

PIHOA Health Professions Licensing Board Development Project Update



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HPLB Function:

- Protect Patient Safety
 - Set minimum standards for education
 - Define scope of practice for each profession
 - Encourage professionals to stay up to date
 - Strengthen professional associations
 - Screen out dangerous health workers before they do harm
 - Provide a way to deal with poorly performing health workers



Establishing a Licensing Board

- Enabling Legislation
- Development of regulations
- Development of operational procedures



Part 1: Project Background



Goal:

To ensure that all USAPI jurisdictions have functional health professional licensing boards

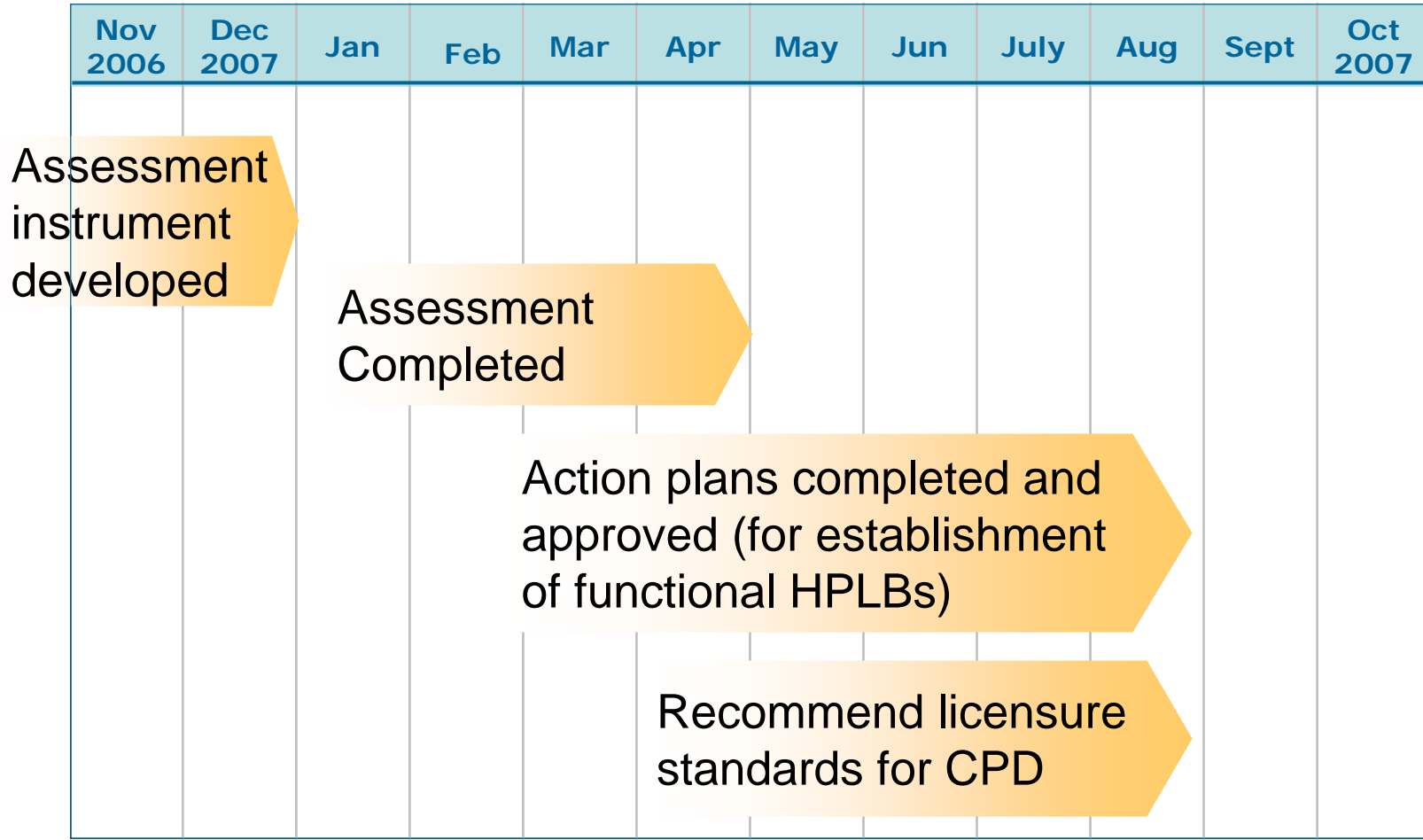


History:

- 2004 PIHOA strategic plan, strengthening of HPLBs in USAPIs one of ten strategic priorities.
- Licensure and CPD Committee created
- PBMA, PBDA, APNLC appointed to the committee (chaired by PBMA)
- HRSA agreed to fund technical assistance through PIHOA cooperative agreement



Timeline



Components:

- Assess of the current status of the legal framework, licensure standards, policies and procedures and level of activity of licensure boards (if any) in the USAPIs
- Identify issues/barriers to establishment and/or functioning of licensing boards
- Develop strategies to overcome barriers.
- Assist health leaders and professional societies in the development of minimum standards for continuing professional development (CPD) to recommend to licensure boards throughout the USAPI



Part II: Assessment Findings



There is a wide disparity among USAPI:

- Licensure models
- Level of functioning

(But all jurisdictions have some strengths)



Single unified board vs. separate boards for each discipline

Trade-off between:

- Standards set by a Board of peers
- Simplicity and economy



Jurisdictions differ greatly in how broad is the mandate of HPLBs

- Physicians, nurses
- Other direct patient care health workers
- Non-direct patient care health workers
- Traditional healers?
- Veterinarians?

Options-

- Embrace a broad mandate for greater control
- Maintain a narrow focus for simplicity





*Wa'ab CHC Community Health
Worker Class of 2006*

Some jurisdictions have developed no regulations

Options-

- Detailed enabling enabling legislation can substitute for regulations
- Develop regulations using appropriate models



The freely associated states have many existing health workers who lack educational credentials

Options-

- “Grandfather” provisions
- Competency-based licensing exams
- Provisional licenses
- Create new categories of health care worker (and phase out the old)
- Practice acts which allow ongoing flexibility for Boards to define health professions and license requirements



In RMI and FSM health care workers in outlying areas have very complex scopes of practice but minimal education

Options-

- Define competencies
- Delegate oversight to supervising physicians



*Yap OI Health Assistants
and Birth Attendants*

Issues: Small jurisdictions must deal with health care workers who fail to meet standards but can not be easily replaced

Options-

Give licensure board authority to:

- require supervised practice
- require remedial training
- limit scope of practice
- levy fines
- administer public censure



There is opportunity to facilitate links between educational programs and career pathways

Option-

- Create licensure categories which match locally available health worker training program credentials



PCC Nursing Class at Yap State Hospital

Issues: Financing is lacking for boards in some jurisdictions

(Needed for travel, communications, processing paper work, verifying credentials and references)

Options-

- In-kind support by dedicated Ministry of Health licensing administrator.



Issues: Ongoing CE requirements for licensure

- CNMI, Guam (and, to some degree, Am Samoa) have ready-made standards based on US specialty certification requirements



Issues: Ongoing CE requirements for licensure

Options:

- Tailor requirements to needs of each professional category
- Licensure Boards should set requirements but...
- Allow professional societies to set adequacy standards for CE
- Be careful not to set CE requirements that exceed availability
- No centralized tracking of CE hours



Next Steps



Request feedback from PIHOA Board:

- Assessment comments/corrections



Please make any additional requests for assistance



Decision:

Whether PBMA, PBDA, APNLC to set CE quality standards



To develop CE adequacy standards:

- Add issue to official agendas for APNLC, PBMA, PBDA
- Licensure Boards should set requirements but...
- Allow professional societies to set adequacy standards for CE
- Be careful not to set CE requirements that exceed availability
- No centralized tracking of CE hours



Standards for CE adequacy may include:

- Programs endorsed by APNLC, PBMA, PBDA
- Programs endorsed by local chapters of medical societies, if they have pre-defined learning objectives and post-program evaluations.
- Programs offered by:
 - PACT
 - POHLN
 - Net CE
 - WHO
 - SPC
 - CDC

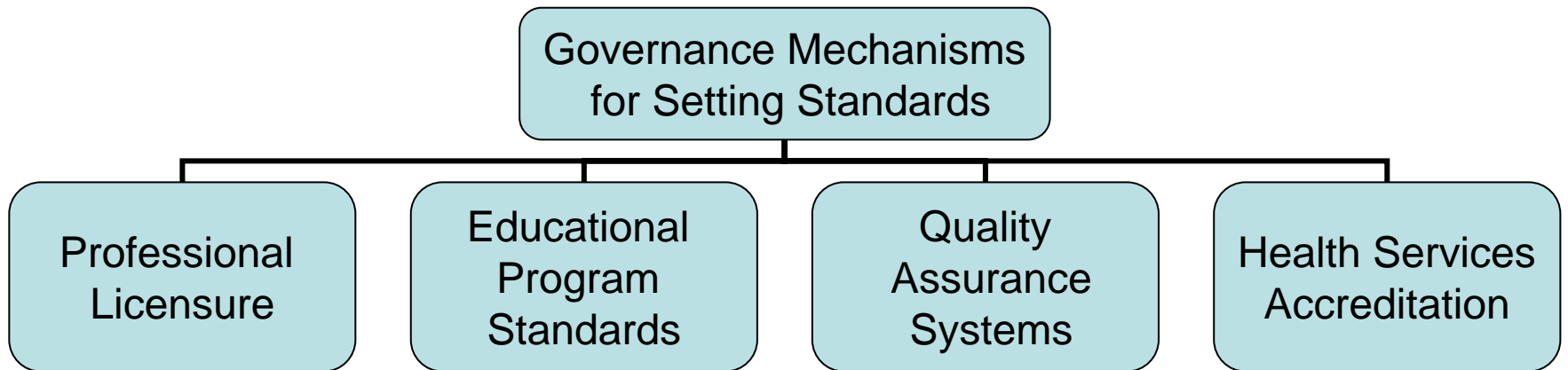


Consider licensure as one tool for setting standards for the health workforce

(rather than as a “police” function)



Licensure is one of several mechanisms for setting standards:



- Work with community colleges in partnership with regional universities to provide decentralized, credentialed programs, especially for allied health.



- Develop quality assurance systems and accreditation systems for jurisdictions that lack them



