Collaborating for harmonization of competency-based standards across professions

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Introduction

Pete Vlasses
Describe the session

Attendees
State your name and affiliation, and one thing you would like to get from this session
What attendees would like to get from this session

- IPE
- Better understanding competency-based accreditation standards
  - What and how, next steps
  - IPE harmonization, competency-based standards harmonization
- Interprofessional collaborative practice
Open Forum Discussion

1. What are competency-based professional standards? For what purpose(s)? Who develops them?

2. Where do competency-based professional standards occur in the life span of professionals? How are they evaluated?

3. How do competency-based standards relate to other types of standards or to entrusted professional activities?
1. What are competency-based professional standards? For what purpose(s)? Who develops them?

- Knowledge, skills, values, and ethics expected and required of students
- Skills and attitudes for entering practice, residency, etc.
- General and specific
- Evidence-based vs. evidence-driven
- Purposes: ethics, leadership, outcome-based competencies
- Framework for curriculum development
- Assessment
- Who: multi-stakeholder: educators, faculty, regulators, practitioners, public
  - Drivers: scope of practice, best practices, safety, practice analysis
- Process-driven vs. competency-based
2. Where do competency-based professional standards occur in the life span of professionals? How are they evaluated?

- Across the lifespan (continuum)
- Residency program accreditation standards; continuing education
- Not just accreditors at degree level
- Credentialing and board specialties
- Entrance to degree programs; admission standards
- Privileging and maintenance of competencies
- Health insurance standards for practitioners
- Maintaining competency; ensuring along career trajectory
- Technology; simulation; gaming; standardized patients; OSCE; TOSCE
3. How do competency-based standards relate to other types of standards or to entrusted professional activities?

- Competencies: global, multifactorial, need assessment, generic and specific, standards of practice, regulatory
- EPA: demonstrable skills
Facilitated Discussion

1. Where do accreditors fit in?
2. What types of accreditors are involved?
3. How does this vary across professions and countries?
4. What are opportunities, noteworthy practices and barriers for harmonization?
5. What would be ideal harmonization of competency-based standards across professions?
1. Where do accreditors fit in?

- Developing competency-based standards used in evaluations
- Quality assurance
- Quality improvement vs. quality advancement
- Monitoring
- Program vs. institution
2. What types of accreditors are involved?

- Specialized, professional, institutional, regional, national, international, residency
3. How does this vary across professions and countries?

• Varying health systems, practice areas, different professional competency expectations
• State by state variation in practices and regulation
• Compact licensure (nursing)
4. What are opportunities, noteworthy practices and barriers for harmonization?

- Harmonization vs. standardization
  - Harmonization: commonalities but variation, competencies addressed and assessed, competencies as outcomes
  - Standardization and communication of standardization
- Opportunities:
  - Ethics and professionalism; moral agency at level of individual, organization, and society
  - Creating adaptive and independent learners
  - Provider/personal relationship and communication
  - Foundational learning
  - Diversity; cultural awareness, sensitivity, humility
  - Leadership; faculty development
  - Communication, collaboration, respect, patient autonomy
  - Roles and responsibilities across professions
  - Trust across professions (patient advocacy)
  - Change to value-based payment system
- Noteworthy practices:
  - Centers of excellence
  - Professional collaboration for licensure
  - IPEC, HPAC
  - IOM
4. What are opportunities, noteworthy practices and barriers for harmonization?

• Barriers:
  – Payment structure (US)
  – Isolated small practices
  – Medical hierarchy; gender and cultural issues
  – Scope of practice in states
  – Licensure
  – Curriculum space and openings for IPE
  – Education scheduling
  – Tuition and faculty credit
  – Cross-professional IPE assessment by faculty

• Opportunities as a result of changing healthcare landscape:
  – How to measure
  – Sustainability of education and practice
  – Quality and safety
  – Continuing education and interprofessional requirement