



Continuing Competence Program (CCP) – Background and Rationale

Introduction and Background

As outlined in Alberta's *Health Professions Act (HPA)*, Health Colleges are required to establish and maintain a CCP in which regulated members must participate. Having regulated members engage in continuing competence activities is one critical way in which ACSLPA fulfils its mandate to ensure its members meet minimum competence requirements to practice, and to protect the public.

This report was developed to introduce ACSLPA regulated members to the College's new and revised CCP, so that they can gain an understanding of the rationale for the changes to the program and obtain a broad overview of the new CCP requirements.

ACSLPA's current CCP has been in place since 2007, with the external feedback component added in 2015. The program consisted of the following elements:

- Goal setting/learning plan – required annually,
- Learning activities/goal reflection – required annually,
- Self-assessment – required every 3 years,
- External feedback – required every 3 years, and
- Audit – completed annually on 10% of member CCP submissions.

The Drive for Change

The CCP has historically been resource-intensive for both regulated members and ACSLPA staff. The previous version of the CCP was often confusing to members, particularly regarding due dates for self-assessment and external feedback. Questions during renewal were frequent, focusing on both the content (what to do) and operationalization of the program (how to do it).

In 2019, the Competence Committee was tasked with reviewing and updating the CCP to make it more meaningful to members and to ensure that the resources to support the program were commensurate with the benefit to members.

Changes to the CCP were also driven by legislative change. In 2020, the Government of Alberta announced amendments to the *HPA* via Bill 46, which requires the establishment of a CCP within the College's *Standards of Practice* which:

- Must provide for regulated members or categories of regulated members to maintain competence and to enhance the provisions of professional services by participating in a program for self-directed professional development, and
- May provide for practice visits, examining, interviewing or other competence assessment of the regulated members or categories of regulated members.

Given the legislative requirements and the knowledge that the CCP can be improved to better serve members and the College, ACSLPA staff and competence committee members have worked to remain current on leading practices related to continuing competence. Professional development opportunities related to continuing competence for staff and the committee were undertaken, which laid a foundation for the revised program. Key activities included:

- Attendance at workshops hosted by the Continuing Competence Interest Group (CCIG) (an interest group under the Alberta Federation of Regulated Health Professions),
- Comprehensive literature reviews (see References),
- Numerous competence committee meetings and independent work by staff and committee members, and
- Consultation with other regulatory colleges.

Key Messages from the Literature

Since the time that the College's CCP was first introduced in 2007, the literature on continuing competence has evolved. There is less evidence to suggest that the College's current CCP supports or enhances members' competence to practice. Currently, the evidence on continuing competence focuses on 'competence drift', or a decline in competence over time. The current program does not allow for the identification of members most at risk for competence drift and therefore does not enable the provision of supports to members who may fall below competency requirements.

The key messages from the comprehensive literature review by ACSLPA staff include the following:

Insufficiency of Self-Assessment

Eva and Regehr (2013) indicated that professionals' self-perceptions can be selective and limited during self-assessment. Professionals tend to be reliant on their own insight into their capabilities, without considering the benefit of feedback from others. Thus, professional may not naturally use high quality data to inform themselves for self-assessment purposes.

Lockyer et al. (2011) noted that for professionals to seek out information and evaluate their own performance, they need a "supportive environment that facilitates self-questioning, self-assessment, and benchmarking" (p.e119).

The Importance of Engagement and Peer Feedback

Eva and Regehr (2013) noted that feedback from peers that is focused on improved performance and that is delivered respectfully while prioritizing the best interests of the individual is effective in supporting competence to practice, while Lockyer, et al. (2011) noted that "physicians may benefit from regular and routine feedback and guidance on how to seek out data for self-assessment" (p.e113).

Austin and Gregory (2019) found that disengagement of professionals was a factor in drifting away from competence. Results of their study "pointed to the impact of regulatory policies, practices, and assessment systems that may actually inadvertently contribute to this disengagement" (p.45).

The Importance of Risk Factor Identification

Kain et al. (2019) defined a risk factor as an influence associated with poorer (or riskier) performance and defined a support factor as an influence associated with supporting stronger performance. They noted, as an example, that competence can be maintained in older physicians (age being a risk factor) through the support of maintaining engagement and having opportunities for feedback.

Austin and Gregory (2019) described competence as a process, on a continuum rather than as a binary construct (competent or not competent). These authors noted that one is more likely to 'drift' away from competence with influence from risk factors in the absence of supports. Awareness of these factors can allow the professional to mitigate and manage potential drift from competence.

A review report by the Health & Care Professions Council (2015) concluded that engagement with peers can impact competence and practice. This report stated that "identifying triggers for disengagement (risks) was possible in environments where a culture of no blame was encouraged, where professional networks were strong and where managers were offering support for staff" (p.45). Furthermore, this report noted that that small problems can easily turn into big problems without proper support and promoted identifying barriers for reporting small problems (risks). It was also noted that professionals should be able to access guidance without judgement or disciplinary consequences, and that professional networks were found to be important in "retaining competency and in improving practice" (p.46).

Environmental Scanning

Competence programs for the College of Physicians and Surgeons of Alberta (CPSA), The Alberta College of Pharmacy (ACP), the College of Speech and Hearing Health Professionals of BC (CSHBC), and the College of Audiologists and Speech Language Pathologists of Ontario (CASLPO) were reviewed as part of revising ACSLPA's CCP. Collaboration with these colleges is ongoing.

The most significant similarity between these programs is the promotion of practice reviews and site visits as an opportunity for education and support for the members. There is emphasis on developing supportive trusting relationships between the assessors and the members under review. Confidentiality is a crucial component to developing this trust; information regarding the practice review/on-site visit is not shared with employers or other members.

Each program includes screening for risks (risk assessment) and a progression to a practice review or site visit if required. Other factors of note are as follows:

- Practice reviews begin with reviewing charts to identify any gaps in competence. It was noted by CPSA and CPA representatives that most often a chart review is all that is required. Chart reviews are done remotely, and members can choose their charts, however, if the selected charts appear homogeneous or simplistic the assessor will request more.
- All colleges use consistent rubrics to score/evaluate each section of the audit process.
- All colleges use a supportive approach and remediation plans are developed and provided. A complaints process is not initiated unless the member does not engage with the assessor and is non-compliant with remediation plans. Those few members who do not engage with a remediation process may have conditions placed upon their practice permits. This consequence has a motivating effect on most members. It was noted by all the college representatives we spoke to that very few members need intensive remediation or conditions placed on permits.
- The assessor may determine remediation plans. For CSHBC minor recommendations are addressed by the assessor. The assessor notes what is required and what needs to be done and the member is expected to comply. Major infractions are referred to a panel to address. The panel uses the assessor's report to develop a plan which is then sent to the registrant. This is intended to save the integrity of the assessor/member relationship so the assessor can go back later for follow up. Remediation plans can include coursework, corrections to clinical practice or equipment, or in very few cases, a practice supervision.
- All colleges reviewed use paid screeners and assessors. The screeners and assessors are recruited, interviewed, hired, and trained by college staff. Assessors are from the same profession as the members.
 - CSHBC tries to ensure that the same assessor works with the same member for any required follow-up. Assessors are paired with members barring any conflict of interest from either side.
- Paid screeners and assessors receive standardized training by college staff.
 - CPSA's training program includes conducting practice chart reviews and creating discussion to promote consistency.
 - ACP use role playing in their training process. Assessor training includes confidentiality, client consent, expectations, rubrics, report writing, role playing, and building positive rapport with members. Assessors are expected to present the practice review as an educational opportunity and to communicate supportively to reduce anxiety and defensiveness.

Revised Program Elements

ACSLPA's literature review and environmental scanning of other regulatory Colleges revealed the importance of the following in maintaining or enhancing competence:

- Continuing education and learning,
- Engaging and dialoguing with peers, colleagues, or supervisors,
- Being able to identify risks to competence,
- Having supports in place to mitigate known risks, and
- Psychological engagement and investment in one's profession.

Based on the above, the CCP was revised with goals to **encourage** members to think about the real and potential risks to their own competence, **engage** members in maintaining and enhancing their competence, assess members' competence, and **support** members who are experiencing or at risk of competence drift. The CCP is designed so that evaluators spend as much or as little time with a member to positively provide only the appropriate amount of support/guidance/mentorship that is required.

This [table](#) provides a comparison of the components of the current CCP versus the revised program.

ACSLPA aims for a transparent, objective, and just process within all aspects of the CCP. It is ACSLPA's intention that the CCP is positive, supportive, and provides mentorship and coaching. Every member will have a fair opportunity to meet the requirements at all stages of the process can expect to be provided with all information and direction required to complete their CCP submissions.

CCP submissions will continue to be implemented through the member portal. The structure will provide members with more checklists and continue to include text boxes for required written details. Text boxes will have improved scaffolding (questions) to help members provide relevant information.

The program includes quality improvement and quality assurance components. This [flowchart](#) provides a broad overview of the College's new CCP program.

Quality Improvement (Maintaining and Enhancing Member Competence)

This is the foundational aspect of the CCP and will be completed by members annually. It forms the basis of the College's goal to encourage, engage, and support members in maintaining their competence to practice. It is composed of three elements – Risks & Supports Profile, Peer Dialogue Reflection, and Continuing Education Activities.

Risks & Supports Profile

This profile replaces the Self-Assessment Tool of the previous CCP. It is designed to promote member understanding of the risks to their competence and to promote the building of appropriate supports to mitigate risks to competence drift. Members will be provided with a list of both risks and supports to competence and will be asked to identify those that apply to them. Members will also have the choice to input risks and supports that are not mentioned in the pre-loaded list. Members will be asked to reflect on the risks and supports identified and describe how they link to their practice.

Peer Dialogue Reflection

This reflection replaces the current CCP's external feedback requirement but will be required annually of all members under the revised program. The revised reflection does not require any action from members' chosen peers for submission. This element is designed to support members' engagement with peers and promotes obtaining feedback from trusted sources about their practice.

The premise of this element is that conversations with peers/colleagues occur frequently, about complex and puzzling situations. Therefore, the peer dialogue that member chooses to reflect on does not have to be formal, prescriptive, or planned, but rather a synopsis of one of those many conversations that happen throughout the year. Members will be asked to describe the peer and situation chosen for reflection. They will also be asked to identify which competence area(s) were impacted as a result of the dialogue, and how the dialogue supported, or could support, their competence to practice.

Continuing Education Activities

Members will be asked to indicate what learning activities they undertook to maintain or enhance their competence. There is no minimum number of continuing education activities required for the practice year. However, members will be asked to indicate which competence area(s) were impacted as a result of their learning, and to describe how their competence was affected.

Quality Assurance (Evaluating and Supporting Competence to Practice)

The quality assurance methods built into the revised CCP are a legislative requirement of Bill 46 and are designed to identify regulated members who are unable to demonstrate competence to practice through their CCP submission, and to provide the necessary support and coaching to meet minimum competence requirements. The College's quality assurance program is not meant to be punitive. It is meant to be proactive in providing support to members to achieve and maintain minimum competence levels, thereby protecting the public by preventing incidents that may result in a complaint.

The quality assurance program has two components – Audit and Assessment.

Audit (Screening)

20% of CCP submissions will be audited annually. Rubrics will be used to objectively “score” each section of the CCP submission. This will determine submissions that require additional follow-up and submissions that do not meet requirements will be referred to Assessment (see below).

In addition, 2-3% of submissions will be screened for completion. Incomplete submissions will receive an audit.

Assessment

The proposed assessment is a streamlined process beginning with an Interview. If concerns persist following the Interview, the member will be referred for a Practice Review, which consists of a Chart Review, and, if needed, an On-site Visit.

The progressive approach for assessment was developed to allow for:

- Adequate assessment of each member's need for support and the provision of only the support that is needed,
- The member to spend as much or as little time with their assessor as is needed to positively provide support, guidance, and mentorship, and
- Minimization of resources and costs of assessment of members, as the percentage of members who require all three levels of assessment is expected to be very low.

Interview

Submissions flagged for further follow up from the audit will be referred for an interview. The interview is the initial stage of assessment and is the least resource intensive. The purpose is to gather further information about CCP submissions flagged by the audit, and to garner a clearer picture of the member's competence. The conversation is intended to be supportive, with coaching and/or education about recommended practice changes provided to members as needed for maintaining/enhancing competence.

Interviews will be completed by paid and trained interviewers who are specifically recruited for the position from ACSLPA membership. Training for interviewers is provided by ACSLPA staff. Rubrics will be used to structure and score the interview and to objectively determine if a practice visit is required.

If the interviewer is satisfied that the member has provided sufficient additional information to determine that they meet minimum competence requirements, or that the member has been given the support required to maintain competence requirements, the member's involvement with the CCP for that practice year is considered complete. If the interviewer has concerns about the member's competence to practice after the interview, the member will move to stage 1 of the Practice Review (Chart Review). It is anticipated that most members will exit the assessment process after the interview.

Chart Review (Practice Review Stage 1)

The Chart Review is the initial stage of the Practice Review. This review will be conducted by paid and trained assessors recruited from the ACSLPA membership, who will receive standardized training and support from ACSLPA staff on conducting chart reviews. The pool of assessors should represent a range of clinical and administrative expertise, in addition to being representative of various practice settings and geographical locations. This will be done to prevent bias or conflict of interest in the chart review process.

Additionally, assessors will use a rubric to determine whether members meet or do not meet requirements for this stage of the CCP. Members will be able to select the charts that they would like to submit for review and will be provided with criteria for submitting charts (e.g., minimum period covered, number of charts, etc.). Chart reviews can be conducted remotely, or on-site as required.

The chart review, like all other aspects of the CCP, is intended to be a positive and supportive experience for the member. Coaching and feedback will be provided during the chart review process as necessary to support the member in their competence to practice. If the member's charts are deemed satisfactory upon review, the member's involvement with the CCP for that year is complete. Members who do not meet the minimum competence requirements of the College as evidenced through their chart review will be referred to the final stage of the CCP, an on-site practice visit.

On-site Visit (Practice Review Stage 2)

The On-site visit is the final stage of the Practice Review and the final stage of the CCP. Consistent with all other elements of the College's CCP Assessment, the practice review is intended to be supportive and educational, with the goal of positively providing support to members to enhance their competence.

The practice visit will be conducted by paid and trained assessors, who are recruited from ACSLPA membership and represent a variety of practice scopes and settings. Members will ideally be matched with an on-site assessor who is familiar with their scope and setting of practice. Assessors may provide support, mentorship, and coaching during the visit, and may recommend a remediation plan for the member being evaluated, as required. ACSLPA staff will review and implement the remediation plan with the member.

Other Considerations

- Members will be expected to participate and engage with assessors and the College, if referred for assessment. In addition, members will be expected to follow through with any recommendations and remediation plans given by assessors.
- Members can expect that confidentiality will be maintained throughout the process and that CCP outcomes will not be disclosed to employers.
- Members will continue to complete the CCP on the “Member Login” portal of the ACSLPA website.
- The CCP will undergo continuous monitoring and evaluation in the initial 1-3 years (and beyond) to ensure that it is performing as expected, i.e., that members are engaged and feel supported throughout their involvement with the program, and that the tools used are sensitive enough for the purpose of correctly identifying members for referral past the audit and into the appropriate levels of assessment.

Timeline for Implementation

The quality improvement components (Risks & Supports Profile, Peer Dialogue Reflection, and Continuing Competence Activities) will be implemented in conjunction with practice permit renewal for 2023. **Therefore, members will be able to begin completing these new CCP elements from October 1st, 2022, when registration renewal opens.** Members will have until the renewal deadline of December 1st, 2022, to complete these three components.

A pilot audit and assessment are expected to take place in 2023, to test the policies and procedures and make appropriate changes in time for the full audit and assessment processes to be implemented in 2024.

References & Resources

- Aijawi, R. & Regehr, G. (2019). When I say Feedback. *Medical Education*, 53, 652-654. doi: 10.1111/medu.13746
- Austin, Z. (2019). Competency and its many meanings. *Pharmacy*, 7(2). doi: 10.3390/pharmacy7020037
- Austin, Z. & Gregory, P. (2019). Learning needs of pharmacists for an evolving scope of practice. *Pharmacy*. 7(4). doi: 10.3390/pharmacy7040140.
- Austin, Z. & Gregory, P. (2019). The role of disengagement in the psychology of competence drift. *Research in Social and Administrative Pharmacy*, 15, 45-52.
- Austin, Z., Gregory, P. & Chiu, S. (2008). Use of reflection-in-action and self-assessment to promote critical thinking among pharmacy students. *American Journal of Pharmaceutical Education*. 72(3). doi: 10.5688/aj720348
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2508711/>
- Committee of Planning a Continuing Health Care. (2010). Redesigning continuing education in the health professions. *Institute of Medicine*. The National Academies Press, Washington, D.C.
https://www.ncbi.nlm.nih.gov/books/NBK219811/pdf/Bookshelf_NBK219811.pdf
- Eva, K., Bordage, G., Campbell, C., Galbraith, R., Ginsburg, S., Holmboe, E. & Regehr, G. (2015). Towards a program of assessment for health professionals: from training into practice. *Adv.in Health Sci Educ*. doi: 10.1007/s10459-015-9653-6
- Eva, K. & Regehr, G. (2013). Effective feedback for maintenance of competence: from data delivery to trusting dialogues. *Canadian Medical Association Journal*, 185(6), 463-464. doi: 10.1503/cmaj.121772
- Eva, K. & Regehr, G. (2008). "I'll never play professional football" and other fallacies of self-assessment. *Journal of Continuing Education in the Health Professions*, 28(1), 14-19.
- Glover Takahaski, S., Nayer, M. & St. Amant, L. (2017). Putting the self back into regulation and awareness: epidemiology of competence to understand the risks and supports to competence. *Post MD Education, University of Toronto. (Presentation at the Alberta Federation of Regulated Health Professions)*.
- Hauer, K., Ciccone, A., Henzel, T., Katsufakis, P., Miller, S., Norcross, W., Papadakis, M. & Irby, D. (2009). Remediation of the deficiencies of physicians across the continuum from medical school to practice: a thematic review of the literature. *Academic Medicine*. 84(12), 1822-1832.
- Hautz, W., Schubert, S., Schaubert, S., Kunina-Habenicht, O., Hautz, S., Kammer, J. & Eva, K. (2019). Accuracy of self-monitoring: does experience, ability or case difficulty matter? *Medical Education*. doi: 10.1111/medu.13801
- Health & Care Professions Council. (2015). *Preventing small problems from becoming big problems in health and care*. <https://www.hcpc-uk.org/globalassets/resources/reports/preventing-small-problems-from-becoming-big-problems-in-health-and-care.pdf?v=636785062220000000>
- Hodges, B. & Lingard, L. (2013). The question of competence: reconsidering medical education in the twenty-first century. ILR Press.
- Kain, N., Hodwitz, K., Yen, W. & Ashworth, N. (2019). Experiential knowledge of risk and support factors for physician performance in Canada: a qualitative study. *BMJ Open*, 9. doi:10.1136/bmjopen-2018-023511

Kruger, J. & Dunning D. (1999). Unskilled and unaware of it: how difficulties in recognizing one's own incompetence lead to inflated self-assessments. *Journal of Personality and Social Psychology*, 77(6), 1121-1134.

Lockyer, J., Armson, H., Chesluk, B., Dornan, T., Holmboe, E., Loney, E., Mann, K. & Sargeant, J. (2011). Feedback data sources that inform physician self-assessment. *Medical Teacher*, 33. doi: 10.3109/0142159X.2011.542519

Mylopoulos, M. & Regehr, G. (2011). Putting the expert together again. *Medical Education*, 45, 920-926. doi: 10.1111/j.1365-2923.2011.04032.x

Rethans, J., Norcini, J., Baron-Maldonado, M., Blackmore, D., Jolly, B., LaDuca, T., Lew, S., Page, G., & Southgate, L. (2002). The relationship between competence and performance: implications for assessing practice performance. *Medical Education*, 36, 901-909.

Sargeant, J., Armson, H., Chesluk, B., Dornan, T., Eva, K., Holmboe, E., Lockyer, J., Loney, E., Mann, K. & van der Vleuten, C. (2010). The process and dimensions of informed self-assessment: a conceptual model. *Academic Medicine*, 85(7), 1212-1220.