

Executive Summary

Background

The Continuing Competence Framework (CCF) was introduced in 2004 following the enactment of the Health Practitioners Competence Assurance (HPCA) Act 2003. This evaluation research was commissioned by the Council to:

1. explore the validity of the stipulated hours of professional development and days/ hours of practice over a three-year period, as indicators of competence;
2. provide information on the efficacy of undertaking a random audit of five percent of the nursing workforce to meet recertification requirements;
3. document and track the different forms of written evidence that are currently acceptable to the Council to demonstrate competence;
4. identify issues related to peer assessment of competence;
5. develop a framework to enable the Council to complete a further evaluation in five years' time.

Research design and methods

A sequential mixed-methods evaluation was designed to be completed in four phases with each sequential phase serving to inform the basis for the next phase of data collection and analysis.

A literature review was undertaken and three sets of evaluation data were collected. These included:

- a historical review and analysis of the documentation during the development and implementation of the CCF to the present day;
- qualitative interviews with 26 key stakeholders and nurses ; and
- a quantitative survey of 1,157 nurses on the Council's active register.

The results of these three sets of data were triangulated to address the required outcomes for the Council.

Key findings

The Continuing Competence Framework (CCF)

- The overwhelming consensus of key stakeholders was that the CCF is a critical and important mechanism to ensure nurses are fit and competent to practise.
- Seventy-six percent of survey respondents believe the Council's CCF and processes for renewing practising certificates provide the mechanism to ensure nurses are competent and fit to practise .
- There is historical evidence that the development of the CCF was well researched and included extensive consultation with stakeholders.

Research outcomes

1. *Explore the validity of the stipulated hours of professional development and days/hours of practice over a three-year period, as indicators of competence.*

- following a number of consultative processes, the Council made a decision in August 2004 for three indicators of competence: 1. practice hours (minimum of 450 hours/60 days in past three years); 2. professional development (minimum of 60 hours in the past three years); 3. assessment of competence to practise against the Council's competencies for the relevant scope of practice.
- data from interviews and the survey indicate there is general satisfaction with the stipulated hours for professional development and practice.



Recommendations

- Provide on all CCF-related documentation (including the Council website) a clear and consistent definition of what constitutes 'continuing competence' with explicit criteria of how continuing competence may be assessed.
- Revise the criteria and guidelines for the selection of peer assessors.
- Provide peer assessors with guidelines for the 'peer assessment' process in addition to clear and explicit assessment criteria.
- Provide documentation options in hard copy or electronic formats.

Other findings

- It was reported by some interviewees that there was a lack of clarity with regard to the role, responsibility and accountability of the Council, the individual nurse and the employer in terms of ensuring continuing competence to practise and public safety.
- It was reported that some interviewees indicated that there was confusion between the evidential requirements of the CCF recertification audit, PDRP, the evidential requirements of the PDRP and the role of the Council, employers and the individual nurse in this regard.
- Questions were raised with regard to the verification and legal status of the self-declaration on the Application for Practising Certificate form.

Recommendations

- Revise the CCF and Recertification Audit policy documentation to include a clear purpose statement and policy framework principles.
- Improve and make overt the 'public nursing' profile of the Council with regard to its role and responsibility as the regulatory authority for nurses in New Zealand.
- Differentiate and communicate the Council's expectations with regard to the responsibility of individual nurses, employers and the profession in terms of the requirements of the CCF and the HPCA Act 2003.
- Clearly articulate and communicate the Council's role and responsibilities with regard to PDRP.
- Provide a clear and more comprehensive definition of the status of the self-declaration on the Application for Practising Certificate form. Reformat the Application for Practising Certificate form to make the crucial information with regard to the self-declaration more explicit and obvious. Clearly articulate the penalties for providing false and misleading information on all documentation related to the CCF.

A detailed summary of research findings is provided at the conclusion of each research phase in chapters two, four, five, six and seven.



- nurses were asked to rank the indicators which they believed provided the best evidence of continuing competence to practise. The indicator of competence to practise ranked 'best' by 52% of respondents (n = 470) was the combination of the self-declaration, evidence of practice hours and evidence of ongoing professional development.

2. *Provide information on the efficacy of undertaking a random audit of five percent of the nursing workforce to meet recertification requirements.*

- Five percent of nurses renewing their practising certificates annually are randomly selected for individual recertification audit. This figure is pragmatic, as no single piece of evidence exists to prove it is a valid representation of the New Zealand nursing workforce. However, statistical findings from the recertification audits conducted over the past five years suggest that the five percent measure is appropriate and effective.
- Recertification audit is generally considered by respondents to be an important quality indicator that provides a measure of validity and reliability to the CCF.

3. *Document and track the different forms of written evidence that are currently acceptable to the Council to demonstrate competence.*

- The current documentation provided to nurses selected for recertification audit was examined. The interviews identified a number of quality improvement issues with regard to access to recertification audit documentation, guidelines and submission and assessment of audit materials.
- Issues were identified with regard to the validity and reliability of the self-declaration, self-assessment, peer assessment and assessment of Council evidence for the recertification audits.

Recommendations

- That the CCF documentation available to nurses is revised to provide more explicit and detailed guidelines with regard to CCF evidential requirements, assessment processes, recertification audit process including timeframes for the recertification assessment and notification of the outcomes of the audit.
- Explore the potential to provide recertification audit material and guidelines in both hard copy and electronic formats, with the provision for participants to enter data directly onto electronic forms.
- Investigate a system of electronic submission recertification audit data.
- Develop a system of electronic tracking of recertification audit documents, accessible to nurses who are participants in the audit process.
- Instigate a clear internal moderation process to improve inter-rater reliability and transparency of audit processes.

4. *Identify issues related to peer assessment of competence*

- The nurses selected for the recertification audit are required to complete two of the following forms of assessment: self, peer or senior nurse. There is a lack of clarity and some confusion in regard to the required standard for assessment of competence.
- In response to a question about whether survey respondents had ever been asked to be a peer assessor, 21% of the overall respondent group indicated they had been a peer assessor. Of the peer assessor group, 25% indicated they were not provided with information about process, 18% were not provided with documentation about the scope of practice, 10% were not provided with assessment forms, 6% indicated their assessment was not based on evidence, and 14% did not discuss the assessment with the colleague they assessed.

