# Maintenance of Competence for Licensure (MOCL) White Paper

**ASPPB Task Force on Maintenance of Competence and Licensure (MOCAL)**
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## I. Introduction

In 2009, the Association of State and Provincial Psychology Boards (ASPPB) appointed a Task Force for the Maintenance of Competence and Licensure (MOCAL) with the following charges:

   1. Revise and update the *ASPPB Guidelines for Continuing Professional Education* (June 2001) with input from member boards and other interested stakeholders.

   2. Study the role that regulatory bodies in psychology can have in assuring that licensed/registered psychologists maintain their competence.

   3. Make recommendations to regulatory bodies on how to implement maintenance of competence/licensing procedures.

The revised and updated *ASPPB Guidelines for Continuing Professional Development* (CPD) were adopted by the ASPPB Board of Directors in 2012 (ASPPB, 2012). The present report addresses charges #2 and #3 listed above. It should be considered as a "white paper", that is an initial aspirational guide, to be used by regulatory bodies to help begin the process of implementing maintenance of competence for licensure renewal. It is a process that will take time, education, innovation, creativity, and commitment. The Task Force recognizes that this process represents a "sea change" in the field and will require the collaboration of a number of professional psychology groups in order to fully actualize these changes.

Neimeyer, Taylor, Zemansky, & Rothke (2012) note that the movement for formal Continuing Education (CE) in psychology began in the 1960s and 1970s.  Soon thereafter a number of jurisdictions began to make CE mandatory for licensure renewal as a way of ensuring that psychologists remained up-to-date in terms of their competence and knowledge to practice. Webb and Horn (2013) report that 52 of the 64 (81%) state and provincial psychology regulatory bodies that are members of ASPPB mandate some form of CE for license renewal. There is

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considerable variability among the jurisdictions; however, the modal number of hours required is 20 per year, and that includes formal courses, workshops, consultation groups, and/or other educational activities.

Numerous reports have indicated that there are deficiencies in the evidence base concerning the effectiveness of traditional CE formats to maintain professional psychologists' knowledge and skills (e.g. ASPPB, 2012; Neimeyer, Taylor & Wear, 2009). Additionally, the competency movement has become more integral to the profession as evidenced by the following: accrediting agencies such as the Commission on Accreditation (CoA) of the American Psychological Association (APA) have moved beyond a listing of courses as evidence of adequate training, to enumerating the competencies expected of graduates; core competencies expected of practitioners in various specialties have been identified (e.g., Kaslow, Borden, Collins, Forrest, Illfelder, Nelson, Rallo, Vasquez, and Willmuth, 2004; Kaslow, Celano and Stanton, 2005; Lambert & Nelson, 2012; Rodolfa, Bent, Eisman, Nelson, Rehm, and Ritchie, 2005); and ASPPB has conducted a practice analysis that outlines the core competencies deemed necessary for licensed psychologists (ASPPB, 2010).  The *ASPPB Guidelines for Continuing Professional Development* incorporated the competencies identified by the ASPPB Practice Analysis, and the MOCAL Task Force believes that they also have important implications for evaluating continued competence for licensure renewal.

The competency movement is evident in many other disciplines as well. For example, the public expects medical professionals to be periodically assessed for continuing competence (AARP, 2007); hospitals are requiring that older physicians demonstrate continued competence for the renewal of their privileges (Boodman, 2012); and importantly, the Federation of State Medical Boards (FSMB) has been actively studying the issue of continuing competence and maintenance of licensure (MOL) for the past 20 years. The FSMB, through a series of interim reports, has now made far-reaching recommendations about various components of physicians' competencies and the processes by which their knowledge and skills may be maintained, enhanced, and demonstrated (FSMB, 2013).

While requiring CE for licensure renewal was a great step forward, the MOCAL Task Force review of the relevant research literature indicates that the typical CE experience approved by APA and state agencies does *not necessarily* demonstrate effectiveness in maintaining competence and enhancing skills (ASPPB, 2012).  The definition of CE has been conceptually limited in that it has focused on the nature of the CE experience rather than on what might be called "practitioner-oriented" education.  CE, as it is generally practiced, refers to educational activities in psychology that are offered in one-time-only workshop formats (ASPPB, 2012). *Practitioner-oriented* education refers to a flexible process that focuses on the needs of individual psychologists to keep up-to-date, maintain, and enhance their knowledge and skills in areas relevant to their practice.  The MOCAL Task Force (and many others) re-named this

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process as one of Continuing Professional Development (CPD), the ethical and professional responsibility of all practitioners to maintain and enhance their knowledge, skills, judgment and attitudes. The Task Force also suggested in the *ASPPB Guidelines for Continuing Professional Development* that the need for CPD could be met by tailoring educational choices to the psychologist's specific needs and learning styles by including a wide variety of activities. In order to facilitate learning and change behavior, CPD and Maintenance of Competence for Licensure (MOCL) should be data driven, practice relevant, and framed within the context of psychology's core competencies. Specific guidelines for various CPD activities are outlined in the *ASPPB Guidelines for Continuing Professional Development* (ASPPB, 2012). These *Guidelines* are recommended to any state or province interested in this re-conceptualization.

The MOCAL Task Force recognizes that moving from reliance on graduate programs to certify competence and regulatory bodies to assess applicants' qualifications for *initial* licensure, to the periodic assessment of ongoing competence, represents not only a major shift in the field of psychology, but also an expansion of the routine functioning of regulatory bodies in assuring the public of the currency of practitioners' knowledge and skills. This report represents a first step in the process of addressing MOCAL charges #2 and #3 above, recognizing (a) the complexities and far-reaching implications of these changes, (b) the need to institute the changes after a process of education, research and collaboration with the constituents and organizations that will be affected, and (c) that ASPPB, as the primary organization representing all state and provincial regulatory bodies, can serve as a catalyst and an organizing agent in helping regulatory agencies, state and national psychological organizations, health service provider organizations, and individual psychologists reach consensus on this re-branding of the purpose of CPD and the processes by which it can be accomplished.

### *Recommended Policy Statements*

The MOCAL Task Force recommends that the ASPPB Board of Directors adopt the following policies regarding the Maintenance of Competence for Licensure (MOCL):

1. All psychology regulatory bodies have a responsibility to the public to ensure the ongoing competence and high standards of practice for psychologists seeking licensure renewal, and that to do so,

2. All licensed psychologists should be expected to periodically demonstrate that they have maintained the competencies needed for their areas of practice so that they might continue to practice safely and with the high standards required of psychologists.

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***Structure of this Report***

This report will:

1. state the guiding principles that the Task Force believes are necessary to begin the transition to periodic assessment of competency, or the Maintenance of Competence for Licensure (MOCL).

2. identify the competencies specific to psychological practice from a regulatory perspective.

3. present a general framework for how the competencies may be assessed through self-assessment and performance in practice.

4. explore the ramifications for a variety of involved parties (e.g., psychologists, regulatory bodies, the public) and procedures (e.g., interjurisdictional mobility) of implementing these recommendations.

5. identify some of the challenges and possible resolutions that this paradigm shift presents.

6. suggest steps that may be taken to phase in this paradigm shift.

*Guiding Principles*

Described below are the principles that guided the Task Force in its recommendations regarding revised ASPPB policies and recommendations for the development of an improved approach to continuing professional development and competence:

1. It is the professional and ethical responsibility of psychologists to commit themselves to lifelong learning. Neimeyer, et al. (2012) have estimated that the half life of psychological knowledge varies by specialty, but converges on about seven years. Moreover, whether due to advances in the field or to practice changes (new job, new types of clients), each psychologist will have gaps in knowledge and skills that need updating, enhancing or remediating. To keep up with current developments or emerging practice needs, practitioners must adopt not only an attitude of openness to (and preferably commitment to) lifelong learning, but also receptivity to the idea of being held accountable for maintaining competence in their areas of practice.

2. As Daniel Kahneman (2011) has brilliantly demonstrated in his review of decades of research in cognitive psychology, relying on casual self-observation of one's current knowledge and skills

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is highly subject to distortion and self-delusion.  It is necessary, therefore, to develop useful and effective tools and techniques to evaluate the individual psychologist's needs, to supply the psychologist with the resources to meet those needs, and then to evaluate the effectiveness of those resources in modifying practice for the benefit of clients or patients.

3. There are a number of practical issues that need to be addressed in order to implement the necessary structures to facilitate MOCL:

      a. Regulatory bodies have limited budgets and busy staff and thus depend heavily on professionals' volunteer time; and individual psychologists are already burdened with many administrative tasks.  Periodic assessment of competency for licensure renewal must be administratively feasible and minimally burdensome for both regulatory agencies and psychologists.

      b. There are many groups and agencies that will be affected by the change to MOCL, not only regulatory bodies and individual psychologists, but also other involved groups such as the American Board of Professional Psychology (ABPP); local/state/provincial/federal agencies that require their psychologists to be licensed; state, provincial or national organizations that currently offer CE and depend on registrations for income; and public or private third party payers for health services. It is critical that procedures for the periodic assessment of competency be developed in collaboration with these involved groups.

      c. Collaboration among all involved parties is necessary for the development of MOCL procedures, but the authority for approving the requirements, and ensuring that psychologists are meeting them, is ultimately the responsibility of the regulatory agencies.  So while the development and administration of new requirements could well comprise collaboration with public, professional, and/or private organizations, the authority for approval must remain the responsibility of boards and colleges according to their state or provincial authority.

      d. There will be concerns among licensees that regulations for assessing continuing competence will be arbitrary, lean too heavily on what CE providers offer rather than be designed to meet their specific needs, be expensive, take time away from the delivery of services or efforts to build their practices, be overly rigid with respect to mandated content or CPD procedures, or unduly expose them to board discipline.   Therefore, the requirements for psychologists to demonstrate their efforts to maintain and enhance competencies:
            (1) should be flexible and offer a choice of options;
            (2) must not be punitive; and
            (3) should not interfere with psychologists' practices or with the delivery of
               professional services.

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e. With the expansion of telepsychology and multijurisdictional practices, and the resultant need for psychologists to meet licensing and licensure renewal requirements in more than one jurisdiction, it is important that licensure renewal regulations be consistent from one jurisdiction to another. The greater the consistency across jurisdictions in the criteria used for approval of CPD activities, required credit hours, definitions of the amount of credit to be offered for a particular experience, mandated content, and approval processes, the less the administrative burdens for licensees and regulatory bodies, and the less frustration for licensees over meeting demands of each jurisdiction. Therefore, the Task Force believes that the development of common standards across jurisdictions is critical.

f. The emphasis on periodic assessment of competencies for licensure renewal should set up conditions that take advantage of licensees' motivations for, and commitment to, lifelong learning and not hold out the threat of discipline for those who are attempting, in good faith, to remain current in their knowledge and skills. On the other hand, mechanisms that ensure psychologists' accountability are clearly in the public interest. Therefore, there needs to be a reasonable balance between confidentiality, privacy, and transparency to boards and/or the public. The FSMB (2010) has suggested that if physicians do not comply with Maintenance of Licensure (MOL) requirements, if their deficiencies are at such a level as to require disciplinary action as indicated by a CPD report of deficiencies, or if a complaint is filed, the usual disciplinary procedures should apply. Short of that, however, they recommend non-public disclosure of self-assessment or performance data. Even if a CPD report indicates a deficiency, if that deficiency does not rise to the level of an infraction, then the regulatory body may create a remediation plan without public discipline being applied. The specific means to obtain this balance will need to take into account regulatory bodies' mandate to protect the public from unethical or incompetent practice, their responsibility to attempt to enhance the quality of services, and concerns that unwarranted release of licensee information will have a chilling effect on licensees' intrinsic motivations to remain competent and/or will lead to concerted efforts to impede implementation of MOCL requirements. Balancing these concerns will demand collaboration between a wide variety of involved individuals and organizations.

## II. Competencies

*Definition of Competence*

Competence has been defined in various ways. Kaslow, Dunn & Smith (2008) described competency as "an individual's capability and demonstrated ability to comprehend and perform certain tasks appropriately and effectively and in a fashion that is consistent with the expectations for an individual qualified by education, training, and credentialing. It is not an absolute or static process, but rather a dynamic process that entails continual professional development" (p. 19).

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Epstein & Hundert (2002) described competence as including the ''habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served" (p. 226). Additionally, they noted that competence involves "habits of mind that allow the practitioner to be attentive, curious, self-aware, and willing to recognize and correct errors" (p.228).
For purposes of this document, competence is understood to comprise knowledge, skill, judgment and attitudes, which when integrated, result in appropriate and effective performance in a particular situation (Rodolfa et al, 2005). Further, there is an expectation that these components must be continuously refreshed and updated in order to maintain competence (ASPPB, 2012).

*Competencies derived from the ASPPB Practice Analysis*

In a practice analysis completed in 2010 for the ASPPB'S Examination for Professional Practice in Psychology (EPPP), six competency clusters were identified as necessary for entry to practice: Scientific Knowledge; Evidence-Based Decision Making/Critical Reasoning; Interpersonal and Cultural Competence; Professionalism/Ethics; Assessment; and Intervention/Supervision/Consultation (ASPPB, 2010). Each cluster represents competencies that respondents indicated are demanded "frequently" to "very frequently," are "moderately" to "highly" critical for optimizing outcomes for patients/clients/public, and are "moderately" to "very" important to the practice of psychology. The ratings of three clusters – Professionalism/Ethics, Scientific Knowledge, and Interpersonal and Cultural Competence were ranked first, second and third, regardless of the rating scale.   In a detailed discussion of the development of this competency model, Rodolfa, Greenberg, Hunsley, Smith-Zoeller, Cox, Sammons, Caro & Spivak (2013) noted the implications for regulators, including evaluating applicants at entry to practice as well as developing mechanisms' to evaluate continuing competence in licensed professionals.

The competencies derived from the Practice Analysis were recently adapted by the ASPPB Competency Assessment Task Force and identified as: Psychological Knowledge and Scientific Orientation; Professional Practice; Relational Competence; Professionalism; Ethical Practice; and Systems Thinking (Rodolfa, 2013).

Broadly speaking, *Psychological Knowledge and Scientific Orientation* includes the ability to evaluate relevant research literature and apply the findings in professional practice. *Professional Practice* involves knowledge of, and appropriate application of, assessment/evaluation tools and interventions. *Relational Competence* involves integrating and applying theory, research, professional guidelines, and personal understanding about social contexts to work effectively with diverse individuals, families, groups, communities and organizations. Additionally, it means

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effective communication involving respect and empathy and managing interpersonal relationships, including those that are conflictual. *Professionalism* involves being aware of and practicing within the boundaries of one's competence, and critically evaluating one's own practice through self-reflection and feedback from others. *Ethical Practice* involves knowledge and appropriate application of ethics codes, laws and rules, and engaging in a process of ethical decision-making. *Systems Thinking* involves advocating for clients' access to needed services and managing one's professional practice in a manner responsive to legal and fiscal constraints and ethical guidelines. In addition, it involves interdisciplinary collaboration in professional activities, including services provided to clients.

*Specific Competencies and Areas of Practice*

While the competencies identified in the Practice Analysis are broad and general, and apply regardless of the area of practice, other specific competencies are targeted to particular areas of psychological practice.  For example, a clinical psychologist working primarily with children and adolescents, would require competencies specific to developmental stages, including interview techniques and assessment tools appropriate for children and adolescents, and intervention techniques appropriate to various developmental levels and to various conditions that may arise during childhood and adolescence. The psychologist would need to consult and collaborate with teachers, parents and families, and other health professionals. A psychologist working with an adult population in a correctional facility would have different practice specific competencies related to assessing and treating adults who have varying social, economic, educational and psychological backgrounds, who have been involved with law enforcement authorities and the court system, and who may have perpetrated and/or been the victims of crimes or other antisocial activities.

It is these practice specific competencies that are the focus of CPD. For specific areas of practice, (e.g., the two mentioned above), there may be new research findings or theoretical advances about assessment tools, intervention techniques, practice outcome monitoring, ethical or cultural understandings (to name a few), that may be applied to the psychologist's practice that could enhance the effectiveness of client outcomes. Additionally, the dominant presenting issues among a client population may change over time, as may the availability of services and/or other community resources.  These new findings, advances, or changes will necessitate that psychologists update and/or enhance (maintain) their competencies on a periodic basis. Furthermore, it is possible that psychologists may need to remediate specific areas of deficiencies in order to practice safely and with acceptable standards of care.

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*Competence and Performance*

"Competence" and "Performance" may be differentiated by "what am I able to do?" and "what do I actually do?" In a white paper published by the FSMB (2008) it was suggested that competence refers to knowledge and ability (*can* do), whereas performance refers to behavior (*does* do).

The FSMB noted that standardized tests are associated with assessments of competence, whereas workplace evaluations are associated with assessments of performance. They discuss multiple-choice examinations as valid and reliable standardized tests of competence and note that more tools are being developed for use in measuring performance. The FSMB also asserts that ideally, a physician should be expected to demonstrate accountability for both *general* competencies, including knowledge, skills and abilities to provide safe, effective patient care within the scope of their actual professional practice (what the physician is able to do), as well as competent *performance* in practice (how well the physician does it).

*General Competence for Psychological Practice (GCPP) and Practice Specific Psychology (PSP)*

The FSMB (2008) notes that a physician's practice narrows over time so maintaining the broad general competence that is evaluated at entry to practice may not be necessary for patient care over time. Moreover, remediation of any gaps found in an assessment of a broad general competence may not be relevant to a current area of practice, and thus may not improve practice. The FSMB argued that an assessment at least partially tailored to what the physician does in his or her practice will be perceived as more relevant than an assessment for general undifferentiated medical practice.

Applying this conceptualization to psychology, the EPPP covers a broad range of knowledge considered to be important for a licensed psychologist, especially during the first few years of practice (ASPPB, 2010); therefore, foundational, or general, knowledge for psychological practice is evaluated at entry to practice through the EPPP. As a psychologist spends more time working in a particular area of practice, competencies may narrow from the general to those more typically required in his or her specific area of practice. A requirement to demonstrate maintenance or enhancement of practice- specific performance may be perceived as more meaningful by psychologists and may be more likely to impact positively on professional practice. The MOCAL Task Force (2012) has noted that maintenance of competence is related to the psychologist's current area of practice. The intent is to continuously build on existing competencies, and to keep one's knowledge, skills, judgments, and attitudes up-to-date. Put another way, maintenance of competence relates to practice-specific psychology. Developing new competencies in order to change an area of practice or in order to achieve specialization in

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a practice area would require a more comprehensive and structured process than what is ordinarily required for licensure renewal.

One of the early proponents of the importance of assessing performance was Miller (1990) who asserted that no one method was sufficient to evaluate the delivery of services by a physician. He provided the conceptual framework for a thorough assessment by using a pyramid with the following levels:
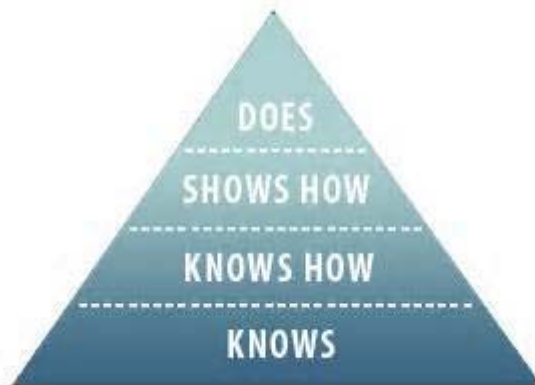


1. Knows (knowledge) - evaluated through objective test methods
2. Knows how (competence) - acquires information, analyzes and interprets data and translates into a rational diagnostic or management plan; having sufficient knowledge, judgment, skill or strength for a particular duty
3. Shows how (performance) - assessed by using standardized patients, computerized simulations, etc.
4. Does (action) - functioning independently in a clinical practice; observations in workplace-based assessment involves encounters with real patients; case-based discussions as part of evaluation

ASPPB's Competency Assessment Task Force is in the early stages of exploring the development of an assessment tool designed to measure competencies needed for entry-level practice. Following Miller's lead, the Task Force has created the ASPPB Pyramid related specifically to the assessment of competency in psychology, and that includes specific processes for assessing competency at each level of the Pyramid.

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**Does**
*Performance*
Practice Audits

**Shows How**
*Competence*
EPPP 2 and
Direct Observation

**Knows How**
*Integrated Knowledge & Skills*
EPPP 2

**Knows**
*Knowledge*
EPPP

**III. Framework**

The basic framework for the periodic assessment of competency for licensure for psychologists that the MOCAL Task Force is proposing is a three-part process that starts with self-assessment, including the creation of a Professional Development Plan (PDP); continues with implementation of the PDP, including the acquisition and assessment of new or remedial knowledge, skills, judgments, and attitudes; and concludes with the demonstration of competent professional performance.

*Self-Assessment*

The literature regarding self-assessment and its use in psychology has been thoroughly reviewed elsewhere (ASPPB, 2012; Kruger & Dunning, 1999; Eva & Regehr, 2005; Dunning et al., 2004;

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Hatcher, 2011; Green (2006); Lambert, 2010). Relevant points made in this literature include that self-assessment alone is not a particularly effective way in which to accurately determine one's professional needs. However, there may be ways to increase the accuracy of self-assessment through additional training and feedback. The question that individual psychologists need to answer regarding their professional development needs is, "based on my specific areas of practice (what I am doing), what knowledge, skills, judgments or attitudes do I need to update/enhance, and what knowledge, skills, judgments or attitudes do I need to acquire/remediate?"

This question leads to the following, more specific questions:

"What am I doing in my professional practice?" - Identification of all of the different populations served, problems addressed, services offered, etc. "Do I want to continue what I am doing? Do I want to become involved in offering other professional services within my area of specialization? Do I want to respecialize into other areas?

"Do I have the necessary competencies to effectively deliver the professional services I am offering?

"What competencies do I need to enhance/update/acquire/remediate to be able to deliver professional services in the most effective manner possible? Are there updates in scientific knowledge, assessment tools or norms, intervention strategies, relational frameworks, ethical practices, or systems approaches to the professional services I offer or want to offer?

"What methods of enhancing/updating/acquiring/remediating competencies work best for me, and specifically how do I plan to obtain the necessary competencies? Are there workshops, peer consultation groups, courses, self-directed studies, etc. that would meet my needs?"

As has been stated before, respecialization to other areas (e.g., *from* offering clinical services to individuals *to* offering consultation services to organizations) requires additional education and training beyond what would ordinarily be required for licensure renewal.

The Task Force conceptualizes the Professional Development Plan (PDP) as a psychologist-driven effort to assess and implement necessary enhancements, updates, acquisitions, or remediation to one's competence for practice. The PDP can be accomplished initially through rigorous and disciplined self-reflection, perhaps aided by guides to self-assessment (e.g., Belar et al., 2001), and then refined with the help of external resources. These external resources could be through peer review, through self-administered or externally administered tests with the assistance of scientific and clinical literature reviews, and/or through review of practice and treatment guidelines, to name a few. The PDP should be written and available to the psychology regulatory body during licensure renewal if the psychologist is audited.

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*Implementation of the PDP*

Once the psychologist has determined the competencies he or she needs to enhance/update/acquire/remediate, and the learning styles best suited to do so, the next step in the process is to find and implement the necessary methods for CPD.  There are many means by which to maintain competence, including formal CE, academic courses, supervision or consultation, certifications, etc. However, it will be necessary to demonstrate to psychology regulatory bodies that the means chosen are credible, reliable, effective and meaningful. Additionally, the assessment of knowledge, skills, judgment or attitudes will need to be verified to the satisfaction of regulatory bodies.  Regulatory bodies will need verification of participation in CPD as well as assessment of the outcome of CPD. Specific feedback, such as test scores, should be made available to the psychologist, but need not be reported to the regulatory agency.  This step is an example of the "knows" and the "knows how" and, depending on the nature of the CPD activity, the "shows how" levels of Miller's pyramid cited above.

*Practice Performance*

While it is useful for psychology regulatory bodies to have verified outcomes of CPD activities, it is more important to ensure that the professional services offered by psychologists are being done so in a competent and effective manner.  This type of assessment involves psychologists being able to demonstrate that they are actually *doing* what they know how to do, in essence the "does" step of Miller's pyramid. There are a number of methods to demonstrate this, including practice outcome monitoring, external practice audits, patient or client surveys, 360-degree evaluations, and the possibility of assessments utilizing standardized patients, to name a few.

**IV. Setting the Stage**

*Demonstrating Competency*

In addition to their obligation to investigate complaints about psychologists, psychology regulatory bodies have a responsibility to the public to ensure that psychologists are competent and can practice safely and ethically. At initial licensure, applicants must demonstrate that they have had the proper education, training and experience, as well as, that they possess adequate knowledge to become licensed or registered psychologists. Beyond what's required for initial licensure, however, regulatory bodies have relied primarily on CE as the mechanism for psychologists to document that they have continued to update their skills and knowledge and remain competent to practice. Unfortunately, as stated above, CE as it is delivered currently has not been demonstrated to ensure that psychologists are current and competent to practice (e.g., ASPPB, 2012; Neimeyer et al, 2009).  However, numerous studies have provided evidence

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for the use of CE as a tool for professionals to update their skills and knowledge *if it is part of an overall system of CPD* (e.g., FSMB, 2008).

Research that has focused on CE and CPD has demonstrated that psychologists, even in jurisdictions not having any CE or CPD requirements, do engage in activities that would fall under those categories. However, psychologists from jurisdictions having such CE or CPD requirements for licensure renewal typically engage in significantly more of those activities than do psychologists who are in jurisdictions without such requirements, and those psychologists typically engage in significantly more of those activities than are required to meet CE renewal requirements (Neimeyer, Taylor and Cox, 2012c). For the most part, then, it seems that psychologists themselves recognize the importance of remaining current and up-to-date, even if their local regulatory bodies have no requirements for them to do so.

*Changing the Accountability Paradigm*

The issue of "accountability" is a complex one. Historically, licensed psychologists have been held "accountable" for their practices primarily by complaints being lodged against them, a very low incidence occurrence. In jurisdictions that require CE for licensure renewal, audits are conducted to ensure that those requirements have been met. However, a Certificate of Completion for having attended a workshop or course is usually deemed adequate to demonstrate "successful" completion of the CE activity, and most CE activities do not conduct any type of assessment of learning outcomes as part of the CE.

Recently the American Psychological Association (APA) has adopted the "Quality Professional Development and Continuing Education Resolution" which has as one of its points the following statement: "Quality continuing professional development and continuing education includes evaluation of a learning experience in relation to the learner and the instructor, and the assessment of its outcomes, including verification of the completion of the activity" (APA, 2013). Additionally, the Continuing Education Committee (CEC) of the APA seems to have a renewed emphasis on evaluating what the participant has learned from CE, is now offering CE using a variety of modalities (e.g. Professional Development Programs, Interactive Classroom Programs, Book Based Program etc.) and has revised its sponsor approval criteria to include a mandate that CE program content must use "established research procedures and scientific scrutiny" (APA, 2014). With these changes, it seems that APA has committed itself to providing CE that includes a range of activities and assessments of learning and outcomes. Concomitantly the Standards, Procedures and Criteria for Approval of Continuing Education Activities for Canadian Psychologists (CPA, 2014) mandates that sponsors of continuing education evaluate their programmes saying "At a minimum, evaluation will include assessment of participant learning and participant satisfaction with the programme". At this time it may be that self report of perceived learning is acceptable within both the UA and Canadian systems for in person CE

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activities.

In light of some of these changes, the MOCAL Task Force believes that it may be time to reconsider the recommendations of the MOCAL Task Force in its *ASPPB Guidelines for Continuing Professional Development.* If APA, CPA, and other approved sponsors of continuing professional development include formal assessment of learning outcomes, then *requiring* that a certain percentage of CPD credits (possibly 50%) come from formal CE programs from approved sponsors (such as APA or CPA) or other areas that include formal evaluation (like academic coursework, or ABPP certification) may be in the public's best interest.

Maintenance of competence for licensure is a dynamic process of assessing and updating the knowledge, skills, judgment and attitudes required to meet the needs of the psychologist's current practice. CPD/MOCL requirements, as explained above, are practice-relevant, pertain to competencies that might include psychological knowledge, but which also go beyond just knowledge acquisition, and require the use of practice data to identify opportunities for improvement. Although an important step in the process, a Certificate of Completion is not sufficient to ensure that CE has actually had the desired or "required" effect of improving performance or updating competence. If MOCL is to be successful, the profession must move toward a more evaluative approach to professional competency. To that end, this Task Force is recommending a phased-in approach to MOCL, allowing for its acceptance without forcing it upon the profession. As noted above, the move to an effective and consistent system of ensuring competence will require the collaboration of many psychology organizations and associations, along with psychology regulatory bodies and psychologists themselves. For instance, when the time comes for formal performance evaluations, it is anticipated that a partnership with ABPP would be very useful, since more than any other psychology organization, ABPP is experienced in evaluating competence for practicing psychologists. Indeed, ABPP has recently introduced it's own Maintenance of Certification procedures, a step that the Task Force views as very positive in reaching the overarching goal of maintenance of competence. Additionally state and provincial psychological associations will be important allies and partners as ASPPB and the field move forward with competency assessment. Probably many, if not most, psychologists obtain much of their CE through state and provincial psychology associations offerings. The MOCAL Task Force believes that strong and vibrant state and provincial psychology associations only serve to enhance the movement towards ensuring that psychologists maintain their competence throughout their careers.

## V. Implications for the Field

This section has been divided into three subsections with implications for psychology regulatory bodies, implications for psychologists and implications for the public. While we have included implications for each of these various categories, please note that the implications for each

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category are not mutually exclusive, e.g. implications for regulatory bodies may also have implications for psychologists.

*Implications for Psychology Regulatory Bodies*

Feasibility. The proposed plan for implementing required CPD in every jurisdiction is ambitious, and jurisdictions that assume responsibility for the components of a CPD/MOCL program will need significant resources to administer the program over the long-term. This is one reason the MOCAL Task Force is emphasizing the need for the phasing in of such a program, beginning with the psychologist's own reflective self-assessment and plan for CPD (PDP). The Task Force has also developed a set of forms that psychologists can use to demonstrate to regulatory bodies their participation in CPD activities. Those forms can be found in the *ASPPB Guidelines for Continuing Professional Development* (ASPPB, 2012). These *Guidelines* also provide definitions and rationales for the various CPD/MOCL activities. Our hope is that these *Guidelines* and forms will ease the burden on regulatory bodies in implementing a MOCL program. The *Guidelines,* however, do not address the assessment of outcomes and the practice performance assessments that are recommended above. These elements of MOCL are still in the development phase and will require considerable more effort before implementation. When MOCL is implemented, regulatory bodies can rely on ASPPB to provide guidance and assistance, with efforts to minimize costs to regulatory bodies.

In the collaborative model supported by the Task Force, much of the responsibility for developing the infrastructure necessary to support psychologist compliance with CPD/MOCL requirements would fall to partner organizations. For example, national psychological associations already approve CE, and are developing new methods and standards that can enhance existing CE and accommodate the change to CPD/MOCL. Ultimately, the Task Force envisions having a nationally recognized vetting or accreditation system to assure that CPD/MOCL programs and assessment tools are valid and appropriate to helping maintain competence for licensure. Prior to the establishment of such a system, however, these already existing agencies can assure psychologists and regulatory bodies that CPD/MOCL experiences and activities, as well as methods for evaluating outcomes, are actually contributing to the overall goals of maintaining competence and protecting the public receiving psychological services.

Outside Agency Involvement. This Task Force is proposing that an agency separate from the regulatory bodies themselves (e.g., ASPPB) gather the CPD/MOCL information from psychologists and/or the approved sponsor and provide reports to the appropriate regulatory bodies when requested or required. By utilizing ASPPB for this portion of the project, regulatory agency staffs will not be overly burdened with MOCL procedures. It is important to note, however, that even though ASPPB will gather the data, the regulatory body will still have

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ultimate responsibility for reviewing the information and ensuring that its licensees meet current CPD/MOCL requirements.

Generic Benchmarking.  Regulatory bodies may benefit from using generic benchmarking as a tool for evaluating MOCL and its impact on psychology practice.   Benchmarking has been defined as "the systemic comparison of the performance of an organization against those of other organizations, usually with the aim of mutual improvement" (Thor, 1996). Psychology regulatory agencies can use knowledge generated by other professional regulatory bodies in evaluating their licensees to avoid certain problems and to provide for additional insight for evaluating MOCL.

The College of Physicians and Surgeons of Ontario (CPSO) provides an excellent example of a benchmark evaluation.  The CPSO uses its Maintenance of Certification (MOC) Program to verify that members are engaged in professional development activities that enhance the quality of care and to show that physicians have participated in the necessary activities needed for continued licensure.  Individual physicians have the ability to design their own professional development programs based on their individual needs and practices (CPSO, 2013).

The CPSO also utilizes several assessment programs to ensure MOC is being successful.  The assessment programs within the CPSO review more than 2,600 physicians each year to ensure that quality patient care is being provided and to offer feedback to physicians to help improve their practices (CPSO, 2013).

Statutory or Regulatory Changes.  Clearly regulatory bodies must determine whether or not they have the statutory authority to implement CPD/MOCL requirements as a condition of licensure renewal. It may be possible for jurisdictions that currently require CE for licensure renewal to reinterpret or modify their rules and regulations to allow for the implementation of a process of CPD/MOCL. Jurisdictions that have more specific or narrow statutory language will need to revise their statutes to gain the authority to implement CPD/MOCL.

Jurisdictions will need to determine what CPD/MOCL information may be kept confidential and which must be made public. Even if the information is confidential, the regulatory body will have to consider whether the information is discoverable in a civil or criminal action. Again, the MOCAL Task Force emphasizes the necessity for the plan for CPD/MOCL to remain confidential, as allowed by jurisdictional law, and not able to be accessed in the case of complaints against psychologists. This ensures that psychologists can use their PDPs to guide their CPD/MOCL activities, and be assured that those plans are meant to help engender a commitment to lifelong learning, updating of skills, and practice modifications as warranted.  Likewise actual scores from assessment instruments evaluating CPD should be revealed to the psychologist, but

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regulatory bodies only need to know whether the psychologist successfully completed the activity and put into practice the enhanced, updated, or remediated competencies.

Regulatory Board Acceptance of the Broad Goal of Competency Assessment. One challenge for MOCL will be gaining acceptance from regulatory bodies. For regulatory bodies to accept MOCL, it will be critical that they see the linkage between MOCL/CPD activities and protection of the public.  Regulatory bodies must begin to think of MOCL as a means to improve the quality of psychological practice, thereby improving public protection.  CPD/MOCL is vital to public protection, and this concern is a professional obligation; therefore, a paradigm shift must occur for the field of psychology. ASPPB and other psychological organizations play a part in bringing this model to regulatory agencies and to the profession.

*Implications for Psychologists*

Feasibility.   The Task Force believes that implementation of CPD/MOCL should be done in such a way as to address the potential impact on licensed psychologists. By far, the majority of psychologists already engage in activities that will meet the range of activities included in CPD/MOCL requirements (Neimeyer, Taylor and Cox, 2012c). In fact, for those jurisdictions already requiring CE for licensure renewal, CPD/MOCL will broaden the kinds of activities that psychologists can count toward meeting the requirements for license renewal.

Given the above, what kind of costs, time and effort will be required of psychologists to implement their CPD/MOCL plans? For the first stage of implementation psychologists in jurisdictions that require CE already, monetary costs might not increase significantly, depending on the jurisdiction and the requirements in place. The first phase of implementation, reflective self-assessment, will require additional time and effort from licensees, regardless of current jurisdictional requirements. To assist psychologists in documenting their CPD activities, ASPPB has enhanced its credentials banking program whereby psychologists can bank evidence of their CPD activities, including the plans that result from self-assessment. The Task Force believes that local psychological associations or state government agencies could also create such systems; so that when or if a psychologist is audited, credentials can be easily supplied to the regulatory body. Psychologists can access forms created by the Task Force for appropriate documentation of their CPD activities. It is those forms that can be submitted to a credentials bank.

Relevance to Practice.   CPD/MOCL is practice-related and is focused, as a result of the reflective self-assessment, on those activities that the psychologist deems important to maintain or update certain skills or to modify practice patterns.   To be successful, any CPD/MOCL program should be tied to a psychologist's practice, should enhance identified competencies deemed necessary for that practice, and should help the psychologist actually improve performance in practice. Our belief is that participation in CPD/MOCL will emphasize the importance to

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psychologists of adopting an attitude of lifelong learning, will encourage psychologists to seriously consider what's important for them do to be able to continue to practice competently and ethically, and will allow psychologists to embrace the notion that assessing the outcomes of their efforts is necessary.   For example, one of the recommended CPD activities is initial ABPP certification.  ABPP certification provides an excellent example of CPD that is practice related, and involves self-assessment and an evaluation of practice performance.  As such, it is the only activity that the Task Force recommends count for all the credits needed in any two-year period.

Oversight.  Psychologists-in-training are accustomed to being evaluated by faculty and supervisors.  However, once licensed, many psychologists are never externally evaluated again, nor do they have to "prove" their continuing competence to any outside person or agency.  The recommended MOCL program significantly alters that condition, and may impact the perception of autonomy for individual psychologists, especially with the practice performance evaluations suggested for the future.  Psychologists may have to adopt a different attitude towards external oversight by psychology regulatory bodies in the future as MOCL programs become more widespread.  Of course, this is true not only for psychologists, but also for every profession that moves toward evaluating the maintenance of competence of its licensees.

Although the proposed model is more structured than that currently required for license renewal, it also allows psychologists to direct their own CPD to more accurately assess themselves and then to target future CPD as indicated.  In the model proposed by the Task Force, psychologists would also be allowed to consider other professional educational activities currently not recognized as CE by their regulatory bodies.

Confidentiality.   The Task Force strongly believes that the focus of CPD/MOCL programs should be to enhance the competence of licensed psychologists and not to impose sanctions on licensees. We believe that psychologists, in general, see the importance to themselves, and to the people they serve, to keep their skills updated and to remediate or modify their practices based on their self-evaluations and feedback from external sources.

Although we believe it is vitally important that the processes used by regulatory agencies to administer the CPD/MOCL program need to be transparent, the data used by psychologists to identify opportunities for practice improvement must remain confidential. One of the benefits of the collaborative model espoused by the Task Force is that the information provided to regulatory agencies to verify compliance with CPD/MOCL requirements would simply attest to whether the psychologist is actively engaged in, or has successfully completed, approved CPD/MOCL activities. The data generated through self-assessment or practice assessment activities would remain the property of the psychologist and would not be transmitted to the regulatory agency. With an outside agency such as ASPPB gathering the data for regulatory bodies, only reports that document compliance would be provided to those bodies.  Unlike

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regulatory agencies, ASPPB is not a disciplinary agency and is not subject to Freedom of Information acts. In the event a complaint is filed against a psychologist, as always, legal remedies will apply.  Our recommendation is that the only way psychologists might be disciplined with regard to CPD/MOCL is that they have refused to participate or to comply with regulations or statutes, or that there have been repeated insufficient remediation attempts.

*Mobility*

As mentioned previously, the Task Force strongly encourages regulatory bodies to move forward with implementing CPD/MOCL requirements, and to do so in a consistent manner.  The reasons for this are many, but one significant reason is that this kind of implementation can help ease psychologist mobility, something potentially helpful to the public as well.

For a number of years, ASPPB has worked to increase consistency in regulation between jurisdictions and to remove barriers to psychologist mobility. The *ASPPB Guidelines for Continuing Professional Development* were created with input from a number of individuals representing the education and training, continuing education, and regulatory communities. That collaborative process resulted in a set of guidelines that should be able to be supported by the regulatory community at large, should help individual regulatory bodies create regulations to implement CPD/MOCL requirements, and should increase opportunities to ease psychologist mobility from one jurisdiction to another by allowing psychologists to essentially "transfer" their personal programs for CPD in doing so.  Again, the Task Force believes this helps everyone.

*Implications for the Public*

Our belief is that the implications of CPD/MOCL for the public are significant. First, psychologists' participation in CPD/MOCL programs should help to create a more competent workforce, and one that values lifelong learning and remaining up-to-date about changes in licensees' practice areas. Also important, this shift to requiring CPD/MOCL helps regulatory bodies carry out their mandate to protect the public, particularly by ensuring that licensees are updating their competence in a planned and thoughtful way.  With a system like this in place, the public can be assured that psychologists are remaining competent to practice safely and ethically.

## VI. Future Steps

The proposed framework for the maintenance of competence for licensure, and the implications and impact for all of psychology, represents a significant change for the profession and for psychology regulatory bodies. These changes, whether with the proposed framework or

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another, will necessitate a great deal of collaboration among many professional groups in psychology, and ASPPB is eager to collaborate with other relevant stakeholders.  The field is not yet ready or able to implement much of what has been discussed in this paper. The following steps are seen as a *beginning* of the "sea change" necessary for the public to be assured that psychologists are maintaining their competence to practice:

It is anticipated that a phased-in implementation process will be the most successful model for regulatory bodies. While trying to achieve some level of consistency across jurisdictions, it will be important to have models that vary depending on the different regulatory processes that exist within our boards and colleges.  While most regulatory bodies require CE for licensure renewal, some do not, and a practical first step is to assist those that do not require CE, and who want to, to achieve that goal.  ASPPB has guidelines for implementing CPD that should be helpful in this regard.

Second, it will also be important to work with our member jurisdictions to help assess and understand the financial impact and effort needed to implement MOCL.  In this regard, ASPPB can assist our member jurisdictions with regulatory and/or statutory language that would allow for the new CPD requirements; ASPPB can also develop and offer a system for data collection, retention, and dissemination of CPD activities to member jurisdictions.  As new procedures and scientific advances develop, we anticipate that it will be necessary to modify and update the MOCL model, and ASPPB can assist in evaluating this as well.

Third, it will be extremely important that all stakeholders have confidence that the MOCL model is one that works (i.e., it is valid, reliable, credible, and meaningful) and that the public is better protected through its use.  To that end, we are recommending that ASPPB, and other relevant stakeholders including national, state, and provincial psychology associations, ABPP, state and provincial regulatory bodies, and other interested parties, such as the Citizens' Advocacy Center, join together with other disciplines to form an institute that focuses on CPD.  The Institute of Medicine (IOM) (2010) advocated for such an institute with specific recommendations that the institute would work on developing "a new scientific foundation for CPD" (p.8) by developing more psychometrically sound outcome measures and self-assessment mechanisms, among other things. This institute could develop and test standardized self-assessment tools, create tools for measuring outcomes of educational programs, and develop practice audits that could be adapted for the various health care professions. The institute could also provide a reliable, credible, valid and meaningful mechanism to vet and approve CPD activities for all health care professions.  Additionally, it could help develop crosscutting "Best Practices" guidelines for mental health care.

Fourth, the Task Force is recommending to ASPPB that a standing Committee on Competency Assessment be established.  One of the charges of this committee could be the implementation

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of MOCL as well as coordination with other ASPPB services regarding the development of policies and procedures for data collection, retention, and dissemination of CPD activities.

 Fifth, a more specific step towards implementation of MOCL would be to have a series of summits on Self-Assessment, Outcome Measures, and Tools for Practice Performance Evaluations.   The Committee on Competency Assessment would also be charged with developing these summits.  These summits could include representatives from associations of regulatory and certifying bodies (ASPPB, FSMB, ABPP, American Board of Medical Specialties (ABMS), American Association of Dental Boards (AADB), National Association of Boards of Pharmacy (NABP), National Council of State Boards of Nursing (NCSBN), Association of Social Work Boards (ASWB), etc.), as well as representatives from national professional associations (APA, CPA, American and Canadian Medical Associations, American and Canadian Dental Associations, etc.), to begin the work of identifying common parameters of self-assessment, assessment of learning outcomes, and practice performance measures.  Using results generated from these summits, representatives to the summits could work collaboratively with the proposed interdisciplinary institute toward both MOCL and maintenance of certification endeavors.  Having access to scientifically sound instruments for self-assessment and outcome assessment would greatly increase the credibility of CPD/MOCL for practitioners and the public, and would provide regulatory agencies with the needed means to mandate Maintenance of Competence for Licensure.

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