Since the adoption of the 2007 FSBPT delegate assembly motion that launched the Continuing Competence Initiative, much of the ensuing work has focused on development and promoting awareness of the Continuing Competence Model to member boards and other stakeholders.

The Model
The Continuing Competence Model (“Model”) is a recommended set of re-licensure requirements and options for jurisdictions to consider adopting. The Continuing Competence Committee believes that the Model is based on current evidence and addresses issues raised by consumer groups around this complex subject.

The Model represents an effort to create a set of requirements and options that better reflects continuing competence and that assists member boards to fulfill their responsibilities of public protection.

It is a tool for member boards to periodically ascertain whether physical therapist and physical therapist assistant licensees are still competent to perform their roles.

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.

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.

Two requirements to the Model
Although the topic of continuing competence is quite complex, the Model itself is relatively simple. There are only two requirements to the Model:

- Licensees must obtain a minimum of 30 Continuing Competence Units (CCUs) by completing either certified or approved activities listed in the model within the licensure period (assumes a 2-year period, but can be adjusted for 1 or 3-year periods).
• At least 15 of those required CCUs must be obtained by completing certified activities.

### Certified and approved activities

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### Guiding principles

Accompanying the Model are some guiding principles that are important to relay to stakeholders:

• Continuing competence should be self-directed by the licensee.
• Evaluation or assessment of current competence is the essential first step for the licensee. Results are to be used by the licensee to then select appropriate development activities.
• Licensees 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, are assigned a set value. Example: If a mentorship is 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 are not conducive to undergoing an evaluative process such as ProCert certification review, there is a limit to how many approved activity CCUs can count toward renewal requirements.

### Maintaining competence

There is general concurrence 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 maintenance of competence as there are professionals.

While there is a shift underway by many jurisdictions to expand options for licensees, most jurisdictions approve – based solely on the basis of time – just a short list of activity types. Many jurisdictions still have only one approved option: traditional continuing education.

While continuing education activities will always have a place in a continuing competence plan, the Model promotes the concept that continuing education is an option; it’s just not – and should not be – the only option.
CEUs to CCUs
Making the leap from a CEU (or time only) based model to the CCU-focused Model is an opportunity for jurisdictions to establish more meaningful continuing competence requirements while allowing the licensee to periodically reflect on a career path, self assess strengths and weaknesses, and develop and complete a personalized plan of achievement.

Two key differences between a continuing education model and a continuing competence model are the way value is measured and the breadth of activities that qualify.

In a traditional continuing education model, value of an activity is measured by the time spent attending the course. The Model calls for valuing activities on a variety of factors beyond merely time or duration. In a traditional continuing education model, the only activities that are approved are those that follow standard classroom or online classroom structures. The Model allows for a number of activities including residencies, fellowships, assessment tools, specialty exams, and research, as well as traditional continuing education opportunities.

Activity certification
For more information on how FSBPT handles assessing continuing competence activities, go to www.fsbpt.org and navigate to About FSBPT/Forum Magazine/Forum – Summer 2012. Scroll down to the article titled, “ProCert Continuing Competence Activity Certification is Here.”

Being proactive
Research indicates that 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 evaluating activities for their value and quality, rather than defaulting to duration.

Educating licensees about the benefits and value of the Model is essential to its acceptance, but feedback from licensees and their stakeholder groups indicates the Model is a shift in the right direction. Rather than relaying a message that a shift to continuing competence is an overly burdensome mandate to licensees, a state-level competence initiative should be presented as a way for professionals to have many of the activities they are already doing count towards requirements for relicensing.

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, such a proposed change will likely not be a controversial one. For those jurisdictions whose language is congruent with 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.
   1. Complete a renewal application including payment of fees.
   2. Submit evidence of continuing competence.

Ideally there will also be language in statute that grants authority to the board to establish the continuing competence requirements in the administrative rules or regulations.

Model rule or regulation language for a continuing competence model is more difficult to develop as jurisdiction requirements vary widely. However, there are some essential elements that are recommended for the language:

- Require the completion of continuing competence activities rather than continuing education.
- Establish a minimum number of continuing competence units for re-licensure.
- Identify a certification process for continuing competence activities.
- Ensure the jurisdiction maintains authority to designate who performs the certification process.
- Determine the minimum standard that activities must meet in order to gain approval and assign activity values.
- Require evidence of completion by the participant of the required minimum standard, and stipulate what constitutes evidence of completion.

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.

FSBPT is prepared to conduct activity evaluations for purposes of certification through ProCert at the FSBPT Continuing Competence website under Resources.

Approved activities
Activities that are not certified, but are approved, are 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 evaluation process, there is a limit of how many approved activity CCUs can count toward renewal. Activities that are eligible for certification (e.g. a conference, a residency program, etc.) – but are not actually submitted for evaluation – are assigned an approved value that is not more than the CCU value of the activity if it were certified.
Jurisdiction participation
Interest on the part of jurisdictions to adopt the Model (as presented or a variation) has been on the rise as evidenced by an increasing number of jurisdictions promulgating rule and regulation changes to shift to such a model, as well as by requests for information and assistance from jurisdictions to make this transition.

As always, jurisdictions retain the choice to use the Model in any way they determine is best.

Need more information?
For information and answers to questions about the FSBPT’s Continuing Competence Model, ProCert or any components of the Continuing Competence initiative, go to the FSBPT Continuing Competence website or contact FSBPT staff at competencestaff@fsbpt.org.