Editorial

Does Mandatory Continuing Education Ensure Continuing Competence?

The amount of research and new knowledge that health care professionals are expected to know is exponentially increasing. According to Medline statistics, the number of articles being added to PubMed every year is the equivalent of 1.29 papers per minute (Hull, 2010; National Institutes of Health, 2012). This number represents only a portion of the articles indexed on a yearly basis and does not include papers found in other databases, such as CINAHL and the Cochrane Library. From a regulatory standpoint, staying up to date with new nursing knowledge, research, practice, and information, referred to as “continuing competence,” is integral to safe patient care.

Regulators around the world recognize that it is a regulatory responsibility to ensure licensees are keeping current and maintaining the knowledge they need to practice safely. The best method for doing so, however, remains unclear. One suggestion has been mandatory continuing education (CE).

Many states require CE credits for ongoing maintenance of licensure, and there are a number of ways a licensee can obtain them, including journal articles with CE tests, webinars, podcasts, and attendance at conferences. All are valuable sources of new information. Research indicates that professionals do not necessarily use CE to fill gaps in their knowledge. In addition, poor performers are poor self-assessors and less likely to recognize their weaknesses and select CE offerings that will improve knowledge and practice (Kruger & Dunning, 1999; Regehr & Eva, 2006).

Adding to the question of whether CE is a good indicator of ongoing competence are the unscrupulous methods of obtaining CE credits. Recently, I received a call from a colleague who informed me there was another way of obtaining CE credits: Pay the money and print a CE certificate. Reading the accompanying material is on the honor system, and there is no method for evaluating if the individual understood what was being read and is able to embed the principles into practice. This type of process plays into the doubts that many researchers and regulators already have about CE as an effective tool for measuring continuing competence.

As we continue to study this subject, state boards of nursing are doing what they can to assist nurses in acquiring knowledge of state regulations, an area many nurses need to know more about. Several states are requiring or offering jurisprudence exams on their state practice act. JNR will be helping all nurses acquire knowledge of regulation by focusing many of its CE articles on the basics of regulation. Boards of nursing are encouraged to reprint the articles in their newsletters or post them on their websites. This issue's CE, by Bettinardi-Angres, Pickett, and Patrick, is an alternative to discipline programs for nurses with substance abuse disorder. Nursing boards, educators, and managers can use this article to help nurses learn more about these programs.

CE is extremely important for health professionals. We just need to ensure that it is appropriately instituted, that companies are not using a state requirement to make money without providing a quality service, and that nurses use the opportunity to fill gaps in their knowledge. This fall, NCSBN will embark on a small pilot study that will examine the effectiveness of various methods as predictors of continued competence. We hope this will give us some preliminary information that will lead to a larger, national study. Stay tuned for more information!

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References

