Quality assurance in the delivery of services has become a fact of life for professionals. The demand for high-quality care arises from ever more critical consumers and the increasing presence of third-party payers as well as from professions themselves in protecting the services they render (Houle, 1981; Jacobs, 1974). Evidence for professional quality assurance activities in the practice of psychology that are sponsored by national professional organizations and licensing boards includes accreditation requirements for academic and internship programs (American Psychological Association [APA], 1979), ethical and practice standards (APA, 1981a,b), and provision for their monitoring. This chapter focuses on a particular aspect of professional quality assurance—the role of continuing learning. It reports on the work of the...
Continuing Professional Education Development Project (CPEDP) as it developed, implemented, and evaluated a unique practice-oriented model of continuing professional education for clinical psychology.

The need for continuing education for practicing psychologists has long been noted (Dubin, 1972; Jones, 1975; Webster, 1971). Dubin's notion of the half-life of professional training (i.e., the amount of time required to render one-half of professional training obsolete) dramatizes the need for professional updating. Over 10 years ago, Dubin (1972) estimated the half-life of competence for professional psychologists to be 10 to 12 years. He also noted that in many professions the half-life steadily decreased with the passage of time due to the rapid expansion of knowledge and technology.

Knowledge updating, alone, is too limited an approach for meeting today's demands for continuing professional education. Jensen (1979) differentiates between an education model that dispenses knowledge in a formal manner and a professional development model that holds

(a) knowledge is a framework for action that is acquired, itself, by acting,
(b) given a suitable background, individuals may acquire knowledge by self-directed actions, (c) the need for knowledge emerges from the nature of the problem at hand, and (d) under certain conditions, even highly trained professionals may choose a formal course of study. (p. 386)

Jensen's model suggests that continuing learning must be closely related to the demands of professional practice and be concerned with skills as well as knowledge. This approach calls for the exercise of astute clinical judgements based on current knowledge and implemented by currently accepted methods. The model also stresses the uniqueness of the individual practitioner and the variety of methods that can be used to meet continuing learning needs. Traditionally, psychologists have pursued continuing education by reading journals, participating in case conferences and collegial discussions as well as attending formal courses (Brown & Briley, 1979; Clark, Waden, Brownell, Gordon, & Tarte, 1983; McNamara, 1977).

Documented hours of continuing professional education of the type noted previously has been accepted as evidence demonstrating continuing competence of licensed psychologists in the 29 states that have mandatory continuing education requirements for relicensure (APA, 1981c). To date, this approach has been much preferred by practitioners over alternatives such as periodic reexamination for license renewal (Vitulano & Copeland, 1980). There is, however, a growing number of persons holding that traditional forms of continuing education