Proposal

Continuing Competence Program Reporting

1. Rationale

The government has the ultimate responsibility for ensuring that their residents receive quality health care. Departments of Health, through legislation and regulations, have established frameworks to ensure that health professionals provide safe and competent health care services.

Some jurisdictions have legislation and regulations that requires all regulated health professions develop and implement a continuing competence program. Often, regulatory bodies are required to report to government on an annual basis the results of their continuing competence program.

This proposal makes recommendations as to the format and types of information that should be reported to the regulatory Colleges/Associations and governments.

2. Applications and Benefits

If done properly, the annual Continuing Competence Program reports will benefit the government, the regulatory Colleges/Associations and other stakeholders. The reports can be used for:

1. Planning – the information provided can be used for system-wide human resource planning, profession-specific and co-operative program planning, and educational/training planning across professions and as health care teams.

2. Monitoring – the data will enable government and the Colleges/Associations to monitor how well the professions are doing in maintaining and enhancing the competence and performance of their members.

3. Problem identification – the information could serve as an early detection system for possible problems or issues in a profession; the Colleges and/or government can then take steps to investigate and resolve.

4. Resources allocation/sharing – identification of common development needs across professions will allow the government and the regulatory bodies to pool/share their resources and provide more cost-effective solutions.
5. *Comparisons* – if Key Performance Indicators (KPI) are reported (see below), then the Colleges/Associations and the government will be able to do cross-profession comparisons. This will greatly assist in monitoring, identifying problems and barriers, and identifying cross-profession opportunities.

6. *Accountability* – by reporting key information on the Continuing Competence Program, the Colleges/Associations are demonstrating accountability to the government, their members and the public.

### 3. Criteria

Any information provided in the reports must meet the following criteria:

1. *Confidentiality* – the data from completed competency self-assessments must be kept confidential. Data collected by the health professions in the self-assessment process may only be used in an aggregate format wherein the confidentiality of individual data is maintained.

2. *Usefulness* – the data/information provided should facilitate effective policy-making and program development/management decisions by government and the Colleges/Associations.

3. *Affordable* – the data collected must be affordable and require a reasonable amount of effort and resources to compile and report. This is especially important for the smaller health professions.

4. *Timely* – the data must be current and relevant enough that it can be used by policy and administrative decision-makers.

5. *Accessibility* – Aggregate data must be accessible by government, health professions, and other appropriate stakeholders to promote effective decision making at each level.
4. General Information

The Annual Continuing Competence Program Report should include the following general information:

1. **Membership profile** – this section provides current information on the size and changes in the profession. Basic data should include number of members at the end of the year, number of new members, and number of members that did not renew their registrations. Turnover data and age profiles will be useful for human resource planning purposes. Good statistical data could be linked to government manpower planning initiatives as well.

2. **Developmental needs** – from the self assessments of the competencies, and/or the Learning Plans, it should be possible to compile the top 5 to 10 learning needs of their members for that year. These can be further broken down by geographical regions and/or specialty groups.

3. **Professional development** – a general description and overall information on the range and number of professional development activities undertaken by members during the year. This may include College sponsored events (meetings, workshops, annual convention), contracted services, courses and independent study. This data can be collected and summarized from the individual Learning Plans. It may also be useful to monitor the success rates in achieving the learning objectives set out in the Learning Plans. This is a good way to monitor the types of education and competence maintenance occurring and for identifying trends and issues.

4. **Competence monitoring** – self assessment of competencies is an important component of the continuing competence program. However, most health professions feel that regular “auditing” of their members’ competencies is also required. This section of the report would describe the audit process, identify the number of members that were audited that year, and the results of the audits (e.g., number that passed without qualification, numbers that passed with conditions, and any that failed the audit). No names or personal data would be revealed, just numbers and general information.

5. **Challenges and issues** – this section would identify and describe the challenges, issues, problems and obstacles faced by the College and its members related to continuing competency strategies, programs and activities. Some examples may be finding qualified instructors, sourcing appropriate courses and providing professional development services to members in rural and remote areas.
6. **Continuing competence plan** – this would include a status/progress report on the previous year’s continuing competence program. This section would also outline briefly what the College plans to do to address the current and emerging competency needs of its members.

5. **Key Performance Indicators (KPI)**

These are useful for comparisons across the health professions and over time. KPI can be calculated from the data collected and reported in the above described sections of the annual report. Some possible KPI include:

1. **Percent change in membership from previous year** – this is a measure of whether the profession is growing, declining or staying the same. Combined with vacancy and demand data, this KPI can indicate whether any actions are required to ensure an adequate number of professionals are available to meet the needs of the provincial health care system.

2. **Percent turnover** – this could be an indication of the “health” of the profession. If the turnover is high, then further analysis may be required to determine the reasons. Also, high turnover may require attention to increased recruiting and training to fill the vacancies. This data can also tie into government and Regional Health Authorities HR initiatives as they continue to focus on improving the quality of worklife and satisfiers in the workplace.

3. **Percent of members over 55 years of age** – most older workers eventually retire. This KPI is a useful measure for human resource planning. If a significant number of professionals are near retirement, steps must be taken to prepare for replacements. Also, workers nearing retirement may be less interested and inclined to participate in professional development activities.

4. **Average number of professional development activities per member** – this is one measure of the participation level of the members in the continuing competence program.

5. **Average hours of professional development per member** – this would be a rough indicator of extent of professional development of the members. Hours do not necessarily translate into degree of learning. However, this KPI is one measure of the personal commitment, effort and time devoted by members to their continuing competence maintenance and enhancement.
6. **Percent of members participating in career advancement training** – this is the portion of members enrolled in formal programs leading to advanced credentials, degrees, specializations and/or entry into other professions.

7. **Percent of members that were audited on their competencies** – this is a measure of how often, and how comprehensive, the College/Association is monitoring the competence and performance of its members.

8. **Percent of members that passed their competency audit** – ideally, all members would pass their audits. This data would enable to Colleges/Associations and government to assess whether any problems exist, and if they do, what should be done to facilitate ongoing professional development.

### 6. Implementation

The Health Professions Colleges/Associations will be required to submit their annual Continuing Competence Program Reports by March 31 of each year. This will enable government to review the submissions and plan/take any action that may be necessary.

Software (such as [www.competrax.com](http://www.competrax.com)) can be used to collect and analyze the data from the competency self assessments and the Learning Plans. This will allow relatively easy preparation of the Key Performance Indicators. For Colleges/Associations that do not have appropriate software systems in place, then a random sample of the self assessments and Learning Plans will be acceptable to provide the data and calculate the KPI.
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