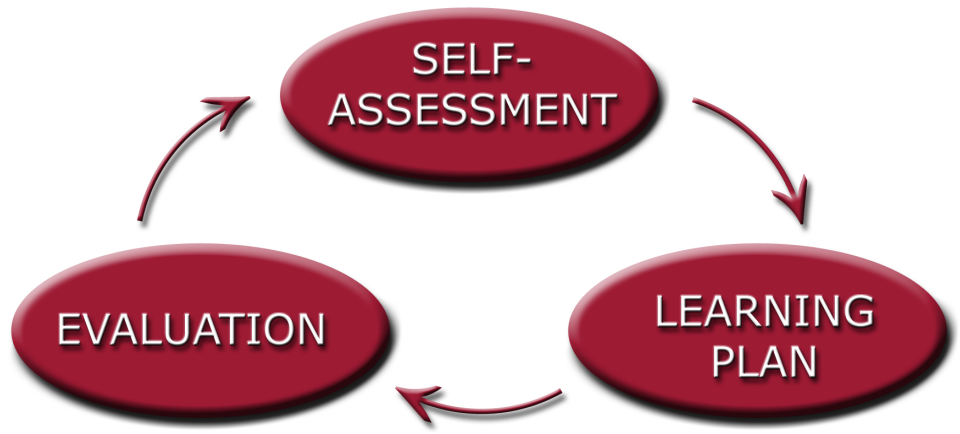
Continuing Competence Program

CCCP

learning in action

Section 1

Continuing Competence Program (CCP)



CONTINUING COMPETENCE PROGRAM

Introduction

Through the *Nurses Act*, the Nurses Association of New Brunswick (NANB) has the legislated mandate to regulate nursing practice in New Brunswick and is therefore responsible for promoting safe, ethical and competent care by registered nurses throughout their careers. The *NANB Standards of Practice for Registered Nurses* and the *Code of Ethics for Registered Nurses* hold each nurse responsible for maintaining and continually acquiring competence.

Increasingly, there is an expectation of the public and governments that health care professionals be accountable for demonstrating their continuing competence. An important responsibility of regulatory bodies is to assure competence on initial and ongoing registration. To that end, NANB has developed a mandatory continuing competence program to provide a framework for all New Brunswick registered nurses to demonstrate on an annual basis how they have maintained their competence and enhanced their practice.

In 2004, the NANB Board of Directors approved the introduction of a mandatory continuing competence program. Throughout the development process, nurses were consulted and informed through various means including professional practice forums and a member survey as well as a series of articles published in *Info Nursing* and posted on the NANB Web site. Information on continuing competence programs from other nursing jurisdictions contributed to the creation of the NANB program. At the 2005 NANB annual meeting, members unanimously supported the implementation of a mandatory continuing competence program beginning in 2008.

The NANB Continuing Competence Program (CCP) is based on the following principles:

- continuing competence is a necessary component of practice and public interest is best served when nurses constantly improve their application of knowledge, skill and judgment; and
- reflective practice, or the process of continually assessing one's own practice to identify learning needs and opportunities for growth, is the key to continuing competence.

The *NANB Standards of Practice for Registered Nurses* provides the framework for the Continuing Competence Program by reflecting the values and priorities of the profession and the continuous improvement of practice.

Overview of CCP Process

Registered nurses practise in a variety of settings in clinical, administrative, education and research roles. The context of practice changes constantly in response to scientific advancement, evolving technologies and fluctuating resources making it essential that registered nurses continue to develop knowledge and competence throughout their careers.

The Continuing Competence Program requires registered nurses to reflect on their nursing practice through self-assessment, to complete a learning plan, and to evaluate the impact of the learning activities. It is an approach through which each registered nurse reflects in a formalized manner on their practice at least once annually.



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Reflecting on their practice is not a new process for nurses. Nurses have always analyzed and learned from their experiences. Reflecting on their practice helps nurses plan professional learning that is relevant to their nursing practice. A continuing competence program formalizes what nurses already do and provides a framework as they reflect on their practice experiences, seek advice, assess their learning needs and fill knowledge gaps through consultation with colleagues and peers, current literature and education.

A continuing competence provision that has been in place since 1984 is the requirement to have practised a minimum number of hours within a specified period of time. Currently, 1125 hours of practice within the previous five years are required for registration. At the time of registration renewal, nurses document their hours of practice for the previous year on the registration renewal form.

Registration Renewal

Nurses are required to meet the CCP requirements in order to renew registration. Registration renewal takes place on or before December 31 each year. Starting with the 2008 registration renewal year, registered nurses (RNs) will answer a question(s) on their renewal form indicating whether or not they have met the CCP requirements. If a nurse indicates on the renewal form that the CCP requirements have not been met, a three month period will be granted to meet the requirements. Should the CCP requirements not be met at the end of the three month period, a non-practising membership will be issued until the requirements are met.

Nurses moving to New Brunswick from another province or country, nurses returning to practice after a leave of absence and new graduates will be required to meet the CCP requirements the year following their entry/re-entry to practice at the time that they renew their registration. The CCP applies to nurses in all domains of practice: clinical, administration, education and research.

Three Steps to Meeting CCP Requirements

The implementation of a three-step mandatory Continuing Competence Program will augment the existing hours of practice requirement.

The three steps of the CCP are:

1. self-assessment of nursing practice to determine learning needs;
2. development and implementation of a learning plan to meet the identified learning needs; and
3. evaluation of the impact of learning activities.

Monitoring Compliance

Compliance with the CCP will be monitored through an audit process. Each year a randomly selected number of nurses will be asked to answer a series of questions on a prepared audit form to illustrate what learning activities they have implemented during the past year, how they relate to their self-assessment, and how the learning activities informed and influenced their professional practice.



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Any information provided to NANB is confidential and will only be used for the purpose of determining that the CCP requirements are being met or that remediation is required to assist nurses in meeting the requirements.

Completing the CCP requirements is a continuous process in which learning objectives set in one year may be carried over to the following year. Although nurses are required to document annually how they are meeting the CCP requirements, it is recognized that it is a dynamic process which builds on previous learning plans. For this reason, it is recommended that nurses retain their CCP documentation for a five year period.

Glossary

Advocate: a person who pleads for or who speaks on behalf of another with their consent (for example, a client advocate is a nurse actively involved in care of clients who will inform them of their rights; ensure that they have the necessary information to make informed decisions; support them in the decisions they make and protect and safeguard their interests). An informed decision is one which is voluntarily made by a client after information about actions, available alternatives, and their potential consequences, have been explained. An informed decision assumes that a client is competent and possesses the capacity to make an informed decision related to an issue.

Appropriate Boundaries: the nurse's obligation includes initiating, maintaining and terminating the nurse-client relationship in a timely manner.

Assigns and delegates: there is a distinction between assigning and delegating. Assignment occurs when the required care falls within the scope of practice of the care provider who is receiving the assignment. Delegation of nursing functions occurs when the activity falls outside the care provider's scope of practice.

Client status: a clear, concise statement of a clinical judgment made by a nurse, based on a holistic assessment, including the client's perspective of their health and/or illness responses. Other terms may be used for client status such as nursing diagnosis, nursing phenomenon, clinical judgment, signs and symptoms, client problems, patterns of health, or goals.

Client: for consistency purposes, the term client is used to mean individuals, families, groups, populations or entire communities who require nursing expertise. The term "client" reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant.

Competence: the ability of a registered nurse to integrate and apply the knowledge, skills, judgments, and personal attributes required to practice safely and ethically in a designated role and setting. Personal attributes include but are not limited to attitudes, values and beliefs.

Competencies: the specific knowledge, skills, judgment and personal attributes required for a registered nurse to practice safely and ethically in a designated role and setting.



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Continuing competence: the on-going ability of a registered nurse to integrate and apply the knowledge, skills, judgment and personal attributes required to practice safely and ethically in a designated role and setting. Maintaining this on-going ability involves a continual process linking the code of ethics, standards of practice and life-long learning. The registered nurse reflects on his/her practice on an on-going basis and takes action to continually improve that practice.

Critical thinking: this indicator refers to the problem-solving process of data collection, analysis, synthesis, integer ration and evaluation. In nursing, this is commonly known as the nursing process.

Fitness to engage in the practice of nursing: all the qualities and capabilities of a member relevant to their capacity to practice as a nurse.

Health care team members: includes clients, families, health care providers from different disciplines, other nursing care providers, students, volunteers and any others who may be involved in planning or delivery of care.

Incapacity: means a physical or mental condition or disorder, suffered by a member, of such nature and extent that it is desirable in the interests of the public or the member that she [he] no longer be permitted to practice nursing or that her [his] practice be restricted.

Incompetence: means acts or omissions on the part of a member, in her [his] professional duties, including the care of a patient, that demonstrate a lack of knowledge, skill or judgment, or disregard for the welfare of a patient or patients of a nature and to an extent as to render her [him] unfit or unsafe to practice nursing or to practice nursing without conditions, limitations or restrictions.

Nurse-client relationship: is a helping relationship that is therapeutic in nature, is established to meet the needs of clients, and is based upon trust and respect.

Nursing science: knowledge (for example, concepts, constructs, principles, theories) of nursing derived from systematic observation, study and research.

Professional nursing service: describes nursing practice, and recognizes the four major areas of practice (direct client care, administration, education and research) identified within the practice of nursing and the variety of settings where nurses practice. Depending on the practice setting, one or more of these areas will be the main focus of a nurse's practice. The direct client care role is fundamental to nursing. All other roles within the profession exist to maintain and support clinical practice.

Professional practice problem: a professional practice problem is distinguishable from employment or personal problems in the workplace. Problems of a professional practice nature are identified as any situation in the workplace that: has or could place clients at risk; interferes with a nurse's ability to practice in accordance with the Standards of Practice for Registered Nurses, the Code of Ethics for Registered Nurses, workplace policies, procedures or other relevant standards and guidelines; and is beyond the ability of an individual nurse to resolve.

Professional misconduct: means a digression from established or recognized professional standards or rules of practice of the profession and includes the sexual abuse of patients.



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Reasonable: compared to nurses with similar education and experience and in similar circumstances.

Requirements for continuing competence: Includes a combination of practice hours, assessment of learning needs, and evaluation of learning outcomes.

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Acknowledgements

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