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## Standing Tall on the Shoulders of Robust Continuing Education, and Stretching Beyond

During the first 50 years of *The Journal of Continuing Education in Nursing*, nursing continuing education (CE) has become increasingly robust by developing meaningful precision in standards for approval and emphasizing outcome measures. CE remains a mainstay in evidence of continuing competence. Regulatory bodies, individual professionals, and employers share responsibility to promote competence and monitor continuing professional competency (Casey et al., 2017). All stakeholders have relied heavily on CE as evidence of continuing competence. Nevertheless, “Many health professionals regularly undertake a variety of efforts to stay up to date...[yet], the nation’s approach to CE for health professionals fails to support the professions in their efforts to achieve and maintain proficiency” (Institute of Medicine, 2010, p. 1).

Competence is the knowledge base for practice. But, does a solid and current knowledge base translate readily into competency in practice? One of the authors of this editorial set a new record when she achieved 100% on the Illinois motorcycle safety multiple choice test. However, when she hopped on a motorcycle and demonstrated her riding skills, the instructors ran for cover. “Although basic knowledge does not guarantee safe practice, safe practice cannot exist without basic knowledge” (Toth & Ritchey, 1984, p. 275).

Has the time come to pay well-deserved respect to the robustness of the CE of today and at the same time stretch beyond for evidence of competency in practice? The use of CE is ubiquitous in licensure and certification processes.

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The prevalence of CE is more grounded in convenience than the strength of research-based evidence. The Institute of Medicine report *Redesigning Continuing Education in the Health Professions* stressed that the current evidence does not support the use of CE in demonstrating competency (Institute of Medicine, 2010). If we look to the best evidence-based practice in ensuring competency, we need to go beyond our borders to countries such as Canada, Australia, and England.

Fundamental differences exist regarding continuing competency in nursing practice between the United States and the three countries mentioned above. Competency assessment in the United States is decentralized, with the nurse and the employer having more responsibility. In each state, the state board of nursing licenses nurses and renews licensure. At a national level, little concerted effort or agreement occurs to regulate evidence of continuing competence. In American nursing, greater emphasis is placed on rigorous standards for entry into practice versus continuing competency over the course of a career. A statement from Tilley (2008) in a concept analysis paper is instructive regarding the U.S. approach on competency assessment: “Currently, in most states, a nurse is determined to be competent when initially licensed. Continued competency is assumed thereafter unless otherwise demonstrated” (p. 60).

Although Tilley’s work is now more than 10 years old, little has changed in the American approach. We do have a more robust system of CE, but we have not consistently addressed the issue of continuing competency over the course of a career, as have other industrialized countries. In the three countries cited, we find a more centralized, proactive approach to continuous professional development through the entirety of a career. The concept of fitness to practice appears often in the international literature (Holland et al., 2010). On the international front, we have also seen the widespread development of competency assessment instruments to include extensive use in research efforts.

We should consider that in these other countries, they assume that active work is needed to maintain competency over the course of a career. We believe that widening our view and considering the best practices of other countries will allow us to build and expand on our considerable strengths and further refine and enhance our valuable work. We stakeholders in CE have made tremendous progress in these first 50 years and should embrace different perspectives as we position ourselves to strengthen continuing competency for the next 50 years.

*Note. Readers may access a collection of this and other 50th anniversary guest editorials, along with classic articles and American Nurses Association landmark statements, online for free during our 50th anniversary year, at <https://www.healio.com/nursing/journals/jcen/50th-anniversary-collection>.*

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