Update of Continuing Competence Requirements

By Paula B. Schrum, PT, MBA, Chair

Massey, Jr., PT, Executive Director, who was appointed to be the Facilitator. The purpose of the Panel was to study the various options available for Continuing Competence and make recommendations to the Board regarding proposed rules for implementation. The Panel provided an Interim Report in December 2007 and is scheduled to submit a Final Report June 2008. In addition to the Panel activities, Silverstein and Massey conducted 11 forums across the state in 2007 to gather input from licensees regarding continuing competence.

Advisory Panel: The Panel conducted three meetings in 2007 and has 2 more meetings scheduled in 2008. In addition to reviewing the comments made at the eleven (11) Forums, Panel Members have spent extensive time researching, reviewing, and discussing information regarding continuing competence from a variety of sources including, but not limited to: 1. Other licensure boards in North Carolina and across the country, 2. Federation of State Boards of Physical Therapy (FSBPT) materials including the Fourth Edition of Model Practice Act, 3. APTA, 4. CAC (Citizen Advocacy Center), and 5. Providers of continuing education. At its last meeting, the Panel appointed a subcommittee to develop recommendations for the Panel to consider regarding credits that will be allowed for continuing competence. A second subcommittee was appointed that will develop recommendations for the Panel to consider regarding credits that will be allowed for continuing competence. A second subcommittee was appointed that will develop recommendations for the Panel to consider regarding credits that will be allowed for continuing competence.

History: In July 2006, the NC General Assembly adopted legislation that gave the Board the statutory authority to require Continuing Competence. On September 19, 2006, the Board appointed a 7-member Advisory Panel (Panel) on Continuing Competence. Members of the Panel are: NCPTA members Kathy Arney, PT, MA; Karen McCulloch, PT, PhD, NCS and Roger Meade, PT, MPH; and Board members: JoDell King, PTA; Stuart MacRoberts, PT; Joanna Nicholson, PTA, MA; and Paula Schrum, PT, MBA. Staff who will assist the Advisory Panel are John M. Silverstein, Board Attorney, and Ben F. Silverstein, Board Attorney, and Ben F.

In closing, the Board has chosen a thoughtful and deliberative process that allows input from licensees and the general public into the formulation and development of the Board’s rules related to continuing competence. Much progress has been made; however, more work remains. Continuing competence updates will be posted on the Board’s web page on a regular basis; therefore, it is critical that licensees periodically review the web page and stay informed.

Remaining Tentative Timetable:

1. Dec. 12, 2007 – Board Meeting – Massey presented an Interim Report to the Board.

2. Jan. 22, 2008 – Panel Meeting – Silverstein will present first draft of Rules to the Panel. Panel will make decisions regarding options and recommendations for the Board.

3. Mar. 13, 2008 – Board Meeting – Massey will present recommendations to the Board for input.

4. Apr. 1, 2008 - Panel Meeting – Panel will finalize its recommendations including compliance and discuss methods of presenting the information to the Board.

5. June 2008 – Board Meeting – Silverstein will present the final proposed Rules to the Board for its consideration with tentative timetable to meet deadlines established by the Rules Review Commission and General Assembly.

6. July – Dec, 2008 – the Board will participate in the Rules Review Process which includes an opportunity for input from licensees and the general public.

7. Dec. 2008 – Final Rules will be posted and clearly explained on the Board’s web page.

8. January 1, 2009 – Tentative Date for rules to take effect. It is anticipated that the Continuing Competence Requirement Period will be two (2) years, so it is anticipated that the first requirement period should end on December 31, 2010.
Despite the attention given to patient treatment note documentation requirements in most work settings, the Board’s Investigative Committee frequently reviews treatment notes that do not comply with its documentation rules. The rules germane to this discussion include 21 NCAC 48G.0102(l) for physical therapists and 48G .0201(f) for physical therapist assistants. The Board requirements include 8 elements for the licensee to complete for each evaluation and intervention/treatment. Additionally, the physical therapist has 3 additional elements that must be documented every 30 days.

The 8 elements that must be completed for each patient visit by each licensee are listed below:

(i) The physical therapist must document every evaluation and intervention/treatment, which must include the following elements:
   (1) Authentication (signature and designation) by the physical therapist who performed the service;
   (2) Date of the evaluation or treatment;
   (3) Length of time of total treatment session or evaluation;
   (4) Patient status report;
   (5) Changes in clinical status;
   (6) Identification of specific elements of each intervention/modality provided. Frequency, intensity, or other details may be included in the plan of care and if so, do not need to be repeated in the daily note;
   (7) Equipment provided to the patient or client; and
   (8) Interpretation and analysis of clinical signs and symptoms and response to treatment based on subjective and objective findings, including any adverse reactions to an intervention.

(f) The physical therapist assistant must document every intervention/treatment, which must include the following elements:
   (1) Authentication (signature and designation) by the physical therapist assistant who performed the service;
   (2) Date of the intervention/treatment;
   (3) Length of time of total treatment session;
   (4) Patient status report;
   (5) Changes in clinical status;
   (6) Identification of specific elements of each intervention/modality provided. Frequency, intensity, or other details may be included in the plan of care and if so, do not need to be repeated in the daily note;
   (7) Equipment provided to the patient or client; and
   (8) Response to treatment based on subjective and objective findings, including any adverse reactions to an intervention.

Additionally, the physical therapist is required to comply with the following requirements:

(m) At least every 30 days, the therapist must document:
   (1) The patient’s response to therapy intervention;
   (2) Progress toward achieving goals; and
   (3) Justifications for continued treatment.

The Board’s requirements are not designed to accomplish the same objectives as documentation requirements for Medicare, third party payors, or any requirements that may be specified by employers. The Board’s documentation requirements were established to protect the public health, safety and welfare by ensuring that each patient visit would provide a clear indication of what was done, why it was done, what needs to be done in the future and when that should be done.

When the documentation requirements listed above are not met the licensee is subject to disciplinary action by the Board. Inadequate documentation also brings reimbursement questions into play, since billing and charges must be based on documentation in the patient’s record. Therefore, pursuant to 21 NCAC 48G .0601(a), the following prohibited actions can be triggered by the failure to comply with the Board’s documentation requirements:

(1) Recording false or misleading data, measurements or notes regarding a patient;
(19) Billing or charging for services or treatment not performed;
(21) Willfully or intentionally communicating false or misleading information regarding a patient;
(24) Failing to record patient data within a reasonable period of time following evaluation, assessment or intervention;
(26) Failing to maintain legible patient records that contain an evaluation of objective findings, a diagnosis, a plan of care including desired outcomes, the treatment record including the results of the intervention, and sufficient information to identify the patient and the printed name and title of each person making an entry in the patient record;
(27) Charging fees not supported by treatment notes

The Board’s Investigative Committee has noted a disturbing increase in the number of complaints that include documentation deficiencies. It would be a beneficial exercise for each licensee involved in patient treatment to review the documentation requirements listed herein, as well as other requirements for licensees contained in the Board’s rules. All the Board’s rules are accessible on the Board’s website at www.ncpboard.org, which should be visited by licensees on a regular basis, so make a New Year’s resolution to visit the Board’s website and review the rules that are applicable to you. You will be glad you did.

On a personal note, the Board recently honored me for my thirty-year association with the Board as its attorney. The honor has been mine. The physical therapy profession has been blessed with excellent leadership, not only through its Board chairs, but through all of the Board Members, and especially through its dedicated executives, Conny Peake and Ben Massey. I would like to take this opportunity to personally thank all of you who have made my representation of the Board my most professionally rewarding practice experience.

—John M. Silverstein, Board Attorney
Board Honors Silverstein’s 30 Years of Service

At its meeting on December 12, 2007, the Board surprised John M. Silverstein, Attorney, with a luncheon to honor him for his 30 years of service to the North Carolina Board of Physical Therapy Examiners. Eight former Board Members traveled across the state to attend the Celebration. These Board Members included Charlene (Billie) Nelson, W. Duane (Skip) Roy, III, Mary Katherine Vass, Randall C. Stewart, Robert Gossett, Roger Meade, J. Herman Bunch, Jr., and Patricia S. Hodson, and current Board Chair, Paula Schrum. In addition, John’s wife Leslie, and his daughter, Beth attended. Also attending were members of the Board, the Board’s staff, and special guests, Doug Kearns, Investigator, and Ernie Patterson, Board’s Computer Specialist.

Many of the attendees gave special tribute to John to let him know just how much he is truly respected and valued as the Board’s attorney, counsel, and advisor. Several former Board Chairs who were not able to attend sent letters sharing special “John stories” that highlighted the significant role that he has played in helping to shape the profession as it has evolved over the past 30 years. The NCPTA presented John with a plaque thanking him for his service to the profession.

Ben Massey, Executive Director, presented John with a special plaque recognizing his 30 years of service and presented him a commemorative pen for signing all future official documents for the Board.
North Carolina Board of Physical Therapy Examiners

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Calendar of Events
Jan. 17, 2008 (Thurs) Investigative Committee Meeting*- (8:30 a.m. – 1:00 p.m., Satisfy and Silverstein Law Firm, Raleigh, NC)
Jan. 31, 2008 (Thurs) Final deadline for license renewal.
Feb. 01, 2008 (Fri) Lapse of licenses not renewed.
Feb. 21, 2008 (Thurs) Investigative Committee Meeting*- (8:30 a.m. – 1:00 p.m., Satisfy and Silverstein Law Firm, Raleigh, NC)
Mar. 13, 2008 (Thurs) Board Meeting*- (8:30 a.m. - 4:30 p.m., Siena Hotel, 1505 E. Franklin Street, Chapel Hill, NC, http://www.sienahotel.com/)
June 19, 2008 (Thurs) Board Meeting*- (8:30 a.m. - 4:30 p.m., Siena Hotel, 1505 E. Franklin Street, Chapel Hill, NC, http://www.sienahotel.com/)

*Dates are tentative / please confirm by contacting Board Office (800-800-8982).

N.C. Licensure Statistics
(As of November 28, 2007)

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NCPTA Appoints Task Force to Explore Modernizing the Practice Act
The North Carolina Physical Therapy Association (NCPTA) has appointed a Task Force to explore the feasibility of recommending a modernization of the current NC PT Practice Act for consideration by the General Assembly in 2009. The Task Force encourages all licensees to provide input to changes that they feel will be beneficial to the protection of the health, safety, and welfare of the general public and improve the practice of physical therapy in North Carolina. For additional information, contact Rick Young, Chairman of the Task Force. (dalpractice@windstream.net).

Board Needs Assistance in Locating a Licensee
If you have a home or work address or telephone number for Karen Moore, PTA, Lic. # A-1285, please contact Ben F. Massey, Jr., PT, Executive Director at ncptboard@mindspring.com or 800-800-8982. Her last known mailing address was in the Winston-Salem area.

Note:
21 NCAC 48F .0105 CHANGE OF NAME AND ADDRESS
Each licensee must notify the Board within 30 days of a change of name or work or home address. [History Note: Authority G.S. 90-270.27; Eff. August 1, 2002]
Addresses can be changed by the licensee on the Licensure Board’s web page (www.ncptboard.org) or by letter, fax (919-490-5106), or call the Board’s office at 919-490-6393 or 800-800-8982.