

## 2021 CPC Webinar FAQs - Archive

*Most recent - posted 3/11/2022*

**Q: Can someone please explain why the BOC is in the CEU business?**

**A:** The BOC is not in the CEU business, rather the certification business. The BOC is accredited by a third party (National Commission for Certifying Agencies) and an overarching standard that we must meet includes: The certification program must require periodic recertification. BOC's current recertification requirements include a set number of CEUs that are provided by Approved Providers and other CE organizations.

**Q: What other health care profession's certification agency requires CEU?**

**A:** Most accredited certification agencies for other health care professions currently require CEUs for recertification (e.g, National Board of Certification for Occupational Therapy, National Board of Certification and Recertification for Nurse Anesthetists, National Board for Respiratory Care, etc.).

**Q: Shouldn't continuing education be tied to our state license?**

**A:** Your state license and BOC certification are two distinct, separate things and vary by state. Some states recognize BOC certification for license renewal. Other states align their renewal requirements with those of the BOC and some states have their own renewal requirements. And one state does not have state licensure. Again, BOC certification is separate from licensure and how they work together can vary considerably, depending on where the AT practices.

**Q: Does recertification mean taking an exam to keep your certification?**

**A:** No. Recertification is the renewal of one's certification based on a set of requirements. For example, the requirements ATs met at the end of the last reporting period were recertification requirements.

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*Posted 11/12/2021*

**Q: Did you review the surveys or comments on the YouTube video? I have yet to see a positive comment on these changes. How are you taking into account the thoughts of fellow Athletic Trainers? We are worried we will lose folks from the profession due to making this too complicated.**

**A:** The Open Comment results from the Survey Monkey survey and Miro have been analyzed. A summary document identifying recurring themes will be

published to all Athletic Trainers soon. Additionally, we will be sending out a call for Athletic Trainers to join focus groups to gain detailed information that will be used to develop a recertification program.

**Q: We are still trying to promote our field because we can't get third party reimbursement. I feel like we spin our wheels at the ground level and are still fighting for the same issues for the last 20 years. Why doesn't the BOC put their efforts into widespread promotion of the field?**

A: The BOC is a credentialing agency, and our mission is to provide exceptional credentialing programs for health care professionals to assure protection of the public. While the BOC promotes the profession when possible, its priority must be public protection and the CPC concept is an initiative that does both protect the public and promotes the profession. The NATA is the primary organization promoting the athletic training profession. BOC encourages all Athletic Trainers to be engaged members of the NATA and explore the numerous NATA benefits.

**Q: What will the requirements be to maintain my certification?**

A: The BOC received many questions about what the requirements will be (e.g., Will CAMS and QI's be required to maintain certification or are they optional?, "Do we have to complete something from each pillar?) and the fact is, we don't know. The sole purpose of the Open Comment is to gain feedback to use to develop the CPC program requirements.

**Q: Is there any talk of a periodic maintenance of certification exam?**

A: CPC requirements and activities are to be determined and we will be exploring all types of activities, especially if it is indicated in the feedback. Historically, the MOC Task Force intentionally avoided the topic of an "exam" during their discussions.

**Q: In CE/PD research, indications for building blocks and continued clinical implementation is best. Will there be the opportunity for growth through the CAMs/ CE to make sure change in clinical practice happens?**

A: Yes, that is the idea. CPC would address both continued competence across the domains of athletic training, but also provide activities that promote growth and clinical expertise to enhance patient outcomes.

**Q: Does the CPC align with the Accreditation Council for Continuing Medical Education (ACCME) standards and processes?**

A: There may be some alignment, but ACCME standards address continuing medical education (CME). There is more alignment with ACCME standards and BOC Approved Provider standards for continuing education, which has been in place since 2016.

**Q: Will the competencies be similar to physicians claiming maintenance of certification for ABIM or ABS?**

A: The competencies are related to the recommendations identified in the Institute of Medicine's report: Health Professions Education: A Bridge to Quality. The report recommends that all clinicians possess five core competencies, which include being able to provide patient-centered care, work in interprofessional teams, employ evidence-based practice, apply quality improvement, and utilize informatics.

**Q: How will PGA continue to be effective with the high turnover in athletic training settings?**

A: The PGA is meant to be dynamic to adapt to the Athletic Trainer and will need to have the ability to make updates to goals if necessary.

**Q: Can you provide some insight or examples of what these QI and CAMs might look like for the full-time athletic training educator?**

A: As BOC engages in discussions with diverse focus groups, examples provided will evolve. Commission on Accreditation of Athletic Training Education (CAATE) Standard #63 states the program is to educate students how to Use systems of quality assurance and quality improvement to enhance client/patient care. To meet this standard a program could conduct a quality improvement project as a class project with educator and preceptor participation.

Teams comprised of multiple stakeholders are fundamental to a QI project. Regardless of practice setting and clinical responsibilities, Athletic Trainers can engage on a QI team. Athletic training educators in professional programs are well positioned to participate because programs are already required to have students engage in a QI project. (See Standard 63: Use systems of quality assurance and quality improvement to enhance client/patient care.) The athletic training educator could work as a member of a student's QI team to help with the Plan-Do-Study-Act cycle associated with a specific effort. For example, maybe a student notices that individuals with ankle injuries are routinely referred for imaging and wants to test a change to reduce the number of unneeded imaging. The QI team, then, plans the change, actually tests the change in real life, examines the results, and then determines any needed changes that result.

CAMs topics will aim to be diverse and relevant to educators and practitioners from all practice settings. For example, the first two CAMs topics are mental health and cultural literacy. Both topics are relevant to educators as well as practitioners.

**Q: The BOC received questions about how QIs will work, such as How will the QI be reviewed? What if I don't have access to journal articles?, etc.**

**A: Details on QI projects have not been determined.**

**Q: For the industrial/occupational health setting would ergonomic evaluations and risk assessments count as QI?**

**A: While the details of QI have not been determined, this sounds like an opportunity for QI and if the ergonomic evaluations and risk assessments can follow the basic QI concept as outlined in the visual below, then, yes.**

**Figure 1: The Plan-Do-Check-Act Cycle**



**Q: Do we anticipate updated continuing education opportunities to be available on premier online providers such as MedBridge?**

**A: Please contact individual BOC Approved Providers for more information on updated continuing education opportunities.**

**Q: Will there be any conversations about getting continuing education units or “Credits” for being an athletic training Educator? I can honestly say that I have learned SO MUCH as an educator that I wouldn't have learned from being a clinician. But, there really is no way to get ‘credit’ for all the learning that I am doing...about cupping, joint mobilizations, IASTM, etc..**

**A: You can receive credit for attending programs that teach you how to teach skills such as cupping, joint mobilizations, IASTM, etc. If the program is provided by a BOC Approved Provider it will qualify for Category A, and if not, Category D. The following explanation is provided in the BOC Certification Maintenance document:**

*If the program/activity content incorporates tasks from the current Practice Analysis in a substantive manner or has a focus of health care education, it may qualify for continuing education units. If the content of the program/activity addresses pedagogy or improving the skill of teaching, or assessing participant learning outcomes, it does not qualify for continuing education units. For example, programs related to teaching a clinical skill, documentation, or communication involve tasks in the Practice Analysis and qualifies for continuing education units. Curriculum design, however does not represent tasks incorporated in the Practice Analysis and does not qualify for continuing education units.*

**Q: What are the requirements for 2022-2023? When will they be posted to the website?**

A: The 2022-2023 were recently posted to the [BOC website](#).

**Q: Not necessarily a question, but a comment...I have found a number of credits just by Googling it, free credits including Evidence Based Practice continuing education unit.**

A: That's great. We do have a Program Directory that includes over 5,000 active continuing education events. Check it out. Narrow your search to find free continuing education units. This is your best resource for continuing education as we require all BOC Approved Providers to list their continuing education here.

**Q: I have high school students are doing “internships” to better understand the profession, can this be used in the area of mentorship which could then be used as continuing education units?**

A: Thank you for the great idea and it is one that we will continue to explore.

**Q: For Athletic Trainers working in the industrial setting, will we have the option of counting OSHA-related courses that contribute to enhancing knowledge and care in this setting towards continuing education units?**

A: Continuing education activities that are not from BOC Approved Providers can currently be counted in Category D and over half of your required continuing education can be in Category D.

**Q: What is the gold standard for health care professionals for continuing education units that insurance companies look at? If we want third party reimbursement it seems we should see what that continuing education standard is.**

A: We will take this into consideration when investigating CPC further. In the meantime, we encourage you to check out the [NATA's initiatives on third party reimbursement](#).

**Q: Pat mentioned the concern of people registering for a conference and not attending all of the sessions. If this is a concern, why has the BOC not required BOC Approved Providers to verify all sessions attended by registrants, especially when the technology is available to help track session attendance? Follow up Question: How much of a role did this concern play in the development of CPC?**

**A:** The point of mentioning such practice was to reiterate the importance of making continuing education count and not counting continuing education units. The research around the science of continuing education indicates that continuing education for health professionals is “fragmented and underdeveloped.”

**Q: What other health care providers that are working PRN are volunteering their own time to do this?**

**A:** We agree, it does require some effort to maintain a health care credential and ideally CPC would integrate your PRN practice with activities that would count toward maintaining your credential.

**Q: How will PGA and QI for facilities and such be applied for individuals who are unable to practice for periods of time due to having families or lack of jobs in geographical area?**

**A:** The required and optional activities for CPC have not been determined.

**Q: As a non-traditional Athletic Trainer that works traditional settings as a PRN, how would you suggest fulfilling a QI? I currently work in informatics and do not see athletes in a normal manner.**

**A:** While you may not see patients, since you work in informatic you are likely collecting data/information that could help identify the need for a QI project as well as measure any outcomes of a QI project. In most cases, QI projects should be conducted as a team project and perhaps you can work with other Athletic Trainers or other health care professionals who are working with patients to conduct a QI project.

**Q: How does a non-practicing Athletic Trainer do the QI?**

**A:** The required and optional activities for CPC have not been determined, including QI. That said, it depends on your situation. For example, if an Athletic Trainer is in an administrative position and no longer practicing, there are other projects that would ultimately improve patient care, such as a review of policies and procedures, where they can assess a process, identify gaps or inefficiencies, craft and implement a solution, monitor the outcomes and reflect to determine if the solution worked or if a different solution is needed. In fact, the BOC has a tool,

Policy and Procedure Development, to help assess policies and procedures on employee safety, facility, risk and crisis management, privacy/confidentiality, disposal of medical sharps, EAPs, exertional heat illness, health records, infection prevention and control, and lightning safety.

**Q: You kind of touched on this, but for Athletic Trainers who have other professional qualifications that need continuing education, are there any limitations on using ATC and other professional training to meet those requirements? Thanks.**

**A:** There are many BOC Approved Providers who offer continuing education to other health care professionals. You can also count continuing education that falls within the domains of athletic training from a non-BOC Approved Provider in Category D. You can obtain over half of your continuing education units in Category D.

**Q: What about the Athletic Trainers who are keeping their credential to be per diem Athletic Trainers or subs? They're going to "retire" their cert and we'll have less Athletic Trainers on the sidelines of youth events which is the opposite of what we want.**

**A:** The required and optional activities for CPC have not been determined. Ideally CPC would integrate PRN practice with activities that would count toward maintaining your credential.

**Q: Understanding that yes, the certification of practice. I think we must also be mindful that at various times in an Athletic Trainers life there may be pauses in practicing, primarily speaking about women in profession taking pauses for familial reasons. Those could be raising their own families or caring for ailing parents. Please consider the possibility of isolating individuals in these choices.**

**A:** Thank you for your comment and we will take this under advisement.

**Q: Is there a representative for the military setting? If no, why not?**

**A:** Yes, in fact we have a board member who works in the military setting. We will be looking to assemble diverse focus groups and encourage anyone interested to submit an application. Please submit the [BOC online volunteer application](#) and upload a current resume/CV to the online application. When asked about which volunteer position, select "Other task force, advisory panel, work group" and enter "CPC" in the field provided. You can also send an inquiry to [BOC@bocatc.org](mailto:BOC@bocatc.org).

**Q: How will you provide increased access to resources relevant to the military setting as many of the "traditional" courses are irrelevant to**

### **Athletic Trainers in the military setting?**

**A:** We encourage you to have your typical military continuing education resources become a BOC Approved Provider either through the traditional way by applying through the BOC or through Joint Accreditation for Interprofessional Continuing Education (JA). The Defense Health Agency, J7 is accredited by the JA to offer continuing education to Athletic Trainers. You can also count over half of your required continuing education units from a non-BOC Approved Provider that falls within the domains of athletic training in Category D.

### **Q: How do we get elected to be part of a focus group?**

**A:** Please submit the [BOC online volunteer application](#) and upload a current resume/CV to the online application. When asked about which volunteer position, select “Other task force, advisory panel, work group” and enter “CPC” in the field provided. You can also send an inquires to [BOC@bocatc.org](mailto:BOC@bocatc.org).

**Q: Thank you for conducting this session. While I understand there is a lot of unknown still, when will BOC Approved Providers and individuals planning conferences and continuing education opportunities receive training? I am involved with planning for 2023 meetings already and 2024 will not be far behind.**

**A:** We are working on next steps including a short-term and long-term timeline. Once we have this information we will share it with Athletic Trainers and BOC Approved Providers.

### **Q: Are you purposefully trying to compete with the NATA educational symposia by promoting other educational opportunities?**

**A:** The BOC is not promoting educational opportunities. The new recertification concept acknowledges the wealth of research that shows continuing education can be effective at knowledge acquisition, but knowledge in health care is not enough to change practice performance. Through BOC’s third-party accreditation, the National Commission on Certifying Agencies, we recognize and provide public notification that our certification program is committed to self-study and external review by one’s peers, meets Standards, and seeks continuous improvement to maintain the quality of examination and certification of its constituent professionals. The BOC will continue to make decisions that are evidence-based and will ultimately protect the public while also elevating the athletic training profession.

NATA is one of the four partners in the Strategic Alliance which meets regularly. BOC approves the providers of continuing education offered to Athletic Trainers, including NATA. Therefore, it is natural that NATA, along with many of the other

650 approved providers, will be interested in taking part in future CPC opportunities.

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*Posted 10/29/2021*

**Q: In other words, this is all but a done deal? The change is going to happen, it is only the details that still need to be figured out?**

A: We are a long way from a “done deal”; and yes, change is likely going to occur, but the feedback we are receiving will help shape CPC for the future.

**Q: Are you only presenting the “sunshiny” comments?**

A: We received a few comments that questioned the positive vs. negative comments. We received both types of comments, however, the quantitative data indicates most ATs support the pilot project components.

**Q: What regulators are looking into our education? We cannot bill in Pennsylvania.**

A: Many state regulatory boards rely on the BOC to provide a recertification program that promotes continued competence. Some states do this by aligning their continuing education requirements with BOC requirements and some states require current BOC certification for license renewal.

**Q: Will QIs and CAMs eventually become mandatory to maintaining our certification?**

A: We don’t know. However, we do anticipate that CPC will likely evolve over time.

**Q: How will each QI or CAM be measured as continuing education units (CEUs)?**

A: In the short-term (2022-2023 reporting period), BOC is using a flat number for QI projects of 10 Category A CEUs (hand hygiene and facility principles) which is based on data from the pilot. CAMs will be based on the number of questions in the assessment, this too is based on data from the pilot. In the long-term (2024 and beyond), it is to be determined.

**Q: Is any change to the BOC fees anticipated?**

A: This has yet to be determined, but BOC will make every effort to make CPC affordable to all Athletic Trainers.

**Q: Pillars?**

A: When BOC refers to “pillars”, we are referring to the foundational components

of CPC: Professionalism, Continuing Professional Development and Practice Performance.

**Q: How do you see that the changes to the system will address the expansion of Athletic Trainers into non- traditional settings - work base, administrative, general wellness, medical clinic? Focus on enhanced offerings to go into new roles in the health care system.**

A: Some of this is rooted in the Practice Analysis and how that evolves over time is based on changes in entry-level practice. That said, CPC will allow the BOC to identify Athletic Trainer goals and develop CAMs and QI projects that align with those goals. It also allows the BOC to share overarching themes of those goals with BOC Approved Providers who can develop programs that align with those themes, helping you select programs to meet your individualized goals.

**Q: Majority of Athletic Trainers will be in a different setting over the span of 5 years?**

A: The intent is to build CPC to allow for a change in practice setting.

**Q: Will the same time frame be used for completing continuing education units with the new requirements?**

A: This has not been determined.

**Q: How has the concept changed with COVID and the aggressive culture changes?**

A: If anything, the CPC concept provides more flexibility to adapt to change.

**Q: So, if the PGA says I'm supposed to do more work with modalities to maintain my certification, I don't have modalities at my school to use aren't I still just "checking the box"?**

A: Because the goals you develop in the PGA should take into consideration your weaknesses and strengths, as well as your environment and other factors (such as whether you plan to stay in that environment) addressing modalities may not be part of your professional development or you may want it to be because you plan to change jobs. The PGA is dynamic and not solely focused on weaknesses.

**Q: I think the concept is great, but not requiring follow-through in something like the PGA should not qualify the PGA for continuing education units.**

A: Thank you for the feedback and we will certainly take this into consideration.

**Q: Will an Athletic Trainer be penalized if suggested continuing education activity is not utilized? Will the BOC track this? Will this be an increased cost for BOC Approved Providers to be included in the suggested list?**

A: While the details of the CPC concept are to be determined, it is not the intent of

the PGA for an Athletic Trainer to be penalized for not taking suggested activities. The BOC will likely track CPC in many ways to provide data for making decisions about the evolution of CPC. The logistics of how to provide a “suggested list” has not been determined.

**Q: First, thank you so much to everyone involved in the development and ongoing assessment of the entire CPC program. I appreciate the overall intent and believe that it will help athletic training continue to evolve. While not a question - my primary suggestion is to consider renaming the CAM portion. Reading a journal article and answering questions about that article does not capture the full depth and breadth of what is involved in competence assessment and the use of the term “competence” here feels misguided and may promote confusion with stakeholders. Please consider renaming it to something more reflective of what is involved in that component, such as Evidence Review Modules (ERMs).**

**A:** Thank you for the suggestion and we will take it into consideration.

**Q: Will the CAM topics be prescribed, or will we be responsible to create our own and gather all the resources?**

**A:** The CAMs would be developed by the BOC or perhaps another third party, and the idea is to have a library for Athletic Trainers to choose from based on their need.

**Q: What journal articles will be valid for use? Who determines this? How will the questions related to the article be developed?**

**A:** The current development process for the CAMs includes assembling a group of subject matter experts for the topic who develops a content outline and selects the journals. The assessment questions are developed by subject matter experts and experienced item writers using best practice item writing techniques. This process will be reviewed, and we are open to ideas and encourage you to share and/or volunteer to be part of the ongoing process.

**Q: For the QI projects, do they have to be started and completed within the 2-year report year or can there be an overlap as long as there is an updated report submitted?**

**A:** While not determined at this point, if we align with current practice, any QI projects or other CPC activities would receive credit for the period in which they are completed.

**Q: Who develops QIs? Will some of these be provided by the BOC or are they things that we, as individual practitioners, develop and implement?**

**A:** QIs could be developed by anyone, but the BOC plans to have “canned” QI

projects available to Athletic Trainers. This is also a space where BOC Approved Providers could be involved.

**Q: How would we report the QI component?**

A: BOC would provide technology for reporting.

**Q: Anne - can you follow up with there are initials - not many outside of the NATA's Secondary School Athletic Trainers' Committee (SSATC) know what PASS is...**

A: Program Assessment for Safety in Sport (PASS)

**Q: Does every QI have to have a quantitative component, or can it be qualitative?**

A: While the logistics of a QI have not been determined, typically QI can use quantitative and/or qualitative data.

**Q: Who reviews this (QI) and how will they be reviewed?**

A: The logistics of QI have not been determined. We encourage you to share your ideas.

**Q: Can a QI be done with other health care professional credentialed people and/or non-health care professionals such as educators? It seems like there are opportunities with concussion protocols to include teachers with the return to class activities. Just a thought.**

A: While the logistics of QI have not been determined, QI typically encourages interdisciplinary collaboration and including other related staff may be ideal for the success of a QI. Many considerations would go into QI development such as limitations and/or dependencies from others and how that might affect successful completion of a QI.

**Q: It doesn't seem that follow-thru is necessary based on the PGA counting for continuing education units. Same may be said for QI, I can develop a plan, but won't need to follow through with it?**

A: QI is ultimately an effort to improve patient outcomes. Each Athletic Trainer should consider the likelihood of adoption in their workplace. Follow through is imperative. However, ultimately, if employers are involved in the improvement, it is likely they will want to see Athletic Trainers follow through on their improvement ideas. The BOC will not have a way to "enforce" follow through. We will create a development activity with steps to consider as the Athletic Trainer develops the idea, the plan, and the execution of improvement.

**Q: How will the QIs work for Athletic Trainers in a non-traditional setting who do not see the same patients? For example, those doing pick-up events or those in the industrial setting?**

**A:** Even if you are not directly involved with patients, your work ultimately impacts patients. QIs are an opportunity to reflect on your work and identify procedures and processes that do influence patients. Patients have many influences that impact their outcome that do not involve their primary provider.

**Q: Will we need to do IRB (Institutional Review Board) for QI projects?**

**A:** Typically, QI projects do not need IRB approval. However, if your employer (i.e. college or university) requires this, please comply. A QI can be much simpler, however. Remember, start small. QIs are an opportunity to reflect on how things can be changed to ultimately improve patient outcomes.

**Q: Will there be maximums on the number of continuing education units (CEUs) obtained within each continuing education (CE) category? For example, 40 is the maximum CEUs in category A when 50 CEUs are due.**

**A:** The details of CE requirements for CPC have not been determined.

**Q: What are the intentions for Continuing Education Units (CEUs) credit for post-grad work?**

**A:** The details are not yet determined for CPC. However, it could be similar to what it is now, where you receive credit in Category A or C (10 CEUs per credit hour).

**Q: Where is the evidence that changes in the continuing education requirements were needed? - Pat or Rene resources on BOC website and BOC studies indicate CE alone is not the answer.**

**A:** We get this question a lot. As part of our ongoing transparency and communication, we will dedicate a resource page on the CPC page of our website just to answer this. In short, CE/CME used in recertification across HCPs (health care professions) has been studied for decades. Research shows that CE can be effective in knowledge acquisition; in the least, it disrupts decay of knowledge that naturally happens over time. However, research also shows that the type of CE that is effective are CE activities that are interactive, include an assessment (of the specific objectives of that CE), and include more than one-point-in-time (i.e. CE that includes follow up, a touch-point, a reminder, another assessment, etc after the initial learning event). Continuing certification in healthcare requires more than just knowledge acquisition. Professionals must continue to improve their skills, procedures, evaluations, and techniques. Research shows a weak

correlation between practice improvement and CE, regardless of the type of CE. References to these points will be provided in great detail.

**Q: Will there also be information/webinar for those of us who are BOC Approved Providers, because I am trying to figure out how this impacts offering Continuing Education (CE) events and what we will need to do?**

**A:** Yes, we will provide information as decisions are made. CE may not be changed. We think CE will improve as we dialog with Athletic Trainers, but we need BOC Approved Providers involved too. Please contact us to serve in our focus groups and work groups.

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*Posted 10/22/2021*

**Q: Help us understand Quality Improvement (QI) project opportunities by providing some real-life examples.**

**A:** There will be many QI project opportunities.

In a secondary school setting, projects could include improving emergency action plans, fulfilling a Safe Sports School award or implementing PASS (Program Assessment for Safety in Sport). Or, maybe an Athletic Trainer (AT) wants to solve a particular problem – like lowering the number of skin infections. This could be documented for a QI project. For those in hospital settings, an AT could likely participate in a QI project that is already going on in the organization.

In most practice settings, a QI could be developed to solve a relatively “easy” problem, or it could be something more complex. Most ATs already complete projects to improve patient care. Those new job experiences create opportunity for learning and allow for professional development.

**Q: Athletic Trainers (ATs) are stretched thin. I thought the BOC was supposed to help our profession with higher salaries and better working conditions. Why are you focusing on CPC?**

**A:** It’s important to first clarify the mission and purpose of the BOC, which is to provide exceptional credentialing programs for health care professionals that assure protection of the public. We take this very seriously. We want to provide the best credentialing services we can and believe this is our way of advocating for the credential.

Second, we believe that CPC provides us with an opportunity to elevate professional development for ATs, which will ultimately elevate the profession.

**Q: I still don't believe other types of health care providers are doing this for their continuing ed. What examples do you have?**

**A:** There is a long list of health care professions that have moved to a CPC type recertification process - programs that stretch beyond CE only. For example, the National Board of Certification for Occupational Therapy (NBCOT®) Certification Renewal Activities for OTs, allows for competency assessment measurement CEUs, professional service CEUs, presenting CEUs and more.

There are many more examples; however, we don't want to emulate other health care professions. We want to spend our time building something that uniquely meets Athletic Trainer needs.

**Q: My school doesn't fund my professional development and this new program sounds expensive. Am I going to be asked to pay more out of my own pocket annually with CPC?**

**A:** Making recertification more costly is not the plan. We want to make it more effective, which doesn't have to mean more expensive. The concept does not include an increase in required CE; in fact, the number of required CEUs may decrease. We are looking for ways that we can make use of what you already do day to day that may contribute to your continuing education. A QI project could be an example of this.

**Q: You said that I will have flexible options. I still don't understand what that means?**

**A:** We want to get away from counting CEs and make CEs count. We don't want Athletic Trainers (ATs) to just go through the motions and "check a CE box." Instead, we want ATs to acquire new or refreshed skills that enhance patient outcomes. That's where the Professional Goals Assessment (PGA) comes in. It allows an AT to set their own development goals based on gaps that might exist or areas the AT wants to enhance. And, the AT can receive credit just for uncovering the gaps, designing and working through the plan.

In addition, we learned from the open comment period that ATs would be open to more and different ways to earn credit. Other health care professions have alternatives, and we want to explore more options as we continue with the CPC development work.

**Q: Will the PGA limit what an Athletic Trainer (AT) can do for CEUs?**

**A:** No. The PGA will produce recommended development activities that are relevant to your interests, practice setting and strengths. It produces a recommended pathway, not a concrete road. Think of the PGA as a blueprint for the individual AT. If your practice setting or interests change, and consequently

your plan changes, that's ok. Your continuing education should reflect that change.

In addition, we've received comments that indicate the PGA sounds like an exam. While the AT is asked questions in the early stages of a PGA, the purpose of the questions is to identify where the AT's development should or could be. It is certainly not anything to be stressed about, quite the opposite. The PGA only helps ATs to customize their learning path and identify learning activities or interventions that suit their own needs.

**Q: Do Athletic Trainers have to complete something from each CPC Pillar?**

A: This has not been determined yet.

**Q: Can QIs be done with athletic training program students to improve program outcomes?**

A: The AT credential is a practice credential. Therefore, QIs in CPC should link to patient outcomes not education outcomes. If the QI can be built to focus on patient outcomes, then it could be counted.

**Q: How has the CPC concept been impacted by COVID-19 and the changes in webinar-style education?**

A: There are obviously more virtual educational opportunities offered through Approved Providers. Webinar-style education will continue to be acceptable for continuing education.

**Q: What will the process be for the targeted Athletic Trainer (AT) input and focus groups? It seems like you are hand-picking people who agree with you.**

A: We want to make sure we hear from ATs across practice settings and would like to include all who have interest in shaping CPC going forward. To indicate your interest, email the BOC at [BOC@BOCATC.org](mailto:BOC@BOCATC.org).

**Q: I feel like you don't have "regular" Athletic Trainers like me represented, and I have ideas. How do I share?**

A: We are glad there is interest as we plan to facilitate focus groups including individuals with varying experiences and from various practice settings. We'd love to include anyone who is interested in providing their ideas on how to build on the CPC concept. To include your name for consideration, simply email the BOC at [BOC@BOCATC.org](mailto:BOC@BOCATC.org).

**Q. You keep saying that CPC is not final. I didn't even know anything about CPC until a few weeks ago. What will you do so you don't surprise us again?**

A: First, if you have an interest in past newsletter articles about the CPC progression, the articles can be found in the Newsroom section of the BOC

website. We have a few other things in place and have some things planned for on-going communication:

1. There is a dedicated [CPC page](#) on our website that has information and an on-going FAQ
2. There will continue to be update articles in the BOC newsletters.
3. There will be on-going updates as progress is made.

**Q: I have a number of questions about QIs. How do you decide how many CEUs the project is worth? What if it's completely changing the concussion protocol in your district, or something more complex? Hours spent? Stages you get through? What if you and a co-worker do it together? What if your admin doesn't approve so you can't implement your plan? This all just seems so very subjective.**

**A:** These are all great questions and items that still need further discussion and development. Please let us know if you have ideas.

**Q: If the continuing education piece doesn't change but you add these other components on top, how will that not take more time?**

**A:** The concept of continuing education as you know will likely not change, but depending on how CPC is structured, it may mean that you have less CEUs if you complete other CPC activities.

**Q: What is the list of domains for Athletic Trainers when considering QIs and CAMs?**

**A:** Domains stem from the Practice Analysis (PA). The PA will continue to evolve and be published at regular intervals. QIs and CAMs are learning activities that will ultimately fall into a domain (could be more than one domain), just like CEs. You can find the current PA outline [here](#).

**Q: During a 5-year reporting period, if weaknesses are identified in Year 1 and the Athletic Trainer's (AT) work setting changes in Year 3, is the AT still required to address the weaknesses from Year 1?**

**A:** No, goals developed in the PGA are meant to be dynamic and should be reviewed on a regular basis.

**Q: If weaknesses are identified for an Athletic Trainer, can those "weaknesses" be used as a basis for a negligence claim during the reporting period? (How public are those "weaknesses"?)**

**A:** Content of your personal PGA will not be publicly available. They are only a guide to develop goals.

**Q: How does PGA work with the non-practicing Athletic Trainer?**

**A:** Ultimately, you develop the goals in the PGA. Your goal may be to maintain your credential and/or your license, or maybe you plan to return to practice, your goal may be to focus on what knowledge and skills you want or need to return to practice safely.

**Q: If a work setting does not require the use of certain skills, those skills may be "rusty" and show as a weakness when they actually have no impact on the competency and ability of the Athletic Trainer (AT) in that setting. How can "real weaknesses" in the AT skillset be separated from "less proficient" skills? (Why spend time/money to get better in a skill I do not use in my setting?)**

**A:** There is a difference in maintaining competency - a base MINIMUM level of knowledge and skill that every AT should know, regardless of practice setting, and upskilling in an area of relevancy and interest. One tool (or learning activity) cannot do it all. This is why we are creating several components or options in the new recertification program. Some tools will ensure base knowledge and skills for all ATs is maintained and some tools will encourage upskilling in an area selected by the AT.

**Q: Are CAMs selected for us based on setting?**

**A:** CAMs are not selected for Athletic Trainers (ATs). ATs CHOOSE a CAMs of interest. But this is a great suggestion for how BOC can organize or categorize CAMs so that ATs can easily identify one of interest (i.e. based on practice setting, domain, topic, etc.)

**Q: How would Athletic Trainers report the QI component?**

**A:** BOC would provide technology for reporting.

**Q: Would reformatting and constructing a new Standards of Care within our Secondary School Settings be considered a QI project?**

**A:** Absolutely.

**Q: So, your suggestion is to go into an athletic training clinic and interrupt the flow and coverage of care to complete a project? I can see issues with confidentiality, space, privacy, and safety (COVID restrictions) as a hurdle to "offer my services to athletic trainers in a traditional setting."**

**A:** Ultimately, change is disruptive. And improvements usually require people to change. Each Athletic Trainer should consider the effort of change and the likelihood of adoption in their current work setting. Start small. Tackle smaller, more manageable "hurdles".

**Q: For those of us who participate in clinical research, could we use our research question and our research to fulfill our QI requirement?**

A: Of course! If the goal of the research includes improvement of patient outcomes, then yes it could fulfill the requirement.

**Q: Other professions have explored QI and portfolio/subject specific CME. The PAs even implemented a system and it blew up in their face and they had to walk it back. What evidence do you have that it will be any different for the Athletic Trainers (ATs)?**

A: Yes, we are keenly aware of the implementation efforts of other certifying bodies across health care professions. Research (in peer-reviewed journals) and reports (publicized findings from certifying bodies and I.C.E) point out that the cultural and political factors present the most challenging barriers to implementation. The learning science presents clear recommendations to evidence-based approaches for professional development in continuing education.

However, what is most important is identifying what works for ATs. This is why we are creating multiple and ON-GOING opportunities for ATs to get involved and work with us in a “boots on ground” way. It’s imperative to identify development activities that work for ATs. It’s also very natural for people to resist any change as change is work. There’s a balance to managing that resistance and creating activities that challenge ATs. Ultimately, learning is change, and change is disruptive.

**Q: Ten years ago is archaic at this point; 2016 is archaic at this point due to the rapidly evolving socioeconomic and cultural changes. How have you adapted this to account for these changes?**

A: Yes, 10 years ago IS archaic! There is a wealth of research published across HCPs in continuing education in the last few years. We will share this on our CPC page on our website and invite everyone to digest to their heart's content. There is a LOT of current research. Also, we would love to have Athletic Trainers involved in this research and literature review. Contact us to get involved!

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**Q: Does this mean recertification by exam?**

A: No. The BOC is shaping a new recertification concept - a selection of professional development activities that could create a more efficient and effective program for ATs.

**Q: Why are we changing how Athletic Trainers (ATs) recertify?**

**A:** Staying at the top of our game as a health care professional is critical. We've been working on a better approach to ongoing continuing education (CE) for the past 11 years for several reasons:

- To meet ATs where they are, and in their practice setting. Giving ATs choices and flexibility for equitable and affordable continuing education (CE) is our goal.
- ATs have suggested over the years that the current approach to CE could be more relevant, useful and efficient.
- Research has supported this notion (see below).

**Q: What evidence suggests that current CEUs aren't the optimal way?**

**A:** Continuing Professional Certification (CPC) is overall guidance for health care professionals' requirements for continuing competence and maintenance of certification that are grounded in the core competencies identified in the Institute of Medicine (IOM), now the National Academy of Medicine (NAM) report "Health Professions Education: A Bridge to Quality" (2003) and reiterated in other IOM/NAM reports, such as "Redesigning Continuing Education in the Health Professions" (2010), as well as the latest edition of the Institute of Credentialing Excellence (ICE) "Certification: The ICE Handbook" (2019).

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Utilize informatics

Evidence has shown that across the health care professions, CEUs alone aren't as effective or practical as they could be, and much of the medical field is evolving their approach, including nursing, occupational therapy, physician assistants and dietetics.

[Executive Summary](https://doi.org/10.17226/10681): Institute of Medicine. 2003. *Health Professions Education: A Bridge to Quality*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/10681>.

[Executive Summary](https://doi.org/10.17226/12704): Institute of Medicine. 2010. *Redesigning Continuing Education in the Health Professions*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12704>.

[Institute for Credentialing Excellence](#). 2019. *Certification: The ICE Handbook*.

Washington, DC: Institute for Credentialing Excellence. Chapter 24: Reframing Recertification for Continuing Competence, p559-578.

**Q: What is the difference between CE, CEUs and CPC?**

**A: Continuing Education (CE)** is activities, often short courses, that credentialed professionals engage in to receive credit for the purpose of maintaining continuing competence and renewing a credential.

**Continuing Education Units (CEUs)** is a measure used to quantify the CE credits required and earned by ATs.

**Continuing Professional Certification (CPC)** is a program purposely designed for ATs to maintain competence through participation in activities that promote growth.

**Q: Will the current CE reporting method be eliminated?**

**A:** No. CE, as we know it, will continue to be a part of CPC. However, CPC will incorporate additional activities that will provide options for building a professional development path. We have heard from ATs that CEUs alone are not entirely relevant to the needs and/or practice setting of all ATs.

**Q: Will this program require more of an AT's time and money to fulfill CE requirements?**

**A:** No. We know ATs carry more than a full load, and the time you spend in professional development should be time well-spent. The new system is being designed to:

- **Give you more flexibility** - Autonomy and ability to incorporate the material that will advance your own practice and goals, best adapted to your practice setting.
- **Be more efficient** - We heard the question, "Will it take more time and money?" and the answer to that is No. The concept does not include an increase in required CE; in fact, the number of required CE may decrease. Our goal is to make CE count, not count CEU's. We are looking for ways we can make use of what you already do day to day that may contribute to CE. (Meanwhile, it is difficult to estimate the exact amount of time and dollars recertification will take, as each AT would be making choices about their individualized plan, but it should not cost more).
- **Add more value** - With new approaches that help ATs actually focus your learning on what you need and want to learn to increase your knowledge, skills and abilities. The Professional Goals Appraisal (PGA) is an excellent example of how this can be done at a low cost. ATs who complete the PGA earn 10 Category B CEUs for \$65.

**Q: Has the plan already been finalized?**

**A:** Not at all. We are in the early stages of development and gathering your feedback in an open comment window so ATs can help us design a great system that fits into your practice. There will be additional opportunities in the coming months and years for you to help shape the final result.

**Q: When will the changes be implemented?**

**A:** No sooner than 2024, and potentially not until 2026. We anticipate a slow and gradual roll out.

**Q: Will input from ATs actually impact the CPC program development?**

**A:** Yes. We've rolled out the open comment now for one reason – to incorporate ideas from ATs that will make the CPC concept work for you.

Prior to this stage, we've gathered input from many ATs during our 2020 pilot programs. Below you will find summary outcomes from two of the pilots.

**Competency Assessment Modules (CAMs): Mental Health Pilot**

774 ATs from 14+ different practice settings completed the CAMs – Mental Health pilot. In a post-pilot survey, participants agreed the CAMs improved their knowledge of mental health as well as their awareness of strengths and weaknesses in this area. Specifically, over 92% of participants “Agreed” or “Strongly Agreed” the CAMs “Improved my knowledge of mental health.”

**QI: Facility Principles Pilot**

115 ATs from a variety of practices settings completed the QI - Facility Principles Pilot. In a post-pilot survey, participants indicated the process improved their awareness of areas for improvement, strengths and/or compliance and ultimately enhanced patient outcomes. Specifically, over 70% of participants “Agreed” or “Strongly Agreed” the project “Enhanced my patients’ outcomes.”

**QI: Hand Hygiene Pilot**

127 ATs from a variety of practices settings completed the QI – Hand Hygiene Pilot. In a post-pilot survey, participants indicated the process improved their awareness of areas for improvement, strengths and/or compliance and ultimately enhanced patient outcomes. Specifically, nearly 80% of participants “Agreed” or “Strongly Agreed” the project “Enhanced my patients’ outcomes.”

**Q: What's in it for me?**

**A:** Your input matters. ATs can help make this new CE program something you believe in and that works for you, no matter your practice setting.

**Q: Do I have to be a researcher to do a QI project?**

**A:** No. Think of a QI project like an advancement or improvement you'd like to make in your practice anyway. By documenting it, you can count it towards your ongoing CE. For many practice settings, this could be more efficient and useful than many CE options. The goal for components like QI projects is that they can be implemented right in your work setting, and customized to allow you to complete ongoing education in a more efficient way.

For example, the QI - Facility Principles pilot required the AT to:

- Conduct a “pre-test” (using a tool that is available to all ATs) of their athletic training facility to see how many of the requirements were met (57 total)
- Set a goal
- Identify action(s) or intervention(s) to meet the goal
- Conduct a “post-test”
- Reflect

This method uncovered varied needs per facility and participants were able to identify actions and interventions that positively impacted *their own practice setting*. One AT learned that all regulations were not properly posted and developed a timeline and plan to come into compliance. Another AT learned egress and exit routes were not posted for each facility and subsequently worked with the athletic director to amend that by a certain date. Another AT improved medical documentation processes so that patient conversations were documented in a timely and compliant manner.

Ultimately, a QI is NOT a research project. A QI could be most any workplace project that has the potential to positively impact patient care.

If you work in the secondary school setting, are you working towards becoming a Safe Sports School Award winner or completing PASS? If you are, both could be considered as a QI. In fact, there are multiple areas in those processes that could be considered a QI. You are probably already doing this and didn't realize it.

**Q: If I'm a PRN AT, how can I continue to get my CEUs?**

**A:** The intention is for CPC to take a similar amount of time OR potentially less time for an AT (including those who are PRN) to realize their recertification requirements.

It's important for a member of the public to have confidence in their health care provider, whether the provider is full time, part time or PRN. Therefore, just as always, the same recertification guidelines apply for all.

**Q: What is the BOC doing to advance the athletic training profession?**

**A:** The Strategic Initiatives currently in the works include:

1. The development of the Orthopedic Specialty Certification.
2. Communication support and awareness for ATs in all settings- with the intention to then lead toward increased respect, knowledge of capabilities and training and higher average salaries. Direct employer communications to help with education and awareness of the profession.
3. Participate in regulatory efforts, including working with regulatory boards and coalitions, to ensure regulatory recognition, protection of your certification and alignment of practice with AT education and training.
4. The BOC has joined the [Joint Accreditation](#) (JA). This membership allows BOC Approved Providers the opportunity to create and provide CE to multiple health care audiences, such as MDs, PAs, RNs and more, along with ATs, fostering an educational interdisciplinary environment. Conversely, Jointly Accredited Providers who may not have included ATs in their CE audience can now offer this opportunity to a wider health care team. As the organization that defines credentialing standards and exam development for AT certification, the BOC's expertise and high-level standards assure that ATs are receiving the highest quality continuing education units. Being a member of the JA helps us raise the bar for AT programs and provide ATs with education that advances their knowledge, skills and abilities.

**Q: Are the BOC and the NATA the same organization?**

**A:** No. The Board of Certification, Inc. (BOC) became a separately incorporated organization in 1989 and is a not-for-profit credentialing agency to provide a certification program for the entry-level athletic training profession. The home office is in Omaha, NE with 20 full-time employees, including three ATs on staff. BOC establishes both the standards for the practice of athletic training and the CE requirements for BOC Certified ATs. The BOC also works with state regulatory agencies to provide credential information, professional conduct guidelines and regulatory standards on certification issues. The BOC also has the only accredited certification program for ATs in the United States. The BOC exam and/or certification is recognized by 49 states to obtain a license, state certification or registration to practice athletic training.