

# COMPETENCE TO PRACTICE

Professor Mary Chiarella



Professor Chiarella outlined her presentation to participants saying she wanted to cover professionalism and professional regulation for nurses and midwives; the elements of professional regulation; the question of continuing competence; and the interface between regulation and workforce.

Professor Chiarella explained that a profession is an occupation whose core element is work based on the mastery of a complex body of knowledge and skills. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society.

Professional regulation, Professor Chiarella said, is where a profession regulates itself. The profession decides, among other things:

- who should enter the profession,
- what attributes those who enter might have (aged of entry, physical and mental wellbeing, fitness to practice, educational qualifications, language proficiency, criminal record checks etc),
- how they might properly conduct themselves as members of that profession, and
- what criteria would need to be breached in order for them to be excluded from the profession.



The four elements of profession regulation are registration (registration standards, endorsements); codes and guidelines (codes of conduct and ethics, competency standards, professional guidelines); accreditation (curriculum standards, course guidelines, site reviews and inspections); and complaints and notifications (performance, impairment, professional misconduct).

Nursing and midwifery course accreditation, Professor Chiarella noted, has customarily been undertaken by jurisdictional registration bodies. The WHO however makes the point that: *the legal framework must secure the autonomy of the accreditation system and ensure the independence of its quality assessment from government* (WHO 2005 p.4). Accreditation bodies are increasingly being set up that are completely separate from the registration body. The accreditation body sets the standards for courses and programs leading to entry to the professions and for post-registration or specialist programs where appropriate. These standards are developed and agreed by the education providers and key professional stakeholders and in this way, can clearly be seen to be an arm of professional self-regulation.

Continuing professional development (CPD) is another aspect of self-regulation and is becoming a mandatory requirement for renewal of practising license in many countries. CPD is a means of ensuring that health professionals keep up to date with current knowledge and trends in health care. CPD provides for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered.





However it is difficult to determine how CPD can assure competence. For example, is there any link between a person who attends a lot of lectures and a person who is competent? Clearly there are people who do complete their requisite CPD but still are found to be unsafe to practise.

### Assessment of Competence

<p><b>Sufficient CPD</b></p> <p><b>Competent</b></p> <p><b>No problem</b></p>	<p><b>Insufficient or no CPD</b></p> <p><b>Competent</b></p> <p><b>No problem: they will get picked up but they are not dangerous.</b></p>
<p><b>Sufficient CPD</b></p> <p><b>Not competent</b></p> <p><b>Problem: will not get picked up as meets renewal requirements but is not safe</b></p>	<p><b>Insufficient or no CPD</b></p> <p><b>Not competent</b></p> <p><b>Potential problem but should be picked up because of lack of CPD.</b></p>

Just because a health practitioner performs competently during one assessment of competence, does not mean they will perform competently the next time they undertake the same skill. I might bake a perfect cake today and burn one tomorrow. I might drive my car well today but have an accident tomorrow.

### Competency Awareness Matrix

<b>AWARE they are competent</b> 	<b>AWARE they are <u>in</u>competent</b> 
<b>UNAWARE they are competent</b> 	<b>UNAWARE they are incompetent</b> 

Professor Chiarella said that perhaps the important aspect of CPD is not necessarily the assurance of competence, but rather a heightened sense of self-awareness of risk and the ability to reflect on competence. Reviewing our practice against competency standards or relying on CPD cannot guarantee that we will always be competent. But then nothing can. It is perhaps more important that we are aware of our limitations and strengths and are able to measure these against the requirements of a given situation and that we are **aware** of our level of competence or incompetence in any given situation.

In relation to the interface between regulation and the workforce, Professor Chiarella said that while governments should take an interest in the provision of health services and are aware such services are not possible without an adequate workforce, too much government interference (eg: the most workers at the lowest cost) can cause conflict with regulators. One of the difficulties in regulation is that regulators have the protection of the public as a primary concern. This may require setting standards that a government in search of a workforce might think are too high or too exclusionary. Conversely, when professional regulation legislation makes specific provision for government oversight and right of veto, this may make a mockery of the advice of educators or the concerns of regulators.

Professor Chiarella concluded her presentation by saying that professional regulation is more than the registration of health professionals. It consists of four key elements: registration; codes and guidelines; accreditation; and complaints and notifications; that together are designed to protect the public from unsafe practitioners. Professional regulation is however a key element of professionalism as it is one of the ways in which the public bestows its trust and confidence in nurses and midwives as health professionals.



Ghana delegates



Trinidad and Tobago delegates



Jamaica delegates



Bahamas delegates



Namibia delegates