VIRGINIA BOARD OF MEDICINE
CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM

The Law

In 1997, the General Assembly of Virginia passed a law (§ 54.1-2912.1) to ensure the continued competency of practitioners licensed by the Board of Medicine. It directed the Board to include in its regulations continuing education, testing, and/or any other requirement which would address the following: a) the need to promote ethical practice, b) an appropriate standard of care, c) patient safety, d) application of new medical technology, e) appropriate communication with patients and f) knowledge of the changing health care system.

Rationale for the Regulation

The Virginia Board of Medicine recognizes that the professional responsibility of practitioners requires *continuous learning* throughout their careers, appropriate to the individual practitioner's needs. The Board also recognizes that practitioners are responsible for choosing their own continuing education and for evaluating their own learning achievement. ***The regulation of the Board is designed to encourage and foster self-directed practitioner participation in education***.

What is "**Continuing Learning"?** - Continuing learning includes processes whereby practitioners engage in activities with the conscious intention of bringing about changes in attitudes, skills, or knowledge, for the purpose of identifying or solving ethical, professional, community or other problems which affect the health of the public.

Content of the Regulation

Number of Hours Required:

In order to renew an active license **biennially**, the practitioner must complete the CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM, which is provided by the Board and must indicate completion of at least **20 contact hours of continuing learning activities**.

10 contact hours shall be **Type 1** continuing learning activities as documented by a sponsor or organization recognized by the profession of occupational therapy to designate learning activities for credit or other value.

An additional **10 contact hours** shall be **Type 2** continuing learning activities which may or may not be approved for credit by a sponsor or organization recognized by the profession to designate learning activities for credit or other value. Occupational therapists shall document their own participation in Type 2 learning activities.

Maintenance and audit of records:

The CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM must be used for planning and recording continuing learning activities. The practitioner is required to retain in his or her records the **completed form with all supporting documentation** for a **period of six years** following the renewal of an active license.

The Board will periodically conduct a **random audit** of one to two percent of its active licensees to determine compliance. The practitioners selected for the audit must provide the completed CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM and any supporting documentation within 30 days of receiving notification of the audit.

Instructions for Completing
The CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM

PART A: ACTIVITY

Learning Activity, Resources, Strategies & Experiences - List resources, strategies & experiences that you used to develop or maintain the selected knowledge or skill listed in Part B; e.g., conferences, continuing education courses, specialty certification, in-service workshops, consultations, discussions with colleagues, self-study courses, research in preparation for teaching, reading peer reviewed journals and textbooks, and self instructional media.

Date(s) of Activities - List the date(s) that you were engaged in the learning activity.

PART B: ASSESSMENT

Knowledge or Skills Maintained or Developed - Think about questions or problems encountered in your practice. Describe the knowledge or skills you addressed during the learning activity listed in Part A. Consider ethics, standards of care, patient safety, new medical technology, communication with patients, the changing health care system, and other topics influencing your practice.

HOURS/TYPE

Hours Actually Spent in Learning Activity: List the hours actually spent in the learning activity to nearest ½ hour. Total hours should be at least 20 hours biennially. (1 semester hour = 15 contact hours, 1CEU = 10 contact hours)

Types of Activities: List the type of activity from the categories described below**:**

Type 1 continuing learning activities **10 hours required biennially**

Must be offered by a sponsor or organization which is recognized by the profession and which provides documentation of hours to the practitioner. May include formal course work, in-service training, continuing education classes, or specialty certification.

Type 2 continuing learning activities **10 hours required biennially**

May or may not be approved by a sponsor or organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning; occupational therapists document their own participation on the attached form. Type 2 activities may include independent reading or research, consultation with another therapist, preparation for a presentation, or self-study through multi-media.

PART C: OUTCOME

Outcome - Indicate whether you will: a) make a change in your practice, b) not make a change in your practice, and/or c) need additional information on this topic. *(You may include personal notes regarding the outcome of participating in this activity, e.g., learning activities you plan for the future, questions you need to answer or barriers to change.)*

CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM

Please photocopy this original form to record your learning activities.

The completed forms and all documentation must be maintained for a period of six years.

PART A: ACTIVITY		**PART B: ASSESSMENT**	**# OF HOURS/TYPE**		**PART C: OUTCOME**
Learning Activity, Resources, Strategies & Experiences; e.g. conferences, consultations, self-study courses, peer-reviewed journals, continuing education courses, specialty certification.	**Date**	**Knowledge or Skills You Maintained or Developed.** What questions or problems encountered in your practice were addressed by this learning activity?	**Type 1 (10 hours)** Sponsored by a professional organization	**Type 2 (10 hours)** Learner approved	**Outcome**: Indicate whether you will: a) make a change in your practice, b) not make a change in your practice, and/or c) need additional information on this topic.

CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM: SUMMARY AND VERIFICATION

This page should be completed at the end of your two year renewal cycle and inserted as the final page of your CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM.

Record at least 20 contact hours of continuing learning activities you completed during the preceding two-year period of professional license. Recorded hours should indicate 10 hours of Type 1 activities offered by a sponsor or organization recognized by the profession to designate learning activities for credit or other value. The other 10 hours should be Type 2 educational activities you consider to be beneficial to your career development that may or may not be approved for credit by a sponsor or organization recognized by the profession. The CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM and all documentation should be maintained in your records for six years.

As you consider your completed CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM, please reflect upon your career and in the space below identify problems or questions you expect to address during the next biennial period of medical license renewal:

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As required by law and regulation, I certify that I have completed the CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM and have participated in 20 hours of continuing education or learning activities as required for renewal of occupational therapy licensure in the Commonwealth of Virginia.

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Signature Date