2008 SESSION

INTRODUCED

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1	HOUSE JOINT RESOLUTION NO. 207
2	Offered January 11, 2008
3 4 5	Directing the Joint Commission on Health Care to study the feasibility, advisability, and necessity of considering the competence of licensed health care professionals as a condition of license renewal. Report.
6	Patron—Amundson
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8 9	Unanimous consent to introduce
10	Referred to Committee on Rules
11 12 13 14	WHEREAS, the Board of Health Professions and its 13 health regulatory boards are charged with the development of standards to evaluate the competency of the professions and occupations represented; and
15 16 17	WHEREAS, rapid advances in technology and medical science are revolutionizing health care, making it increasingly important for practitioners to meet their professional responsibility to stay current; and
18 19 20 21	WHEREAS, the public is demanding greater accountability for quality outcomes and believes that as a condition of retaining their licenses, demonstration of up-to-date knowledge and skills necessary to provide quality care should be one component of relicensure; and WHEREAS, health professionals agree that continued competence is an important component of safe
22 23 24 25 26 27 28 29 30	practice and good outcomes; and WHEREAS, in an effort to advance quality of care, all 24 medical specialties represented by the American Board of Medical Specialties now require their board-certified physicians to demonstrate ongoing competence in medical knowledge, patient care, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice; and WHEREAS, the Federation of State Medical Boards is circulating a recommendation that state medical boards should require physicians seeking licensure to demonstrate competence in the area of practice in which they engage on a daily basis; and WHEREAS, other health professions are looking at ways to determine continued competence,
31 32 33 34 35 36 37	including several nursing organizations; and WHEREAS, health care providers should not be subjected to duplicative requirements or unnecessary direct or indirect costs, and regulatory boards should neither impose these duplicative requirements nor incur their own unnecessary costs; and WHEREAS, there are accepted existing alternatives to continuing competency requirements and precedent for granting deemed status to those who meet these competency requirements; and WHEREAS, Virginia's health regulatory boards currently rely primarily on the completion of some
38 39 40	specified hours of continuing education as evidence of continued competency; and WHEREAS, numerous studies have determined that continuing education may not be the best way to measure continued competency; and
41 42 43	WHEREAS, the Attorney General's Regulatory Reform Commission is conducting a study to determine the costs of continuing education, and it appears that they may well be over a million dollars a year for physicians alone; now, therefore, be it
44 45 46	RESOLVED by the House of Delegates, the Senate concurring, That the Joint Commission on Health Care be directed to study the feasibility, advisability, and necessity of considering the competence of licensed health care professionals as a condition of license renewal.
47 48 49 50 51 52 53 54	In conducting its study, the Commission shall (i) consider methods each of Virginia's 13 health regulatory boards currently uses to measure the continuing competence of the practitioners it licenses and evaluate strengths and weaknesses of these methods; (ii) consider existing or pending proposals by health care professional organizations, and others, related to ensuring continued competence of health care professionals; and (iii) recommend changes to ensure that health care professionals licensed in the Commonwealth are competent at the time of relicensure. Technical assistance shall be provided to the Commission by the Department of Health Professions and its regulatory boards. All agencies of the Commonwealth shall provide assistance to the Commission
55 56 57 58	for this study, upon request. The Joint Commission on Health Care shall complete its meetings for the first year by November 30, 2008, and for the second year by November 30, 2009, and the chairman shall submit to the Division of Legislative Automated Systems an executive summary of its findings and recommendations no later than

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the first day of the next Regular Session of the General Assembly for each year. Each executive
summary shall state whether the Commission intends to submit to the General Assembly and the
Governor a report of its findings and recommendations for publication as a House or Senate document.
The executive summaries and reports shall be submitted as provided in the procedures of the Division of
Legislative Automated Systems for the processing of legislative documents and reports and shall be
posted on the General Assembly's website.

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