The reasons for promoting continuing education (CE) in any field are clear. CE provides the opportunity for lifelong development of skills and knowledge and contributes to professional competence. If a person wishes to deliver the best possible service to his or her client, that person must keep abreast of current trends.

The case for mandatory continuing education (MCE) is not as clear, and the reasons for supporting MCE vary. It is in our own best interest as veterinarians to protect the public and our patients by ensuring that we are being exposed to the most current information available. However, a number of studies in the health care professions, including human medicine, dentistry, nursing, and physical therapy, have failed to demonstrate obvious benefits of MCE to the delivery of medicine.1,2

MCE for veterinary relicensing was first introduced in Florida, Kansas, and Tennessee in 1969. Since that time, many other states, as well as Canadian provinces, have adopted the concept. However, how CE is delivered, what counts as credit for CE, and how the outcome of CE is evaluated among states and provinces differ widely. Acceptable CE courses come in a variety of formats: classroom lectures, extension studies, academic studies, conferences, seminars, workshops, wet labs, locally approved veterinary medical association events, distance education, study over the Internet, and self-study. Some states or provinces accept only credits from courses approved by a licensing authority (e.g., the American Association of Veterinary State Boards; AAVSB). The AAVSB Registry of Approved Continuing Education (RACE) is a North American organization for the approval of CE providers and their programs.3 Providers voluntarily apply to RACE and agree to abide by RACE standards.3

The number of credits required for relicensing also varies by state or province, as does how often credits are reviewed (annually or biannually). The weight placed on the various categories that are approved for credit also differs: scientific or medical credits tend to be granted greater weight than self-study credits.3 Examples of self-study activities include reading journal articles, listening to audiotapes, watching videotapes, and completing Web-based educational material. Writing scientific articles and delivering lectures or consultation with veterinary specialists about patients under their care are also deemed acceptable for credit by some licensing boards.3 Generally, new graduates are exempt for 1 or 2 years after graduation but must show evidence of completion of CE credits for relicensing after this initial grace period.

The literature clearly indicates that MCE has increased the number and variety of CE venues and has contributed to better distribution and improved quality of the programs offered. What has yet to be demonstrated is how effective MCE is in changing behavior to benefit the public, patients, or the environment.1–3 Studies completed before the implementation of MCE for nurses revealed a lack of enthusiasm for the relicensure process. A follow-up study 2 years after the implementation of MCE indicated that MCE was viewed in a much more positive light. The most influential criterion to this positive change was the availability of topics of special interest. MCE was also preferred over periodic reexamination. However, other studies in human medicine have shown MCE to have little effect on the long-term quality of patient care.1 One study demonstrated that mandating programs had an adverse effect on participants’ perceived outcomes and on the likelihood of their

4All RACE-approved providers and programs are listed at aavsb.org/RACE.
voluntary participation in future programs, meaning that MCE has the potential to create unwilling learners who, if given a choice, may not participate in future CE programs.

Support for MCE, therefore, remains controversial. On the one hand, MCE is a measure of professional accountability. In human medicine, it has been shown that the level of current knowledge progressively declines after more than 10 years in practice and that errors in diagnosis and treatment are reduced by frequent and recent attendance at CE events. Advocates for veterinary MCE claim there is a need to ensure that veterinarians are compelled to routinely complete some form of CE to protect the public and their patients and to maintain the credibility of the profession. On the other side, MCE takes time away from practice and negatively affects income. A study conducted among nurses in Iowa revealed that the three most cited reasons for opposing MCE were program cost, need to travel, and lack of cooperation from employers to grant time off. Physical therapists argue that MCE would contribute to an increase in license fees in addition to the personal costs of tuition, travel, and hotel accommodation. To offset these costs, an increase in patient fees may be required. Those opposed to MCE point out that while attendance can be mandated, motivation, change in professional behavior, and the application of new knowledge are not being measured.

It is the outcome, not the process, that governs the success of any MCE program. Therefore, the best method of measuring whether MCE leads to a positive change in practice may be a self-reporting scheme. Neil Donen suggests that requiring each physician to maintain a personal portfolio that documents his or her completed CE, the effect of CE on clinical practice, and the results of regular self-audits of the outcomes associated with application of knowledge gained during CE events may be a better measure of the success or limitations of MCE. Such portfolio programs have as their basis the promotion of reflective practice. These records might also help in defending complaints regarding professional misconduct and provide a basis for the planning and monitoring of personal growth in stated areas of practice. Donen proposes that licensing bodies should define the expected standards of care and mandate which areas of core knowledge or clinical practice must be included in MCE requirements.

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A similar self-reporting practice may be adopted for veterinary medicine. It appears that this practice would not markedly increase cost or time, and it would serve to document the time and effort an individual veterinarian has spent on CE as well as to assure the public that our profession is committed to maintaining current standards of patient care. It may also serve to deflect issues pertaining to professional misconduct.

References

Recommended Reading