

National Organization for Competency Assurance

**Practices and Requirements of Renewal Programs in
Professional Licensure and Certification**

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Background

The issue of professional competence runs a long history in the United States, reaching back to the middle of the 19th century. In an attempt to combat the general deregulation and diploma mills that flourished in “the aftermath of Jacksonian democracy,” medical societies—which had developed strict admission standards to keep “quacks” out—asked legislators to help protect the public (and, not incidentally, the livelihoods of the member doctors themselves) by preventing unqualified physicians from practicing medicine (Shimberg, p. 146). Legislatures acquiesced, and professional licensing was established.

What progress has been made over the last 150 years? How do professions ensure continuing competence? What is effective, what is not, and what does it all mean for the future?

Members of the public and other stakeholders rely on the systems of licensure and certification to identify individuals who have the qualifications and competence to offer services in a wide range of professional activities. In both of these systems, individuals must satisfy eligibility criteria and pass an examination that covers knowledge and skill at the level expected of newly credentialed individuals. With these requirements in place, there is reasonable assurance that the newly licensed or certified professional possesses minimum competence.

As time progresses and a license or certification is to be renewed, what assurance is there that the public’s confidence in the ongoing competence of licensed or certified professionals is justified? What requirements are in place to suggest that renewal programs offer meaningful protection for stakeholder groups? The National Commission for Certifying Agencies (NCCA) *Standards for the Accreditation of Certification Programs* holds that renewal is essential and that renewal programs must measure or enhance competence (NOCA, 2005).

The public’s confidence in professional licensing and certification depends on demonstrating appropriate rigor in renewal programs, and it was for this purpose that the present investigation into current renewal program requirements and practices was undertaken. The study includes a review of current literature on renewal requirements and practices and an industry-wide survey of organizations. The data indicate that more needs to be done to ensure the continuing competence of licensed and certified professionals in virtually every field, with specific recommendations that include:

1. Defining continuing competence and using the definition as a guiding philosophy to identify requirements and identify effective program components.
2. Going beyond continuing education to triangulate strategies that will work to ensure continuing competence.
3. Devoting the resources required to develop renewal program components that are rigorous and meaningful to participants and stakeholders.
4. Creating an iterative renewal process to ensure continuing competence throughout the career.

Table of Contents

A Literature Review of Continuing Competence: Words, Action, and Actors	
Introduction	2
Method	2
The Importance of Words, or What Is Continuing Competence?	3
Anatomy of One Definition.....	4
From Words to Action, or How Do You Ensure Continuing Competence?.....	5
Continuing Education.....	5
Beyond CE.....	6
Improved CE	6
Self-assessments	7
Assessments	8
Reviews and References	8
Employment	8
Portfolios	9
Best Practices.....	9
Multi-step Approach.....	9
Triangulation of Tools	10
Iterative Process.....	10
From Action to Actors, or Who Ensures Continuing Competence?	11
Systems and Individuals	11
The Economic Bottom Line, in Red or Black	12
Need for Collaboration.....	113
Summary	113
The Benchmarking Survey	15
Conclusion	39
Bibliography	41

Introduction

The review of literature examines questions by looking at relicensure, recertification, and continuing competence in a broad range of fields: medicine, nursing, pharmacy, teaching, architecture, social work, and law. Despite divergent fields and opinions, one point is clear in the literature: as Vandewater says succinctly, “Competence, either as a term or a process, remains without a consensus of agreement as to its definition or mechanisms” (p. 1).

Still, common sense and experience to date have revealed some lessons about the status quo and the future of continuing competence:

- Initial licensure or certification is not sufficient.
If initial licensure and certification ever sufficed, they do not any more. People live longer, work longer, and change jobs more frequently; technology evolves faster; and globalization brings new challenges and opportunities. To keep pace and stay abreast, professionals need ongoing training and education.
- Even relicensure and recertification are not sufficient.
In such a fast-paced world, even periodic attestations of competence are inadequate. Models are needed that allow as close to continuous monitoring and maintenance of competence as possible.
- Singular emphasis on continuing education (CE) is flagging.
Although in some professions the use of CE has not yet peaked, in professions where it has a longer history, such as healthcare, it is being seriously questioned. Swankin, LeBuhn, and Morrison recommend eliminating CE requirements for healthcare practitioners in their framework for state legislative action.
- Continuing competence is a complex issue.
While the statement is obvious, its reality is profound, as professions that have invested significant time, effort, and resources can attest. Many groups in many fields are struggling to find *an* answer (not *the* answer) to the question of how to measure competence in a reliable, feasible, and valid manner.

Method

The following review is not limited to peer-reviewed or even published papers. Rather, sources were evaluated on their apparent relevance and currency, drawing primarily on recommendations from an advisory committee whose members represent a variety of fields and organizations in the debates over and realities of relicensure, recertification, and continuing competence.

Recommendations from the advisory committee were augmented with online research via Google (<http://www.google.com>), Google Scholar (Google’s engine for searching cross-discipline peer-reviewed papers, theses, books, abstracts and articles, from academic publishers, professional societies, preprint repositories, universities and other scholarly organizations; <http://scholar.google.com>), and ERIC (the Education Resources Information Center, the world’s largest digital library of education literature; <http://www.eric.ed.gov>).

The primary focus of the literature was on the United States and sources from 2000 or later, as the point of departure was the previous work of an unpublished literature review by the National Commission for Certifying Agencies’ Task Force on Recertification that covered recertification and continuing competence from 1970 to 1999, using 22 articles and 4 books.

In the end, the review includes 39 articles, reports, papers, Web pages, book chapters, and two books.

The Importance of Words, or What Is Continuing Competence?

What exactly is meant by *continuing competence*? The answer is unclear, and that lack of clarity poses a barrier; the literature abounds with calls to agree on a definition and broadly adopt it (Swankin, LeBuhn, and Morrison; Vandewater; Citizen Advocacy Center, 2000 and 2004).

There are even questions about the best term to describe this goal. *Continued competence*, *continuing competence*, *licensure maintenance*, *maintenance of certification*, *maintenance of competency*, *lifelong learning*, and even simply *recertification* and *relicensure* appear in the literature.

While some may argue it is “just semantics” and any term will do, for others the choice is fraught with significance: “Talking about continued competence makes professionals feel singled out and vulnerable.... Licensure maintenance implies universality, something required of everyone” (National Council of State Board of Nursing, 2005, p. 3).

Continuing competence is the term of choice in this literature review because of the implications of the gerund. Whereas *continued* connotes an accomplished fact, something already achieved in the past, *continuing* suggests current, ongoing action consistent with the idea that constant learning and application of new skills and knowledge are key to competence.

But why are terms and definitions so important? Do people not intuitively know what *continuing competence* means? Although common sense and a dictionary can provide us with general definitions, the specifics are important because they reveal assumptions and preconceptions—the devils in the details.

Myriad assumptions are implicit in any definition of *continuing competence*, and the questions the term raises (enumerated in, among others, Swankin, LeBuhn, and Morrison; National Council of State Board of Nursing, 2005; Whittaker, Carson, and Smolenski) tend to fall into one of three categories: purpose, responsibility, and approach.

- Purpose
 - Why is continuing competence important? For public protection? For professional growth?
 - Who should be evaluated? All professionals? Only those who meet some criteria (e.g., those who have been randomly selected, those who are returning to the profession after a period of absence, or those who have been identified as needing remediation)?
 - How do you address continuing competence for individuals on different career paths (e.g., areas of practice or specialties) and at different professional stages (e.g., novice versus expert)? Is continuing competence concerned with initial competence or enhanced competence?
- Responsibility
 - Who is responsible for ensuring continuing competence?
 - Who should pay for ensuring continuing competence?
 - What happens to individual professionals who do not meet continuing competency requirements? Does the public have a right to know?
- Approach

- How do you evaluate and measure continuing competence effectively and feasibly?
- Should a variety of methods be used, or is one particular approach preferable?
- What standard(s) should be used to evaluate continuing competence?
- How frequently should continuing competence be assessed?
- What is the relationship between relicensure and recertification in assuring competence? Can recertification prove competence for the purposes of relicensure? What is the relationship between relicensure and employers' continuing competency requirements?

Without a clear definition of the *term*, a profession does not know how to undertake a *process* to achieve the desired goal. Words are important.

Anatomy of One Definition

Let us take one definition as an example. In 2000, the American Nurses Association Expert Panel on Continuing Competence defined *continuing professional nursing competence*:

Continuing professional nursing competence is ongoing professional nursing competence according to level of expertise, responsibility, and domains of practice as evidenced by behavior based on beliefs, attitudes, and knowledge matched to and in the context of a set of expected outcomes as defined by nursing scope practice, policy, *Code for Nurses*, standards, guidelines, and benchmarks that assure safe performance of professional activities.” (American Nurses Association Expert Panel on Continuing Competence)

The panel also spelled out its assumptions regarding continuing competence

1. The purpose of ensuring continuing competence is the protection of the public and advancement of the profession through the professional development of nurses.
2. The public has a right to expect competence throughout nurses' careers.
3. Any process of competency assurance must be shaped and guided by the profession of nursing.
4. Assurance of continuing competence is the shared responsibility of the profession, regulatory bodies, organizations/workplaces, and individual nurses.
5. Nurses are individually responsible for maintaining continuing competence.
6. The employer's responsibility is to provide an environment conducive to competent practice.
7. Continuing competence is definable, measurable, and can be evaluated.
8. Competence is considered in the context of level of expertise, responsibility, and domains of practice. (American Nurses Association Expert Panel on Continuing Competence)

Looking back at the core purpose, responsibility, and approach categories, one can see how the definition of *continuing professional nursing competence* encapsulates, in a comparatively succinct manner, assumptions about continuing competence and answers key purpose, responsibility, and approach questions. With such a definition in place, it is possible to have meaningful discussions about how to act; without such a definition, professionals may think they are talking about the same concept while in reality they are making widely variant assumptions table.

From Words to Action, or How Do You Ensure Continuing Competence?

Once the key concerns of purpose, responsibility, and approach are addressed in a definition, it is time to move to taking action to ensure continuing competence. But that is much easier said than done, as any design must satisfy a full spectrum of factors.

In an attempt to condense the factors, the National Board of Professional Teaching Standards established its acronymic APPLE criteria to define the essential characteristics of assessments for educators, but the principles tidily summarize the competing demands continuing competence must appease. Any proposed approach to assessing competence must be:

- Administratively feasible
- Publicly credible
- Professionally acceptable
- Legally defensible
- Economically affordable (National Board of Professional Teaching Standards, p. 6)

Miller and Horowitz, writing about medicine, focus on three criteria for continuing competence: reliability, clinical validity, and economical feasibility (p. 8).

Given the context of competing demands in which continuing competence operates, what has been tried, and what can be known about how it does or does not work? Some argue that far more is known about what does *not* work than what does:

There is little convincing evidence that any one method or technique for demonstrating continuing competence is more valid and reliable than another.... However, what does *not* work is better documented, and there is continuing and widespread interest in finding a better way than traditional continuing education mandates.... (Swankin, LeBuhn, and Morrison, p. v)

So let us start with a look at the state of continuing education.

Continuing Education

Continuing education (CE) has long been a staple. In many fields—dentistry, nursing, social work, architecture, and law—CE is nearly pervasive:

- Dental boards in Guam, the District of Columbia, and all 50 states—Hawaii was the last holdout, adding a requirement effective January 1, 2008—stipulate CE for relicensure (<http://www.medscape.com/pages/cme/pharmcestaterequirements>).
- CE is the most common continuing competence requirements enforced by nursing licensing boards (National Council of State Board of Nursing, 2005).
- According to the Association of Social Work Boards, almost every jurisdiction requires CE for license renewal (<https://www.aswb.org/education/index.php>).
- To practice law in their jurisdiction, 46 states and U.S. territories require mandatory continuing legal education (<http://www.abanet.org/cle/mcleview.html>).
- Thirty-eight states required mandatory continuing education (MCE) for architects to retain their licenses, five states have enabling legislation in place, MCE is under consideration in three more, and only four states do not have an MCE requirement (http://www.aia.org/ces_mce). “Since the average AIA [American Institute of Architects] member is licensed in three states, the likelihood of holding a license within a state with a MCE requirement is substantial” (Neville, Sherman, and Cohen, p. 37).

Practices and Requirements of Renewal Programs in Professional Licensure and Certification

Prevalence aside, concerns about the effectiveness of CE stretch back almost as far as the concept itself:

The decision to require CE for relicensure was controversial. Dental leaders debated whether such a step really would lead to an improvement of practitioner competence.... While other approaches used to ensure continuing competence have been discussed, no state legislature has moved beyond requiring anything other than CE for relicensure. (Schleyer and Dodell, p. 1451)

The Citizen Advocacy Center maintains that CE alone—without an initial competency assessment to identify the appropriate topics for an individual and a post-CE test to gauge the acquisition of new knowledge and skills—is insufficient to the task of ensuring continuing competence (2000 and 2004), and Swankin, LeBuhn, and Morrison, in their framework for state legislative action, recommend eliminating CE requirements for healthcare practitioners.

The unpublished literature review by the National Commission for Certifying Agencies' Task Force on Recertification that looked at continuing competence from 1970 to 1999 concludes there is "a dearth of research available to support the effectiveness of continuing education as a strategy for *assuring* continued competence" (p. 42).

Beyond CE

In the past 25 years, triggering events have escalated concerns about quality of service and questions of CE effectiveness from background noise to a clear cry for a better way. In education, the National Commission on Excellence in Education's 1983 report, *A Nation at Risk*, and the No Child Left Behind Act of 2001, which requires schools to employ "highly qualified" teachers in order to receive federal funding and to improve student performance on tests, stirred up alarm in education (Gitomer; Neville, Sherman, and Cohen). In healthcare, *To Err is Human: Building a Safer Health System*, the 1999 report by the Institute of Medicine (IOM), estimated between 44,000 and 98,000 die each year from preventable medical errors.

With these triggering events in healthcare and education illuminating the deficiencies of the traditional CE approach, professions have pursued alternatives, including:

1. Improved CE
2. Self-assessments
3. Assessments
4. Reviews
5. Employment
6. Portfolios

Improved CE

Lest the baby go with the bath water, some do not see continuing education as fundamentally flawed but rather find fault with the traditional implementation. Coupled with an initial assessment that aids professionals in the selection of individually appropriate topics, with quality assurance to vet substance and efficacy, and tied to exit testing to measure mastery, CE can meaningfully contribute to a continuing competence process.

Hill argues further that to enhance a teacher's competence CE must be sustained, specific, and relevant: CE should last several days (rather than just a single afternoon or day), focus on

subject-matter-specific instruction (such as math as opposed to generic topics), and be aligned with the instructional goals and curriculum used in the teacher's school.

That said, even these improvements can be infeasible or flawed. Assuring the quality of CE could be a daunting task, given the "hodgepodge" of CE in the teaching profession, where form and content are often primarily determined by the many providers and only secondarily by the needs of educators (Hill, pp. 114-115). Take the case of physicians. There are some 2,500 continuing medical education (CME) providers in the United States. Since accreditation of CME providers is not restricted to any particular type of organization but rather relates to the providers' fulfillment of basic criteria of national accrediting bodies and since providers of CME, not the CME itself, is accredited, the job of assuring the quality of all CME would be a gargantuan undertaking (Davis and Fox, p. 5).

Development of an initial assessment could also be costly and complicated, and exit testing may only assess short-term knowledge or comprehension without addressing longer-term application (much less the higher levels of Bloom's taxonomy of cognitive educational objectives).

Sustained CE can take professionals away from their daily jobs, and, in many fields, time off the job further exacerbates the ill effects of employee shortages.

Self-assessments

Self-assessments rely on individuals' ability to gauge their own strengths and weaknesses and set appropriate objectives for their own professional development. The goal of self-assessment is self-reflection and ultimately self-awareness (Bryne and Waters); adjuncts of self-assessment appear in the terms *reflective practice* (Vandewater; Cantor) and *reflexive practice* (National Council of State Board of Nursing, 2005).

Self-assessment can be used for formative and summative purposes. An overarching formative self-assessment can help an individual determine which types and topics of learning activities to pursue, and summative self-graded quizzes can help an individual measure achievement at the end of a continuing education offering.

Self-assessment does have its drawbacks, and critics argue that it does not offer the public accountability of an outside or third-party assessment, and that too much is left to the professional's personal (and perhaps self-serving) interpretation (Citizen Advocacy Center, 2004; Vandewater). But self-assessment is often more palatable to professionals than more invasive and onerous outside assessment (Citizen Advocacy Center, 2004). And, of course, there is red and black ink to consider:

Third-party assessment is, by definition, more objective and more accountable. It is also more expensive than self-assessment and potentially more disruptive to practice. Moreover, there are not a sufficient number of third party assessment programs available to perform the task. Hybrid approaches have potential appeal....

CAC's [the Citizen Advocacy Center's] road map [for assuring professional competency] foresees that self-assessment is likely to predominate in nascent programs, but the goal is to move to independent, third-party assessment over a period of time. (Citizen Advocacy Center, 2004, pp. 10-11)

Despite these beliefs about self-assessment, Swankin, LeBuhn, and Morrison argue there is not enough evidence at this point to know whether self-assessment and third-party assessment are equivalent, which further supports arguments for maintaining self-assessment as an option in a continuing competence process.

Assessments

Assessments in the form of comprehensive, rigorous, psychometrically-sound, and secure, examinations (whether paper-and-pencil or computer-delivered) are a common means of measuring initial competence and are *de rigueur* in accounting, law, medicine, nursing, and many other professions and occupations, although education, notably, “has long resisted a national teacher assessment and continues to rely on varied state standards for licensure” (Neville, Sherman, and Cohen, p. 3).

Examinations are also used in renewal programs in licensure and certification to try to ensure continuing competence, but what relicensing or recertification examinations should cover is debated. Should practicing professionals be assessed for entry-level competence by repeating the initial examination, or should practicing professionals be assessed for enhanced competence by taking a different and beyond-entry-level examination? Should examinations that set out to measure enhanced competence be universal to the profession, or should experience, expertise, and specialty come to bear?

Questions also remain about the appropriate format for assessments. Feasibility and practicality are often at odds with best practices. Arguments that professionals are rarely confronted with multiple-choice situations in the work environment are reasonable in many ways, but development and delivery of multiple-choice tests is less resource-intensive than performance-based assessments, and results in assessments that are generally of high psychometric quality. Hands-on practicals, simulations, or oral examinations may also be developed with high quality, but ongoing resource requirements are often intensive (Knapp and List, in press. pp. 8-9).

Assessments can also be used for less comprehensive and lower-stakes examinations, perhaps as a system-graded look at what an individual professional might need to focus her development efforts on.

Reviews and References

Reviews can include in-person interviews, online or paper-and-pencil surveys, or other feedback mechanisms. Employers, managers, peers, and even customers (i.e., the recipients of professional services) can provide feedback on an individual’s performance, strengths, and weaknesses.

Because reviews can be used by so many different groups and often include open-ended responses, an inherent difficulty is constructing questions and surveys that work well for the diverse audiences and yield meaningful data. Reliability of the information obtained may be less than desired and, if low, may threaten the validity of decisions based on the data. There is also some question of the legality; nursing unions have suggested that evaluation is the purview of supervisors, not peers (Vandewater).

Employment

Professions may require an individual to actively practice, full- or part-time, in the profession to qualify for relicensure or recertification and may view employment as a measure of competence.

A 2003 study commissioned by the National Council of State Boards of Nursing (NCSBN) looked at the effectiveness of continuing education in six healthcare professions and found that work

[Practices and Requirements of Renewal Programs in Professional Licensure and Certification](#)

experience contributes more to professional development and competence than continuing education, working with mentors, or self-study. In 2004, NCSBN adopted a requirement for practice hours rather than continuing education (National Council of State Boards of Nursing, 2004).

The idea that one learns by doing is further evidenced by the on-the-job training required before licensure in education and architecture. That said, unlike NCSBN's 2003 study of healthcare professions, educators "often give their [student-teaching] experience a failing grade, calling it limited, inconsistent, and disconnected from coursework" (Neville, Sherman, and Cohen, p. 3).

Portfolios

Portfolios have perhaps replaced continuing education as the latest darling of continuing competence. Like CE, portfolios can encompass a broad range of items, including:

- Work samples (e.g., lesson plans or blue prints)
- Media showing the professional's work (e.g., a picture of a building designed by an architect)
- Media showing the professional at work (e.g., a video of an educator teaching a class)
- Published articles
- Self-reflective narrative

The National Board for Professional Teaching Standards (NBPTS) requires educators seeking its certification to submit a portfolio that documents their teaching practice, and many educators report that the process of creating the portfolio is a significant learning opportunity in itself (Hill). That self-reported learning is substantiated by studies showing that educators who earn the advanced certification from NBPTS are more effective than their non-nationally-board-certified peers (Viadero and Honawar). The American Nurses Association supports a five-faceted portfolio that includes professional credentials, workplace evaluations, continuing education, leadership activities and publications and research, and narrative self-reflection (Citizen Advocacy Center, 2000, p. 27).

Despite wide experimentation with portfolios, they come with potential disadvantages. They can be time-consuming both to develop and to review and evaluate. Like self-assessments, their effectiveness relies to a great degree on the individual professional's ability to accurately assess her own strengths and weaknesses (Vandewater).

Best Practices

In the literature, three traits of best-practices in continuing competence emerge. Continuing competence should take (1) a multi-step approach (2) that uses a triangulation of tools (3) in an iterative process.

Multi-step Approach

Four or five steps are commonly included, with documentation inherent but not spelled out separately in some models:

1. Assessment, or reflection
2. Development, or planning
3. Implementation, or action
4. Documentation
5. Demonstration, or evaluation

Swankin, LeBuhn, and Morrison declare a five-step model “most promising,” pointing out that the first four steps (periodic assessment, development of personal plan, implementation of the plan, and document) represent quality improvement while the fifth (demonstration of competence) represents quality assurance (p. v).

In 1998, the National Council of State Boards of Nursing developed the Continuing Competence Accountability Profile (CCAP), which “was a portfolio approach where the nurse applied the steps of the nursing process—assessment, planning, implementation, and evaluation—to the nurse’s own professional development” (National Council of State Boards of Nursing, 2005, p. 4).

Continuing professional development (CPD), a model seeing some adoption in pharmacy, is often represented as “a circle connecting the stages of reflection, planning, action, and evaluation” (Driesen, Verbeke, Simoens, and Laekeman).

Triangulation of Tools

It can be difficult to talk about the tools to support continuing competence in complete isolation from one another. The concept of improved CE, for example, draws in assessment or self-assessment, and portfolios tend to draw on array of tools.

Vandewater suggests “triangulation,” or a mix, of various approaches to continuing competence; the Citizen Advocacy Center’s 2004 road map for continuing competency assurance supports a mixed model; and the American Board of Medical Specialties maintenance of certification uses a four-part framework—professional standing, lifelong learning and periodic assessment, cognitive expertise as demonstrated by a secure examination, and performance in practice—to organize six competencies—patient care, medical knowledge, practice-based learning and improvement, interpersonal and communications skills, professionalism, and systems-based practice (Brennan, Horwitz, Duffy, Cassel, Goode, and Lipner).

The literature suggests that any single tool may be inadequate, especially when so few studies exist that prove a clear link between any one method and improved quality of professional service and improved outcomes for consumers. And even as evidence is collected, it may prove that multiple tools continue to be needed to address continuing competence for professionals on different paths of specialization and at different states in their careers.

Iterative Process

As noted earlier, because the pace of change in the world today is fast, professions must look beyond initial licensure, certification, and competence and assess workers’ abilities throughout their careers. “[C]ompetence is not reflected by a single measure in time. Instead, it is an ongoing commitment made to the individual, the profession and to consumers” (Bryne and Waters, pp. 8-9).

The process needs to be more than periodic—it needs to be iterative. Each successive journey through the steps of the process should yield better results (i.e., increasing competence). It is a process of continuous improvement that admits a static state of perfection is not possible.

Even if the process is conceived as continuous, the frequency with which competence is measured is at least partially an open question, as the not particularly actionable rule-of-thumb is as often as feasible.

From Action to Actors, or Who Ensures Continuing Competence?

Continuing competence is the purview of many stakeholders. Several professions have explicitly stated that maintaining continuing competence is the responsibility of the individual professional, making it a moral and obligation based on the assumption that the commitment to self regulation that led to the initial credential will impel the individual to maintain competence (Citizen Advocacy Center, 2004; American Nurses Association Expert Panel on Continuing Competence; Vandewater; Rouse). Just as professionals are responsible for acquiring initial competence for admission to the profession, so they must maintain ongoing competence.

The failure of self-regulation (as established in IOM's 1999 report on healthcare, for example) has made it crystal clear that parties other than the individual professionals must be involved. As the National Council of State Boards of Nursing asserted in its 2005 concept paper, *Meeting the Ongoing Challenge of Continued Competence*, in order to be effective, continuing competence efforts have to collaboratively involve professionals, their employers, providers of education and training, professional organizations and associations, professional boards, and consumers. There can be a tendency for more players to obscure accountability, but the literature makes it clear where the buck stops for nursing: "[T]he bottom line is that only governmental licensing boards have the authority to enforce change" (National Council of State Boards of Nursing, 2005, p. 10).

The role of licensing boards and legislatures is the focus of the 2006 research report, *Implementing Continuing Competency Requirements for Healthcare Practitioners*. Swankin, LeBuhn, and Morrison conclude that state legislatures need to enforce the public-protection responsibility of boards by passing laws requiring health professionals to demonstrate continuing competence: "[A] mandate is required, and the logical enforcers of that mandate are state professional licensing boards, the only entities poised to impose valid and reliable requirements for universal competency assessment and assurance" (p. iii).

Swankin, LeBuhn, and Morrison make the distinction between responsibility for assuring competence and actually assuring competence, pointing out that boards need to be authorized to allow other organizations to operate as their agents in enforcing requirements. Enforcing the requirements would likely prove beyond the capacity of many boards, and, even if boards were to develop the capacity, it might mean unnecessary duplication of services already provided by other organizations (p. vi).

In some professions—such as medicine where more than 85 percent of physicians are certified by at least one member board of the American Board of Medical Specialties (ABMS)—licensing entities can turn to certification organizations for help in enforcing continuing competence (Citizen Advocacy Center, 2000; Klachalia, Johnson, Miller, and Brennan), and the ABMS has left its mark on medical continuing competency in the form of the Maintenance of Certification model. In other professions—such as nursing where only a minority (estimated at less than 20 percent) of nurses are professionally certified, or pharmacy, which remains a generalist practice with 90 percent of practitioners earning only bachelor's degree—the medical model is not relevant (Center for Citizen Advocacy, 2000; National Council of State Boards of Nursing, 2005).

Systems and Individuals

When a problem or crisis arises, two opposite tendencies emerge in searches for the cause—one blames the system at large, and one targets individuals:

To avoid the conundrum of malpractice and blame and because significant data from outside the medical profession support the efficacy of a systems-based

approach to quality improvement [such as Six Sigma], the IOM report [*To Err Is Human*] focused on systems. An unintended result evolved—the nearly solitary focus on systems overshadowed the important and complementary role of individual physician accountability. (Brennan, Horwitz, Duffy, Cassel, Goode, and Lipner, p. 1039)

In contrast, initial licensure and certification focus on individuals, not systems (Horowitz). For continuing competence to be truly meaningful, it should include the context in which professionals practice—that is, it should try to look at the individual and the system because professionals do not practice in isolation, and systems do not function without professionals.

In fact, studies designed to measure provider competence can be thorny because of the inextricability of performance from context. In medicine, are poor patient outcomes primarily the result of incompetent physicians or the hospitals at which they practice? Often poor-performing individuals practice in poor-performing systems. This produces a chicken-or-egg challenge that is difficult to crack, even in carefully crafted studies: “Midcareer anesthesiologists who lacked board certification [board certification serving as a surrogate for competence] tended to practice in different [worse] settings than those with certification” (Silber, Kennedy, Even-Shoshan, Chen, et al, p. 1048).

Recognizing that individuals do not and should not work alone, medical and nursing models for continuing competence account for communication and teamwork (Klachalia, Johnson, Miller, and Brennan; Vandewater), and there is acknowledgement in the literature that employers must, at a minimum, allow time for professionals to pursue continuing competence and a work environment that allows those professionals to act in a manner consistent with competent practice (Whittaker, Carson, Smolenski; Vandewater).

The Economic Bottom Line, in Red or Black

Assuring continuing competence costs. But so does not assuring continuing competence. The first costs are primarily monetary; the second costs can be much dearer, as evidenced by *To Err Is Human*.

Swankin, LeBuhn, and Morrison break financial costs for continuing competence into two categories—the costs of assessing and assuring the continuing competence of an individual, which they argue should be borne by the individual, and the costs to the profession (specifically the licensing board) to establish and administer the requirements of continuing competence, which they suggest, can be supported by increasing licensing and/or seeking additional funding (p. vii).

It is arguably easier to assert that individual professionals should bear the costs of assessing and assuring competence in high-paying fields like medicine and law. It may be less palatable to make the same assertion in lower-paid professions like teaching and where performance and compensation are not tied—salaries for teachers, firefighters, and police are tied to education level and time in the job, not skill or performance (Neville, Sherman, and Cohen, p. 5). There is, and will continue to be, the ability-to-pay question, whether doctors or medical practices, teachers or school systems are footing the bill.

In addition to the two categories of “hard” costs that Swankin et al. enumerate, one should add a category of “soft” costs. Either the individual professional (in the case of law, where time is billable revenue) or the employer (in the case of nursing or teaching, where a substitute

employee may have to be paid) loses productivity when an individual spends work time on continuing competence requirements.

By all lights, assuring continuing competence is expensive, but, given what is at stake in many professions, one cannot afford to fail to figure the costs of doing things right and then determine how to fund doing things right.

Need for Collaboration

How to do things right is no easy task, though, which is why there is not just room for collaboration but a need for it—even across different professions. Vandewater says there is a “golden opportunity to capitalize on increased collaboration and a sharing of expertise in measurement and documentation—both the successful and the unsuccessful ventures” (p. 18), and Cantor suggests collaboration might lead to economies of scale that can save costs (p. 81). In addition to the positive side of collaboration, not collaborating actually poses a core barrier to progress, according to the Citizen Advocacy Center’s 2000 report, *Measuring Continuing Competence of Health Care Practitioners*.

Collaboration will not necessarily mean across-the-board agreement—and is unlikely given the purposes of continuing competence and the professions can be so different (Knapp, and List, in press, p. 4)—but even differences of opinion can yield fruitful policies and approaches.

Summary

In his book *Leading Change*, Harvard Business School professor emeritus John Kotter outlines an eight-step process for change. Kotter asserts that successful transformations in businesses go through all eight steps, in order (although at times there may be overlap, when progress is made in multiple steps). The process starts with the need for urgency:

Establishing a sense of urgency is crucial to gaining needed cooperation. With complacency high, transformations usually go nowhere because few people are even interested in working on the change problem. With urgency low, it’s difficult to put together a group with enough power and credibility to guide the effort or to convince key individuals to spend the time necessary to create and communicate a change vision. (p. 36)

Assuring continuing competence falls squarely in the type of change *Leading Change* addresses, and, as Kotter notes, change can be slow: “[D]eep down we underestimate the enormity of the task [of creating major change], especially the first step: establishing a sense of urgency” (p. 35).

The continuing competence debate stretches back decades in some professions. In healthcare, “Recommendations for assuring continuing competence have been on the table for nearly fifty years. It is time to act!” (Citizen Advocacy Center, 2004, p. i). In education, the concern dates back at least 25 years, to *A Nation at Risk*.

Many professions, like healthcare and education, seem to have achieved the necessary sense of urgency and appear poised to continue down the path to major change. Professions where apathy and complacency are still high can look at how urgency has been conveyed in other arenas and build on those examples.

Significant work remains. Frustrations and set-backs will continue. Progress will be slow (Citizen Advocacy Center, 2004; Swankin, LeBuhn, and Morrison).

But, however slow, progress will and has to be made, as the licensure and certification communities move beyond preliminary debates and discussions to doing: pilots, sharing stories of what works and what does not, gathering data, and continuing research. We can and should be measuring and evaluating the different approaches to, processes from, outcomes of continuing competence efforts. Just as best-practices continuing competence processes are multi-step, iterative, and triangulated, the meta-process for finding the right process or processes should share those traits as well. Even as pilots are launched and evaluated, we should revisit the steps of discussion and debate, with each subsequent conversation hopefully more meaningful because of the iterative nature of the process. We should experiment with a variety approaches and a triangulation of tools, as that may speed insight into what is effective and what is not.

We must rely on common sense instead of waiting on incontrovertible evidence because, in the end, everything is a surrogate marker for ideal outcomes. We will never be able to determine or predict what a specific professional will do in a specific situation. But that does not mean we should not ensure the professional has the knowledge and skills to make the best choices.

The Benchmarking Survey

The purpose of the benchmarking survey was to identify current practices and trends as they affect the renewal of professional licenses and certifications. Participants in the survey were entities that have responsibility for licensing and certifying individuals. A license or certification qualifies the holder to work in an occupational or professional capacity, and is time limited. The survey (Appendix A) requested information about the organizations and their renewal programs in the following areas:

- Philosophy of continuing competence (definition, value)
- Renewal program components: Continuing education credits
- Renewal program components: Self assessment (evaluation of personal strengths and needs)
- Renewal program components: Assessments (tests)
- Renewal program components: Portfolio
- Renewal program components: Employment in the profession (part time, full time)
- Renewal program components: Timeframes (renewal cycle)
- Renewal fee (annual)
- Resource requirements: Cost for each component above
- Operations: Online or paper based (audit, verify every document)

Sampling Plan

The objective for the benchmarking study was to collect data from the broadest possible spectrum in licensure and certification, including licensure bodies, centralized state agencies that oversee licensure in many professions, free-standing certifying bodies, professional associations, corporations, and others. There is no single data base in which contact information for every licensure or certification body resides. As a result, the cooperation of various organizations was secured to build a core data base. NOCA provided its contacts list, which was reviewed to ensure a single point of contact for each organization listed, whenever possible, the chief staff member. The Council on Licensure, Enforcement, and Regulation (CLEAR) provided its entire membership list, and the Association of Test Publishers (ATP) supplied its certification membership list. These lists were combined into a single data base which was augmented by the membership lists of associations of regulatory bodies in many different professions. Ultimately, a data base of contact information for one individual in 2,120 organizations was assembled. While there is no claim that this list is exhaustive, it was considered reasonably comprehensive for the purpose of this study.

Letters of invitation were sent by electronic mail to each organization in the assembled data base (see Appendix B) to explain the rationale for the study and solicit participation. The letter included a link to the survey website, a unique username, and password. Employing the link, copying and pasting the username and password, participants could read the directions and complete the survey in a very reasonable amount of time.

Who Responded to the Survey?

Of the 2,120 organizations that were invited to participate in the survey, 331 (15.6%) provided usable responses to at least several questions. Over 300 replied to all or nearly all of the

questions. Respondents were retained in the data base if they responded to at least five questions.

The first question in the survey asked if respondents require the renewal of licenses or certifications that they offer. Table 1 summarizes the responses to this question. Looking at the data reported, it is evident that the overwhelming majority of respondents do require renewal. Licensure bodies often are not permitted by legislation or regulation to require renewal.

Table 1. Does your organization require the renewal of professional license(s) or recertification(s)?

	Frequency	Percent
Yes	293	88.5
No	31	9.4
No response	7	2.1
Total	331	100.0

Table 1a. Renewal Requirement in Effect by Type of Organization

Type of Organization	Response	Frequency	Percent
Autonomous licensing entity	Yes	97	98.0
	No	2	2.0
	Total	99	100.0
Federation of state boards	Yes	11	78.6
	No	3	21.4
	Total	14	100.0
Centralized licensing entity	Yes	41	100.0
	No	0	0.0
	Total	41	100.0
Autonomous certification entity	Yes	62	92.5
	No	5	7.5
	Total	67	100.0
Certification within association	Yes	57	87.7
	No	8	12.3
	Total	65	100.0
Corporate certification	Yes	1	50.0
	No	1	50.0
	Total	2	100.0
IT certification	Yes	0	0.0
	No	2	100.0
	Total	2	100.0
Other	Yes	21	72.4
	No	8	27.6
	Total	29	100.0

If organizations do not require renewal, they were asked to indicate the reason, and that information is reported in Table 1b. The most common reason that renewal is not required is Other, and the most common statement specified is that renewal activity for the profession takes place through the licensure process, rather than through the responding organization. Also

specified were explanations such as renewal is voluntary and renewal programs are currently under development. A complete list of explanations is given in Appendix C.

Table 1b. If no, what is the reason? (Please mark all that apply.)

Reason for No Renewal Requirement	Frequency	Percent
License or certification is linked to a specific product (e.g., software release) that may become outdated	3	8.8
Initial license or certification is issued for a lifetime	10	29.5
Statute or regulation does not require renewal	6	17.6
Other. Please specify	15	44.1

***Please note that respondents were asked to mark all that apply, so the totals will not add to 100 percent.**

Just under half of the respondents were concerned primarily with licensing, as autonomous entities, federations of state boards, or centralized entities. About two fifths of the respondents were autonomous certification entities, certifications within professional associations, corporate certification, or IT (information technology) certification. Other responses are listed in Appendix D, but include certification within a technical society, examining board, federally sponsored certifications, state governments, and trade associations.

Table 2. Which of the following categories applies BEST to your organization?

Category	Frequency	Percent
Autonomous licensing entity	99	29.9
Federation of state boards	14	4.2
Centralized licensing entity overseeing more than one licensing program (e.g., bureau of professional regulation)	41	12.4
Autonomous certification entity	67	20.2
Certification entity within a professional association	65	19.6
Corporate certification	2	0.6
IT certification	2	0.6
Other. Please specify	29	8.8
No response	12	3.6
Total	331	100.0

The individuals actually completing the survey were largely administrators with significant responsibility in the organization, as executive directors, certification directors, or comparable roles. A large portion of the respondents indicate other roles, often listing positions such as certification coordinator, licensing coordinator, administrator, and director. The complete list of Other responses is in Appendix E.

Table 3. What is your role in the organization? (Choose the option that best describes your role)

Role	Frequency	Percent
Executive Director	152	45.9
Management staff	98	29.6
Board member	9	2.7
Other (Please specify)	59	17.8
No response	13	3.9
Total	331	100.0

The next question about the organization addressed its authority to establish renewal standards itself. Almost three fourths of the responding organizations have such authority, as shown in Table 4. In Table 4a, it is evident that the overwhelming majority of certifying organizations have authority to establish renewal requirements. Autonomous licensing agencies often have such authority, but centralized licensing agencies, in general, do not.

Table 4. Does your organization have the authority to establish the requirements for renewal of the license(s) or certification(s)?

	Frequency	Percent
Yes	240	72.5
No	79	23.9
No response	12	3.6
Total	331	100.0

Table 4a: Authority to Establish Renewal Requirements by Type of Organization

Type of Organization	Response	Frequency	Percent
Autonomous licensing entity	Yes	67	67.7
	No	32	32.3
	Total	99	100.0
Federation of state boards	Yes	9	64.3
	No	5	35.7
	Total	14	100.0
Centralized licensing entity	Yes	19	46.3
	No	22	53.7
	Total	41	100.0
Autonomous certification entity	Yes	63	94.0
	No	4	6.0
	Total	67	100.0
Certification within association	Yes	61	93.8
	No	4	6.2
	Total	65	100.0
Corporate certification	Yes	2	100.0
	No	0	0.0
	Total	2	100.0
IT certification	Yes	2	100.0
	No	0	0.0
	Total	2	100.0
Other	Yes	17	58.6
	No	12	41.4
	Total	29	100.0

Respondents indicating that they do not have authority to establish renewal requirements report that this power rests with various other entities, predominantly with legislative and regulatory bodies (see Table 4b). Responses other than these were reported as provincial licensing bodies and other professional boards.

Table 4b. If no, which of the following entities has authority to establish the requirements for renewal of the license(s) or certification(s)?

Entity	Frequency	Percent
Legislature	46	59.0
Governmental regulatory authority	14	17.9
Professional association	5	6.4
Other	13	16.7
Total	78	100.0

The authority to establish renewal fees was the next topic in the survey. Three fourths of the responding organizations report having the ability to set fees, as can be seen in Table 5. As can be seen in Table 5a, certifying organizations, in general, have more authority than licensing organizations over this aspect of renewal. When respondents do not possess this power, it is usually in the hands of the legislature, as shown in Table 5b.

Table 5. Does your organization have the authority to establish the fee for renewal of the license(s) or certification(s)?

	Frequency	Percent
Yes	250	75.5
No	68	20.5
No response	13	3.9
Total	331	100.0

Table 5a. Authority to Establish Renewal Fees by Type of Organization

Type of Organization	Response	Frequency	Percent
Autonomous licensing entity	Yes	70	70.7
	No	29	29.3
	Total	99	100.0
Federation of state boards	Yes	10	71.4
	No	4	28.6
	Total	14	100.0
Centralized licensing entity	Yes	25	61.0
	No	16	39.0
	Total	41	100.0
Autonomous certification entity	Yes	65	97.0
	No	2	3.0
	Total	67	100.0
Certification within association	Yes	59	92.2
	No	5	7.8
	Total	64	100.0
Corporate certification	Yes	2	100.0
	No	0	0.0
	Total	2	100.0
IT certification	Yes	2	100.0
	No	0	0.0
	Total	2	100.0
Other	Yes	17	58.6
	No	12	41.4
	Total	29	100.0

Table 5b. If no, which of the following entities has authority to establish the fee for renewal of the license(s) or certification(s)?

Entity	Frequency	Percent
Legislature	40	58.8
Other governmental regulatory authority	11	16.2
Professional association	8	11.8
Other	9	13.2
Total	68	100.0

There are a number of accrediting bodies for certifying organizations and for examinations that are used in licensure. The survey inquired about accreditations that responding organizations hold, and the responses are reported in Table 6. Of the organizations with accreditation, the National Commission for Certifying Agencies is the most widely held.

Table 6. Is your organization or any of its programs accredited or approved by any of the following organizations?*

Accrediting Body	Frequency	Percent
American Board of Medical Specialties (ABMS)	7	2.1
American Board of Nursing Specialties (ABNS)	8	2.4
American Board of Veterinary Specialties (ABVS)	1	0.3
American National Standards Institute (ANSI) on ISO 17024	7	2.1
Burroughs Institute	0	0.0
Council on Engineering Sciences and Specialties Board (CESB)	4	1.2
National Commission for Certifying Agencies (NCCA)	44	13.3
Other. Please specify	32	9.7
Not accredited	201	60.7

*Please note that respondents were asked to mark all that apply, so the totals will not add to 100 percent.

Philosophy of Continuing Competence (Definition, Value)

Four items on the survey dealt with the organization's perspective on continuing competence and how it is articulated programmatically. The first of these questions asked if the organization has a formal definition of continuing competence. Table 7 summarizes the response to this item.

Table 7. Does your organization have a formal definition for continuing competence?

	Frequency	Percent
Yes	77	23.3
No	225	68.0
Not applicable	17	5.1
No response	12	3.6
Total	331	100.0

Responding organizations indicating that they have a formal definition of continuing competence were asked to provide it. Several are listed here, and the remainder in Appendix F.

Table 7a. If yes, please enter it in the space here:

The purpose of recertification is to promote high standards of practice for pharmacy technicians, to encourage their participation in continuing education in order to promote safe practice.
1. Professionalism, 2. Sufficiently high level of knowledge 3. Commitment to lifelong learning 4. Tracking/evaluation of performance in practice
A rigorous clinical or core curriculum program. A program that is healthcare related and enhances the professional competency of a chiropractic physician.
ABMS competence definition
Activities that contribute to enhancement of professional competencies as defined by the test content outline
An applicant must show that during the current certification period he or she engaged in the practice of law in the specialty field in which recertification is sought to the same extent as demonstrated in the application for original certification...
Certified Professionals are required to complete continuing education in order to renew their certifications in order to show they are enhancing their knowledge and staying current with the most up-to-date issues in our industry.
Continuing competence means the ongoing ability of a registered nurse or a nurse practitioner to integrate and apply the knowledge, skills and judgment required to practice safely and ethically in a designated role and setting.
Continuing Competency is the ongoing ability of a nurse to integrate the knowledge, skills, judgment and personal attributes to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice.
Professional development is the acquisition of knowledge and skill which enhances an Agrologist's competence as a practicing professional. Recording of continuing competence enhancement is acknowledged as the foundation of professional practice.
The ability of an RN to integrate and apply the knowledge, skills, judgments and personal attributes required to practice safely and ethically in a designated role and setting.
The ability over time to integrate and apply the knowledge, skills, judgment, and personal attributes required to practice an occupation safely and ethically. (Adopted from CICIC.)
The intent of Continuing Education is to protect the public by maintaining and enhancing licensees' professional knowledge and skills relating to massage and bodywork practice.
The ongoing ability of a licensee to learn, integrate, and apply the knowledge, skill and judgment to practice according to generally accepted industry standards and professional ethical standards in a designated role and setting.
To help ensure the CAMs are staying current with industry issues and maintaining the highest standards possible toward proper management credentials within business aviation

As a follow up question, the survey prompted respondents to characterize the organization's concept of continuing competence, whether or not it has a formal definition. Recognizing that respondents could mark all characterizations that apply, professional knowledge and skill, ability to follow "best practice" or adhere to professional standards, and ability to follow ethical standards are the most widely applied. Safety was the least pertinent characterization.

Table 7b. Whether your organization has a formal definition or not, how would you characterize your organization’s conception of continuing competence for the purpose of renewal of a license or recertification? (Please mark all that apply.)

Characterization	Frequency	Percent
Professional knowledge and/or skill	266	79.6
Professional judgment (e.g., clinical decision making, critical thinking)	190	56.9
Ability to achieve successful outcomes for clients (e.g., patients, employers, the public)	173	51.8
Ability to follow “best practice” or adhere to professional standards	220	65.9
Ability to follow ethical standards	203	60.8
Safety	150	44.9
Other. Please specify	27	8.1
My organization does not have a definition of continuing competence at this time	34	10.2

***Please note that respondents were asked to mark all that apply, so the totals will not add to 100 percent.**

If the underlying purpose of licensure and certification is to protect the public, then it makes sense that harmful consequences might develop in the event individual professionals are not competent. The next question on the survey addressed this issue, and Table 8 indicates that the overwhelming majority of respondents view their professions as having significant criticality.

Table 8. What potential for harm to stakeholders exists if a licensee or certificant is NOT competent? (Harm may be physical, psychological, financial, etc.)

Level of Criticality	Frequency	Percent
Consequences with extreme potential for harm	165	49.9
Consequences with moderate potential for harm	100	30.2
Consequences with small potential for harm	40	12.1
No potential for harm	9	2.7
No response	17	5.1
Total	331	100.0

The final question in the section of the survey dealing with the organization’s philosophy of continuing competence concerned the level of competence at which the renewal program is targeted. National Commission on Certifying Agencies Standards for Accreditation require that the renewal program be designed either to maintain entry-level competence or to enhance competence beyond that level. The vast majority endorse these two levels.

Table 9. At what level of competence is your organization’s renewal program targeted?

Level of Competence Targeted	Frequency	Percent
Maintain competence	171	51.7
Enhance competence	104	31.4
Do not know	7	2.1
Not Applicable	38	11.5
No response	11	3.3
Total	331	100.0

Split by type of organization, Table 9a indicates that most types of organizations aim renewal programming at maintaining entry-level competence.

Table 9a. Level of Competence Targeted by Type of Organization

Type of Organization	Response	Frequency	Percent
Autonomous licensing entity	Enhance competence	40	40.4
	Maintain entry-level	46	46.5
	Not applicable	1	1.0
	Do not know	11	11.1
	Total	99	100.0
Federation of state boards	Enhance competence	3	21.4
	Maintain entry-level	7	50.0
	Not applicable	1	7.1
	Do not know	3	21.4
	Total	14	100.0
Centralized licensing entity	Enhance competence	10	24.4
	Maintain entry-level	23	56.1
	Not applicable	1	2.4
	Do not know	7	17.1
	Total	41	100.0
Autonomous certification entity	Enhance competence	19	28.4
	Maintain entry-level	43	64.2
	Not applicable	1	1.5
	Do not know	4	6.0
	Total	67	100.0
Certification within association	Enhance competence	24	36.9
	Maintain entry-level	35	53.8
	Not applicable	2	3.1
	Do not know	4	6.2
	Total	65	100.0
Corporate certification	Enhance competence	1	50.0
	Maintain entry-level	0	0.0
	Not applicable	0	0.0
	Do not know	1	50.0
	Total	2	100.0
IT certification	Enhance competence	1	50.0
	Maintain entry-level	0	0.0
	Not applicable	0	0.0
	Do not know	1	50.0
	Total	2	100.0
Other	Enhance competence	5	17.2
	Maintain entry-level	16	55.2
	Not applicable	1	3.4
	Do not know	7	24.1
	Total	29	100.0

Renewal Program Components: Continuing Education

Continuing education courses of various sorts have long been used as the primary component of renewal programs in certification and licensure (see literature review above). Data from the survey bear that out.

Table 10. Does your organization require continuing education units (equivalent) to renew a license or certification? [If you are responding on behalf of a centralized licensing entity overseeing more than one licensing program (e.g., bureau of professional regulation), please mark Yes if any program(s) require continuing education units.]

	Frequency	Percent
Yes	252	76.1
No	46	13.9
Not applicable	23	7.0
No response	10	3.0
Total	331	100.0

The survey asked several follow up questions about continuing education, if the organization indicated that it is a component of the renewal program.

Table 10a. If yes, how many classroom hours are required? Please convert whatever unit your organization works with to the equivalent number of classroom hours required (consider a one-year period).

	Frequency	Percent
Five or fewer	13	5.2
Six to 10	50	20.2
11 to 20	108	43.5
21 to 30	35	14.1
31 to 40	22	8.9
More than 50	20	8.1
Total	248	100.0

10b. If yes, what documentation is required to demonstrate compliance with this renewal requirement?

	Frequency	Percent
No documentation is required	13	5.2
Photocopy of certificates of completion (equivalent)	93	37.4
Original certificates of completion (equivalent)	20	8.0
Attendance records from continuing education program providers	44	17.7
Other. Please specify	79	31.7
Total	249	100.0

The survey asked next for respondents to indicate if their organization offers continuing education activities. About one third of the respondents do offer such opportunities; however, it is clear from Table 11a that they accept continuing education courses from other organizations.

Table 11. Does your organization offer continuing education courses/activities that may be accepted in satisfying renewal requirements?

	Frequency	Percent
Yes	112	33.8
No	140	42.3
No response	79	23.9
Total	331	100.0

Table 11a. If your organization offers continuing education courses/activities, does your organization accept continuing education courses/activities offered by other organizations?

	Frequency	Percent
Yes	107	32.4
No	4	1.3
Other (Please specify)	1	0.3
No response	218	66.0
Total	331	100

Program Renewal Components: Self Assessment (Evaluation of Personal Strengths and Needs)

A summary of responses to the survey’s request for information about whether or not respondents include a self assessment as part of the renewal program requirements is provided in Table 12. Not quite 15% offer a self assessment, and almost 8% require it. The overwhelming majority of respondents do not offer self assessments.

Table 12. Does your renewal program include a self assessment (evaluation of personal strengths and needs) to be completed by the applicant?

	Frequency	Percent
Yes, a self assessment is required	26	7.8
Yes, a self assessment is optional	14	4.1
Yes, other. Please specify:	7	2.1
No	241	72.7
Not applicable	33	10.0
No response	10	3.0
Total	331	100

Respondents offering a self assessment were asked to indicate the basis for the self assessment’s content. These data are presented in Table 12a. The largest number report using sets of national competencies; however, the number of groups using self assessments is very small and it is difficult to draw robust conclusions on this point.

Table 12a. If yes, what is the content basis for the self assessment?

	Frequency	Percent
Entry-level practice/job analysis or role delineation study	6	13.6
Practice/job analysis targeted at renewal candidates	7	15.9
National competencies established by your organization or another organization	18	40.9
No content basis	2	4.6
Other Please specify	8	18.2
Do not know	3	6.8
Total	44	100.0

Renewal Program Components: Assessments (Tests)

The review of literature on renewal requirements and continuing competence suggests that there is a developing trend toward administering assessments (tests) as part of the renewal process, mandatory for all renewals in some cases, and optional as a replacement for continuing education credits in others. Table 13 offers information about the current position of assessments in renewal programs. About 15% of the respondents include assessments in their renewal requirements.

Table 13. Do the renewal requirements include an assessment (test)?

	Frequency	Percent
Yes	49	14.8
No	239	72.2
Not applicable	31	9.4
No response	12	3.6

The comparison of responses to the assessment requirement item by type of organization (see Table 13a) suggests that certifying organizations include assessments in renewal requirements more often than licensing organizations.

Table 13a. Assessment Required by Type of Organization

Type of Organization	Response	Frequency	Percent
Autonomous licensing entity	Yes	9	9.3
	No	83	85.6
	Not Applicable	6	6.2
	Total	97	100.0
Federation of state boards	Yes	1	7.1
	No	9	64.3
	Not Applicable	4	28.6
	Total	14	100.0
Centralized licensing entity	Yes	1	2.4
	No	38	92.7
	Not Applicable	2	4.9
	Total	41	100.0
Autonomous certification entity	Yes	23	34.3
	No	42	62.7
	Not Applicable	2	3.0
	Total	67	100.0
Certification within association	Yes	10	15.4
	No	50	76.9
	Not Applicable	5	7.7
	Total	65	100.0
Corporate certification	Yes	1	50.0
	No	0	0.0
	Not Applicable	1	50.0
	Total	2	100.0
IT certification	Yes	1	50.0
	No	0	0.0
	Not Applicable	1	50.0
	Total	2	100.0
Other	Yes	9	31.0
	No	3	10.3
	Not Applicable	17	58.6
	Total	29	100.0

Table 14 reports responses for organizations that require assessments in their renewal program about whether or not the assessment is required for every renewal cycle and the frequency with which renewal applicants must take the assessment.

Table 14. If yes, is the assessment (test) required for every renewal cycle?

	Frequency	Percent
Yes	24	7.3
No (with what frequency are renewal applicants assessed?)	25	7.6
No response	282	85.2
Total	331	100.0

Information provided for respondents indicating No in Table 14 suggests that assessments are required every two to ten years, depending on the profession, and that they are available in lieu

of continuing education options. Table 14a explores the assessment requirement by asking about the assessment that is used. Of those including an assessment, the largest group uses the entry-level examination, although 15 organizations use a specific test whose purpose is to support renewal.

Table 14a. If yes, which statement BEST characterizes the required assessment (test)?

	Frequency	Percent
Same test that is required for the initial license or certification	20	41.7
Specific test devoted to renewal (e.g., maintenance of certification assessment)	15	31.2
Short assessments (tests) based on current journal articles or other professional literature	4	8.3
Other. Please specify	9	18.8
Total	48	100.0

The survey asked next about the format of assessment. Table 14b shows that multiple-choice tests are used by the largest number of respondents, but that simulations and practical assessments are also employed.

Table 14b. If yes, what is the nature of the required assessment (test)? (Check all that apply.)

	Frequency	Percent
Multiple choice	43	66.1
Direct performance of skill (e.g., hands-on practical, oral)	7	10.8
Simulation demonstration of skill (e.g., case management)	5	7.7
Other. Please specify	10	15.4

***Please note that respondents were asked to mark all that apply, so the totals will not add to 100 percent.**

Table 14c reports information about the content basis for the assessment. Responding organizations use the entry-level practice analysis (not surprising, given the number that use the entry-level assessment for renewal purposes) equally as often as they use a practice analysis specifically targeted for renewal purposes.

14c. If yes, is the assessment (test) based on a practice analysis?

	Frequency	Percent
Entry-level practice/job analysis or role delineation study	18	41.9
Practice/job analysis targeted at renewal candidates	18	41.9
Other Please specify	7	16.2
Total	43	100.0

Continuing on the topic of the assessment used for renewal, the survey asked about the passing standard. Responses are presented in Table 14d.

14d. If yes, is there a passing standard for the required assessment (test)? [A passing standard is the score that renewal applicants have to achieve on the assessment (test) in order to be renewed.]

	Frequency	Percent
Yes, a criterion-referenced standard	35	74.5
Yes, a norm-referenced standard	4	8.5
Yes, but the standard was not determined through a systematic process	7	14.9
No	1	2.1
Do not know	0	0.0
Total	47	100.0

Renewal Program Components: Portfolio

The next set of questions in the benchmarking survey asked if responding organizations ask renewal applicants to submit portfolios in the renewal application. Approximately 10% of the respondents require portfolios.

Table 15. Do the renewal requirements include a portfolio (collection of work products) to be assembled and submitted by the applicant?

	Frequency	Percent
Yes	35	10.6
No	250	75.5
Not applicable	33	10.0
No response	13	3.9
Total	331	100.0

The survey asked this group then to provide information on the nature of the portfolio, and Table 15a summarizes their responses.

15a. If yes, what is the nature of the portfolio? (Check all that apply.)

	Frequency	Percent
Work products (objects created by the applicant or under the applicant's direction)	13	3.9
Video or other images of the applicant working	2	0.6
Video or other images of work samples	5	1.5
Documents prepared by the applicant or under applicant's direction	24	7.3
Published articles written by the applicant	13	3.9
Other Please specify	10	3.0

***Please note that respondents were asked to mark all that apply, so the totals will not add to 100 percent.**

Renewal program components: Employment in the profession (part time, full time)

Several questions in the survey addressed requirements for ongoing employment in the profession. The first of these questions asked if employment is required for renewal, and Table 16 presents the information collected. Almost three fifths of the respondents have no requirement for ongoing employment in the profession. Considering that ten percent marked this topic as not applicable, just over 25% of the respondents requirement employment.

Table 16. Does your organization require that renewal applicants be employed in the profession in order to renew a license or certification?

	Frequency	Percent
No employment requirement	194	58.6
Part time acceptable	39	11.8
Full time required	25	7.6
Other Please specify	28	8.5
Not applicable	33	10.0
No response	12	3.6
Total	331	100.0

The first follow up question for organizations that require employment addressed what level of employment is required. Of those requiring employment, more than half report that 500 hours or less is acceptable.

Table 16a. What number of hours per year is required?

	Frequency	Percent
500 or fewer acceptable	22	6.6
501 to 1,000 acceptable	8	2.4
1,001 to 1,500 acceptable	5	1.5
1,501 up to full time	4	1.2
No response	292	88.2
Total	331	100.0

The survey asked how respondents deal with retired certificants in the renewal process. The first question in this section asked if respondents renew the license or certification of retired individuals. Table 17 presents the findings.

Table 17. Does your organization renew the license or certification of retired individuals?

	Frequency	Percent
Yes	146	44.1
No	106	32.0
Not applicable	60	18.1
No response	19	5.7
Total	331	100.0

Table 17a presents the information gathered about whether or not the respondent offers a specific retired status. Although 37% do have a status for retired certificants, most organizations do not.

Table 17a. Does your organization have a retired status for licensees or certificants?

	Frequency	Percent
Yes	121	36.6
No	177	53.5
Not applicable	19	5.7
No response	14	4.2
Total	331	100.0

Less than ten percent of responding organizations require letters of reference or other endorsements for renewal purposes.

Table 18. Does your organization require letters of reference or other types of endorsement to renew a license or certification?

	Frequency	Percent
Yes	31	9.4
No	259	78.2
Not applicable	27	8.2
No response	14	4.2
Total	331	100.0

Renewal Program Components: Timeframes (Renewal Cycle)

The section of the survey dealing with timeframes for renewal, or how often individuals must renew their license or certification, included questions on the number of years in the cycle, how it was determined, what fees are involved, and how they were determined. The primary question on this topic asked for the length of the renewal cycle, expressed in the number of years that a renewed credential is valid (see Table 19). Approximately 70% of responding organizations report renewal cycles of one, two, or three years duration.

Table 19. For how long is the license or certification valid? (If your organization is responsible for more than one license or certification, what is the typical period of time?)

	Frequency	Percent
One year	94	28.4
Two years	86	26.0
Three years	62	18.7
Four years	8	2.4
Five years	31	9.4
More than five years. Please specify	2	0.6
Expires when software or other product is no long supported	17	5.1
Other. Please specify	16	4.8
No response	15	4.5
Total	331	100.0

The survey next asked how the organization determined the time period in which individuals must renew their credential. More than half of the responding organization collected information to support the decision making process; however, the largest group report that a committee or other group used careful judgment to make the decision.

Table 20. How did your organization determine the period of time needed to complete the activities of its continuing competence requirement? (Check all that apply.)

	Frequency	Percent
Collected information from knowledgeable resources about the time required to satisfy the continuing competence requirement(s)	84	25.4
Collected information about the period of time that other organizations have specified for similar credentials in the general field or discipline	111	33.5
A committee or other group estimated the time required using careful judgment	127	38.4
A person estimated the time required using careful judgment	3	0.9
Analyzed administrative factors (e.g., time required to evaluate a portfolio or other documents submitted) to determine the time required	22	6.6
Other (Please specify)	58	17.5

***Please note that respondents were asked to mark all that apply, so the totals will not add to 100 percent.**

Renewal fees were the next topic of interest in the survey. As can be seen from the information reported in Table 21, 40% of the responding organizations charge renewal fees in the range of \$51 to \$200.

Table 21. What fee does your organization require per year [divide the number of years in the renewal period into the total fee required to renew the license or certification]? If you are responding on behalf of a centralized licensing agency overseeing more than one licensing program (e.g., bureau of professional regulation), please indicate the average for the programs under your purview.

	Frequency	Percent
\$0	7	2.1
\$1 to \$50	85	25.7
\$51 to \$200	143	43.2
\$201 to \$350	40	12.1
\$351 to \$500	8	2.4
\$501 or more	11	3.3
Not applicable	26	7.9
No response	11	3.3
Total	331	100.0

Respondents next addressed the question of what factors were considered in establishing fees. Table 22 shows that renewal fees are set at a level to compensate the organization for expenses it incurs in operating program components and reviewing documentation.

Table 22. Are the renewal fees set at a level that offsets the cost of developing and implementing the requirements for renewal? (Check all that apply.)

	Frequency	Percent
Yes, the fees compensate my organization for providing components of the renewal program (e.g., assessments, scoring)	105	31.7
Yes, the fees compensate my organization for reviewing documentation submitted by renewal applicants	148	44.7
Yes, for a different reason. Please specify	30	9.1
No, the fees are determined by a different organization (e.g., legislative or regulatory body, professional association)	25	7.6
No, the fees are determined in accordance with what the market will bear	25	7.6
No, for a different reason. Please specify	27	8.2
No fee is required for renewal	4	1.2
Not applicable	12	3.6

***Please note that respondents were asked to mark all that apply, so the totals will not add to 100 percent.**

Of interest next was the process by which the organizations established renewal fees. Table 23 indicates that the largest group set the fees to compensate the organization for its expenses.

Table 23. How did you determine fees?

	Frequency	Percent
By collecting information about the renewal fees charged by other organizations	52	15.7
By determining the expenses my organization actually incurs	139	42.0
By follow law or regulation established for the organization	54	16.3
By conducting a marketing study	6	1.8
Other (Please specify)	22	6.6
Do not know	16	4.8
No response	42	12.7

***Please note that respondents were asked to mark all that apply, so the totals will not add to 100 percent.**

Resource Requirements: Costs Incurred by Your Organization Related to Renewal

The resource requirements section of the survey included two questions: the approximate cost per renewal application and the primary activities related to renewals that require the organization to incur costs. Twelve respondents gave cost estimates for the first of these questions that are very high, suggesting perhaps that they are for the program rather than for a single renewal application. These very high figures ranged from \$2,500 to \$750,000 (eight of these were over \$100,000). These twelve outlier estimates were dropped from the analysis. Given that 128 respondents marked this question as not applicable, there were 191 estimates ranging from zero to \$1,000 in the descriptive analysis in Table 24. Cost estimates in this range have an average of \$112.1 and are widely dispersed, with a standard deviation of \$194.1.

Table 24. What approximate cost (including labor) does your organization incur for each renewal application? [May be able to estimate by dividing total renewal-related expenses by the number of renewals awarded in a year]

	N	Minimum	Maximum	Mean	Standard Deviation
Cost	191	\$0	\$1000	\$112.1	\$194.1

Primary activities that require responding organizations to incur costs are the review of required documentation, data entry, data base management, customer service, and printing and postage (see Table 25). It should be noted that responses are the number of organizations that incur costs in these categories without consideration for the amount of money involved; that is, many organizations incur printing and postage expenses, though those costs may be relatively small.

Table 25. What are the primary activities that require your organization to incur cost for renewal applications? (Please mark all that apply.)

	Frequency	Percent
Review of required documentation	260	78.5
Data entry	252	76.1
Data base management	248	74.9
Computer programming	169	51.1
Development and maintenance of a required assessment (test)	54	16.3
Administration a required assessment (test)	46	13.9
Scoring a required assessment (test)	41	12.4
Customer service for applicants for renewal	242	73.1
Printing and postage	257	77.6
Other. Please specify	59	17.8

***Please note that respondents were asked to mark all that apply, so the totals will not add to 100 percent.**

The survey concluded with questions on several practical topics related to renewal activities. The first of these questions addressed how renewal applications are processed. Although paper-based systems are prevalent, the Internet is widely used (see Table 26).

Table 26. How does your organization process renewal applications?

	Frequency	Percent
Paper-based system	108	32.6
Online system	27	8.2
Mixture of paper and online system	151	45.6
Other (Please specify)	5	1.5
Not applicable	25	7.6
No response	15	4.5
Total	331	100.0

Auditing renewal applications is a widespread practice among the responding organizations. Table 27 indicates that a small percentage more organizations audit than require all applicants for renewal to submit all documentation. Organizations that perform audits were asked to provide the percentage of renewal applications audited, and that is the subject of Table 27a.

Table 27. Is every applicant for renewal required to submit the documentation, or does your organization audit a sample of applications?

	Frequency	Percent
All applicants are required to submit all documentation	116	35.0
Applicants are audited (What percent of applications are audited?)	131	39.6
Other (Please specify.)	21	6.3
Not applicable	50	15.1
No response	13	3.9
Total	331	100.0

As is apparent in Table 27a, organizations that report they conduct audits vary in the percent selected for this purpose, with an average of 11.5 and a standard deviation of 14.1. This wide standard deviation means that some organizations audit a very small percentage, while other audit 20% to 25%.

Table 27a. Descriptive Statistics: Percent Audited

	N	Minimum	Maximum	Mean	Standard Deviation
Percent audited	131	0.0	100	11.5	14.1

As a matter of practical interest, the survey asked for the rate of renewal, expressed as the percent of individuals who are eligible to renew who actually do so. This information is presented in Table 28 for all respondents, and in Table 28a according to the type of organization.

Table 28. What percentage of individuals who are eligible to renew in an average year actually renew?

	Frequency	Percent
20% or less	7	2.1
21% to 40%	18	5.4
41% to 60%	11	3.3
61% to 80%	59	17.8
81% to 99%	185	55.9
100%	8	2.4
no response	43	13.0
Total	331	100.0

The information in Table 28a suggests that, in general, licensing organizations have a higher rate of renewal than certification organizations experience.

Table 28a. Percentage Renewing by Type of Organization

Type of Organization	Response	Frequency	Percent
Autonomous licensing entity	<=20	0	0.0
	21 to 40	3	3.2
	41 to 60	0	0.0
	61 to 80	9	9.5
	81 to 99	78	82.1
	100	5	5.3
Federation of state boards	<=20	0	0.0
	21 to 40	1	7.7
	41 to 60	2	15.4
	61 to 80	1	7.7
	81 to 99	7	53.8
	100	2	15.4
Centralized licensing entity	<=20	0	0.0
	21 to 40	0	0.0
	41 to 60	1	2.6
	61 to 80	7	18.4
	81 to 99	30	78.9
	100	0	0.0
Autonomous certification entity	<=20	4	6.6
	21 to 40	4	6.6
	41 to 60	4	6.6
	61 to 80	20	32.8
	81 to 99	29	47.5
	100	61	100.0
Certification within association	<=20	1	1.7
	21 to 40	7	12.1
	41 to 60	4	6.9
	61 to 80	19	32.8
	81 to 99	26	44.8
	100	1	1.7
Corporate certification	<=20	0	0.0
	21 to 40	1	100.0
	41 to 60	0	0.0
	61 to 80	0	0.0
	81 to 99	0	0.0
	100	0	0.0
Other	<=20	2	9.1
	21 to 40	2	9.1
	41 to 60	0	0.0
	61 to 80	3	13.6
	81 to 99	15	68.2

Next was the question about what percentage of individuals who apply for renewal fail to complete that process. Table 29 provides the responses received. It is clear that most applicants for renewal are successful, with a 1% to 2% failure rate predominating.

Table 29. What percentage of individuals who apply to renew in an average year fail to do so?

	Frequency	Percent
0% (all renewal applicants are successful)	46	13.9
1% to 2%	114	34.4
3% to 5%	55	16.6
6% to 10%	43	13.0
More than 10%	25	7.6
No response	48	14.5
Total	331	100.0

Finally, the survey asked respondents to indicate if the license or certification is legally mandated for practice in the profession. Table 30 presents the findings, and 30a provides a breakdown by type of organization.

Table 30. Is the license or certification a legally mandated requirement for work in the profession?

	Frequency	Percent
Yes	187	56.5
No	130	39.3
No response	14	4.2
Total	331	100.0

Overwhelmingly, licensure groups report that the credentials they offer are mandated, although the certification groups report that the credentials are mandated for employment.

Table 30a. Mandated by Type of Organization

Type of Organization	Response	Frequency	Percent
Autonomous licensing entity	Yes	93	93.9
	No	6	6.1
	Total	99	100.0
Federation of state boards	Yes	12	85.7
	No	2	14.3
	Total	14	100.0
Centralized licensing entity	Yes	40	97.6
	No	1	2.4
	Total	41	100.0
Autonomous certification entity	Yes	20	29.9
	No	47	70.1
	Total	67	100.0
Certification within association	Yes	8	12.5
	No	56	87.5
	Total	64	100.0
Corporate certification	Yes	0	0.0
	No	2	100.0
	Total	2	100.0
IT certification	Yes	0	0.0
	No	2	100.0
	Total	2	100.0
Other	Yes	14	50.0
	No	14	50.0
	Total	28	100.0

Conclusion

The purpose of this research was to describe in the current state of thought and practice in programs for the renewal of professional licensure and certification. The study included a review of literature on continuing competence and various components of renewal programs as they are implemented in a broad range of fields. The literature review was augmented by a large scale survey in which over 2,000 organizations were invited to participate and from which the data portray the current state of renewal program philosophy, program elements, costs, and other general information. Four observations set the stage:

- Initial licensure or certification is not sufficient.
- Even relicensure and recertification are not sufficient.
- Singular emphasis on continuing education is flagging.
- Continuing competence is a complex issue.

Continuing competence is the central concern in relicensure and recertification. Defining continuing competence within a profession or certifying body addresses purpose, responsibility, and approach. Addressing these topics systematically goes a long way to developing a philosophy about continuing competence that directs and unifies program components and requirements. Understanding why continuing competence is important clarifies the interests of stakeholder groups and identifies to whom and how program requirements are to be addressed. Analyzing who has responsibility for ensuring continuing competence helps in defining the charge, and detailing an approach that is consistent with purpose and responsibility answers questions about appropriate program features. Without a clear definition of continuing competence, a profession is unlikely to establish a meaningful program.

Continuing education is nearly universal in continuing competence programs, yet there is scant research supporting its effectiveness. The limitation to its success may be in how continuing education has been structured: it should be sustained, specific, and relevant, with sufficient intensity and focus. And, rather than accrediting the provider of continuing education, it may be more beneficial to examine the continuing education courses themselves. Further, if continuing education features an initial assessment and post test, its value in relation to continuing competence may be enhanced.

Self assessments, if designed well, cause licensees and certificants to reflect on their abilities and identify critical gaps in knowledge and skill. Based on the results of self assessments, individuals may focus their continuing learning on topics of need and interest in their own work and follow professional development activities that have greater benefit to the public and other stakeholders.

Though costly, assessments are increasingly used in programs of continuing competence. The American Board of Medical Specialties requires its member boards to assess physicians' continuing competence during each renewal cycle, and other professions are beginning to follow their lead. The challenge is building assessments that recognize the specialization that occurs naturally as people work and advance in their careers. Item types other than multiple choice may be useful in addressing the higher order expectations that pertain to relicensure and recertification.

Employment is a useful indicator of continuing competence, as employers may often be primary stakeholders in licensure and certification. We learn by doing, and on the job experience is often the best teacher.

The benefits of employment can be described quite effectively in portfolios, which may be evaluated to assess continuing competence. Work samples, videotape, and other work products often provide insight to the competence of the professionals preparing them.

Continuing competence has significant costs, both soft and hard. These costs are substantial, but they should not be primary drivers in designing renewal programs in licensure and certification that are effective in serving stakeholder interests and beneficial to the credentialed professionals themselves.

Ultimately, the best practice in continuing competence programming is a multi-step approach that uses a triangulation of tools in an iterative process. For continuing competence to be truly meaningful, it should include the context in which professionals practice. It should look at individuals and the systems in which they operate to ensure the relevance of continuing competence programs. Communication and teamwork are essential elements of practice, and these aspects of work are useful means through which continuing competence can be assured, with collaboration being essential in meeting the needs and interests of stakeholders with renewal programs of high quality.

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Appendix A: Survey

Appendix A: Survey

Benchmarking Survey on the Renewal of Professional Licensure and Certification

STEP 1: Overview

Welcome to the Benchmarking Survey on the Renewal of Professional Licensure and Certification.

The purpose of the benchmarking survey is to identify current practices and trends as they affect the renewal of professional licenses and certifications. A license or certification qualifies the holder to work in an occupational or professional capacity, and is time limited. Participants in the survey should be entities that are responsible for licensing and certifying individuals. The survey requests information about your organization and its renewal program in the following areas:

- Philosophy of continuing competence (definition, value)
- Renewal program components: Continuing education credits
- Renewal program components: Self assessment (evaluation of personal strengths and needs)
- Renewal program components: Assessments (tests)
- Renewal program components: Portfolio
- Renewal program components: Employment in the profession (part time, full time)
- Renewal program components: Timeframes (renewal cycle)
- Renewal fee (annual)
- Resource requirements: Cost for each component above
- Operations: Online or paper based (audit, verify every document)

Step 1 Overview: You are currently viewing the survey's Overview page. You may return to this page at any time by clicking Overview on the left.

Step 2 Survey Items: Please answer the questions in this section.

At any time during the survey, you may click the **HELP** button to get assistance on completing the survey. The help page is divided into sections according to the steps described above.

Thank you in advance for your help with this very important project.

The deadline to complete and submit this survey is **September 12, 2008**.

You can log out from the survey and log back in as needed in order to complete the survey at your earliest convenience prior to the deadline. If you desire to log out, please scroll to the bottom of the screen and then click on NEXT. If you do not, your work will be lost. When you return to the survey, use the link you received in the e-mail invitation, as you will not be able to access the survey using a bookmarked link.

Survey Items:

1. Does your organization require the renewal of professional license(s) or recertification(s)?
 Yes
 No

1a. If no, what is the reason? (Please mark all that apply.)

- License or certification is linked to a specific product (e.g., software release) that may become outdated
 Initial license or certification is issued for a lifetime
 Statute or regulation does not require renewal
 Other. Please specify _____

Philosophy of continuing competence (definition, value)

2. Does your organization have a formal definition for continuing competence?
 Yes
 No
 Not applicable

2a. If yes, please enter it in the space here: _____

3. Whether your organization has a formal definition or not, how would you characterize your organization's conception of continuing competence for the purpose of renewal of a license or recertification? (Please mark all that apply.)
 Professional knowledge and/or skill
 Professional judgment (e.g., clinical decision making, critical thinking)
 Ability to achieve successful outcomes for clients (e.g., patients, employers, the public)
 Ability to follow "best practice" or adhere to professional standards
 Ability to follow ethical standards
 Safety
 Other. Please specify: _____
 My organization does not have a definition of continuing competence at this time.

4. What potential for harm to stakeholders exists if a licensee or certificant is NOT competent? (Harm may be physical, psychological, financial, etc.)
 No potential for harm
 Consequences with small potential for harm
 Consequences with moderate potential for harm
 Consequences with extreme potential for harm

5. At what level of competence is your organization's renewal program targeted?
- Maintain competence
 - Enhance competence
 - Do not know
 - Not applicable

Renewal program components: Continuing education credits

6. Does your organization require continuing education units (equivalent) to renew a license or certification? [If you are responding on behalf of a centralized licensing entity overseeing more than one licensing program (e.g., bureau of professional regulation), please mark Yes if any program(s) require continuing education units.]
- Yes
 - No
 - Not applicable

6a. If yes, how many classroom hours are required? Please convert whatever unit your organization works with to the equivalent number of classroom hours required (consider a one-year period).

- Fewer than 5
- 6 to 10
- 11 to 20
- 21 to 30
- 31 to 40
- More than 40

6b. If yes, what documentation is required to demonstrate compliance with this renewal requirement?

- No documentation is required
- Photocopy of certificates of completion (equivalent)
- Original certificates of completion (equivalent)
- Attendance records from continuing education program providers
- Other. Please specify: _____
- Not applicable

6c. Does your organization offer continuing education courses/activities that may be accepted in satisfying renewal requirements?

- Yes
- No

6d. If your organization offers continuing education courses/activities, does your organization accept continuing education courses/activities offered by other organizations?

- Yes
- No
- Other (Please specify) _____
- Not applicable

Renewal program components: Self assessment (evaluation of personal strengths and needs)

7. Does your renewal program include a self assessment (evaluation of personal strengths and needs) to be completed by the applicant?
- Yes, a self assessment is required
 - Yes, a self assessment is optional
 - Yes, other. Please specify: _____
 - No
 - Not applicable

- 7a. If yes, what is the content basis for the self assessment?
- Entry-level practice/job analysis or role delineation study
 - Practice/job analysis targeted at renewal candidates
 - National competencies established by your organization or another organization
 - No content basis
 - Other Please specify: _____
 - Do not know

Renewal program components: Assessments (tests)

8. Do the renewal requirements include an assessment (test)?
- Yes
 - No
 - Not applicable

- 8a. If yes, is the assessment (test) required for every renewal cycle?
- Yes
 - No (with what frequency must applicants for renewal be assessed? _____)

- 8b. If yes, which statement BEST characterizes the required assessment (test)?
- Same test that is required for the initial license or certification
 - Specific test devoted to renewal (e.g., maintenance of certification assessment)
 - Short assessments (tests) based on current journal articles or other professional literature
 - Other. Please specify: _____

- 8c. If yes, what is the nature of the required assessment (test)? (Check all that apply.)
- Multiple choice
 - Direct performance of skill (e.g., hands-on practical, oral)
 - Simulation demonstration of skill (e.g., case management)
 - Other. Please specify: _____

- 8d. If yes, is the assessment (test) based on a practice analysis?
- Entry-level practice/job analysis or role delineation study
 - Practice/job analysis targeted at renewal candidates
 - Other Please specify: _____

8e. If yes, is there a passing standard for the required assessment (test)? [A passing standard is the score that renewal applicants have to achieve on the assessment (test) in order to be renewed.]

- Yes, a criterion-referenced standard
- Yes, a norm-referenced standard
- Yes, but the standard was not determined through a systematic process
- No
- Do not know

8f. If yes, what is the consequence to renewal applicants who do not pass the assessment (test) before the expiration date?

- No consequence—the assessment is required to indicate to the individual where to focus a professional development plan
- Applicants must complete training (e.g., continuing education, coursework)
- Applicants are given a specified period of time in which to pass the assessment
- Renewal is denied
- Other. Please specify: _____
- Not applicable.

Renewal program components: Portfolio

9. Do the renewal requirements include a portfolio (collection of work products) to be assembled and submitted by the applicant?

- Yes
- No
- Not applicable

9a. If yes, what is the nature of the portfolio? (Check all that apply.)

- Work products (objects created by the applicant or under the applicant's direction)
- Video or other images of the applicant working
- Video or other images of work samples
- Documents prepared by the applicant or under the applicant's direction
- Published articles written by the applicant
- Other Please specify: _____

Renewal program components: Employment in the profession (part time, full time)

10. Does your organization require that renewal applicants be employed in the profession in order to renew a license or certification?

- No employment requirement
- Part time acceptable
- Full time required
- Other Please specify: _____

10a. What number of hours per year is required?

- Fewer than 500 acceptable
- 501 to 1,000 acceptable
- 1,001 to 1,500 acceptable
- 1,501 up to full time

11. Does your organization have a retired status for licensees or certificants?
 Yes
 No
 Not applicable
12. If yes, does your organization renew the license or certification of retired individuals?
 Yes
 No
 Not applicable
13. Does your organization require letters of reference or other types of endorsement to renew a license or certification?
 Yes
 No
 Not applicable

Renewal program components: Timeframes (renewal cycle)

14. For how long is the license or certification valid? (If your organization is responsible for more than one license or certification, what is the typical period of time?)
 Less than one year
 One year
 Two years
 Three years
 Four years
 Five years
 More than five years. Please specify: _____
 Expires when software or other product is no long supported
 Other. Please specify: _____
15. How did your organization determine the period of time needed to complete the activities of its continuing competence requirement? (Check all that apply.)
 Collected information from knowledgeable resources about the time required to satisfy the continuing competence requirement(s)
 Collected information about the period of time that other organizations have specified for similar credentials in the general field or discipline
 A committee or other group estimated the time required using careful judgment
 A person estimated the time required using careful judgment
 Analyzed administrative factors to determine time required
 Other. Please specify: _____
 Not applicable

Renewal fee (annual)

16. What fee does your organization require per year [divide the number of years in the renewal period into the total fee required to renew the license or certification]?
 \$0 to \$50
 \$51 to \$200

- \$201 to \$350
- \$351 to \$500
- \$501 or more
- Not applicable

- 16a. Are the renewal fees related to the requirements? (Mark all that apply.)
- Yes, the fees compensate my organization for providing components of the renewal program (e.g., assessments, scoring)
 - Yes, the fees compensate my organization for reviewing documentation submitted by renewal applicants
 - Yes, for a different reason. Please specify: _____
 - No, the fees are determined by a different organization (e.g., legislative or regulatory body, professional association)
 - No, the fees are determined in accordance to what the market will bear
 - No, for a different reason. Please specify: _____
 - No fee is required for renewal
 - Not applicable

- 16b. How did you determine fees?
- By collecting information about the renewal fees charged by other organizations
 - By determining the expenses my organization actually incurs
 - By following law or regulation established for the organization
 - By conducting a marketing study
 - Other Please specify: _____
 - Not applicable

Resource requirements: Costs incurred by your organization related to renewal

17. What approximate cost (including labor) does your organization incur for each renewal application? [May be able to estimate by dividing total renewal-related expenses by the number of renewals awarded in a year]
- _____
- Not applicable

18. What are the primary activities that require your organization to incur cost for renewal applications? (Please mark all that apply.)
- Review of required documentation
 - Data entry
 - Data base management
 - Computer programming
 - Development and maintenance of a required assessment (test)
 - Administration a required assessment (test)
 - Scoring a required assessment (test)
 - Customer service for applicants for renewal
 - Printing and postage
 - Other. Please specify _____

Your Organization:

19. Which of the following categories applies BEST to your organization?
- Autonomous licensing entity
 - Federation of state boards
 - Centralized licensing entity overseeing more than one licensing program (e.g., bureau of professional regulation)
 - Autonomous certification entity
 - Certification entity within a professional association
 - Corporate certification
 - IT Certification
 - Other. Please specify: _____

20. What is your role in the organization? (Choose the option that best describes your role)
- Executive Director
 - Management staff
 - Board member
 - Other. Please specify: _____

21. Does your organization have the authority to establish the requirements for renewal of the license(s) or certification(s)?
- Yes
 - No

- 21a. If no, which of the following entities has authority to establish the requirements for renewal of the license(s) or certification(s)?
- Legislature
 - Governmental regulatory authority
 - Professional association
 - Other. Please specify: _____

22. Does your organization have the authority to establish the fee for renewal of the license(s) or certification(s)?
 Yes
 No
- 22a. If no, which of the following entities has authority to establish the fee for renewal of the license(s) or certification(s)?
 Legislature
 Professional association
 Other governmental or regulatory authority
 Other. Please specify: _____
23. Is your organization or any of its programs accredited or approved by any of the following organizations?
 National Commission for Certifying Agencies (NCCA)
 American National Standards Institute (ANSI) on ISO 17024
 American Board of Nursing Specialties (ABNS)
 Council on Engineering Sciences and Specialties Board (CESB)
 American Board of Medical Specialties (ABMS)
 American Board of Veterinary Specialties (ABVS)
 Burroughs Institute
 Other. Please specify: _____
 Not accredited
24. How does your organization process renewal applications?
 Paper-based system
 Online system
 Mixture of paper and online system
 Other. Please specify: _____
 Not applicable
25. Is every applicant for renewal required to submit the documentation, or does your organization audit a sample of applications?
 All applicants are required to submit all documentation
 Applicants are audited (What percent of applications are audited? _____)
 Other (Please specify.) _____
 Not applicable
26. Is the license or certification a legally mandated requirement for work in the profession?
 Yes
 No

27. What percentage of individuals who are eligible to renew in an average year actually renew?

- 20% or less
- 21% to 40%
- 41% to 60%
- 61% to 80%
- More than 80%
- 100%

28. What percentage of individuals who apply to renew in an average year fail to do so?

- 0% (all renewal applicants are successful)
- 1% to 2%
- 3% to 5%
- 6% to 10%
- More than 10%

General Comments or Feedback: _____

Appendix B: Letter of Invitation

Appendix B: Letter of Invitation

Dear _____,

The National Organization for Competency Assurance (NOCA), National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA), and Oncology Nursing Certification Corporation (ONCC) are sponsoring an important benchmarking study on the renewal of professional licenses and certifications. The purpose of the study is to identify trends and issues. The study will help to create a strong basis for the development or revision of renewal program components and standards. Along with a comprehensive review of literature and interviews with key resources, the results of a benchmarking survey will be published and presented at various conferences. CASTLE Worldwide, Inc., is providing leadership for the study.

Your valuable experience and input are needed to ensure that the study is useful to licensing and certifying organizations in a wide range of professions. Please take 10 to 15 minutes to complete the online survey.

You can access the benchmarking survey by clicking on the following link:

http://www.castleworldwide.com/benchmarking_survey/

Once on the site, please copy and paste the following username and password into the appropriate fields.

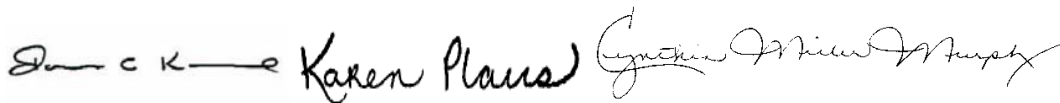
Username: _____

Password: _____

If you have questions or any difficulty completing the survey, please contact us at letusknow@castleworldwide.com. *If you cannot complete the survey in a single sitting, you can log out and log back in* until you have finished.

Building the knowledge base about renewal program components and requirements will be of great benefit to the professional licensure and certification communities. We value your important contribution and thank you in advance for your participation in the survey.

Sincerely,



Jim Kendzel
NOCA

Karen Plaus
NBCRNA

Cynthia Miller Murphy
ONCC

Appendix C: Explanations for Table 1

Appendix C: Explanations for Table 1

Working on it now
We work on a consulting basis; certification is not an issue to our clients.
We are not a regulatory agency - we are an association of boards
We are in the beginning stages of establishing certification
We are currently discussing recertification options
We are an accreditation agency
Voluntary renewal
Voluntary certification programs
Program offered is not an official certification program;
Preferred not required
Our organization does not require renewal, but each regulator member does
Not required for our field as of yet
Licensure is done by states
Our profession is just regulated in Ontario and is under process of regulation.

Appendix D: Explanations for Table 2

Appendix D: Organization's Category

We are a state chapter of a professional association.
Trade Association
Trade Association
The Canadian Forces Are a Federal Body
State Regulatory Agency
State licensing entity overseeing court reporting profession in Texas
State Licensing Board
State Licensing Board
State Government
state government
Semi-autonomous entity under the umbrella of a state consumer affairs department.
Self regulating reporting to the Government on an annual basis
Self Regulated College
Regulated by State of California
Provincial Government (= State Government)
Provide state licensing exam. we have no membership
professional society
Pan-Canadian certification body for sector (incl prof associations)
Licensing board under a licensing bureau
Government Agency
Federally funded to administer competency exam for federal agency
Federal Agency Oversight
Examining Board
Certification within a technical society
Certification Entity
Certification body affiliated with a professional association
Cert entity as an autonomous affiliate of a prof. assoc.

Appendix E: Explanations for Table 3

Appendix E: Other responses for role in organization

VP of Certification Division
Training Team Lead
Test Developer
Sole practitioner
Senior Vice-President
Senior-level analyst
Registrar (acting)
Registrar
Psychometrician
Psychometrician
Psychometrician
Program Analyst
President
President
Policy Consultant
Past president of the board of directors
Licensing manager
Licensing examiner
Licensing Coordinator
Legal counsel for several licensing entities
Executive Secretary
Executive Director of specific boards
Exec Sec and Board Member
Exec Dir for Board of Pharmacy only-one of 13 health regulatory boards
Exam development manager
Education director
EDUCATION
Director, Certification
Director Professional Certification
Director of Professional Affairs
Director of medical board
Director
Director
Dir, Health Professions and Facilities
Consultant
Consultant
Committee Member
Certification staff that handles recert
Certification Programs Specialist
Certification Director
Certification Coordinator
Certification coordinator
CEO, Registrar & Complaints Director
CEO
CEO
CEO

Board Administrator (Administrative Specialist)
Board Administrator
Associate Commissioner
Analyst
Advisor
Administrator of Board Services
Administrator
Administrator
Administrative Assistant
Administration
Accreditation Director & Registrar

Appendix F: Explanations for Table 7

Appendix F: Definitions of Continuing Competence

Will send at later time. Do not have ready access to this question.
We have over 76 different professions. Each has their own formal definition.
Update the knowledge of the profession and practice
Too lengthy
To stay abreast of the changes taking place in the field.
To perform clinical functions to the required standard of care
To make sure that you maintain your proficiency
To help ensure certificants are staying current with industry issues and maintaining the highest standards possible toward proper management credentials within business aviation
To enhance professional competencies
Three basic principles: 1. Evidence of cognitive expertise - This has already been fulfilled by successfully passing the certification examination. 2. Evidence of professional standing - demonstrate active participation as a member in good standing of the AAMAS. 3. Commitment to lifelong learning and involvement in periodic self assessment - this includes completion of CMAS approved educational activities and earning required continuing education hours for the recertification cycle period. The content of the education programs should meet core competency requirements as described in the candidate handbook and AAMAS website://www.aamas.org
They must complete specific amounts of CPE
They must complete continuing education
The purposes of continuing competency requirements are to ensure (a) the maintenance by a credential holder of knowledge and skills necessary to competently practice his or her profession, (b) the utilization of new techniques based on scientific and clinical advances, and (c) the promotion of research to assure expansive and comprehensive services to the public.
The organization believes that competency in this specialty is linked to three important elements within our certification programs. The first step to demonstrating specialty competency in the specialty is to have earned basic nursing education successful RN licensure. This initial step along with practice and specialty education requirements is then linked to establishing a candidate's eligibility for our national certification exams for advanced practice programs. Following successful exam completion, continued certification recognition is linked to participation in the organization's annual recertification program.
The ongoing ability of a licensee to learn, integrate, and apply the knowledge, skill and judgment to practice according to generally accepted industry standards and professional ethical standards in a designated role and setting.
The intent of Continuing Education is to protect the public by maintaining and enhancing licensees' professional knowledge and skills.
The certificant must build upon or enhance the core competencies covered on the certification exam.
The ability over time to integrate and apply the knowledge, skills, judgment, and personal attributes required to practice an occupation safely and ethically.
The ability to integrate and apply the knowledge, skills, judgments and personal attributes required to practice safely and ethically in a designated role and setting.
Specific classroom instruction on statutory and industry changes, and testing

1600 hrs of practice in past 5 years or 500 hrs practice in past 2 years
Retesting
Renewal exam completion
Recertification is required to assure that certified individuals are competent with new and current developments within their field.
Recertification is required every 3 years. Qualification is by re-examination or the completion of a professional log.
Professional Skills Report
Professional skill and judgment
Professional development is the acquisition of knowledge and skill which enhances an Agrologist's competence as a practicing professional. Recording of continuing competence enhancement is acknowledged as the foundation of professionalism for practicing members. The annual documentation of professional development to describe activities and demonstrate how a member remains current in their scope of practice will remain the responsibility of all designated practicing Agrologists.
minimum of 60 recertification points over 3 years
Maintenance of Certification
Knowledge in the industry changes constantly-new requirements, new chemicals new codes, new standards, etc... These changes plus advancements in science require you to constantly update your knowledge and information about the industry. That's why it is important for today's successful technician to attend classes and workshops to remain one-step ahead.
It is important to assure the public that an individual certified maintains safe, minimal competencies as described by the (membership organization's) core competencies. It is the professional responsibility of every certificant to maintain competence in accordance with the Standards for the Practice of the profession as specified by the membership organization.
If the program contributes directly to the professional competency of the licensee . . .
Formalized education in the specified body of field knowledge and related skills
For those boards housed within our agency which require continuing education, the definition is contained in law or regulation.
Entry-level competent to safely and effectively practice
Demonstrated knowledge/skill with new software release features, functions, capabilities
Continuous maintenance and enhancement of skills, knowledge and responsibilities
Continuing competence is judged by successful practice in the field
Continuing competence is assessed by adhering to annual requirements
Continuing pharmaceutical education is a planned learning experience beyond a formal degree program designed to promote the continual development of professional knowledge, professional skills, and professional attitudes on the part of the practitioners and includes, but is not limited to, professional postgraduate education in
any of the following subjects:
Continuing Education Units
Continuing education requirements
Continuing education (CE) provides a mechanism for technologists to fulfill their responsibility to maintain competence and prevent professional obsolescence.
Continuing Education

Continuing Competency is the ongoing ability to integrate the knowledge, skills, judgment and personal attributes to practice safely and ethically in a designated role and setting in accordance with the scope of practice.
Continuing competence means the ongoing ability to integrate and apply the knowledge, skills and judgment required to practice safely and ethically in a designated role and setting.
Continuing competence is maintenance and enhancement of professional competence through continuous and lifelong learning and is demonstrated through a Quality Assurance (Continuing Competency) Review as a requirement for ongoing licensure with this regulatory body.
Competence is defined as the integration of knowledge, skills, attitudes and judgments required for effective and ethical social work intervention within a designated field of practice. Competence is a process, not a destination, and it is a journey that most registered social workers take continuously.
Combined knowledge, skills, proficiency and judgment required by the registrants of an accounting organization to provide professional services
CME - Continuing Medical Education, we require 75 CME's per each triennial renewal cycle.
Certified Professionals are required to complete continuing education in order to renew their certifications in order to show they are enhancing their knowledge and staying current with the most up-to-date issues in our industry.
Certification Maintenance
Certificants must have 24 CEU's every three years to re-certify
Category A CE recognized by national organizations
As defined in law and regulation enacted there under.
An applicant must show that during the current certification period her or she engaged in the practice of law in the specialty field in which recertification is sought to the same extent as demonstrated in the application for original certification...
The organization does not express an opinion on the competence of or warrant the job performance of HN-BC or AHN-
Activities that contribute to enhancement of professional competencies as defined by the test content outline
ACLS or CPR recertification (Required), First Assisting on four hundred (400) cases or 1500 hours, every two years (Required)
ABMS competence definition
A rigorous clinical or core curriculum program. A program that is healthcare related and enhances the professional competency of a chiropractic physician.
A mandatory Continuing Professional Development program
48 CEUs and character and competence
40 hours or more in continuing education and professional development
40 hours of relevant training every 2 years
40 hours of continuing education in our field of practice with 8 hours specifically for ethics
20 CEUs/year in additional Training
18hours of continuing education in a health related subject
15 pdhs per year with renewal required every three years
100 hours of continuing education every 5 years in specified areas
1. Professionalism, 2. Sufficiently high level of knowledge 3. Commitment to lifelong learning 4. Tracking/eval of performance in practice

<p>“The purpose of recertification is to promote high standards of practice for pharmacy technicians, to encourage their participation in continuing education in order to promote safe and effective patient care. Recertification also provides a means for recognizing pharmacy technicians who continue to demonstrate their qualifications by complying with ICPT continuing education requirements and adhering to high professional standards.”</p>
<p>(3) “competency”, competency in nursing is the ability to perform skillfully and proficiently the role of the licensee; the role encompasses essential knowledge, judgment, attitudes, values, skills and abilities, which are varied in range and complexity; competency is a dynamic concept and is based on educational training, preparation, and expertise;</p>
<p># of years performing the work that is required to be licensed</p>