Update to Best Practices in Competence Assessment of Health Professionals Policy Paper ©

Literature Search

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Purpose of Paper

In March 2004 the College of Registered Nurses of Nova Scotia published a document entitled "*Best Practices in Competence Assessment of Health Professionals*". Since that time development and implementation of competency assessment and continuing competency assessment processes have continued to develop and expand. This paper will serve as a follow-up and supplement to the original paper focusing upon the following aspects:

1. Continuing competence program work by other Canadian provincial and territorial nursing and other health regulators;
2. Continuing competence work internationally;
3. Verification methods for completion of continuing competency programs; and
4. Self-reflective tools used for continuing competency programs.

1. Canadian Continuing Competence Programs

Of the eleven provinces and territories reviewed (excluding Quebec), seven of ten jurisdictions have some form of Continuing Competence Program (CCP), from a self-reflection document to peer or practice review (BC, AB, MB, ON, NS, NW&NU, PEI). One province (SK) will have introduced its CCP by end of 2006 and one by the end of 2007 (NB). Two other provinces and territories (NL and YK) are in the development stage.

Referring to Table 1, there are several commonalities in the composition and delivery of CCPs. The CCPs are all built upon the respective provinces/territories' standards of practice and require 1125 hours of practice within the immediate past 5 years as one continuing competency indicator, in order to continue to qualify to practice. The applicant is required to attest as to whether she/he has completed all the required CCP components on the annual renewal forms by the various jurisdictions.

In a majority of the CCPs, self-reflection and self-assessment of one's practice are required components as well as the development of a learning or self-development plan. In some jurisdictions, the term "self-reflection" is not used as a separate entity, but rather as a descriptor for the self-assessment function, as in "the nurse reflects on her practice to complete the self-assessment component." In other jurisdictions, the "self-reflection" is a formal, independent step, often with a purpose-designed form.

Generally the jurisdictions with CCPs also provide detailed instructions or workbooks in hard copy as well as web-based, to assist their members in completing the necessary

documents, but also to provide explanations as to why such a program has been developed and adopted by their College and Association.
Peer review is also considered a valuable supplemental tool as found in the Programs in PEI, Manitoba, BC, Saskatchewan, Ontario, and Nova Scotia. Peer review has been variously defined by jurisdictions as a "reality check" of the information on the self-assessment, or a way by which the registered nurse can reflect on one's practice. Peer or colleague feedback may be considered as an "umbrella" term encompassing a number of systems such as performance appraisals by supervisors, site observations by peers, or feedback from clients and/or co-workers.[1] Feedback may also be considered from mentors or co-workers in other professions. Peer feedback should be meaningful and directed towards areas of practice that will help the registered nurse grow in her practice. For the most part the processes involved are rather informal: obtaining feedback from a colleague or completing an optional feedback form. Suggestions are given as to how to ask for feedback as well as ideas as to how to provide feedback to another colleague if requested.

The Evaluation aspect is usually completed by the registered nurse herself by reviewing her goals and objectives, and the learning activities she/he undertook to meet them, thus beginning the process of self-assessment again; hence a continuous learning cycle.

TABLE 1: Canadian Continuing Competence Programs - Annual Review Process

** Forms available on the Jurisdiction's website.*

Province/ Territory	Instruct -ions to complet e CCP	Reflective Practice	Self-Assess-ment	Peer Review / Peer Feedback	Learning Plan (Self-Develop-ment)	Self-Assess-ment of learning plan	Audit or Verifica-tion Process	Use of Portfolio/ Professional Profile/ Pocket Journal
ARNPEI		√	√*	√*	√*			
CNO	√*	√*	√	√	√	√	√*	
CARNA	√*	√*	√*	√*	√*	√*		
CRNBC	√		√*	√	√*	√	√	
CRNM	√*	√*	√*	√*	√*	√	√	√*
CRNNS	√*	√*	√*	√*	√*			√*
NANB Fall 2007			√		√	√		
RNANT/NU			√*		√*	√*		√
SRNA	√*	√	√*	√	√*	√*		√

[1] Saskatchewan Registered Nurses Association. (2004). Component 2: Reflective practice. *Registered Nurse Continuing Competence Program Workbook.* Regina, Saskatchewan: Author, 15.

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Several other Canadian health professions are also currently engaged in the development, implementation, and refinement of continuing competence programs. The College of Physiotherapists of Ontario offers a three part Quality Assurance program including: a professional portfolio, a practice assessment through an "onsite assessment", and a practice enhancement – competency improvement initiative that assists registrants for whom concerns about knowledge, skills, judgment have been identified.[2] (The latter component is similar to CNO's Practice Review). The College of Physiotherapists of Ontario conduct on-site assessments by trained assessors as a strategy to provide a "positive learning experience relevant to each physiotherapist's practice." The ability to identify areas of strength and opportunities is thereby promoted.[3] Each year 10% of registrants who are Independent Practice certificate holders and involved in direct patient care, are randomly selected to participate in Onsite Assessment.[4]

Most provincial pharmacy regulatory authorities in Canada have had mandatory continuing education programs in place for many years, and recently, three jurisdictions have implemented formal continuing competence programs. The profession had indicated its support for the establishment of a harmonized national program framework,[5] and thus the National Association of Pharmacy Regulatory Authorities (NAPRA) engaged in the development of a continuing competency assessment program that while maintained nationally, will be used by individual provinces. Work began in 2003 with the aim of implementation of provincial programs by the end of 2006. The model program has been designed to satisfy the specific purpose of ensuring the ongoing competence of pharmacists aim support of the public protection mandate of the licensing bodies. Four separate and distinct instruments are being considered:

- A written or computer-administered knowledge and knowledge application assessment
- Peer and patient assessments;
- Simulated patients and situations administered via an Objective Structured Clinical Examination (OSCE); and
- Analysis of prescription data bases.[6]

NAPRA notes that "specific recommendations cannot be made regarding which instrument should be used as a screen versus which should be used in more in-depth

[2] College of Physiotherapists of Ontario. (2005). *Quality Management Competency Assessment.* Retrieved May 31, 2006 from http://www.collegept.org/college/content/pdf/en/competency_assessment.pdf, 3.
[3] College of Physiotherapists of Ontario. (2005). *Quality Management Competency Assessment.* Retrieved May 31, 2006 from http://www.collegept.org/college/content/pdf/en/competency_assessment.pdf, 3.
[4] College of Physiotherapists of Ontario. (2005). *Quality Management Competency Assessment.* Retrieved May 31, 2006 from http://www.collegept.org/college/content/pdf/en/competency_assessment.pdf, 4.
[5] National Association of Pharmacy Regulatory Authorities. (2003). Purpose of the program. *A Model Continuing Competence Program Framework for Canadian Pharmacists.* Retrieved May 23, 2006 from http://www.napra.org/pdfs/professional/framework/purpose_of_the_program.pdf, 1.
[6] National Association of Pharmacy Regulatory Authorities. (2003). Purpose of the program. *A Model Continuing Competence Program Framework for Canadian Pharmacists.* Retrieved May 23, 2006 from http://www.napra.org/pdfs/professional/framework/program_overview.pdf, 2.

assessments," and thus "pilot projects should be undertaken to provide data upon which these decisions should be based."[7]

One of the provinces that have a mandatory continuing education program in place is the Prince Edward Island Pharmacy Board, which began the development of a competency assessment program framework beginning in 2003. The Board implemented a "Learning Portfolio" to represent a collection of evidence maintained by the individual to document her/his learning. It contains similar types of items as previously noted in the Nursing Portfolio or Profile. Two forms are provided: a "Learning Project Record" form to document both accredited and non-accredited learning projects, while the "Professional Development Log" is to record all professional activities – again both accredited and non-accredited.[8]

Generally, from the literature search, health professions other than nursing are on a parallel course towards the use of continuing competency programs to meet the public's increasing demands for accountability of a professional's competence and to fulfill regulatory requirements of public protection and safety.

2. International Continuing Competence Programs

In most countries around the world, the concept and provision of continuous professional development is gaining increasing importance.[9] Learning is undertaken by reflective practice with self-directed learning, professional self-awareness, and an inquiry-based concept of professionalism.[10] The Citizen Advocacy Center (CAC) is a support center for American public members who serve on health regulatory boards and governing bodies as representatives of consumer interest. It is s not-for-profit organization created to serve the public interest by providing research, training, technical support, and networking opportunities.[11] Over the next decade the CAC envisions a destination where all health professionals periodically demonstrate their competence through one of a variety of acceptable methodologies. [12] Routine periodic assessment, development and

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[7] National Association of Pharmacy Regulatory Authorities. (2003). Purpose of the program. *A Model Continuing Competence Program Framework for Canadian Pharmacists.* Retrieved May 23, 2006 from http://www.napra.org/pdfs/professional/framework/program_overview.pdf, 2.
[8] Prince Edward Island Pharmacy Board. (2004). Letter to Members: *PEI Pharmacy Board's Professional Development Log*.. Retrieved May 23, 2006 from http://www.napra.org/pdfs/provinces/pe/LPintro.pdf, 2.
[9] Fleet, L., Kirby, F., Cutler, S., Dumikowski, L., Nasmith, L. & Shaughnessy, R. (2004). Continuing professional development (CPD) & social accountability: A review of the literature. *Issues of Quality and Continuing Professional Development: Maintenance of Competence.* Ottawa, Ontario: Primary Health Care Transition Fund, Health Canada, 2.
[10] Fleet, L., et al. (2004)., 3.
[11] Citizen Advocacy Center. (2004). Road map to continuing competency assurance. *Maintaining and Improving Health Professional Competence.* Retrieved May 31, 2006 from http://www.cacenter.org/ExecSummRoadmapCAC0304.rtf.
[12] Citizen Advocacy Center. (2004), iii.

implementation of a personal plan, documentation and demonstration/evaluation of competence are some of the necessary signposts along the route.[13]

The National Council of State Boards of Nursing (NCSBN) reported that the most common continued competence requirement for nursing licensing boards is continuing education, which is required by almost 50% of the nursing boards. Twelve boards require specific subject matter as part of licensure maintenance. Other approaches include the requirement of a specific number of practice hours, or a nursing refresher course if the nurse has been inactive and seeks to return to practice (similar to Canada).[14]

Effective July 2006, North Carolina requires a self-assessment of practice, development of a learning plan, identification of one or more objectives consistent with the dimensions of practice, and the selection and implementation of a learning activity option as specified in their regulations. By 2008 their members must have to complete 1 of a number of educational options including, for example, certification/recertification, 30 contact hours directly related to the nurse's practice, authoring a paper, or development of an educational presentation.[15] Kentucky is currently moving towards an annual renewal process wherein nurses are offered a range of options to fulfill their continued competency requirements. While fifteen hours must be 15 educational contact hours, the other 15 hours may be a combination of an employee evaluation, publication of a nursing related article, serving as a clinical preceptor among other choices.[16]

In Australia, continuing competence and recency of practice have been closely linked with nursing legislation, but with variations. While most states require nurses to have practised within the last 5 years to be "competent", one state's act does not even mention the necessity of providing evidence of continuing competence prior to re-registration.[17] None of the Acts address the issue of continuing competency beyond the assumption that if the nurse is currently practising, she/he must be competent.[18] But recency of practice is only one indicator of competency, however. Additionally, none of the Acts specifically address the issue of indicators of continuing competence. [19] It is being recommended that a national research program: assess current competency standards and regulation in nursing practice; examine the potential to utilize systems drawn from other professions; and work towards the development of common legislation related to recency of practice.[20] Thus, while Australia has been an international leader in competency-based

[13] Citizen Advocacy Center. (2004), iii.
[14] National Council of State Boards of Nursing. (2005). *Meeting the Ongoing Challenge of Continued Competence.* Retrieved May 31, 2006 from www.ncsbn.org/pdfs/continued_comp_paper_TestingServices.pdf.
[15] North Carolina Board of Nursing. (2006). *Continuing Competence.* Retrieved May 30, 2006 from www.ncbon.com/prac_contcomp.asp, 1.
[16] Spurr, P. (2004). Competency – Are you exercising all your options? *Kentucky Nurse*. Retrieved May 30, 2006 from www.findarticles.com/p/articles/mi_qa4084/is_200410, 1.
[17] Pearson, A., Fitgerald, M., Walsh, K. & Borbasi, S. (2002). Continuing competence and the regulation of nursing practice. *Journal of Nursing Management, 10*, 360.
[18] Pearson, A., Fitgerald, M., Walsh, K. & Borbasi, S. (2002), 360.
[19] Pearson, A., Fitgerald, M., Walsh, K. & Borbasi, S. (2002), 360.
[20] Pearson, A., Fitgerald, M., Walsh, K. & Borbasi, S. (2002).

performance measurement, they too are struggling with how to undertake the measurement of continuing competency.

The Nursing Council of New Zealand circulated a consultation document on draft continuing practice competencies to its members in 2004. The competencies are what would be expected of a nurse, assuming that a minimum level of competency would be achieved at the end of the first year of practice.[21] A continuing competence framework has been developed wherein the nurse must meet 3 aspects to maintain competence: practice hours (60 days or 450 hours of practice and 60 hours of professional development; maintain a record of her/his professional development hours; and if one of the 5% of the nurses selected annually at random to be audited, submit (in addition to the first 2 components), a self-assessment, a senior nurse assessment or performance appraisal, or peer review/evidence of involvement in peer review activities.[22]

Finally, in the U.K., evidence indicates that the responsibility for continued competence lies very much with health professional regulatory bodies.[23] The Royal College of Nursing states that one of the challenges among others, for the future of professional self-regulation is setting standards for continuing competence.[24]

3. Audits and Verification Methods

Ontario's "Practice Review" is by far the most in-depth process of auditing or verification of practice by a Canadian nursing regulatory body. A computer-generated random sample is determined and once selected, the nurse is required to participate, but will then, will be excluded from such further reviews for the next 5 years when the review is successfully completed.[25] If learning needs are identified through the Practice Review, then the nurse participates in a third step: wherein a Quality Assurance Committee may recommend or direct the member to complete remedial activities.

Although it is anticipated that most registrants re-applying for license will fulfill the continued competence obligations through good-faith, there is a need to formally demonstrate that jurisdictions are meeting their regulatory obligations to protect the public and their health safety. British Columbia randomly audits 1500 practicing registrants each fall. The purpose of the audit is to "monitor registrant compliance with

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[21] Clark, M. (2004). D*raft Continuing Practice Competencies for the Nurse: Consultation Document.* Retrieved May 30, 2006 from www.nzno.org.nz/site/submissions/post/standards_and_competencies.aspx, 1&2.
[22] Nursing Council of New Zealand. (2005). *Standards for Competence Assessment Programmes.* Retrieved May 30, 2006 from www.nursingcouncil.org.nz/contcomp.html, 2&3.
[23] Bryant, R. (2005). *Issue Paper: Regulation, Roles and Competency Development*. Retrieved May 30, 2006 from www.icn.ch/global/Issue1Regulation.pdf, 21.
[24] Bryant, R. (2005), 37.
[25] College of Nurses of Ontario. (2005). Practice review guide. *Competency Review Tool for Nurses in Direct Practice.* Toronto, Ontario: Author, 3.

the continuing competence program".[26] Registrants selected are asked to provide information related to their practice hours and personal practice review. Audit completion is mandatory and if the audit is outstanding at renewal time, the registrant is issued a three-month conditional registration to allow further time to meet the requirements. If no completed audit is then submitted, the registration is converted to non-practising status. Registrants will not be audited more than once in a five year period.[27] Manitoba also has an auditing process requiring registrants to retain all continuing competency materials (e.g. educational workshops) for a period of five years. In addition, Manitoba has a standing Continuing Competence Auditing Committee whose mandate is to "review continuing competence materials and make recommendations as part of the annual audit".[28] With the exception of Ontario, the auditing processes really only queries the compliance with the continuing competence components of the jurisdiction's requirements, rather than the significantly more difficult and controversial aspect of auditing the person's actual practice competence.

Other provinces are considering an audit or verification method, such as Saskatchewan, which has indicated that "once the program is fully implemented (by 2007 for the 2008 registration year), audits will be completed annually (type of audit not specified)."[29] Generally however, the literature is silent on the verification aspect of a nurse's competency statements and claims; perhaps because of the intricacies and costs associated with an auditing process.

A review of a variety of other nursing associations' and boards' auditing processes for continued competency verification highlighted essentially the same aspects and processes as those currently in place throughout Canadian jurisdictions – all primarily based on self-reporting. The Nursing Council of New Zealand also undertakes a random, mandatory audit process requiring nurses to retain evidence of their continuing competence. A New Zealand nurse may be except from the audit process if she/he:

- has participated in an approved professional development and recognition programme, or;
- has become registered within the last 12 months; or
- has completed an approved competence assessment programme in the last 12 months; or
- has been audited within the last three years; or

[26] College of Registered Nurses of British Columbia. (2005). Continuing competence requirements for renewal of practising registration. *Fact Sheet.* Retrieved May 23, 2006 from www.crnbc.ca/downloads/340.PDF, 2.
[27] College of Registered Nurses of British Columbia. (2005). Continuing competence requirements for renewal of practising registration. *Fact Sheet.* Retrieved May 23, 2006 from www.crnbc.ca/downloads/340.PDF, 2.
[28] College of Registered Nurses of Manitoba. (2005). *Annual Report.* Retrieved June 24, 2006 from http://www.crnm.mb.ca/downloads/annualreport05.pdf, 7 & 10.
[29] Registered Nurses Association. (2004). *Registered Nurse Continuing Competence Program Workbook.* Regina, Saskatchewan: Author, 2.

- has been issued with an interim practising certificate because she/he declared that the continuing competence requirements had not been met. [30]

The Nurses Board of Australia also randomly audits 5% of its registrants annually to provide "satisfactory evidence of continuing professional competence". If it is found that insufficient evidence has been supplied to confirm competence, then the member is advised in writing to submit additional evidence. [31] Such evidence may include: completion of professional development activities; a recent satisfactory performance appraisal with a statement of competence from the nursing employer (if employed), evidence of peer review, or any other evidence of continuing professional competence.[32] The difficulty with these international efforts, as well as examples from Washington State Nurses Association, Kentucky Board of Nursing, or Nursing Board of Tasmania, (as well as most of their Canadian counterparts) is, again, one of self-disclosure based on the honour system; there is no independent, arms-length assessor process, person, or committee involved in the verification of the information submitted by the registered nurse. One interesting observation is that of the several continuing competence audit programs noted, many have been designed for advance practice nurses or nurse practitioners rather than for general practice registered nurses.

4. Self-Reflective Tools

> "Systematic, deliberate, and focused-self-reflection is an under-valued tool for enhancing individual accountability for continued competence. Used as a tool for professional development it can be a potent form of critical thinking and is the most solid basis for improving quality practice."[33]

When practitioners take responsibility for self-assessment they are motivated to actively engage in self-improvement with less resentment. Self-reflection can therefore build self-respect, self-confidence, and pride in performance, rather than focusing on a perspective of personal shortcomings. [34]

The use of a Portfolio/Professional Profile/Pocket Journal is one such tool to augment the self-reflection process. It is currently supported by approximately half of the Canadian jurisdictions as a part of their CCP. The Professional Profile is described as a "tool that helps nurses reflect upon and most importantly value their experiences, learning, and accomplishments." It is an organized collection of information to verify the learning in

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[30] Nursing Council of New Zealand. (n.d.). *Information Sheet.* Retrieved June 24, 2006 from http://www.nursingcouncil.org.nz/info%20audit%20March%202006.pdf, 1.

[31] Nurses Board of Western Australia. (2004). *Guidelines for Demonstration of Continuing Professional Competence.* Retrieved June 24, 2006 from http://www.nbwa.org.au/cpRoot/414/2/Guidelines%20for%20Dem%20of%20Cont%20Prof%20Comp.pdf, 2-3.

[32] Nurses Board of Western Australia. (2004), 2-3.

[33] Lenburg, C.B. (2000). Promoting competence through critical self-reflection and portfolio development: The inside evaluator and the outside context. *Tennessee Nurse. 63* (3), 14.

[34] Lenburg, C.B. (2000), 14.

which a nurse has participated and is self directed."[35] It may also be considered as "a repository for historical information about one's career….a place to store important papers that helps to determine the professional career path one has taken."[36] Common elements that are considered as part of a Portfolio or Professional Profile are flexible and varied, and may include but are not limited to: a current resume, transcripts of formal educational courses, diplomas, degrees, certificates, publications authored, awards and prizes, thank-you letters, business cards, samples of work, job descriptions, among other documents.

The Portfolio is also used as a tool to assist in documenting and retaining the RN's learning activities – which are required to be retained for varied lengths of time, up to as much as 5 years by Alberta.[37] The Portfolio may be in the form of hard copy, filed in a binder, or stored in an electronic file, depending upon the requirements and wishes of the nurse.

Ontario has another unique component to its QA Program – A "Practice Setting Consultation Program" that is a voluntary, self-directed six-step, quality improvement consultation process. The Program was designed to assist nurses and nurse leaders to collaboratively identify, prioritize, and develop plans to effect system improvements to enhance nurses' ability to deliver quality nursing services.[38]

Ontario also offers a "Competency Review Tool" that assists direct-practice nurses to prepare for the Practice Review component. By completing the Tool nurses are able to assess their knowledge of the competencies essential for safe, effective and ethical nursing practice. The Tool assists nurses to reflect on their practice and how to prepare for the Practice Review.[39]

Conclusion

> "Continuing competence contributes to the quality of nursing practice. Continuing competence enables nurses to base their practice on the most recent and strongest evidence necessary to produce high quality client outcomes, assist in preventing poor practice, and protect the public."[40]

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[35] Saskatchewan Registered Nurses Association. (2004). Component 2: Reflective practice. *Registered Nurse Continuing Competence Program Workbook.* Regina, Saskatchewan: Author, 4.
[36] Bell, S.K. (2001). Professional nurse's portfolio. *Nursing Administration Quarterly, 25* (2), 69.
[37] Alberta Association of Registered Nurses. (2001). *Guidelines for Portfolio Development.* Retrieved June 16, 2006 from http://nurses.ab.ca/Archived%20%20Pages/Portfolio%20Dpmt%20Guidelines.pdf, 1.
[38] College of Nurses of Ontario. (2005). Practice review guide. *Competency Review Tool for Nurses in Direct Practice.* Toronto, Ontario: Author, 1.
[39] College of Nurses of Ontario. (2005), 3.
[40] Canadian Nurses Association. (2005). Promoting continuing competence for registered nurses. *Joint Position Statement.* Retrieved May 23, 2006 from http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS77_promoting_competence_e.pdf, 2.

While the Canadian nursing regulators have demonstrated commitment to competence assessment demonstrated through the programs that have been established to date, there is less consistency with respect to development of continuing competence programs. Several of the provinces and territories have a variety of components composing their CCP's (self-assessment, reflective practice, peer feedback, learning plan, evaluation, portfolio), but very few have programs include an auditing or verification method to date.

References
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Alberta Association of Registered Nurses. (2001). *Guidelines for Portfolio Development.* Retrieved June 16, 2006 from http://nurses.ab.ca/Archived%20%20Pages/Portfolio%20Dpmt%20Guidelines.pdf

Association of Registered Nurses of Prince Edward Island. (2006). *Continuing Competence Program.* Charlottetown, Prince Edward island: Author.

Bell, S.K. (2001). Professional nurse's portfolio. *Nursing Administration Quarterly, 25* (2), 69-73.

Bryant, R. (2005). *Issue Paper: Regulation, Roles and Competency Development*. Retrieved May 30, 2006 from www.icn.ch/global/Issue1Regulation.pdf.

Canadian Nurses Association. (2005). Promoting continuing competence for registered nurses. *Joint Position Statement.* Retrieved May 23, 2006 from http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS77_promoting_competence_e.pdf, 1-4.

Citizen Advocacy Center. (2004). Road map to continuing competency assurance. *Maintaining and Improving Health Professional Competence.* Retrieved May 31, 2006 from http://www.cacenter.org/ExecSummRoadmapCAC0304.rtf.

Citizen Advocacy Center. (2003). *Demonstrating Continuing Professional Competence: A National Summit to Develop Strategies for Assuring that Health Care Professionals Remain Competent Throughout Their Careers.* San Francisco, California: Citizen Advocacy Center.

Clark, M. (2004). *Draft Continuing Practice Competencies for the Nurse: Consultation Document.* Retrieved May 30, 2006 from www.nzno.org.nz/site/submissions/post/standards_and_competencies.aspx, 1-4.

Clark, M. (n.d.) *The Council's Audit Process.* Retrieved June 24, 2006 from http://www.nursingcouncil.org.nz/The%20audit%20process.pdf.

College of Licensed Practical Nurses of Alberta. (2006). *Continuing Competency Program – Questions & Answers.* Retrieved May 31, 2006 from www.clpna.com/CCP_Questions_Answers.htm, 1-2.

College of Nurses of Ontario. (2005). *Competency Review Tool for Nurses in Direct Practice.* Toronto, Ontario: Author.

College of Occupational Therapists of Ontario. (2005). *Competency Review: Frequently Asked Questions.* Retrieved May 31, 2006 from www.coto.org/media/documents/Competency_FAQs.pdf, 1-2.

College of Physiotherapists of Ontario. (2005). *Quality Management Competency Assessment.* Retrieved May 31, 2006 from http://www.collegept.org/college/content/pdf/en/competency_assessment.pdf.

College of Registered Nurses of British Columbia. (2006). *Continuing Competence Requirements for Nurse Practitioners in British Columbia.* Vancouver, British Columbia: Author, 1-4.

College of Registered Nurses of British Columbia. (2005). *Continuing Competence Requirements for Renewal of Practising Registration.* Vancouver, British Columbia: Author, 1-2.

College of Registered Nurses of Manitoba. (2005). *Annual Report.* Retrieved June 24, 2006 from http://www.crnm.mb.ca/downloads/annualreport05.pdf.

College of Registered Nurses of Manitoba. (2004). *Continuing Competence Program* www.crnm.mb.ca/competence.php.

College of Registered Nurses of Nova Scotia. (2004). *Building Your Profile: Tools for Reflective Practice & Lifelong Learning*. Halifax, Nova Scotia: Author.

Fleet, L., Kirby, F., Cutler, S., Dumikowski, L., Nasmith, L. & Shaughnessy, R. (2004). Continuing professional development (CPD) & social accountability: A review of the literature. *Issues of Quality and Continuing Professional Development: Maintenance of Competence*. Ottawa, Ontario: Primary Health Care Transition Fund, Health Canada.

Gardner, J.. (n.d.). Continuing Competency. *The Washington Nurse*. Retrieved June 24, 2006 from http://www.wsna.org/snas/wa/washingtonnurse/story.asp?id=21.

Kentucky Board of Nursing. (n.d.) *FAQ: Continuing Competency.* Retrieved June 24, 2006 from http://kbn.ky.gov/education/ce/cefaq.htm .

Lam, T.C.M. and Campbell, M.E. (2003). Portfolio-based program evaluation: Models and issues. As found in Gredler, M. 1995. Implications of portfolio assessment for program evaluation. *Studies in Educational Evaluation* 21, no. 4: 432–37.

Lenburg, C.B. (2000). Promoting competence through critical self-reflection and portfolio development: The inside evaluator and the outside context. *Tennessee Nurse. 63* (3), 11, 14, 15, 18 & 20.

Lindberg, M. (2003). Continuing competence program. *SRNA Newsbulletin,* (Oct/Nov), 1-2.

National Association of Pharmacy Regulatory Authorities. (2003). Purpose of the program. *A Model Continuing Competence Program Framework for Canadian Pharmacists.* Retrieved May 23, 2006 from http://www.napra.org/pdfs/professional/framework/purpose_of_the_program.pdf.

National Board of Respiratory Care. (n.d.). *Continuing Competency Program Now a Reality!* Retrieved May 31, 2006 from www.nbrc.org/PoliciesReview/Recredentialing.htm, 1-5.

National Council of State Boards of Nursing. (2005). *Meeting the Ongoing Challenge of Continued Competence.* Retrieved May 31, 2006 from www.ncsbn.org/pdfs/continued_comp_paper_TestingServices.pdf.

North Carolina Board of Nursing. (2006). *Continuing Competence.* Retrieved May 30, 2006 from www.ncbon.com/prac_contcomp.asp.

Nurses Association of New Brunswick. (2005). *Mandatory Continuing Competence Program (CCP) Beginning in 2008: Learning in Action.* Retrieved May 30, 2006 from www.nanb.nb.ca/index.cfm?include=CCP.

Nurses Board of Western Australia. (2004). *Guidelines for Demonstration of Continuing Professional Competence.* Retrieved June 24, 2006 from http://www.nbwa.org.au/cpRoot/414/2/Guidelines%20for%20Dem%20of%20Cont%20Prof%20Comp.pdf, 1-6.

Nursing Board of Tasmania. (2004). *Competence to Practice Audit: Five Year Evaluation Report (1998 – 2002).* Retrieved June 24, 2006 from http://www.nursingboardtas.org.au/nbtonline.nsf/attachment/FiveYrAuditReport/$File/5%20Year%20Audit%20report.pdf.

Nursing Council of New Zealand. (2005). *Standards for Competence Assessment Programmes.* Retrieved May 30, 2006 from www.nursingcouncil.org.nz/contcomp.html, 1-8

Nursing Council of New Zealand. (n.d.). *Information Sheet.* Retrieved June 24, 2006 from http://www.nursingcouncil.org.nz/info%20audit%20March%202006.pdf, 1.

Occupational Therapy Board of NZ. (2004). *Continuing Competence Framework for Recertification: Practitioner Handbook.* Wellington, New Zealand: Author.

Pearson, A., Fitgerald, M., Walsh, K. & Borbasi, S. (2002). Continuing competence and the regulation of nursing practice. *Journal of Nursing Management, 10*, 357-364.

Peck, C. McCall, M., McAllen, B. & Rote, T. (2000). Continuing medical education and continuing professional development: International comparisons. *BMJ, 320*, 432-435.

Prince Edward Island Pharmacy Board. (2004). Letter to Members: *PEI Pharmacy Board's Professional Development Log*.. Retrieved May 23, 2006 from http://www.napra.org/pdfs/provinces/pe/LPintro.pdf.

Registered Nurses Association of the Northwest Territories and Nunavut. (2003). *Continuing Competence: My Professional Development Plan.* Retrieved May 30, 2006 from www.RNANT/NU.ca?competemce.htm.

Richard, N. (2005). Continuing competence: CCP target date 2008. *Info Nursing*, (Fall), 8.

Saskatchewan Registered Nurses Association. (2004). *Registered Nurse Continuing Competence Program Workbook.* Regina, Saskatchewan: Author.

Saskatchewan Registered Nurses Association. (2004). Component 2: Reflective practice. *Registered Nurse Continuing Competence Program Workbook.* Regina, Saskatchewan: Author,

Spurr, P. (2004). Competency – Are you exercising all your options? *Kentucky Nurse*. Retrieved May 30, 2006 from www.findarticles.com/p/articles/mi_qa4084/is_200410, 1-4.

TaskStream. (n.d.). *Electronic Portfolios.* Retrieved May 31, 2006 from www.tasktream.com/pub/electronicportfolio.asp.

Vandewater, D.A. (2004). *Best Practices in Competence Assessment of Health Professionals.* Halifax, Nova Scotia: College of Registered Nurses of Nova Scotia.

Yukon Registered Nurses Association. (2003). *The Practice of Nursing in Yukon.* Retrieved May 30, 2006 from http://www.yrna.ca/pdf/Practicedescription.pdf, 1-2.