Continuing Competency: Multiple Perspectives

Presenters: Grady Colson Barnhill
Commission on Dietetic Registration
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Colorado Department of Regulatory Agencies

Why change renewal/recertification requirements?

• Rate of Technological change
• 1995 Pew Commission Report
• 1999 IOM Report on Medical Errors
• Citizen’s Advocacy Center recommendations
• CME Research

Components of a Continuing Competence System (CAC)

1. Routine Periodic Assessment
2. Development of a Personal Improvement Plan
3. Implementation of the Improvement Plan
4. Documentation
5. Demonstration of Competence, based on steps 1 through 4 above
3 Efforts to Build a Continuing Competence System

Example #1: CDR’s Professional Development Portfolio

To foster and facilitate self-directed lifelong learning and provide the practitioner with tools to assist in professional development.

Implemented 2001
Step One: Reflective practice

Environmental Scan

- What is/are my current practice areas and/or professional interests?
  - What do I enjoy?
  - work setting: What external factors or trends are affecting my professional practice?
  - practice area
  - professional interests
  - what do I want to add?

Step Two: Conduct a Learning Needs Assessment

1) Select one of your goals
2) Identify the major heading(s) most appropriate for the goal
3) Darken the circle next to your learning needs
4) Darken a circle to indicate your desired level of CPE

Step Three: Learning Planning
Step Four: Learning Activities Log

Add POP Activity

Drop-down menus

Then, click “Add Activity” button.

Step Five: Evaluation

- How did the process work during the last five years?
- What learning goals were completed and which do I want to use in the next recertification cycle?
Lessons Learned

- CC Program structure followed - some parts better than others
- Use of Delegates to publicize
- PDP Help Centers
- Profession acceptance follows Grief Model - push-back/time & money
- Computerization makes life easier for all
- Learning need summaries valued by CE providers, and others

Example #2: Colorado Department of Regulatory Agencies - Architects

Colorado Architects CC Process - Original Legislation

1. Professional Reflection - Self Assessment
2. Develop learning plan - CE
3. Implement learning plan - CE
4. Document CE - Reflective Practice
Colorado Architects CE Process
Revised Legislation

4. Document
CE - Reflective Practice

Lessons Learned

- Economic times/changing politics/changing stakeholders
- Legislative connections/influence
- Allowing Stakeholders to feel heard vs. losing control of process
- Connections with/relationship with stakeholders a variable

Example #3: Colorado Department of Regulatory Agencies - Electricians
Colorado Electricians CC Process -

1. Self Assessment
2. Learning plan based on Assessment
3. Implement learning plan - CE
4. Demonstration of Competence

Lessons Learned
- Connections with/relationship with stakeholders a variable - in a good way
- Allowing Stakeholders to feel heard vs. losing control of process - good balance
- Process works well with tightly-defined knowledge base
- Process is simple and straight-forward

Challenges - Summary
- One size doesn’t fit all... - need to customize
- Change of major stakeholders...
- Being inclusive/transparent vs. maintaining balance of stakeholders
- Carrots, sticks and timelines... - operating in good faith
CME Research...

- Dave Davis, Mary Ann O’Brien, Nick Freemantle, Fredric M. Wolf, Paul Mazmanian and Anne Taylor-Vaisey - Impact of Formal Continuing Medical Education: Do Conferences, Workshops, Rounds, and Other Traditional Continuing Education Activities Change Physician Behavior or Health Care Outcomes?

Once again...

"...We conclude that where performance change is the immediate goal of a CME activity, the exclusively didactic CME modality has little or no role to play."

Nashville, Tennessee
Lessons

- Be aware of time constraints of practitioners
- Advance notification helps transition - early and often
- Pilot test helps troubleshoot process and helps with publicity-awareness
- Using Board members or volunteers from professional or educational organization can be helpful in publicizing transitions
- How can value be provided to the professionals?
- Convenience factors helpful (binder pockets, computerization, time)

What is CDR’s Self-Assessment Series?

- Candidates review print materials (descriptive, charts, notes, lab results, etc.) and sometimes audio or video tape
- Candidates respond to self-assessment questions
- Comprehensive feedback is prepared for each individual
- Feedback includes right/wrong answer information, normative information and detailed diagnostic feedback
- Process is voluntary
- Now replaced with online Assess & Learn series

Normative Feedback
Continuing Professional Development:
A THRILLING TALE OF ACTION, ADVENTURE AND THE AGE OLD PURSUIT OF PUBLIC PROTECTION

Presented By: Richard Morales,
Colorado Department of Regulatory Agencies

In the Beginning There Was......

HOUSE BILL 09-1086

CONCERNING CONTINUING PROFESSIONAL COMPETENCY OF CERTAIN MENTAL HEALTH PROFESSIONALS, AND MAKING AN APPROPRIATION IN CONNECTION THERewith.

HB09-1086

CPD to renew or reinstate license/certificate

Requires the Boards/Director adopt rules regarding a Continuing Professional Competence program, which shall include three components:

1. Self Assessment
2. Learning Plan
3. Periodic Demonstration of Activities

Key Component - Confidentiality of CPD Information
**DORA’s Role**

- Protect Colorado Consumers
- Ensure a good fit with our type of practices and regulatory environment
- Support Colorado’s Professional Culture

**Program Design Considerations**

- Public Protection
- Professional Acceptance
- “Infrastructure” concerns
- Financial/Time Impacts
- Focus on enrichment not remediation

**So, How Do You Eat An Elephant?**

- Identify what you have going for you
- Identify what you don’t have going for you
- Know what is negotiable and non-negotiable
- Develop a process
- Communicate the process
- Follow-Through
What We Had Going for Us

• HB09-1086 was initiated and promoted by the professional associations
• The implementation design provided stakeholders with a meaningful opportunity to help craft the continued competency model
• There are existing continuing competency models that provided a framework
• The mental health boards have the same board staff and program director
• The continued competency program is supported by DORA
• The intent of the program is professional development

What We Didn’t Have Going for Us

• State budget and hiring freeze hindered the hiring process
• Shortened repeal date in the bill
• The temptation to “tinker” with the program after effective date of January 1, 2011
• Disparate ideas amongst the professions on the overall structure of the continued competency program
• Unknown technical information regarding the construct of the software solution selected will likely impact processes

Negotiable

• Content of the self-assessment
• Subject matter addressed in the practice survey
• The form (look) of the practice survey
• “Scales” for the practice survey
• Types of allowable activities
• Professional terminology
Non-Negotiable

- Size & composition of the committee
- Timeline
- Components of a CPD program (Assessment, Plan and Activities)
- Use of available technology
- The Board is the final decision maker
- All workgroup and committee members constructively contribute to the process

The Process

<table>
<thead>
<tr>
<th>Phase/Step</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase One: Research &amp; Development</td>
<td>Draft model developed September - December of 2009.</td>
</tr>
<tr>
<td>of Draft Model</td>
<td></td>
</tr>
<tr>
<td>Phase Two: Workgroup Of Board Members to Customize Content</td>
<td>Three meetings to be held in January, February, and March of 2010.</td>
</tr>
<tr>
<td>Phase Three: Stakeholder Committee-</td>
<td>Three meetings to be held in April, May and June of 2010.</td>
</tr>
<tr>
<td>Substantive Issues</td>
<td></td>
</tr>
<tr>
<td>Board Adoption/Rule-making</td>
<td>July - October of 2010</td>
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<tr>
<td>Outreach to Profession</td>
<td>November - December of 2010</td>
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<tr>
<td>Continuing Competence Effective Date</td>
<td>January 1, 2011</td>
</tr>
<tr>
<td>Mental Health Renewal Date</td>
<td>August 31, 2011</td>
</tr>
<tr>
<td>Mental Health Renewal Date</td>
<td>August 31, 2013</td>
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</tbody>
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Communicate!

- Develop and share an implementation plan
- Engage professional associations - learn and set expectations early
- Incorporate all reasonable suggestions
- Outreach for committee selection
- Develop channels for broader communication to licensees
Parting Words

• Evolution not Revolution!!
  • The proposed model is based on best practices and the collaboration of the Workgroup and Committee.
  • It may not be perfect
  • Know that it can change

Speaker Contact Information

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