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### **A Model for Continuing Competence**

Federation volunteers and staff have been working steadily to fulfill the 2007 delegate assembly motion regarding continuing competence. This motion charged the Board of Directors to move forward with developing a comprehensive continuing competence program which would, at minimum, include:

- Tools to evaluate continuing competence
- A framework for integrating the tools
- A comprehensive certification program
- The appropriate organizational structure to accomplish the goals.

### **Definitions**

The physical therapy licensing boards acknowledged their responsibility in the area of continuing competence with this charge. The member boards of FSBPT want to ensure that the PTs and PTAs licensed to practice in their state continue to be competent throughout their career.

- **Competence** has been defined by FSBPT as the application of knowledge, skills and behaviors required to function effectively, safely, ethically and legally within the context of the individual's role and environment.
- Whereas **Continuing Competence** is defined as the lifelong process of maintaining and documenting competence through ongoing self-assessment, development and implementation of a personal learning plan, and subsequent reassessment.

FSBPT's Continuing Competence Committee has developed a [model for continuing competence](#) that is currently available to the jurisdictions. The purpose of the model is to communicate the

continuing competence requirements for re-licensure. It is never easy to venture away from what is known and comfortable to something new. However, with careful and thoughtful preparation jurisdictions can create a system that better reflects continuing competence and still meets its goal of public protection. Above all, jurisdictions have a responsibility to assure the public that those persons who are licensed are worthy of those licenses.

## **Requirements**

Although the topic of continuing competence is quite complex, the model is relatively simple. There are only two requirements for the model:

- Each licensee must obtain a minimum of 30 Continuing Competence Units (CCUs) from either certified or approved activities in a two-year renewal period.
- At least 15 CCUs must be obtained by taking certified activities.

## **Guiding Principles**

The model also has some guiding principles that will need to be communicated to all stakeholders:

- Continuing competence should be self-directed by the PT or PTA.
- Evaluation/assessment of current competence is critical for the PT or PTA. The results of an evaluation or assessment should be used by the PT or PTA to then select appropriate development activities.
- PTs and PTAs should have a wide variety of activities available to demonstrate their competence; there is not one “right” way to demonstrate competence.
- Activities that are not certified, but are approved, will be assigned a set value. If, for example, a mentorship was an approved activity, individual mentorships would not be certified but mentorships would be an approved activity and would receive a set number of CCUs. Because approved activities do not go through the rigorous approval process, there is a limit to how many approved activity CCUs can count toward renewal requirements.

## **Making the Leap to Continuing Competence**

Most people would argue that there are a number of ways to maintain competence in the field of physical therapy. Truthfully, there are probably as many different pathways to professional continued competence as there are professionals. Currently, however, most jurisdictions approve, based solely on the parameter of time, just a few different activities. Many states just have one

approved option, traditional continuing education. Continuing education has a place in a continuing competence plan. It is an option; it's just not, and should not, be the only option. Making the leap from CEUs to CCUs is an opportunity for jurisdictions to have more meaningful continued competence requirements while allowing the licensee to reflect on a career path, self assess strengths and weaknesses, and develop a personalized plan of achievement.

Two key differences between continuing education and continuing competence are the way value is measured and the breadth of activities that qualify. In a traditional continuing education model value is measured by the time spent attending the course. A continuing competence model calls for valuing activities on a variety of factors beyond time. In a traditional continuing education model, the only activities that are approved are those that follow standard classroom or online classroom structures. A continuing competence model allows for a number of activities including residencies, fellowships, assessment tools, specialty exams, and research, as well as traditional continuing education opportunities. Paired with self reflection and assessment by the licensee, a host of different activities can be linked together to create a comprehensive plan for continued competence.

Jurisdictions can be proactive to motivate and facilitate this thinking and instill these principles, rather than mandate a "one size fits all" approach to continued competence. There must be a shift towards judging activities for their value and quality, rather than the number of hours for completion. Licensees will have to be educated regarding the new model. Rather than feeling that this mandate is overly burdensome, the continuing competence initiative should be presented as a way for professionals to have many of the activities they are already doing count towards requirements for re-licensing.

### **Obtaining Statutory Authority**

One of the first steps in moving towards a continuing competence model in the jurisdiction is to obtain statutory authority to require continuing competence and not just continuing education. Fortunately, in most states, these proposed changes will not be controversial and have little to no opposition. For those jurisdictions whose language closely parallels the Model Practice Act, the following language would be relevant to continuing competence and licensure renewal:

#### ***3.05 License [or Certificate] Renewal***

A. A physical therapist applying for renewal of the license shall:

1. Complete a renewal application including payment of fees.
2. Submit evidence of continuing competence.

B. A physical therapist assistant applying for renewal of the license [certificate] shall complete a renewal application including payment of fees.

Although at this time, there is no model language for statute or regulation suggested for jurisdictions when shifting to a continuing competence model, there are some elements that are recommended.

- First, the language must state continuing competence activities rather than continuing education.
- Second, a minimum number of continuing competence units for re-licensure should be established.
- Third, an approval process of continuing competence activities should be established.
- Fourth, a determination must be made of the minimum standard continuing competence activities must meet in order to gain approval.
- Fifth, the jurisdiction must retain the ability to designate an outside body to do the approval of continuing competence activities.
- Finally, the jurisdiction should in some way require evidence of accomplishment by the participant of the required minimum standard.

Within this model, each unique activity that is approved through the certification process would be assigned a CCU value based on how well it met the standards as measured by the criteria. The certification process would be done on a national level by a trained group of staff and volunteers. However, jurisdictions would not be required to use the national certification process if they preferred to use their own process.

Activities that are not certified, but are approved, will be assigned a set value. If, for example, a mentorship was an approved activity, individual mentorships would not be certified but mentorships would be an approved activity and would receive a set number of CCUs. Because approved activities do not go through the rigorous approval process, there is a limit to how many approved activity CCUs can count toward renewal requirements.

The Continuing Competence Committee believes that the Federation's model is based on current evidence and addresses issues raised by the consumer groups around this complex subject. In an effort to create a model which reflected the desires and concerns of the jurisdictions as well as "best practices" regarding continuing competence, the Continuing Competence Committee sought input into the model from all jurisdiction licensing authorities. This was to ensure that the model represents FSBPT's best collective knowledge versus the knowledge of one state or committee.

The committee hopes that jurisdictions will move toward accepting and adopting the model or at the very least, components and parts of the model. As always, every jurisdiction will have the choice to use the model in any way they determine best for their jurisdiction. If you have questions about FSBPT's Continuing Competence model or any components of the Continuing Competence initiative, please contact Susan Layton at [slayton@fsbpt.org](mailto:slayton@fsbpt.org).