

# Continuing Competence in Nursing

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## ISSUE

Patients, families and communities have a right to receive competent nursing care; and, the public has a right to expect registered nurses will demonstrate professional competence throughout their careers. Activities related to identifying and establishing nursing competencies have been the focus of state nursing associations, regulatory boards, educators, professional associations, external stakeholders and individual registered nurses. The purpose of this paper is to clarify the position of the Washington State Nurses Association (WSNA) as it relates to the concept of continuing competency and to propose issues to consider as the profession continues to address continued competence.

## BACKGROUND

Continuing competency is not new to health care, nor is it new to the nursing profession.

The Washington State Nurse Practice Act requires that the profession regulate continued competency. In 1994, the Washington State Legislature passed the following state law:

*RCW 18.79.010: It is the purpose of the nursing care quality assurance commission to regulate the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline. Rules, policies and procedures developed by the commission must promote the delivery of quality healthcare to the residents of the state of Washington.*

In 1995, both the Pew Health Professions Commission

and the Citizens Advocacy Center recommended that States require boards to develop, implement, and evaluate continuing competency requirements to ensure the public can be confident that “health care professionals who demonstrated minimum levels of competence when they earned their license continue to be competent years and decades after they have been in practice.”

Between 1999 and 2003, the Institute of Medicine (IOM) produced several reports addressing issues of medical error, defining six key quality aims for healthcare (safe, effective, patient-centered, timely, efficient, and equitable), emphasizing the need for evidence-based practice, interdisciplinary teams, while also describing core competencies needed for health care professionals. The IOM also recommended the implementation of periodic reexamination and relicensing of health care providers as well as work with certifying and credentialing organizations *to develop more effective methods to identify and take action when providers are unsafe* (IOM, 1999).

In 2006, the National Council of State Boards of Nursing (NCSBN) defined continuing competency as *the ongoing ability of a nurse to integrate knowledge, skills, judgment, and personal attributes to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice.*

Additionally, the Washington State Nursing Care Quality Assurance Commission has continued its work to establish a regulatory model for evaluating nursing competency. Currently, the Continuing Competency Program is emerging with two required components established: Active nursing practice and Completion of continuing education requirements. As stated, *Active nursing prac-*

*tice is the foundation of the requirement for attestation of continuing competency. A second component is the requirement for continuing education. The education hours will be self-selected based on self-reflection of individual practice and identification of areas for improvement (NCQAC, 2009).*

### POSITION

The Washington State Nurses Association believes that the maintenance of continuing competency is the responsibility of the individual nurse.

WSNA believes that nurses from all practice areas must be actively involved in decisions about professional competence determination within their own practice settings.

As a constituent of the American Nurses Association, WSNA supports ANA's belief that competence is definable, measurable and can be evaluated. The concept of continued competency in nursing is presently supported by the ANA Code of Ethics for Nurses and professional nursing standards within the discipline of nursing.

However, WSNA also believes that no single evaluation method or tool can guarantee competence. While several states have mandated continuing education as a measure of competency, research shows that continuing education alone is not sufficient to ensure competency. *Competence is situational, dynamic, and is both an outcomes as well as ongoing process. Context determines what competencies are necessary (ANA, 2010).* WSNA believes that continuing competency is general in nature; thus, measures of competency must be established that are applicable to each nurse specific to their practice site. Continuing competency requires lifelong learning; therefore, it is dynamic and requires ongoing redefinition based on the individual's experience, change in practice setting, and educational advancement. The individual Registered Nurse is responsible to *continually reassess competencies and identify needs for additional knowledge, skills, personal growth, and integrative learning experiences (ANA, 2010).*

WSNA also believes that it is essential that Registered Nurses as a profession control the demonstration and evaluation of nursing's continuing competency. *It is the nursing profession's responsibility to shape and guide any process for assuring nurse competence (ANA, 2010).* Regulatory agencies cannot do this work alone. It must be a collaborative process including individual nurses, employers, educators, professional organizations, credentialing and certification entities, regulatory agencies, and consumers as stakeholders.

Additionally, WSNA believes that employers carry the responsibility and accountability to *provide an environment conducive to competent practice (ANA, 2010).* The competent practice of a Registered Nurse can be impacted by the nature of the work environment. Barriers to competent practice can include, but are not limited to, environmental hazards, organizational culture, and availability of resources.

And, finally, WSNA believes that evaluation of competency requires an integration of personal reflection with feedback from nurse peers, nurses in roles of supervision/coach/mentor, professional colleagues, and patients/clients. Various tools can be utilized that combine objective and subjective data appropriate to the nurse's specific practice setting, role, and desired performance expectations. Methods for evaluation can include, but are not limited to, direct observation, skills labs, certification, peer review, performance evaluations, computer simulation exercises, and patient records.

## ISSUES FOR FURTHER CONSIDERATION

As discussions about continued competency continue, it is important to address the following questions:

1. For continued competency assessment, how will skill mastery, unique practice setting, experience opportunity be measured, and by whom?
2. If peer reviewed, how will similar peers be selected, from what practice areas, how will objectivity and observation periods be determined?
3. Who will incur the cost for nurses to establish and maintain continuing competency programs or methods of evaluation?
4. How will the profession determine competence for those nurses returning to the profession after a hiatus from practice while maintaining licensure?
5. What are the legal ramifications of documenting or not documenting evidence of continuing competency by nurses in the changing technological and health care environment?
6. Will “competence” be used to make individual pay for performance decisions?
7. What resources can be made available to retired nurses in order for them to maintain licensure and be able to document continuing competency, e.g. so they could respond effectively during an emergency/disaster?
8. Given recent research on issues such as fatigue and its implications for practice, how can nurses better assess work performance and competency in relationship to their own personal well-being?

## RECOMMENDATIONS

1. Nurses, including nursing students, need to be educated concerning the ANA Code of Ethics, Scope and Standards of Practice description of nursing’s role in defining, assessing, and responding to issues identified regarding continuing competency.
2. Evidence-based research should continue to be completed addressing measures of continuing competency in relationship to implications for protection of the public and the advancement of the profession.
3. Cost effectiveness of established continuing competency programs should be continually evaluated.
4. Barriers to the ability to maintain or improve competency need to be identified and actions need to be taken to remove such. This may require further policy development and/or legislative approaches to remedy various situations identified.
5. Legal representation should be obtained to ensure competency policies, regulations, and conflicting expectations do not serve as barriers to nurses entering or continuing practice.

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