

Statement of David A. Swankin, Esq., President and CEO, Citizen Advocacy Center, before the Committee on Planning a Continuing Health Care Professional Education Institute, Institute of Medicine (IOM), December 11, 2008

Good afternoon. Thank you for inviting me to participate on this panel entitled “Continuing Education for Improved Patient Outcomes.” I am the President and CEO of the Citizen Advocacy Center (CAC), a not-for-profit training and support center whose mission is to increase the accountability, transparency and effectiveness of health care regulatory, credentialing, oversight and governing boards by (1) advocating for significant numbers of public members on these boards; (2) improving the training and effectiveness of public and other board members; (3) developing and advancing positions on relevant administrative and policy issues; (4) providing training and discussion forums; and (5) performing needed clearinghouse functions for public members and other interested parties. More information about CAC may be found on our website www.cacenter.org

I have been asked to address three issues: First, What is the current importance of CE for patient well-being? Second, How could CE be improved to benefit patients? Third, What concerns related to CE and the IOM’s study should be brought to the attention of the committee?

In the short seven minutes I have been allotted, I will address the third of these questions, because my remarks in response to this question will encompass the other two. My comments today are informed by over twenty years of advocating for better assurances to the public that practicing health care professionals maintain their current competence.. CAC has devoted more time and effort to this issue than to any other and we have carefully thought through the relationship between continuing education and continuing competence. It is this relationship that I will address this afternoon.

I do not believe the public has any particular knowledge of or interest in the details of what constitutes good continuing education for health care providers. Rather, I believe the public simply wants to be assured by the appropriate authorities that their health care providers are **currently competent** to deliver safe, high quality health care services. This was the clear message to be drawn from a May 2007 survey conducted in Virginia by AARP. The survey was entitled “Strategies to Improve Health Care Quality in Virginia: Survey of Residents Age 50+.”

Among the findings:

--Nearly all (95%) respondents believe that as a condition of retaining their licenses, health care professionals should be required to show they have the up-to-date knowledge and skills needed to provide quality care.

--Nine in ten (90%) respondents say it is very important for health care professionals to periodically be re-evaluated to show they are currently competent to practice safely.

--More than half (52%) of respondents **incorrectly** believe that “being licensed” means that the health care professional has undergone periodic evaluation and assessment.

I recognize that this committee is tasked with making recommendations “for the establishment of a national inter-professional Continuing Education (CE) Institute to advance the science of CE by promoting the discovery and dissemination of more effective methods of educating health professionals over their professional lifetimes.” This is an important and needed assignment, and I support your efforts wholeheartedly. You have heard from many knowledgeable persons today about steps that have been taken and can be taken in the future to better assure (1) the excellence of the contents of continuing education courses, (2) the effectiveness of the methods by which the courses are delivered, and (3) the nature of measures that can be introduced to protect against undue commercial influence over CE course content. I serve as a public member on a major nursing certification board (American Association of Critical-Care Nurses Certification Corporation) and I know how strongly its members are committed to improving the quality of their continuing education courses, their methods of delivery, and their protections against commercial bias.

But I am here to urge this committee to acknowledge that while effective CE courses are one important element in lifelong learning programs, **they are not, in and of themselves, a surrogate for assuring current competence.** Periodic demonstrations of current competence by all health care professionals is the **goal**. Effective continuing education is but one of the **tools** that can help health care professionals reach that goal. Demonstration of current competence requires a health professional to show not only that he or she **knows** what to do, but actually **does it** in practice.

Even the magnificent conference on continuing education convened in November 2007 by the Macy Foundation mischaracterized the relationship between CE and competency assurance. (It is about the only thing about that conference with which I take issue – the conference proceedings are terrific and I am only sorry I was not in attendance!) I say this because in the Chairman’s Summary of the Conference (page 3, “Conclusions”), the Chair writes: **“The quality of patient care is profoundly affected by the performance of individual health professionals. The fundamental purposes of continuing health profession education (CE) are:...to assure the continued competency of clinicians and the effectiveness and safety of patient care...”**(emphasis added). Unfortunately, this statement confuses the relationship between completing CE and demonstrating competence.

I say unfortunately, because the regulatory system on which we rely to assure the public that health care practitioners are competent has yet to “get it” not to mention get it right.. Currently, most state governments, through health professional licensing systems, **do not** specifically require that licensed professionals periodically demonstrate their current competence. Many state boards **do** require licensees to take continuing education courses to maintain their licenses. However, with some significant exceptions, these requirements ask only that a licensee show that he or she has attended approved courses.

What is rarely if ever subject to regulatory review is whether the courses chosen are relevant to a given licensee's specific practice, or whether that licensee understood the information presented or incorporated it into his or her clinical practice. General CE requirements that are not related to prior competency assessment so that coursework can be tailored to address demonstrated deficiencies, and that don't include rigorous testing to assure that current competencies have been assimilated and then incorporated into practice do little to guarantee the public that the health care they receive is safe and effective.

The authors of a 2004 report entitled "Making Pharmacy Education Fit for the Future—Report of the Pharmacy Education R & D Reference Group" (Royal Pharmaceutical Society of Great Britain, (practiceresearch@rpsgb.org)) succinctly state this same idea:

"It is widely recognized that a commitment to continuing professional development (CPD) **cannot on its own guarantee continued professional competence. Without regular appraisal neither the National Health Service (NHS) nor other employers have a means of monitoring an individual's professional performance and assisting with professional development in a systematic way**" (p. 50). (emphasis added)

Previous IOM committees have recognized the need for periodic demonstrations of current competence. Recommendation 7.2 (1) in **"To Err is Human" (1999)** calls on health professional licensing boards to **"implement periodic reexaminations and re-licensing of doctors, nurses, and other key providers, based on both competence and knowledge of safety practices."** Five years later, in 2004, the committee that authored **"Health Professions Education: A Bridge to Quality"** (on which I had the honor of serving) included the following two recommendations (Recommendations 4 and 5):

--"All health professions boards should move toward requiring licensed health professionals to demonstrate periodically their ability to deliver patient care...through direct measures of technical competence, patient assessment, evaluation of patient outcomes, and other evidence-based assessment methods. These boards should simultaneously evaluate the different assessment methods."

--"Certification bodies should require their certificate holders to maintain their competence throughout the course of their careers by periodically demonstrating their ability to deliver patient care that reflects the five competencies (provide patient centered care; work in interdisciplinary teams; employ evidence-based practice; apply quality improvement; utilize informatics), among other requirements."

In 1998, The Pew Health Professions Commission (on which I also had the honor of serving) recommended that "States should require that their regulated health care practitioners demonstrate their competence in the knowledge, judgment, technical skills and interpersonal skills relevant to their jobs throughout their careers." ("Recreating Health Professional Practice for a New Century, Fourth Report of the Pew Health

Professions Commission, Center for the Health Professions, University Of California, San Francisco.)

This committee has an opportunity to make a recommendation that will get the IOM on record for a third time on the need to assure the public of the current competence of health care professionals. Because there is still so much confusion between attending continuing education courses and demonstrating current competence, I urge this committee to make it clear that well-designed and well-delivered CE is just one **tool** professionals can employ in a program of life long learning (whether called “maintenance of certification,” as is the case in medicine or “continuing professional development” as is the case with pharmacy, or some other title). The **goal** is for regulators and certifiers to require **demonstrations** of current competence and CE is one tool among others that help professionals maintain their knowledge and skills and help prepare them to demonstrate their current competence. By recognizing and underscoring this distinction, this committee can reinforce the efforts of the growing number of us who advocate for stronger regulatory requirements calling upon professionals to actually demonstrate their current competence as a condition of re-licensure and/or re-certification.