Continuing Education and Maintaining Professional Competence

The credentials of new graduates in occupational therapy are determined by the degrees earned, the completion of fieldwork education, and the result of a national certification examination. Professional competence beyond graduation or after entry into the field is not formally or routinely assessed.

Maintaining professional competence is a continual process, which combines cognitive knowledge, skill, judgment, and experience. “Competence is a quality that defines ability” (Sivarajan et al., 1984, p. 603). New graduates entering the profession have succeeded in gaining cognitive knowledge, but it is uncertain whether they will be able to translate that cognitive knowledge into skill performance or apply it to the appropriate clinical problem.

As a result of pressure from third-party payers and consumers for accountability, health care professionals have shown increased interest in developing a way to identify incompetence and evaluate competence. During the 10 years from 1971 to 1981 the American Occupational Therapy Association (AOTA) has made several attempts to develop a competency testing plan (Jones & Kirkland, 1984; “Reports,” 1985, winter/spring), but a definitive one could not be developed. The following questions needed to be answered: Who should be responsible for monitoring continuing competence? What is an objective and fair way to measure competence? Responses to the questionnaires of accountability study (conducted in response to Resolution 30021) repeatedly reflected the therapists’ concerns about these unanswered questions. All plans proposed during this period were rejected by the representative assembly, the governing body of AOTA. As a result, AOTA does not have a plan for ensuring continuing competence; nor has AOTA made continuing education mandatory. AOTA does endorse individual responsibility for continuing education and has developed and provided resources enabling individual therapists to obtain continuing education. Through a national network, AOTA provides a comprehensive range of continuing professional education (CPE) programs, which make use of the competency-based curriculum design (i.e., TOTEMS, PIVOT, ROTE, SCOPE; see Related Readings).

Individual therapists can also keep up with the fast pace of knowledge development through clinical practice; by reading journals and other current publications; by attending workshops, conferences, and seminars; and by using peer consultation. Although commendable, these efforts do not guarantee that every practicing therapist is maintaining professional competence.

How should continuing competence be assessed? Criterion-referenced tests that measure performance according to predetermined criteria are considered most frequently. Educators and therapists have used these tests to measure knowledge and judgment but do not have well-defined measures for skill performance. If criterion-referenced testing can be shown to be a viable method of testing, then the field can take advantage of the criteria for skill performance developed by industrial engineers: their work is available to our profession and could be coupled with the material we have for assessing knowledge and judgment (Borg & Bruce, 1981).

Our profession is not alone in its search for competency tests. In a recent issue of the Newsletter of the National Commission for Health Certifying Agencies (1985), writers questioned current methods of continuing competency assessments and described what has already been used or suggested. Ideas put forth include the periodic reexaminations following a set number of years after initial certification, peer review, patient care evaluations, on-the-job performance evaluations, self-assessment, and computer case/skill simulations.

Who would be the regulator of continued competency—AOTA, the state professional associations, or a state regulating agency mandated by state law? Arguably, the best choice would be AOTA, because AOTA has the knowledge base necessary for evaluating professional performance. Unfortunately, the representative assembly has voted against being a reg-

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ulator, and state associations have no authority to regulate competence without the endorsement of the national association. Thus the state regulating agency must pass legislation regulating competency; it has statutory power to enforce the regulations of competency measures. Regulations are valuable if individual therapists become involved in developing competency criteria that will define professional ability and if they will ensure that the regulations developed are the best possible.

Good regulations assure the protection of public safety, which is the responsibility of government. Nationally, and in many states, the profession has endorsed the idea of state regulations through licensure. The national association should devise the testing instruments, set the standards, and determine the psychometric methods.

References


Related Readings


