

THE TRANSFORMATION

OF HEALTH CARE HAS - AND

CONTINUES TO BRING ABOUT

CHANGES IN CERTIFICATION



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IOM Report: To Err is Human (1999)

RECOMMENDATION 7.2:

- Performance standards and expectations for health professionals should focus greater attention on patient safety
- ▶ Health professional licensing bodies should
 - implement periodic reexaminations and relicensing of doctors, nurses, and other key providers, based on both competence and knowledge of safety practices; and
 - work with certifying and credentialing organizations to develop more effective methods to identify unsafe providers and take action.

Continued Competence in Nursing (2005)



NCSBN convened the Continued Competence Advisory Panel with the following charges:

- Develop and implement a communication plan on Continued Competence.
- Develop a Content Outline for Continued Competence
- Conduct preliminary feasibility studies for assessments of continued competence.
- Continue development of a Continued Competence Regulatory Model to be used by member boards.

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Continued Competence

- Must provide employers and the public a valid measure of assurance regarding the ongoing competencies of providers
- ► Both RN and APRNs will be pushed to demonstrate on-going competence in their specialty areas



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CERTIFICATION: Continued Competence (2008)

APRN Joint Dialogue Group

Developed the Consensus Model for APRN Regulation

- ► Stated: Certification maintenance must include a review of qualifications and continued competence
- ▶ There must be procedures for
 - Ensuring a match between continued competency measures and the APRN specialty
 - Validating information provided by candidates
 - Re-certification



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NCC and Continued Competence (2010)



National Certification Corporation (NCC) response to insuring health care providers knowledge competency was to develop a continuing competency program to:

- Validate knowledge competencies related to the certification that is consistent with the current educational curriculum, national standards of practice and the current practice
- ▶ Demonstrate maintenance of competencies over time
- ► Continuing Competency Specialty Assessment
 - Assess knowledge gaps
 - Develop an educational learning plan



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Continued Competency Specialty Assessment

- ▶ Introduced in two stages with the first being an orientation
- ▶ 125 questions in 2 hours and 15 minutes
- ▶ No Pass/Fail
- ▶ Provides feedback in core areas of competency
- Individualized educational plan demonstrating knowledge strengths and gaps
- ► Specialty Index score on a scale of 0-10
 - 7.5 or better satisfies maintenance for continuing education in that area
- Provides 5 CE hours



CORE COMPETENCY AREA	YOUR SPECIALTY INDEX	CE HOURS REQUIR	D		
Normal Physiology and Management (Code 1)	6.5	10 hours			
Pathophysiology (Code 2)	7.55	Standard met			
Pharmacology (Code 4)	6.15	10 hours			
Physical Assessment & Diagnostic Tools (Code 3)	8.5	Standard met			
Professional Practice (Code 5)	6	5 hours			
Your education plan					
CORE COMPETENCY AREA			CE HOURS		
Normal Physiology and Management (Code 1) Self Assessment modi Pharmacology (Code 4) Nessed keywords: Drug Therapy, Pharmacokinetics Pharmacology (Code 4) Self Assessment modules > Professional Particle (Code 5) Nissed keywords: Ethical Principles and Theories Professional Particle (Code 5) Self Assessment modules >	oles »		10 hours 5 hours		
Baseline Hours — 15 Continuing Education hours in any of your core	competency specialty areas		15 hours		
Credit for taking this assessment (may be applied to your total required hours)					
		Total hours required	35 hours		

Continued Competency Specialty Assessment

- Does not affect the certification but the nature and amount of continuing education that is required for maintenance
- > Available on demand at any computer
- Can be taken anytime during the 3 year maintenance cycle
- Only CE earned after taking the continuing competency specialty assessment can be used for maintenance
- ▶ Encouraged to take it soon after they maintain
- No cost



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Continuing Competency

- Maintenance requirements are determined by the educational plan
 - The plan is in their NCC account and recapped in their online maintenance application
- ► They must focus their educational needs as required by the plan
- ► They can upload CE into their maintenance application as they obtain it.
 - The application is active and the CE needed changes as they add CE
 - They can store their CE certificates as they obtain them



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Continuing Competency

Benefits

- CE is individualized to meet knowledge gaps
 - CE is only required in areas that need further updating
- ▶ In most cases less CE is required
 - If they received 7.5 specialty index in all content categories all they need to provide is 15 CE in any areas
 - If the specialty index is below 7.5 they may have to provide 45 CE for maintenance. (Total of 50 CE but 5 are earned for taking the assessment)
- Specialty assessment evaluation provides an objective measure of the core certification specialty knowledge competencies

Alternative Maintenance is offered

- Few have used it





Competency Assessment: How is it going

- ▶ 111,670 RNs and APRNs have taken the competency assessment
- ▶ **42,873** have taken stage 1
- ▶ **54,000** have taken stage 2
- ▶ 14,795 have taken required CCI beyond Stage 2
- ► About **51**% still require 45 CE
 - a decrease from 63% initially (A 19% decrease overall)
- ➤ Of those requiring less than 45 CE the majority require about 35 CE.



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Continued Competency Assessment

- The plan does the following
 - Provides a periodic continued competency assessment
 - Develops a personal plan that must be met
 - Documents how the plan is met
 - And is demonstrating an evaluation of competence that is impacted by focused CE



The Good, the Bad and the Ugly!

The Good

- ► They are doing it and it is working
- It has been received positively by many
- ► There has been no appreciable decline in maintenance participation

The Bad

- ▶ It took a lot of work to get them to understand why we were doing it and how the program worked.
- It really took time for them to understand the assessment was required at the beginning of each maintenance cycle

The Ugly

...a few are still hiding.....