The Continuing Evolution of the Maintenance of Competence for Licensure White Paper and Continuing Professional Development Guidelines

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ASPPB's Continuing Professional Development Survey Task Force

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I. Introduction

In 2009, the Association of State and Provincial Psychology Boards (ASPPB) appointed a Maintenance of Competence and Licensure (MOCAL) Task Force to update the 2001 ASPPB Guidelines for Continuing Education. At that time, psychology licensing boards relied primarily on classroom-type learning activities to ensure the ongoing competence of their licensees. As the MOCAL Task Force began its work and reviewed the continuing education (CE) literature, it became clear that CE activities alone might be insufficient to ensure the competence of licensees (e.g., ASPPB, 2012; Institute of Medicine, 2010; Neimeyer et al., 2012). Rather than updating the CE guidelines, the MOCAL Task Force used the existing research at that time to create the ASPPB Guidelines for Continuing Professional Development (ASPPB 2012), shifting from the almost exclusive use of traditional CE activities as a way to ensure ongoing competence to a broader model that encompassed what was known about other types of learning experiences that might help to ensure professional competence (e.g., Hojat, Valoski, & Gonella, 2009; Jameson, Stadter, & Poulton, 2007). What was known at the time was that: 1) a plurality of activities should be utilized (IOM, 2010; Brown & Sitzmann, 2011); 2) activities should be spaced over time (e.g., Graesser, 2010); 3) activities should be deemed relevant to one's practice (e.g., Brown & Sitzmann, 2011); and 4) activities should provide evaluation and feedback, and opportunities for practice to enhance the translation of knowledge into practice (e.g., Jensen-Doss, Hawley, Lopez, & Osterberg, 2009; Sitzmann et al., 2010).

The CPD model developed by the MOCAL Task Force relied on a conceptual model proposed by Milne, James & Sheikh (2006), which was designed to ensure that the types of activities that counted toward CPD were those that would contribute to continuing competency. The *Guidelines* included four (4) main

categories (i.e., Professional, Academic, Continuing Education, and Board Certification), each with a set of activities and experiences (e.g., Ongoing Peer Consultation, Instruction, Approved Sponsor CE, Self-Directed Learning) that would provide psychologists with the opportunity to maintain competence and to remain current in their areas of practice. The MOCAL Task Force developed these categories and corresponding activities based on professional experience and the best available research evidence at that time.

In 2023, the ASPPB Publications Review Committee undertook a review of the 2012 *CPD Guidelines* to determine if they needed updating. The starting points for the review of the *Guidelines* were to assess the research on CPD generated since the 2012 *Guidelines* were created, and to examine the current state of practice regarding CPD. To accomplish the latter, the ASPPB Board of Directors established the CPD Survey Task Force (Task Force) with the following charges:

Develop a survey regarding the prospective relevance of the ASPPB CPD *Guidelines* to the continuing professional development, maintenance of competence, and practice of members of the profession in the USA and Canada.

Develop a survey plan, administer the survey, collect, and analyze the data.

Develop a report for the ASPPB Board of Directors (BOD) and the Publications Review Committee regarding findings and any recommendations for revision of the *Guidelines*.

With the permission of the ASPPB BOD, create an article about the *Guidelines* and the data collected for publication in a peer-reviewed journal.

A review of the contemporary research literature on the maintenance of competence highlighted several elements that were prominent in earlier reviews (ASPPB, 2014) and also identified some additional elements. Opportunities for reflection (e.g., Cox and Grus, 2019; Knapp, Gottlieb, & Handelsman, 2017; Neimeyer and Taylor, 2019; Ratelle, Wittich, Yu, Newman, Jenkins and Beckman, 2017), experiences that *engaged* practitioners to address any competency "drift" (e.g., Austin & Gregory, 2019), and self-care (e.g., Knapp, Sternlieb, & Kornblith, 2025; Yang & Hayes, 2020) were identified as important components of a plan to ensure ongoing competence. The Task Force regarded the 2012 CPD model as providing a useful framework to build upon, given its alignment with the developing evidence regarding best practices in CPD. To augment this database and to guide the selection of a set of activities that might maximize continuing professional competence, the 2023 Task Force specifically wanted to explore the extent to which the various CDP activities identified in the 2012 *CPD Guidelines* were perceived by licensed psychologists as contributing to their ongoing competence.

An email was sent to all ASPPB member jurisdictions in March 2023, requesting that a survey developed by the Task Force (see Appendix A) be circulated to their licensees to gather information about their views on CPD and the utility of the 2012 CPD *Guidelines*. A second request was sent in April 2023 from the American Psychological Association (APA) to its members. A total of 671 psychologists responded to the survey, providing a cross-section of licensed psychologists from the US and Canada. The data from the survey were subsequently compiled and analyzed, and those results helped to inform the recommendations described below.

The survey revealed that different CPD activities were perceived as contributing differentially to professional competence, according to gender, race, and educational level, highlighting individual differences in relation to the value or impact of different types of learning activities. It is important to note that this White Paper and the Guidelines below reflect the current state of knowledge regarding the most effective kinds of activities for maintaining competence. The Task Force recognizes that the conceptualization of continuing professional development is evolving, and it will continue to evolve as new research emerges.

II. Background

In 2012, the MOCAL Task Force made several recommendations regarding the adoption of a broader CPD model to ensure ongoing competence in the profession (ASPPB, 2014). This broader CPD model recognizes that maintaining professional knowledge, skills, and competence requires practitioners to intentionally engage in a variety of activities relevant to their specific practice, interests, and preferred learning styles. Additionally. the MOCAL Task Force noted that these activities should maximize engagement, reflection, and, where possible, be supported by available evidence regarding impacts that are aligned with the objectives of CPD, which include the maintenance of competence, the improvement of services, and the protection of the public.

This broader conceptualization is, and has been, congruent with such objectives and the responsibilities associated with professional regulation (Horn, DeMers, Lightfoot, and Webb, 2019; Cox and Grus, 2019; Grus and Rozensky, 2019). Regulatory responsibility includes efforts to ensure that those licensed to practice are competent to do so, and that they practice in ways that are consistent with the ethics and standards of the profession. The public expects their psychologists to remain competent across the span of their professional careers; the public also reasonably expects professional accountability in that regard, including regulatory mechanisms that support and require continuing professional competence (AARP, 2007). From the regulator's perspective, a comprehensive program of CPD could potentially mitigate the risk of negligent or unsafe practice, thereby increasing confidence that the regulatory community is meeting its mandate of public protection.

The MOCAL Task Force recognized that moving toward a broader model of CPD would need to respect individual jurisdictional realities. At that time, there was significant inter-jurisdictional variability in relation to the specific learning activities that could meet the requirements for licensure renewal. Although psychologists were already engaged in ongoing learning activities that would fit within the CPD model recommended by the MOCAL Task Force (e.g., Neimeyer, Taylor, and Cox, 2012), these activities were not necessarily recognized as acceptable by regulators and were not necessarily occurring as part of an organized plan. This variability between jurisdictional requirements remains, although more jurisdictions have expanded the types of experiences eligible for earning CE/CPD credits.

In creating the CPD guidelines suggested below, this Task Force reviewed both the research conducted since the 2012 Guidelines were written and the responses from the survey of licensed psychologists that was conducted. Based on the survey results and the latest research evidence, the Task Force determined that an update of the existing Guidelines was necessary. In its recommendations, the Task Force closely adhered to the science of learning research, as well as to the evolving research on adult education, professional development, and the maintenance of competence. The express objective of the Task Force

was to develop a revised version of the existing guidelines, informed by both conceptual and empirical developments within the field, and to serve as the first evidence-based CPD model. Importantly, the commitment to science that underpins this revision of the 2012 CPD system means that the system is designed to be responsive to ongoing advances in the empirical literature and to incorporate and integrate new elements and practices as relevant literatures continue to evolve.

III. Research Update

Plurality of Activities

Among the most consistent findings in the literature is that a plurality of learning activities contributes significantly to higher levels of retention, comprehension, and the translation of knowledge into practice. In a study of practicing psychologists, Neimeyer and Taylor (2019) found that the number of different instructional methods used in continuing professional development workshops correlated positively with both levels of learning and the anticipated translation of that learning into subsequent practice. Relatedly, surveys of professional development activities among psychologists document the fact that practitioners naturally utilize a wide range of different activities to support their professional development (e.g., Coelho, et al., 2024).

Importantly, a further argument for endorsing the utilization of a variety of different CPD activities follows from the increasing ethnic and racial diversification of the population across North America. Both the US and Canada have experienced significant increases in immigration over the past 20 years (e.g., Rabe & Jensen, 2023; Statista, 2024), and the ethnic backgrounds of the people populating North America have undergone marked changes. Systems of CPD must necessarily adapt to accommodate this diversification. Data gathered from the ASPPB Task Force survey (2023) support this. Responses to the survey suggest differences in the perceptions of what types of CPD activities contribute most to ongoing competence and, consequently, in the utilization of various types of CPD activities, based on race, ethnicity, and gender (see Neimeyer, et al, 2025).

Findings such as these underscore the likelihood that CPD activities do not contribute equally to the objectives of continuing professional development for all groups and likely make differential contributions to the maintenance of competence based on a range of individual differences (e.g., Cadenas, et al, 2024). While a plurality of activities may promote greater learning, these activities vary along a number of different dimensions, including their formality or informality, the levels of engagement or reflection that they invite, the extent to which they expressly position the participant as a learner in the activity, and the extent to which the participation is evaluated and/or verified. Given the variability among these activities, it is not surprising that they contribute differentially to the key objectives of CPD.

In the 2023 survey, peer consultation and formal continuing education were both perceived as contributing significantly to all three objectives, while activities such as serving on a board were perceived as contributing relatively little to any of the three objectives. Other activities, such as presenting a professional workshop or publishing a scholarly article, were viewed as contributing to professional competence but not to the protection of the public. This variability highlights the importance of aligning professional development activities with the objectives of CE/CPD, and this evidence-based alignment is one of the principal objectives that guided the revision of the current CPD guidelines.

Alignment of Activities and Objectives

The alignment of CPD activities with their objectives requires careful consideration of the extent to which each proposed activity contributes to maintaining competence, improving services, and protecting the public. Early efforts to explore this alignment provided evidence that all CPD activities may not contribute equally to the development and maintenance of professional competence. For example, Neimeyer et al., (2012) found that peer consultation, formal continuing education, and self-directed study were perceived as contributing significantly more to ongoing professional competence than other continuing professional development activities such as teaching a class, performing outcome assessments on clients, or serving on professional boards. These results were replicated in recent work by the Task Force, where, in our sample of 671 psychologists, the same pattern of perceptions occurred. In fact, the findings so closely mirrored the earlier findings of Neimeyer et al., that the extent to which the 10 CPD activities were viewed as contributing to professional competence correlated at a .91 level in the two studies, "suggesting the robustness of this finding and the confidence that can be placed in it" (Neimeyer et al., 2025, p. 171).

Related research has extended this work and again found wide variability in the extent to which different CPD activities were perceived as aligning with the objectives of continuing professional education (Neimeyer et al., 2025). Expectedly, some activities were perceived as contributing more to the objectives of CPD than others. Publishing peer-reviewed papers, for example, was perceived as contributing significantly more to professional competence than to improving clinical outcomes or protecting the public, underscoring the likelihood that various CPD activities are perceived as contributing differentially to the objectives of continuing education. The express hope for efforts such as these is that a growing body of research will yield an evidential basis for constructing a rational system of CPD, based on the extent to which each activity contributes to one or more of the stipulated objectives of continuing education. The Task Force's revision of the CPD system represents a provisional effort to harness the accumulating data and utilize it in support of this objective.

Engagement, Reflection, and Evaluation

Ongoing research on the effectiveness of continuing education efforts has emphasized a variety of elements that contribute in ways that support the objectives of continuing professional development. Engagement reflects the extent to which a person feels involved in a learning opportunity, thereby maximizing interaction, application, or connection with the activity. High levels of engagement are reflected in activities such as behavioral rehearsal with feedback, which has been linked to better learning outcomes (Jin and Wang, 2025). Low levels of engagement, by contrast, are reflected in didactic presentations, which have consistently demonstrated little impact on clinical practice or outcomes (Austin and Gregory, 2019). Both the MOCAL and CPD Survey Task Forces recognized the importance of engagement in relation to the CPD activities included in their systems. This engagement is evident in a variety of CPD activities and extends to active participation in the profession itself (e.g., Knapp and VandeCreek, 2012). For this reason, professional engagement and leadership are included as creditable CPD activities within the revised ASPPB system (see below).

Two further qualities were supported by research in relation to their contribution to the objectives of CPD: active reflection and professional self-care. Both have been linked to more favorable educational and clinical outcomes. Ratelle et al. (2017) demonstrated the positive impact of reflection on levels of comprehension, retention, and the application of new knowledge in continuing medical education contexts. Similar effects were reported by Taylor and Neimeyer (2019) in studies of continuing education with psychologists.

Likewise, professional self-care has been linked to higher levels of personal adjustment and professional functioning, as well as lower levels of personal stress and professional burnout (Knapp, Sternlieb, & Kornblith, 2025; Taylor & Neimeyer, 2019). The ethical mandate associated with professional self-care (Wise, Hersh, & Gibbon, 2012; Wise & Reuman, 2019) underscores the importance of personal adjustment and well-being in professional competence and the clinical outcomes that follow. Because levels of individual adjustment and well-being are related to the objectives of continuing professional development (i.e., the maintenance of competence, the improvement of services, and the protection of the public), the Task Force considered professional self-care as an important component of the CPD system, given its role in mitigating regulatory risks associated with professional impairment or incapacity.

IV. Recommendations and Conclusion

Based on the foregoing considerations, the ASPPB CPD Survey Task Force recommends a revision of the current Continuing Professional Guidelines, one that is congruent with the recommendations of the MOCAL Task Force to expand the allowable credits for CPD activities, and one that offers a commitment to a plurality of CPD activities aligned with the objectives of continuing professional development. Given the results of current research and the survey results, the Task Force recommends:

- expanding allowable CPD activities to include non-traditional ways of learning (e.g., cultural activities relevant to one's practice, peer consultation, self-care)

- accepting both the academic credentialing/preparation and lived experiences of CPD providers, in granting sponsor-approved status

- accepting programs that are accredited by organizations other than those that have historically been accepted (i.e., APA, CPA)

- working with those in the training community to support efforts that address training in cultural competence

- working to develop a licensee-created professional development plan

- encouraging attestation of the declared areas of practice competency

- conducting random audits of the CPD activities for a portion of licensees each licensure renewal cycle.

To accomplish the above, the Task Force recommends a two-part CPD system that requires licensees/registrants to complete CPD activities from both parts to obtain the required number of credits. Completing the required activities adequately would yield 40 total credits across each 2-year licensing cycle.* Those credits would be distributed across the activities as depicted in Appendix B.

In conclusion, the field of professional psychology has consistently demonstrated a commitment to ongoing professional development, designed to maintain competence, enhance clinical outcomes, and protect the public. Systems of CPD, however, must also align with developments in the broader society they serve and with new knowledge gains made within the field itself. Therefore, they must evolve in accordance with these developments to maximize their effectiveness in relation to the objectives that they seek to fulfill.

By aligning itself with significant cultural shifts and scientific advances, the proposed system of CPD aims to maximize its effectiveness in relation to maintaining competence and, importantly, to subject itself to ongoing evaluation and revision. Cultural evolution and scientific advancements continue. Likewise, systems of CPD require ongoing efforts to align with these developments, thereby supporting the profession's ongoing accountability to itself and the public it serves.

ASPPB Guidelines for Continuing Professional Development (CPD)

ASPPB supports efforts to achieve mobility in licensure and believes that greater standardization of CPD requirements will contribute to that effort. The CPD Survey Task Force recommends the following:

Continuing Professional Development Plan

To optimize the value of CPD activities, psychologists should proceed in a thoughtful and self-reflective manner. To that end, it is recommended that each psychologist create a professional development plan at every license renewal cycle. A combination of factors should inform the plan of self-reflection on the psychologist's own practice experience, input from peers and mentorship groups, and developments reported in the professional and research literature. The plan should be developed at the beginning of the licensure renewal cycle and should include areas of focus identified by the self-reflection proposed CPD activities, and means to evaluate the impact of the CPD activities on the psychologist's practice. The Task Force recommends that psychologists attest to the completion of the Professional Development Plan on the licensure renewal form. The Professional Development Plan would serve as a tool for the psychologist's own use and could be modified at any time during the licensure renewal cycle. The plan should be available for review by the regulatory body during an audit.

Credits

The Task Force recognizes that most psychologists currently obtain more than the required continuing education and/or continuing professional development credits for license renewal, and these guidelines are in no way meant to discourage this practice. These guidelines outline the number of suggested CPD credits required for licensure renewal; however, they do not propose that practitioners limit their overall CPD activities.

Currently, the majority of ASPPB jurisdictions require 40 CE/CPD credits over a two-year licensure renewal cycle. To facilitate consistency in licensure, the Task Force recommends that jurisdictions require 40 credits of CPD every two years.

Mandated Credit Areas

The Task Force agrees with the position of the MOCAL Task Force that any CPD system should allow jurisdictions the flexibility to prescribe specific training consistent with their regulatory philosophy and/or legislative requirements. The Task Force diverges from MOCAL, however, in that it does not identify required learnings, as this model is based on the premise that what is important for each psychologist will be different and will depend on a multitude of factors such as where they are in their career path, ethnicity, type of job etc., and as there is currently no clear empirical evidence to support that a causal relationship exists between these particular areas and enhanced competence. Those "required" areas should be left up to each jurisdiction.

Mode of Delivery

One aim of the 2012 Guidelines was to utilize the evidence about how adults learn, what ensures knowledge retention, and what contributes to ongoing competency. It is widely accepted that there are differences in learning styles, that isolation in practice creates risks, and that content conveyed through various methods is associated with higher levels of learning and the translation of that learning into practice (Neimeyer and Taylor, 2019).

The MOCAL task force believed that flexibility in earning CPD credits is crucial for enabling psychologists to fully utilize their learning styles. Research did not support the notion of differential value or impact of on-site versus online learning, nor did it support the idea of differential value or impact between synchronous and asynchronous learning. That task force found no basis for distinguishing among media in this regard, or for limiting the number of credits that could be earned via different media. Current research and the 2023 survey data support the importance of flexibility in earning CPD credits, as well as the need to allow for a variety of different delivery modes with no restrictions.

CPD Activities

The model recommended by the 2023 CPD Survey Task Force is presented below. In the model, a total of 40 CPD credits is required for each two-year renewal cycle. Possible CPD activities are divided into two groups: A and B. Group A contains activities that are verifiable, quantifiable, and broadly available to most of the profession, regardless of where they are in their career development. Group B activities are made up of activities that, while considered important in contributing to professional development, are less easily quantified. While the Group B activities were endorsed as important in the survey results, the extent to which they were seen as contributing to competence was not viewed as significant as the Group A activities. In effect, the survey results demonstrated that not all activities were viewed as being equal, and importantly, that value differed depending on the respondent. The fact that not all activities were viewed as equal prompted the Task Force to move away from the notion of "credit hours" and toward a differential system, where credits were earned for some activities but not for others.

Compliance and Enforcement

Record Keeping

Licensees should retain copies of accepted documentation of CPD, including proofs of attendance (e.g., certificate of attendance, university course transcript), course outlines, verification forms, and published CE content and presenters for at least two (2) licensing cycles.

Licensees should refer to the specific CPD activity to determine the required documentation. Some categories will require the use of a customized verification form. We have included a sample CPD log (Appendix C) that licensees may use to maintain records of completed CPD. Jurisdictions may require licensees to submit their CPD log at renewal.

Attestation

As part of the renewal process, the licensee should be required to sign an attestation of completion of the mandated CPD. The attestation should be part of the license renewal form. Licensees should be informed of the disciplinary implications of making a false claim.

Audit

It is recommended that at least 5 to 10% of licensees be audited for CPD compliance each renewal cycle. Auditing of all licensees who have been the subject of a board or college action is advised for every renewal cycle during their disciplinary period.

Exceptions

For jurisdictions with a two-year renewal cycle, it is recommended that new members to the profession who are licensed during the first year of a two-year renewal cycle be required to obtain 20 credits of CPD. It is also recommended that psychologists/registrants who are licensed during the second year of a two-year renewal cycle should NOT be required to obtain any CPD credits to renew his/her license for the first time.

Situations may arise in which it is appropriate to modify the CPD requirements for certain licensees. These modifications should be developed at the individual jurisdictional level. The board or college has the authority to issue a waiver of the required CPD or to be more flexible regarding the content areas required for CPD. It is recommended that if a license/registration has been in inactive status for more than one year, the psychologist should be required to complete 20 CPD credits before reactivation of the license.

Sanctions

Further disciplinary action should be considered when licensees continue to practice psychology while failing to comply with mandated CPD.

Failure of CPD Audit: Failing a CPD audit occurs when the board/college deems that the licensee has not completed the required credits within the required timeframe. In such cases, appropriate action should be taken in accordance with jurisdictional policy and legislative authority (e.g., fines, reprimands, sanctions, etc.). Additionally, it is recommended that the licensee should have no more than 3 months to complete the required CPD, and that the CPD completed for this purpose should not count towards the next reporting cycle. Further, the licensee should be audited in the next reporting period. Depending on the severity of the infraction, however, a formal and public disciplinary action may be deemed necessary, which could include more stringent consequences.

Appeal: It is recommended that the licensee be given 30 days to appeal a regulatory decision resulting from the CPD audit. After 30 days, discipline should be pursued in accordance with the Board/College authority.

Multiple Licenses

Psychologists/registrants must meet the specific CPD requirements for each jurisdiction in which//they are licensed. It is recommended that CPD credits earned in one jurisdiction should be allowed to transfer to other jurisdictions.

References

AARP. (2007). 2007 Virginia memer survey: Healthcare quality. Retrieved from http://www.aarp.org/research.

Adams, A., and Sharkin, B.S. (2012). Disciplinary actions by a state board of psychology: Do gender and association membership matter? An update. In G. Neimeyer and J. Taylor (Eds.). *Continuing Professional Development and Lifelong Learning: Issues, Impacts and Outcomes.* New York: Nova Science Publishers, pp. 155-158.

Agic, B., Fruitman, H., Maharaj, A., Taylor, J., Ashraf, A., Henderson, J., Ronda, N., McKenzie, K., Soklaridis, S., and Sockalingam, S. (2023). Advanced curriculum development and design in health professions education: a health equity and inclusion framework for education programs. Journal of Continuing Education in the Health Professions, 43 (Supp. 1). S4 – S8.

APA (2008) Professional Health and Well-being for Psychologists. Downloaded on December 31, 2023, https://www.apaservices.org/practice/ce/self-care/well-being.

APA (2017) Ethical Principles of Psychologists and Code of Conduct.

Arif, S. A., Butler, L. M., Gettig, J. P., Purnell, M. C., Rosenberg, E., Truong, H., Wade, L., and Grundmann, O. (2023). Taking action towards equity, diversity, and inclusion in the pharmacy curriculum and continuing professional development. American Journal of Pharmaceutical Education, 87 (2), 150-157.

ASPPB (2014) Maintenance of Competence for Licensure (MOCL) White Paper. Downloaded on April 4, 2024, https://cdn.ymaws.com/asppb.site-ym.com/resource/resmgr/Guidelines/Maintenance_of_Competence_fo.pdf

ASPPB (2012) ASPPB Guidelines for Continuing Professional Development. Downloaded on February 14, 2024 https://cdn.ymaws.com/www.asppb.net/resource/resmgr/guidelines/profdevelopment2023.pdf

Austin, Z. & Gregory, P. G. (2020). Understanding psychological engagement and flow in community pharmacy practice. Research in Social and Administrative Pharmacy, 16(4), 488-496.

Austin, Z. & Gregory, P.A.M. (2019). The Role of Disengagement in the Psychology of Competence Drift. Research in Social and Administrative Pharmacy, 15(1), 45-52.

Barnett, J.E., Baker, E. K., Elman, N.S., Schoener, G.R. (2007) In Pursuit of Wellness: The Self-Care Imperative, Professional Psychology: Research and Practice, American Psychological Association.

Vol. 38, No. 6, 603– 612.

Brown, K. G. & Sitzmann, T. (2011). Training and employee development for improved performance. In S. Zedeck (Ed.), Handbook of Industrial and Organizational Psychology (Vol. 2, pp. 469-503). Washington, DC: American Psychological Association.

Campbell, C. and Sisler, J. (2019). Supporting Learning and Continuous Practice Improvement for Physicians in Canada: A New Way Forward. Ottawa: The future of medical education in Canada – continuing professional development.

CMA 2023 - https://www.cma.ca/our-focus/framework-physicians-physical-psychological-and-cultural-safety A framework for Physicians Physical, Psychological and Cultural Safety.

Coelho, R.P., Pires, A.P., Neimeyer, G.J., Vaz, A., Neto, D., and Sousa, D. (2014). The Relationship between Lifelong Learning and Professional Development Activities in a Portuguese Sample. Counseling Psychology and Research, 24(4), 1466-1478. https://doi.org/10.1002/capr.1289.

Collins, M. H. and Cassill, C. K. (2022) Psychological wellness and self-care: an ethical and professional imperative, Ethics & Behavior, 32:7, 634-646, DOI: 10.1080/10508422.2021.1971526

Cox, D R., & Grus, C. L. (2019). From continuing education to continuing competence. *Professional Psychology: Research and Practice, 50*(2), 113–119. https://doi.org/10.1037/pro0000232

CPA (2017) Canadian Code of Ethics for Psychologists.

Dali, K., Bell, N., and Valdes, Z. (2021). Learning and change through diversity, equity, and inclusion professional development: academic librarians' perspectives. The Journal of Academic Librarianship, 47 (6), 102448.

D'Angelo, E.J., Botia, L. A., Hachiya, L. K., Hagstrom, S. L., Horn, J., and Tawfik, S. H. (2023). Socially responsive reflective practice: A cornerstone of professionalism for health service psychology. Professional Psychology: Research and Practice, 54(1), 39-48.

DeSilets L.D. (2010). Journal of Continuing Education in Nursing, 41(8):340-341. doi: 10.3928/00220124-20100726-02. PMID: 20666352.

Graesser, A., & McNamara, D. (2010). Self-regulated learning in learning environments with pedagogical agents that interact in natural language. *Educational Psychologist, 45*(4), 234–244. https://doi.org/10.1080/00461520.2010.515933

Grus, C. L., & Rozensky, R. H. (2019). Competency-based continuing education in health service psychology: Ensuring quality, recommendations for change. *Professional Psychology: Research and Practice, 50*(2), 106–112. https://doi.org/10.1037/pro0000218

Hall, L.H., Johnson, J., Watt, I., Tsipa, A., O'Connor, D.B. (2016), Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review, PLoS ONE Journal, July 8, 2016 (pp. 1- 13)

Hojat, M., Valoski, J., & Gonella, J. (2009). Measurement and correlates of physicians' lifelong learning. Academic Medicine, 84(8), 1066-1974.

Horn, J., DeMers, S. T., Lightfoot, S., & Webb, C. (2019). Using continuing professional development to improve maintenance of professional competence: A call for change in licensure renewal requirements. *Professional Psychology: Research and Practice, 50*(2), 120–128. https://doi.org/10.1037/pro0000233

House of Commons Health and Social Care Committee (2021), Workforce burnout and resilience in the NHS and Social Care, Second Report of Session 2021–22.

Institute of Medicine (2010). Redesigning Continuing Education in the Health Professions. Washington, DC: The National Academies Press.

Jameson, P., Stadter, M., & Poulton, J. (2007). Sustained and sustaining continuing education for therapists. Psychotherapy: Theory, Research, Practice, Training, 44, 110-114.

Jensen-Doss, A., Hawley, K.M., Lopez, M., & Osterberg, L.D. (2009). Using evidence-based treatments: The experiences of youth providers working under a mandate. Professional Psychology: Research and Practice, 40(4), 417-424. https://doi.org/10.1037/a0014690

Jim, J. and Wang, D. (2025). Deliberate practice and religious competencies for professional psychologists: An example of evidence-based continuing education. Practice Innovations, 10, 144-156.

Knapp, S., Gottlieb, M.C., & Handelsman, M.M. (2017). Enhancing professionalism through self-reflection. Professional Psychology: Research and Practice, 48(3). 167-174.

Knapp, S., Sternlieb, J. & Kornblith, S. (2025). Should the mental health of psychotherapists be one of the transtheoretical principles of change. Retrieved from: https://societyforpsychotherapy.org/should-the-mental-health-of-psychotherapists-be-one-of-the-transtheoretical-principles-of-change/

Lin, L., Stamm, K., & Christidis, P. (2018). How diverse is the Psychology workforce? News from APAs Centre for Workforce Studies. Monitor on Psychology, 49 (2).

http:// www.apa.org/monitor/2018/02/Datapoint.

Milne, D., James, I., & Sheikh, A. (2006). Evaluating CPD: A practical framework, illustrated with clinical supervision. In Golding, L., and Gray, I. (2006). Continuing professional development for clinical psychologists: A practical handbook. Malding, MA: Blackwell. (pp. 149-174).

Morris, R. (2012). Self-Assessment Guide and Professional Development Plan: Facilitating Individualized Continuing Professional Development. In G. Neimeyer and J. Taylor (Eds.). Continuing Professional Development and Lifelong Learning: Issues, Impacts and Outcomes. New York: Nova Science Publishers, pp. 101-133.

Neimeyer, G. J., Macura, Z., Grus, C. L., Skillings, J. L., Bufka, L. F., & Rose, S. A. (2022). The future of education and practice in health service psychology: A Delphi study. Professional Psychology: Research and Practice, 53(2), 116–126. https://doi.org/10.1037/pro0000445

Neimeyer, G. J., & Taylor, J. M. (2019). Advancing the assessment of professional learning, self-care, and competence. *Professional Psychology: Research and Practice, 50*(2), 95–105. https://doi.org/10.1037/pro0000225

Neimeyer, G. J., Taylor, J. M., & Cox, D. R. (2012). On hope and possibility: Does continuing professional development contribute to ongoing professional competence? Professional Psychology: Research and Practice, 43(5), 476–486. https://doi.org/10.1037/a0029613

Neimeyer, G. J., Taylor, J. M., & Rozensky, R. H. (2012). The diminishing durability of knowledge in professional psychology: A Delphi Poll of specialties and proficiencies. Professional Psychology: Research and Practice, 43(4), 364–371. https://doi.org/10.1037/a0028698

Neimeyer, G. J., Taylor, J. M., Rozensky, R. H., & Cox, D. R. (2014). The diminishing durability of knowledge in professional psychology: A second look at specializations. Professional Psychology: Research and Practice, 45(2), 92–98. https://doi.org/10.1037/a0036176.

Neimeyer, G. J., Taylor, J. M., & Wear, D. M. (2009). Continuing education in psychology: Outcomes, evaluations, and mandates. Professional Psychology: Research and Practice, 40(6), 617–624. https://doi.org/10.1037/a0016655.

Pires, A., Coelho, R.P., and Neimeyer, G.J. (in press). The relationship between lifelong learning and professional development activities, Counselling and Psychotherapy Research.

Posluns, K. & Gall, T.E. (2020) Dear Mental Health Practitioners Take Care of Yourself, International Journal for the Advancement of Counselling 42:1–22.

Rabasco, A., Neimeyer, G., Macura, Z., McKay, D. & Washburn, J. (2023) . Aligning values with standards: a comparison of professional values in Continuing Education standards, Ethics & Behavior, DOI: 10.1080/10508422.2023.2266074

Ratelle, J.T., Bonnes, S.L., Wand, A.T., Mahapatra, S., Schleck, C.D., Mandrekar, J.N., Mauchk, K.F., Beckman, T.J., and Witt, C.M. (2017). Associations between teaching effectiveness and participant self-reflection in continuing medical education. Medical Teacher, 39(7), 697-703.

Ratelle J.T., Wittich C.M., Yu .R., C., Newman. J., S., Jenkins, S., M., Beckman, T., J. (2017) Relationships Between Reflection and Behavior Change in CME. Journal of Continuing Education in the Health Professions, 37(3):161-167. doi: 10.1097/CEH.0000000000000162. PMID: 28767541.

Sitzmann, T., Ely, K., Brown, K.G. & Bauer, K.N. (2010). Self-assessment of knowledge: A cognitive learning or affective measure. Academy of Management Learning and Education.

Statista. (2024). Immigration in Canada: Statistics & Facts. Statista.com/topics/2917/immigration-in-canada/#topicOverview.

Taylor, J. M., & Neimeyer, G. J. (2015). Public perceptions of psychologists' professional development activities: The good, the bad, and the ugly. Professional Psychology: Research and Practice, 46(2), 140–146. https://doi.org/10.1037/pro0000013

Taylor, J., Neimeyer, G., Bedwell, J., Leach, M., Liese, B., Minniti, A., Penberthy, J., Philip, D., Segura, M., and Simonian, S. (2019). Continuing education in psychology: Preferences, Practices and Perceived Outcomes. Professional Psychology: Research and Practice, 50, 70-76.

Taylor, M., Neimeyer, G., and Wear, D. (2012). Professional competency and personal experience: An exploratory study. In G. Neimeyer and J. Taylor (Eds.). Continuing Professional Development and Lifelong Learning: Issues, Impacts and Outcomes. New York: Nova Science Publishers, pp. 250-261.

Wise, E.H., Hersh, M.A., Gibson, C.M. (2012), Ethics, Self-Care and Well-Being for Psychologists: Re-envisioning the Stress-Distress Continuum, Professional Psychology: Research and Practice, American Psychological Association 2012, Vol. 43, No. 5, 487–494.

Wise, E.H., and Reuman, L. (2019). Promoting competent and flourishing life-long practice for psychologists: A communitarian perspective. Professional Psychology: Research and Practice, 50, 129-135.

Revelle, W., Wilt, J., & Condon, D. M. (2011). Individual differences and differential psychology: A brief history and prospect. In T. Chamorro-Premuzic, S. von Stumm, & A. Furnham (Eds.), *The Wiley-Blackwell handbook of individual differences* (pp. 3–38). Wiley Blackwell. https://doi.org/10.1002/9781444343120.ch1

Yang, Y. and Hayes, J. A. (2020). Causes and consequences of burnout among mental health professionals: A practice-oriented review of recent empirical literature. *Psychotherapy,* 57(3), 426-436.

Appendices

Appendix A: CPD Survey Questions and Data

Continuing Professional Development Survey

Section 1

Please rate the following Continuing Professional Development (CPD) activities in terms of how much you think they would maintain and/or enhance your competence as a psychologist:

A. Engaging in ongoing peer consultation

1 Very little 2 3 4 5 Very much

B. Conducting outcome assessments of your services

1 Very little 2 3 4 5 Very much

C. Serving on professional boards or committees

1 Very little 2 3 4 5 Very much

D. Attending a conference/convention (separate from any CE credits earned during presentations at the conference/convention)

1 Very little 2 3 4 5 Very much

E. Completing a graduate course in an area of professional interest

1 Very little 2 3 4 5 Very much

F. Teaching a graduate course in psychology

1 Very little 2 3 4 5 Very much

G. Conducting a professional workshop

1 Very little 2 3 4 5 Very much

H. Publishing a professional book, chapter, or journal article

1 Very little 2 3 4 5 Very much

I. Participating in formal Continuing Education (Formal CE is defined as continuing education that is approved by a sponsoring agency and includes a prior review of material and structured feedback and is usually given in a workshop format.)

1 Very little 2 3 4 5 Very much

J. Engaging in self-directed reading or learning

1 Very little 2 3 4 5 Very much

K. Becoming board-certified by the American Board of Professional Psychology

1 Very little 2 3 4 5 Very much

Section 2

Now imagine that your licensing jurisdiction's new licensing cycle has just begun, and you need to accrue a total of 40 Continuing Professional Development (CPD) credits over the course of the next two (2) years.

Please indicate how you would most likely accrue those credits across the following 10 activities, considering the maximum number of credits permitted in each category.

Your total credits for this section must equal 40 credits. If you would not expect to complete any credits in a given category, enter 0.

Activity	**Allowances**	**# of Credits to Accrue this Renewal Period**
Formally Scheduled Peer Consultation	1 hour = 1 credit; Maximum Allowance: 20 credits	
Outcome Assessments of Psychological Services	1 Questionnaire/client = 1 credit Maximum Allowance: 20 credits	
Serving on professional boards or associations of psychology or those that are psychology-related	1 Board or Association = 10 credits Maximum Allowance: 10 credits/ 1 year	

Activity	Allowances	# of Credits to Accrue this Renewal Period
Attending psychology or psychology-related conferences/conventions (separate from CE credits earned at the event)	Each day attendance = 1 credit Maximum Allowance: 5 credits	
Completing a graduate-level academic course in psychology or a related field	1 Semester = 20 credits Maximum Allowance: 20 credits	
Teaching a psychology or related course or presenting a workshop (must be a new course or workshop in psychology that you prepare for during this licensing period)	each course or full-day workshop = 20 credits Maximum Allowance: 20 credits	
Professional Publications (peer-reviewed) journal articles or authored or (co-) edited book or chapters	1 Publication = 10 credits Maximum Allowance: 10 credits	
Formal Continuing Education (CE) from an APA/CPA-approved, or other-approved, CE sponsor	1 hour = 1 credit Maximum Allowance: 20 credits	
Self-directed Learning (reading, listening to audio recordings, etc.)	1 hour = 1 credit Maximum Allowance: 4 credits	
Board Certification through the American Board of Professional Psychology (ABPP)	Certification within a 2-year renewal cycle = 40 credits Maximum Allowance: 40 credits	0
Total (Must Equal 40 Credits for a two-year Renewal Cycle)		**0**

Please note: To total or update your total for your entries, place your cursor in the box outlined in green and highlight the sum number, right click, and press F9.

Section 3

What is your highest professional degree in psychology?

EdD
MEd
MS or MA
PhD
PsyD
Other – Write in required.

In which of the following areas do you primarily practice?

Clinical Psychology
Consulting Psychology
Counseling Psychology
Counselor Education
Industrial/Organizational Psychology
School Psychology
Neuropsychology
Other – Write in required. ☐

In what year did you receive your highest degree? (e.g., 1995)

☐

Are you currently licensed to practice psychology?

Yes
No

My primary work setting is (select the one that best applies):

Community-based agency
Hospital or medical setting
Solo private practice
Group practice
University academic department
University counseling center or affiliated mental health center
Residential treatment center/ Rehab facility/nursing home.
Other – Write in required ☐

My secondary work setting is (if applicable, select the one that best applies):

Community-based agency
Hospital or medical setting
Solo private practice
Group practice
University academic department

University counseling center or affiliated mental health center
Residential treatment center/ Rehab facility/nursing home.
Does not apply
Other – Write in required.

How do you describe your current gender identity? *

Female/Woman
Male/Man
Nonbinary
Two-Spirit
Prefer to self-describe*:
Prefer not to answer

How do you primarily identify: *

American Indian, Alaska Native, or Indigenous/First Nation
Arab American, Middle Eastern, or North African
Asian or Asian American
Black or African American
Bi/Multi-racial: Please specify*
Latino/a or Spanish Origin: Please Specify*
Native Hawaiian or Other Pacific Islander
Southeast Asian
White/European
For another race or ethnicity not listed above, please specify*
Prefer not to answer

Are you board-certified through the American Board of Professional Psychology (ABPP)?

Yes
No

Section 4

Please provide any additional thoughts or comments that you may have about Continuing Professional Development activities or ways to support ongoing professional competence.

Thank you for taking the time to complete this survey.

Survey Results

CPD Activity	Mean Competence Ratings (SD)	Max Allowable Hours	Actual Hours (SD)	Percent of Maximum	Independent Verification	Assessment of Learning	Evaluation of Program
Formal CE	4.01 (1.06)	20	14.76 (6.58)	74%	Yes	Yes	Yes
Self-Directed	3.98 (1.01)	4	3.55 (2.05)	69%	No	No	No
Peer Consultation	3.96 (1.14)	20	7.09 (6.68)	35.5%	Yes	No	Maybe
Present Workshop	3.56 (1.30)	20	4.23 (6.20)	21.2%	Yes	No	Yes
Attending a Conference	3.45 (1.29)	4	3.55 (1.29)	88.7%	No	No	No
Teach Graduate Course	3.34 (1.41)	20	2.43 (5.37)	12.2%	Yes	No	Yes
Peer-Reviewed Publication	3.30 (1.36)	10	2.09 (3.56)	20.9%	Yes	No	No
Outcome Assessment	3.15 (1.23)	20	2.59 (4.28)	13%	No	No	No
ABPP	2.99 (1.51)	40	1.71 (5.52)	8%	Yes	Yes	Maybe
Serving on a Board	2.84 (1.31)	10	2.59 (4.28)	26.8%	Yes	No	No

Correlation between Competency Ratings in the current study and in Neimeyer, Taylor and Cox (2012) based on an N of 1,606; $r = .915$, $p<.001$.

Appendix B: CPD Model

Goals:

1) maintenance of professional competence,

2) improvement of service delivery and outcomes

3) protection of the public

Licensees must have a total of at least 40 credits from the CPD activities listed below. The 40 credits must comprise activities from both Group A and Group B.

Group A

CPD Activity	**Maximum Credits Allowable**
Formal CE	30
Peer Consultation	30
Professional Workshop Presentation	20
Peer-Reviewed Publication	20
Completion of ABPP	30 (for the year in which the ABPP is completed)

Group B ***(must complete three or more activities from this group)***

- Self-study (List books or titles of other self-study materials and date completed)
- All-day workshop or conference attendance (Provide copy of registration)
- Teaching a psychology-related course for the first time (list course title, description, and date)
- Client Assessment (provide copy of assessment instrument used)
- Board membership (provide letter and term of appointment, or photocopy of journal cover and masthead if on an editorial board)

- Being supervised by another professional while the psychologist learns a new skill (describe the new skill and confirmation by the supervisor)

- Participation in the development of a treatment program or protocol (describe the program or protocol)

- Organizing a symposium or workshop on a professional topic (describe the program)

- Moderating a discussion at a professional symposium or other presentation (describe the program, date)

- Serving as a mentor to a psychologist in training, a candidate for licensure, or to a psychologist learning a new skill (describe what the mentorship is about and confirmation by the mentee.

- Serving as a volunteer in one's capacity as a psychologist (e.g., Red Cross) (provide the name or type of situation or organization and dates of service)

- Attendance at a psychology regulatory board meeting (board verification using a sign-in sheet)

- Participation in the development of jurisdictional exams, Board/College task force, or ad-hoc committee (board verification)

- Creation of a professional will (provide the date the will was completed and verification by a colleague).

Appendix C: CE Recording Form

Licensees are required to complete a minimum of 40 credits from the following CPD activities:

Group A	Credits	Dates	Number of Hours	Name of Activity	
Formal CE. Provide CE certification as verification of completion.	30 max				☐
Peer Consultation. Provide peer attestation as verification of completion.	30 max				☐
Presenting a Professional Workshop. Provide verification of completion.	20 max				☐
Peer-Reviewed Publication. Provide a copy of the publication as verification of completion.	20 max				☐
Completion of ABPP. Provide a copy of the APBB certification. This is a one-time possibility in the year the ABPP was completed.	30 max				☐

In addition to the Group A requirements, licensees are required to complete any three (3) or more of the following Group B CPD activities:

Group B	Dates	Name of Activity	
Self-study (List books or titles of other self-study materials and date completed)			☐
All-day workshop or conference attendance (Provide a copy of registration)			☐
Teaching a psychology-related course for the first time (list course title, description, and date)			☐
Client Assessment (provide copy of assessment instrument used) (Non-psychometric)			☐
Board membership (provide letter and term of appointment, or photocopy of journal cover and masthead if on an editorial board)			☐
Being supervised by another professional while the psychologist learns a new skill (provide a description of the new skill and confirmation by the supervisor)			☐
Participation in the development of a treatment program or protocol (describe the program or protocol)			☐
Organizing a symposium or workshop on a professional topic (describe the program)			☐
Moderating a discussion at a professional symposium or other presentation (describe the program, date)			☐
Serving as a mentor to a psychologist in training, a candidate for licensure, or to a psychologist learning a new skill (describe what the mentorship is about and confirmation by the mentee.			☐
Serving as a volunteer in one's capacity as a psychologist (e.g., Red Cross) (provide the name or type of situation or organization and dates of service)			☐
Attendance at a psychology regulatory board meeting (board verification using a sign-in sheet)			☐
Participation in the development of jurisdictional exams, Board/College task force, or ad-hoc committee (board verification)			☐
Creation of a professional will (provide the date the will was completed and verification by a colleague)			☐