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## Continued Competence in the Health Professions

Challenge and Opportunity

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### Why does it matter?

- Testing indicates an entry level knowledge and skills base [knowledge-based snapshot]
- How can I know that my provider is competent and up to date?
  - New content?
  - New skills?
  - Is continued education enough, and does it actually help?

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## Use of certification as competency maintenance.

Patients use it as a discriminator in choosing a provider.

Insurers use it as a discriminator in provider panels.

It is widely used as an indicator of quality on an institutional level.

Some evidence suggests that it is associated with patient outcomes such as patient satisfaction.

## The Continued Competence Timeline: Medicine

1900 - medical specialty certification was a one time verification of knowledge and training in a particular medical specialty

1969 -1980s re-certification evolved and most were retested every 10 years

2000 – MOC establishes high standards for ongoing learning in practice, a commitment for lifelong learning and self-assessment

## The Continued Competence Timeline: Medicine

- 2004 – FSMB “state medical boards are responsible to the public for ensuring the ongoing competence of physicians, as a condition of re-licensure.”
- .... 2016 Oklahoma became the first state to enact a law aiming to remove maintenance of certification (MOC) as a requirement for physicians to obtain a license, get hired and paid, or secure hospital admitting privileges
  - KY prohibits making MOC a condition of licensure.
  - Similar laws are brewing in other states as the widespread rebellion against MOC

## What happened?

- APPS sues ABMS over MOC, at least 2 additional suits pending
- The American Board of Internal Medicine (ABIM) has announced that it will consider replacing its 10-year maintenance of certification (MOC) exam with shorter, more frequent testing that physicians could take at home or in the office

## Meanwhile, in nursing....

- 1944 NLN created the State Board Test Pool Examination (SBTPE) to alleviate need of each state creating tests for licensure
- 1975 CCRN testing
- 1978 NCSBN formed
- 1982 NCLEX developed
- 1980s through 2008 voluntary certification at level of RN and APRN
- 2008 APRN Consensus Model with use of advanced certification as entry eligibility for licensure
- To present – testing must be legally defensible

## What is competence?

Competence is the *capacity to perform* where performance is *what someone actually does* (observable)

- Competence describes the personal characteristics that are causally related to job performance
  - knowledge, traits, skills, and abilities

## Do we know how to determine continued competence in a health profession?

- We have evidence that nurses express feeling more confident following continued education in relevant areas
- There is some evidence that those attending continuing education have increased familiarity with the content [new practice guidelines and evidence]
- We have evidence that nurses, like other health professionals, elect CE in the areas of their highest performance

## What we don't have....

Firm evidence that actual performance is different whether CE is required or voluntary



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