



Crossing over to continuing competence

Mary Bennett, PT, Lee Nelson, PT and David Perry, PT

Note: The following article was developed from an educational session at the 2012 FSBPT annual meeting.

Three board members discuss their experiences with implementing continuing competence rules in their states, telling readers what worked well and what they might do differently in the future.

Mary Bennett, PT Indiana Physical Therapy Committee:

When we first attempted to discuss continuing competence in Indiana, we decided to have a meeting of all interested parties. We included Indiana Physical Therapy Committee (Committee) staff, the Committee chair and one Committee member; our advisory attorney from the Attorney General's office; two representatives from the Federation of State Boards of Physical Therapy (FSBPT); the executive director, president, legislative chair and lobbyist from INAPTA, and a physical therapist who is a former Committee member and a former president of the INAPTA Chapter.

While one could argue that it is good to involve all stakeholders, it quickly became apparent that some groundwork would have been useful prior to the meeting as it did not go well. The proposed continuing competency rule covered three pages, but we spent the first hour just discussing the first three lines, with little agreement amongst the stakeholders.

I believe the problem developed from several misunderstandings.

I have been involved with the physical therapy association for 40 years, and I believed I knew the issues and the people. My primary goal was to develop language that the medical licensing board would accept at a public hearing and not turn back to us. I thought the stakeholders would understand that. It became apparent that they did not.

I discovered that stakeholders did not know the state rule regarding continuing education. In Indiana there is an overriding rule that governs all continuing education and continuing competence. In this rule, approval for continuing education has to come from a national (not state) organization and any affiliate.

Without the groundwork to establish understanding of these limitations and requirements, the stakeholders wanted things that were not possible.

Additionally, some stakeholders wanted no input from the Federation. In this situation, groundwork needed to occur to establish trust amongst the stakeholders. However, I don't regret having the meeting. Everyone had a chance to express opinions so at least we had better understanding of what everyone thought. But we couldn't work in that scenario.

After the meeting

After the meeting, we began working on the rule and reported back to the Committee at quarterly meetings for input and approval. At the same time, we were sending versions to both INAPTA and our advisory attorney for feedback as we progressed. There were also conversations between the chair of the Committee and the INAPTA president.

I went to meetings all over the state. Some stakeholders' leaders told people to come and oppose things I was proposing. But the membership was very agreeable and liked what I was doing. They'd say, "You go, Mary, you're doing fine."

The Committee finally passed the rule without objection from INAPTA in February 2012. We are working through the process and have an upcoming public hearing in front of the medical licensing board. We are trying to remove all objections before we get there.

What could or should we have done differently? I should never have mentioned any specific continuing competence program or model while proposing the rule and I should have talked with the stakeholders individually before the meeting. It is important to conduct groundwork to assure understanding and trust amongst the stakeholders. Ultimately, everyone wants the same thing.

The proposal

Our proposed continuing competence rule has 22 hours (which is not as many as the chapter wanted) with at least 10 hours coming from Category I.

Category I includes workshops, seminars, courses, symposia, home study programs and approved-for-credit university courses. All licensees must also complete two hours of an approved ethics and Indiana jurisprudence course.

Category II includes publications, research, adjunct instruction, workshop presentations, supervision of students, professional participation, clinical specialization, certificate of advanced proficiency for PTA, attendance at INAPTA meetings, in-house seminars and other approved scholarly activities.

Lee Nelson, PT, Vermont Physical Therapy Advisors:

Vermont stakeholders had less contentious issues with our continuing competence model. We do not have a board in Vermont, but instead have two PT advisors with no decision-making authority. We have been using that model since the 1980s and have had no luck in changing it. We are told it is being done this way for reasons of efficiency and cost.

The Office of Professional Regulation (OPR) advisors make most of the decisions surrounding regulation of the profession, with the director endorsing those decisions, or in some rare instances, making a different decision after considering the advisors' advice.

Our continuing competence timeline began in 2003, with a request made from the director of OPR that all health professions review/implement continuing competence (CC) as part of the rules/regulations. At that time, PT did not have continuing education (CE) or continuing competence requirements. Action was prompted by the Consumer Advocacy Center.

In 2004, in preparation for revising and modernizing the 1997 PT Practice Act, a survey was sent to all PTs and PTAs inquiring about numerous issues, one of which was continuing competence. We had a 45% response rate from 1,100 licensees, which is very good. Of those responding, just two licensees voiced concern over the additional expense that CC requirements would cause, and just three licensees flatly stated they didn't want CC or CE.

FSBPT gets involved

Also in 2004, FSBPT staff presented the model practice act at a VTAPTA Chapter meeting and contrasted Vermont's 1997 Practice Act with the new model practice act. They identified hot topics for a possible Vermont statute revision, as well as introduced the FSBPT position statement on continuing competence.

In 2005, the CC language survived as the least controversial aspect of the proposed changes to the new statute. It said, in part, "The director shall establish continuing competence requirements by rules as a condition of licensure renewal." This was the first insertion of CE or CC language into Vermont PT statutes or rules.

From 2005 to 2009, ongoing work continued with the other professions who opposed language in our proposed statute. Since 2009, OPR advisors and staff have drafted numerous updates/modification of the PT rules from 1997 with focus on development of the CC model.

Our advisors seek input from other jurisdictions regarding effective models for CC, and have presented proposed concepts at several VTAPTA chapter meetings. Continued competence was always the biggest discussion point, but overall, it was well received.

After a year's delay in completing the rules revisions due to OPR staffing issues, an OPR letter was sent

to all PT-PTA licensees in early 2012 with notification of proposed rules inclusive of CC requirements that were posted to the OPR website. The letter requested feedback/input from licensees via email or snail mail; we received written comments from 25 individuals.

The VTAPTA chapter announced a public meeting for licensees to provide comments to the initial draft. The meeting was attended by seven licensees as well as advisors and staff counsel. Based on those comments, selected changes were made to rules and the CC guideline and process. A lot of the feedback was a positive vote of support for CC - only one person expressed discontent with inclusion in the rules.

OPR will now file proposed rules with the Legislative Committee on Administrative Rules (LCAR). LCAR will hold a public hearing at the state house on final proposed rules; interested persons may still testify in support or opposition of the rules. A decision is expected in early 2013.

These are the activities sponsored by approved providers of CE: courses, seminars, conferences, workshops, degree coursework, advanced training, exams and assessments, residencies and fellowships, an APTA clinical instructor, credentialing/ trainer programs.

Activities not sponsored by approved providers include workplace education, clinical education instructorship, presentations/teaching, activities related to professional roles, structured interactive activities such as group study, mentorship, research/scholarship and self-study.

We learned that the vast majority of constituents expressed positive attitudes toward the addition of the continuing competence requirement. The most typical comment was, "It's about time." Some were embarrassed the state did not yet have continuing competence.

Issues of management of CC audits and monitoring of CC systems pose considerable challenges due to state staffing issues and human resource availability. We needed to be flexible when looking at what advisors thought was optimal versus what the state staff thought was workable.

The primary issues of cost, time and dwindling budgets from clinical sites were cited as concerns, but generally people were not in opposition to having continuing education requirements. No opposition was received concerning the addition of CC activities that aren't in the CE realm.

David Perry, PT, Michigan Board of Physical Therapy:

Michigan's experience with continued competence was a marathon.

In Michigan, legislative action results in changes to the public health code; the board reviews and adopts administrative rule changes - if they are included in the legislature - after a lengthy promulgation process of 9 to 12 months or even longer. It looks at one set of rules at a time. The bureau of health professions handles all of the licensing for the state's 22 boards of health.

The public health code established the provision for boards to require continuing education as part of the renewal process, with the intent of advancing the level of knowledge of the profession's licensees. The boards recommend the number of continuing education hours necessary to confirm continued competency and specify the types of education that are acceptable. Hours and approved types of education are specified in the rules for each profession. There is now language in the legislation for the PTA that went into effect in 2009.

Interest in continued professional development (CPD), Michigan's term for continued competence, dates back to the 1990s, with a major push coming from the professional association. There was little to no interest by the licensure board, due to the large rural population served and the difficulty in finding PTs and PTAs. From 2000 to 2005, however, there was growing interest within the licensure board. The bureau staff was hesitant because it was small and CPD would involve more work. Let's just say it was not at the top of their agendas.

In the mid-2000s, a respiratory care "pilot" project that included CPD sought inclusion of other professions, and received support from psychology, veterinary medicine, physical therapy and professional counseling. A review of recommendations from the pilot project was conducted by the governor and it was approved in late 2007.

The board then moved forward with developing administrative rules which had not been changed in more than a decade. (Michigan had, in fact, been targeted as an "easy entry point" because of its low standards.) Also looming on the horizon were PTA licensure and CPD, so the board made a strategic decision to use a three-phase process.

Phase one defined intervention as purposeful and skilled interaction by the PT, extended the prescription to be valid for 90 days unless otherwise stated, adopted CAPTE evaluative criteria as a standard; adopted the FSBPT Coursework Tool for foreign credential review, defined delegations and supervision and defined prohibited conduct. That phase was adopted on May 15, 2009.

The second phase began a month later, and focused on setting rules for PTA licensure. The rules were adopted in November 2010. Every time we finished one set of rules, we began working on the next set. However, our new governor then created the office of regulatory reinvention (ORR). So we had to step back a little.

At our July 2012 board meeting, we received clearance by ORR to move forward with CPD and the board is wrapping up administrative language before pursuing it. The rules committee now has to refine the draft and have it approved by the whole board. The earliest adoption would be in late 2013, and it wouldn't have an effect until 2015-2016.

The draft includes the categories of continuing education, event-based learning activities and competency assessments and activities. We also put in a piece where individuals develop a portfolio that includes learning assessment, a learning plan, a learning activities log and a learning evaluation.

My recommendation is that you must have a champion on the board when you pursue CPD, and you must work collaboratively. Most of all, it takes persistence, patience and faith.



Mary L. Bennett PT, Indiana Physical Therapy Committee Chair

Mary Bennett received her Physical Therapy education in the United Kingdom. Has worked in Indiana since 1971 and retired from a faculty position at the University of Evansville PT and PTA programs in 2008. She now works as needed at a long term acute care facility in Evansville, Indiana. She has served on the PT Committee since 2004 and has been the Committee Chair since 2004. She is a 40 year member of APTA and is currently a member of the Board of Directors of FCCPT.



Lee Nelson PT, DPT, MS, Clinical Professor, University of Vermont, Burlington, VT

Lee Nelson is a Clinical Professor in the Physical Therapy Program at the University of Vermont. Since 2000, she has served as one of two Advisors for Physical Therapy Practice to the Vermont Office of Professional Regulation, Secretary of State's Office, with past involvement in updating the PT Practice Act as well as recent revision of the PT Rules, inclusive of the addition of Continuing Competence. She is currently Chairperson of FSBPT's Continuing Competence Committee and was a member of the FSBPT's Standards of Competence Task Force in February 2006.



David Perry, PT, MS, Baker College of Allen Park

Dave Perry was the past president and a member of the Michigan Board of Physical Therapy. He has served on numerous FSBPT committees and is currently a credentials evaluator for the Foreign Credentialing Commission on Physical Therapy.