

Recertification Practices of Selected Health Care Professions An Inquiry Commissioned by The American College of Nurse-Midwives

This summary presents the results of a May 2011 inquiry commissioned by the American College of Nurse-Midwives with the purpose of developing a profile of common practices of health care certification organizations. Specific points of inquiry included:

1. Can health care practitioners continue to use a credential once they do not meet the requirements for recertification?
2. Do certification bodies require the use of a qualifier to distinguish between those who are maintaining active certification from those who are not?
3. Do certification bodies utilize grandfathering to exempt a group of practitioners from recertification requirements?
4. What methods of verification are used to allow credentialing agencies and the public to verify whether a health care provider has met recertification requirements?

This inquiry was conducted via examination of the certifying organizations' websites. The following organizations were included in this inquiry:

Physician Assistants:	National Commission on Certification of Physician Assistants (NCCPA)
Clinical Nurse Specialists:	American Nurses Credentialing Center (ANCC)
Nurse Practitioners:	American Nurses Credentialing Center (ANCC) American Academy of Nurse Practitioners Certification Program (AANPCP) National Certification Corporation (NCC) Pediatric Nursing Certification Board (PNCB)
Nurse Anesthetists:	National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA)
Physical Therapists:	Federation of State Boards of Physical Therapy (FSBPT)
Occupational Therapists:	National Board for Certification in Occupational Therapy, Inc. (NBCOT)

All organizations researched except the physical therapists are accredited by the National Commission of Certifying Agencies (NCCA). (The American Midwifery Certification Board is also NCCA-accredited.) The findings of this inquiry are grouped with the relevant standard that NCCA-accredited certifying bodies are required to meet.

NCCA Standard 19: “The certification program must require periodic recertification and establish, publish, apply, and periodically review policies and procedures for recertification.”

Findings: All of the NCCA-accredited organizations reviewed for this inquiry require periodic recertification. The mechanisms vary. Only the physician assistants require periodic retesting. All of the others allow accrual of continuing education units to become eligible for recertification. Some also have other requirements such as specified numbers of practice hours, required clinical refresher courses, or self-assessment tests. All also allow re-testing or require it if certification has lapsed beyond a specified amount of time.

NCCA Standard 2 states, “**The certification program must be structured and governed in ways that are appropriate for the profession, occupation, role, or skill, and that ensure autonomy in decision making over essential certification activities.** *Essential Elements:* A. The certifying program must show that the governance structure, policies, and procedures that have been established protect against undue influence that could compromise the integrity of the certification process. *Commentary:* A. The appropriate structure and governance of a certification program will reflect the interests of the general public in the credential. In traditional forms of professional or occupational certification, public interest requires direct protection of essential certification decisions from undue influence. Such protection is especially important when a certification program is sponsored by a professional membership association or proprietary entity. In these cases it is appropriate that the certification program’s structure and governance protect the integrity of essential certification decisions.”

Findings: With the exception of the ANCC, which is a subsidiary of the American Nurses Association, scant evidence of a relationship between the certifying organization and related professional organization can be found on the certification organizations' websites. The NCCPA mentions a joint project with other physician assistant organizations. The NBCRNA acknowledges having grown out of the nurse anesthetists' professional association and includes providing consultation to the association among its purposes. The websites of the NCCA and the AANPCP state clearly that they are separately incorporated. NBCOT states that it has partnerships with organizations related to occupational therapy, including the American Occupational Therapy Association. Two, the NCC and the PNCB, only provide links to related professional associations. One, the FSBPT, provides no link to the national professional association.

NCCA Standard 8 states, “**The certification program must award certification only after the knowledge and/or skill of individual applicants has been evaluated and determined to be acceptable. *Essential Elements:*** A. If any current certificants (at the time the application for accreditation is made) were granted certification without having to meet the examination requirements established for certification, a rationale must be provided to explain how the competence of those individuals was evaluated and found to be sufficient. The period during which such test exemptions were granted must have been terminated before the certification program is eligible for accreditation. B. Once a program is accredited, “grandfathering,” or any other procedure for granting a credential in the absence of evaluating the knowledge and/or skill of an individual, is not acceptable.”

Findings: No website mentions any current certificants having acquired certification via a “grandfathering” mechanism.

Five (NCCPA, ANCC, NCC, NBOCT, and the NBCRNA) explicitly describe actions that can be taken when members of the profession who do not hold current certification hold themselves out to the public as currently certified. The AANPCP states that it has a procedure through which the public can report problems with certificants. Two, PNCB and FSBPT, do not mention actions that can be taken against falsified credentials.

All subcategories of recertification mentioned on any website are designed to deal with lapses in certification. They carry labels such as: lapsed, expired, inactive, interim, provisional, or conditional.

Only one organization, NCC, has an official status for those who are retired. For a fee of \$30 every three years, a nurse who was certified may apply for RNC-Emeritus status and may use “RNC-E” after her/his name. For internal record keeping and certification program management purposes only, certificants of the NCCPA and the PNCB who have retired may notify their certifying agencies of their change in status.

NCCA Standard 9 states, “**The certification program must maintain a list of and provide verification of certified individuals. *Essential Element:*** A. The certification program must maintain a list of current and previous certificants. ***Commentary:*** A. The certification program should provide and verify that a certificant possesses currently valid certification upon request from any member of the public. Policies governing verification should allow disclosure of whether or not the certificant is currently in good standing, without communicating other information which may violate the confidentiality rights of certificants or applicants.”

Findings: Only the NCCPA makes information about certification status easily available (by searching a name, by states) free of charge. The NBCRNA allows the public to access certification status information for free if the member of the public knows the last four digits of the certificant's social security number and her/his “constituent ID number.” All of the others (except the FSBPT, which directs the public to state boards of physical therapy) offer only written verifications for fees that range from \$25-\$40 per verification.

Reference : National Commission for Certifying Agencies. (2004). *Standards for the Accreditation of Certification Programs*. Washington, DC. Institute for Credentialing Excellence.