Profiling the Professions: A Model for Evaluating Emerging Health Professions

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September 2001

A report funded by The Arkay Foundation

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Acknowledgements

The Center for the Health Professions gratefully acknowledges the following individuals who contributed to the development of this model: John Castiglia, Gerard Clum, Mimi L. Fields, Clyde B. Jensen, Marc S. Micozzi, Jo Anne Myers-Ciecko, Allen Neims and Pamela Snider.

This work was funded by a grant from The Arkay Foundation.

The views contained in this report are those of the authors and not necessarily those of any of the report's contributors or funder.

Suggested citation style: Dower C, O'Neil E, Hough H. *Profiling the Professions: A Model for Evaluating Emerging Health Professions*. San Francisco, CA: Center for the Health Professions, University of California, San Francisco. September 2001.

The Center for the Health Professions

The mission of the Center for the Health Professions is to assist health care professionals, health professions schools, care delivery organizations and public policy makers respond to the challenges of educating and managing a health care workforce capable of improving the health and well being of people and their communities.

The Center is committed to the idea that the nation's health will be improved if the public is better informed about the work of health professionals.

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Introduction

The health care professions are not static entities. Some professions evolve and change while some professions, based on new technologies, unconventional philosophies or changing consumer interest, emerge into the mainstream. One of the fastest growing parts of the health care sector in the US and Canada is what is commonly called the complementary and alternative medicine (CAM) practice. While represented by a common acronym, these non-allopathic practices involve a great range of activities, types of practitioners and corresponding training. The purpose of this study is to examine the issues that surround how emerging professions, including such alternative practices, should come into the mainstream of health care practice and what considerations consumers, private health care companies and public policy bodies should explore before supporting such movement. These issues impinge on the professional prerogatives of practitioners, but they more importantly address issues of health care cost, access, choice, quality of care and culturally appropriate care.

Toward this end this report has several purposes. It aims first to set standard questions and areas to cover in an assessment of a profession and second, to identify themes and questions which themselves provide benchmarks for professions. What the study does not do is to provide quantitative measures for assigning scores or values upon which a ranking among professions could be made. We do not offer such evaluations because, while the questions may be the same, depending upon which audience is asking, the rules of evidence and evaluation will vary. For instance, a consumer seeking non-invasive therapy may have one set of criteria, while a legislative study commission may well have another. These decisions should and will be made by those parties as appropriate.

The study recognizes that various values and concerns must be addressed in a process through which recognition is gained. Acting on these choices are a variety of variables that in and of themselves have intrinsic value and must be recognized as a part of the framework for how health care is emerging in the US and indeed around the world. Recognizing these variables as valid in making decisions about what should and should not be included in health care will be extremely

upsetting to some if not most of those currently involved in health care work. They must recognize that an exclusive franchise of what counts for health or even medicine will no longer be able to be controlled by only a few individuals.

Trends

A few of the trends that are driving such a change are:

Diversity The recognition that a single western scientific model of the world is no longer the only acceptable model of reality

Change The recognition that the paradigm of health care must be willing to adapt to the diverse views of the world

Safety/Protection The recognition that the existing system in fact has sever limitations in providing what was always assumed- safety and protection, providing a reconsideration of what standards alternative approaches must meet

Enlargement/enhancement of health The recognition that the mechanical—biological model of health so dominant in the twentieth century exists along with other models of wellness and well being

Calls for informed choice The recognition that choice by individuals is not only a right, but may in fact produce different and better outcomes

Globalization The recognition that national hegemony in any area cannot stand in isolation alone; there will be continuing pressure to meet and respond to challenges of the world views of other cultures

Stakeholders

The relevant stakeholders or communities of interest vary greatly. Each has a legitimate interest in the issues of how emerging practice comes to be recognized. For each there are sets of concerns that are unique and will, at times, come into conflict with those of other stakeholders.

Stakeholder	Interests
Public/consumer	Access to care providers, choice of care provider and treatment options, efficacy, assurance of safety, cost of care
CAM providers	Control of profession, efficacy, safety, reimbursement for value of practice
Other providers, (particularly biomedical orientated)	Protection of title, safety of patients
Legislators/regulators	Protection of the public, rights of practitioners
Payor/purchaser	Ability to respond to consumer demand, cost, efficacy of treatment
Education	Propagation of new knowledge, ability to serve student needs

As these stakeholders express these and other interests they do so in competition with others. This in turn raises a set of questions relevant to all emerging practices. These questions form the basis of what is relevant to consider in a model of how a practice becomes recognized. We have divided the model into five substantive sections:

Definition / Description of the Profession

Safety and Efficacy

Government and Private Sector Recognition

Education and Training

Proactive Practice Model & Viability of profession

Each section begins with a description of the criteria and activities relevant to that area. This discussion is followed by questions for the emerging profession to answer.

A Definition / Description of the Profession

Just what is the profession all about? A basic description or definition of the profession in question is primary. Before exploring the details of educational opportunities, regulatory schemes and costs, one needs to know what the profession aims to do. Such basic descriptions are important to all audiences, from consumers to insurers to other health care professionals. It is only with sufficient descriptive information about an emerging profession that these audiences can begin to understand and appreciate a new profession.

The description should clearly state the profession's approach to health and the types of services it offers to the public. It should include the range of care provided and acknowledgement of what types of conditions are *not* in the expertise of practitioners. This may need to include evolving disagreements within the profession itself on difference of opinion about the range of care being provided by members of the profession and the future range of care appropriate to the profession. Audiences also want to know how the profession sees itself relative to other health care professions and how the profession adds value and uniqueness to health care. A summary of the history of the profession is useful, with attention to international history and current international context of the profession if appropriate.

The descriptions should also include reliable estimates of the size and diversity (by sex, race and ethnicity) of the profession and workforce growth trends over time. Such estimates are invaluable to understanding whether the profession has sufficient membership numbers to competently and proactively "grow" the profession with trained researchers, educators, clinicians, and organizational leaders. These estimates also help others understand how well the profession's profile reflects the populations it seeks to serve and capacity for culturally appropriate care.

Questions to answer when describing an emerging profession:

- What does the profession do and how does it provide care? Is there a professional consensus document describing the profession? How was the consensus developed? Who was and was not a part of the process? If a consensus has not been developed, provide a range of

descriptions from professional leaders and texts. How does the profession describe itself in terms of the types of care it provides, and the types of care beyond its professional scope? Are there differences of opinion within the profession about the range of care that is appropriate for the profession to provide (sometimes manifested as debates between conservative/limited care and broad/"cures all" care). What interventions and modalities does the profession use? What is the diagnostic range and scope of pathology of the profession?

- Is the profession best described as a complete system that includes a range of modalities and therapies? If not, would it better be described as a modality that could be provided by members of different professions? If it is a system, what characterizes it as a system? If it is a modality, what systems and professions employ it?

- How long has the profession been in existence? What is its tradition? Is it found only in the United States? If not, what is its international history and current international status? What relationship does the US profession have with the same profession in other countries?

- What is the philosophy behind the profession? What is its world-view? Upon what knowledge base (beyond technical skills) does it rely? What ethics, concepts or values help define the profession? Has a "Code of Ethics" been developed and adopted by the profession? Is there a professional consensus on its philosophy? If so, how was it developed and how is it maintained? How is the philosophy integrated into clinical decision-making?

- Does the profession identify itself more in terms of an acute care (sickness) model or in terms of a health promotion/disease prevention (wellness) model?

- How is the profession different from/similar to other health care professions, systems and modalities? What is the value that this profession adds to health care? How does the profession promote good health? How does the profession provide culturally appropriate care?

- How does the profession fit into the larger health picture? For what range of conditions and health concerns do members of the profession treat/provide care for/advise? For what range of conditions and health concerns do members of the profession decline to offer care/refer to other providers? What processes and guidelines exist for inter-professional referral, co-management and collaboration?

- How big is the profession? Is the workforce growing? If so, at what rate? How many members of the profession practice in the U S? In other countries? How do numbers of males and females within the profession compare? What is the representation of racial and ethnic minorities in the profession? What are the respective estimated numbers or percentages of professional members dedicated to areas of research, education, practice, and professional leadership? What are the estimated demand requirements and workforce supply for the profession? What are the job opportunities for members of the profession?

- How does the profession fare when held up to a progressive, normative set of goals for health professionals such as that developed by the Pew Health Professions Commission (see appendix). How does the profession measure up to other external norms regarding such issues as risk management or disease prevention?

B Safety and Efficacy

High on the list of criteria to consider when evaluating an emerging profession is the evidence regarding safety and efficacy of the services provided by members of the profession. It is worth separating these two concepts—safety and efficacy—because different audiences ascribe different levels of importance to them.

Safety issues deal with the potential risk of harm to patients and clients. Some professions have broader diagnostic scopes of practice than others, carrying with it greater potential risk of harm. Some professions employ treatment modalities or therapies that carry higher potential risks than others. Modalities on the relatively higher end of the continuum usually include invasive techniques such as surgery and controlled substances such as pharmaceutical drugs that are either injected or ingested. At the other end of the safety continuum might be less- or non-invasive techniques or use of non-controlled substances. Lines are not brightly painted between high and low-risk modalities. For example, apparently “non-invasive” psychotherapy and counseling treatments may carry significant risk of harm to patients.

Safety issues are of concern to all interested parties, but to varying degrees. Because regulation is a state police power, grounded in a need to protect the public, state legislators are keenly interested in the level to which a profession's services put the public at harm. If the risk is relatively high, legislatures are more likely to infringe on an individual's desire to provide services by insisting that members of the profession be regulated. If risk of harm is relatively low, legislatures may decline to regulate the profession and permit it to operate as any business endeavor might. Insurers are interested in safety issues from the perspective of wanting to minimize liability risks. Consumers are in an interesting position regarding safety. On the one hand, they want to be assured that the health care they are receiving is relatively safe. At the same time, consumers have historically been willing to submit their bodies to highly risky treatments (such as open heart surgery, chemotherapy and pharmaceutical prescriptions) if, on balance, they believe the risk is worth the potential benefit.

Efficacy concerns go beyond safety to measure the effectiveness of a profession, treatment or modality. Is the treatment likely to cure the illness or prevent the disease? Will it promote self-healing? Does it work? Consumers (patients and clients) are very interested in effectiveness. Reasons for the public to seek out complementary and alternative health care include trying something else after initial allopathic efforts have failed and working with approaches oriented to health promotion/wellness as their main source of health care. Members of the profession and other health care professionals also need to know about effectiveness to provide good care and referrals as appropriate. Legislators are less interested in effectiveness because health professions regulation cannot be grounded in whether something works, only in whether it presents potential danger to the public. Third party payers may be interested in efficacy to the extent such information helps them compute necessary cost/benefit analyses.

Although degree of interest may vary by perspective, few would argue against the importance of knowing about a profession's safety and efficacy record. The debate revolves around the evidentiary standards used to measure safety and efficacy.

The biomedical research world has developed excellent research protocols over the past several decades. Randomized controlled trials, now the gold standard in the allopathic fields, can measure the safety and efficacy of specific medical interventions extremely effectively. For many new treatment modalities and some emerging professions, using these research protocols are appropriate. The challenges, though not insubstantial, are limited to issues such as availability of funding, developing research infrastructures and sites, and training sufficient numbers of quality researchers. The Cochrane Collaborative, an international effort to collate and make sense of the thousands of research trials conducted in health care, has recently expanded to include complementary and alternative medicine. There, one can now find scientific evidence on the effectiveness of certain herbal remedies for example.

For many of emerging fields in complementary and alternative health however, the current gold standard in biomedical research may not always provide meaningful results. This is particularly true for professions whose philosophies embrace holistic approaches to health care. For these professions,

it may be antithetical to the profession to try to explore the impact of a single intervention on a single symptom. It is precisely the profession's understanding and acknowledgment of the complexity of integrated physiological systems that call on it to provide comprehensive health care. Such comprehensive approaches do not lend themselves to randomized controlled trials that seek to control for all variables except the individual intervention and impact being studied. Measuring such goals as culturally appropriate care is also difficult to do using traditional biomedical study designs. Finally, some professions would rely on research conducted outside the US, although such findings present translation and standards challenges.

For these reasons, some have suggested looking to alternative types of evidence, including empirical, qualitative, and anecdotal data, all of which may provide useful information about a profession's safety and efficacy. Others have recommended that other measures, such as intra- and inter-professional peer review, practice guidelines, and educational standards and competency assessments can help fill the gap in evidentiary knowledge about a profession.

It might also be time to develop new evidence models. As emerging professions articulate what they offer the current health system, it becomes increasingly clear that they may also help create innovative research protocols. Ideally, these new protocols would measure both the absence of the negative, including adverse effects and patient complaints, as well as the presence of the positive, such as patient reports of “feeling better” along with more objective measures of improved health status. Such efforts would build upon the developing host of work on quality-of-life outcome measures and global function survey instruments for example.

Questions to answer when describing a profession’s safety and efficacy record:

- How does the profession measure the safety and efficacy of the services its members provide?

- What are the findings of studies (US and international) that have been done on safety and risk of harm to patients/clients from the care approaches, treatments and modalities used by members of the profession?

- What are the findings of studies (US and international) that have been done on efficacy and effectiveness of the care approaches, treatments and modalities used by members of the profession?

- Where does the profession or field recognize gaps in its members' knowledge and perhaps even competency? What is the profession's research agenda?

- What needs does the profession have for inclusion in monitoring systems, research or other activities available to established professions, in order to improve availability of information on safety and efficacy?

- How is the profession working internally and with other professions to support the safe development of new and unconventional practices?

C Government and Private Sector Recognition

The level to which a profession is recognized by various public and private entities is often relied upon by decision-makers considering seeing, employing or paying for services provided by members of an emerging profession. Consumers, regulators and insurers want to know if other people are seeing members of the profession for health care, if other states are regulating them, if other insurers are paying for or reimbursing for their services. This phenomenon can be frustrating to emerging professions as it can make for a painfully slow march towards full inclusion in the mainstream health care system. At the same time, the process permits a thoughtful approach to professional evolution, one that relies on existing information and decisions. In this way, each decision need not start at ground zero but can be guided by already-completed findings, facts and analyses.

Leaders within emerging professions are well aware of the extent to which their profession is recognized by the public and private sectors. One of the primary forms of recognition comes from state governments through regulation. In the United States, the state-based system of health professions regulation permits each state to decide whether a profession needs to be regulated in that state to protect the public from harm. If a profession is regulated, it may be done so through any one of three levels of regulation: licensure, certification or registration. States may also choose to prohibit the practice of a particular profession or to ignore it completely. If a profession is not proactively regulated by the state, providers of health care may be found to be "practicing medicine without a license" if their actions are within the state's medical practice act.

For many emerging professions, securing regulation (especially licensure) in all the states has become a goal because of the associated benefits—such as reimbursement from federal programs or insurers—that often come with licensure. They may also argue that regulation can improve access to providers and better protect the public from harm. For professions that are regulated, their board structures, regulatory financing and scope of practice are critical items of information. Other professions have declined to seek regulation, basing their decision on the low potential risk of harm to the public, evidence that regulation can negatively affect access to care, and the capacity of the market to weed out

the lower qualified members of the profession. Although regulation is the legislatures' decision, legislatures virtually never seek to regulate a profession on their own. When regulation is sought, it is always at the behest of members of the profession. When it is enacted, it is almost always after long and contentious battles between competing or would-be competing professions. Therefore, though informative, the existence of regulation may or may not mean much more beyond the capacity of the would-be regulated profession to garner sufficient political power.

Reimbursement recognition is another major aspect of a profession that decision-makers seek to learn. Consumers want to know whether their health plan (whether private or government-based such as Medicare or Medicaid) will reimburse a provider for services they render. Insurers want to know if government plans or other insurers reimburse for the services of a profession new to them.

Whether members of an emerging profession can and do obtain malpractice insurance should be included in any evaluation of the profession. This information is not only an indication of another level of recognition; it also helps consumers understand what recourse they might have should something go wrong. In addition, legislators are often very curious about the availability of malpractice insurance (and whether the profession is availing itself of it) when considering the consumer protection aspects of regulation.

Utilization rates offer invaluable insight into a profession's evolution. How many patient or client visits to members of an emerging profession can give interested audiences a useful snapshot picture. Utilization rates combined with costs of services can tell professionals about career and market opportunities. Utilization rates combined with numbers of other health care providers in a given geographic area can help inform policy makers dealing with access issues. Utilization rates can give consumers a sense of security (if the numbers are high) in knowing that they are not alone. The rates, if they are low, can also give consumers a sense of being on the cutting edge of health care.

Other aspects of recognition may include hospital and clinic privileges as well as the job opportunities available to members of the profession.

A final aspect of recognition is non-governmental credentialing services. These may be driven by professional associations, third-party payers or entrepreneurs. The idea behind credentialing services is to provide information to potential clients, patients, employers, health plans and third-party payers about health care providers. The information might include education, license status, malpractice claims, and more. The *existence* of these services is one indicator that the profession has grown to a level that calls for and supports such activity. However, it is the *quality* of such services that matters the most for many key actors, including insurers. They need to know for example that credentialing standards used by the services are comparable to, if not the same as, those used by the National Committee for Quality Assurance (NCQA), which sets credentialing standards for medical doctors and other allopathic practitioners. The standards that are used and the credentialing results that are issued should be capable of standing up to an objective audit.

Questions to answer when identifying the public and private sector recognition of a profession:

- Is the profession affirmatively regulated in any states (or provinces) through licensure, certification or registration? For each state that affirmatively permits the profession to be practiced, provide the type/level of regulation, the legislative scope of practice (including supervisory and disclosure requirements), the board structure (size of board and board membership eligibility?), and regulatory requirements such as continuing education, licensing fees, and disciplinary processes. [suggested format: tables]

- Is the profession prohibited from being practiced via statute in any state/province? If so, provide summary language for each such statute.

- How do the rest of the states/provinces treat the profession from a regulatory and legislative standpoint? For example, is the profession statutorily ignored but permitted to be provided as long as practitioners do not cross over the line into the medical practice act? Is licensure nominally available but technically impossible to obtain? Have any states enacted innovative legislation or developed new policies that recognizes emerging professions in some novel way (e.g. Washington state's Department of Health Quality Improvement program)?

- Are there pivotal opinions issued by state attorneys general or case law decisions that control the provision of care from members of the profession?

- Can members of the profession receive payment or reimbursement for services provided through federal or state health plans such as Medicare or Medicaid? If so, provide summaries of and references to relevant policies.

- Which private sector insurance companies, health plans and networks cover the services of members of the profession and to what degree? For example, are services fully covered for enrollees? Are services discounted to enrollees? Do any plans offer "value added" (or comparable) services from members of the profession for enrollees?

- Have network aggregators evolved to include members of the profession?

- Is malpractice insurance widely available to members of the profession? What information is available about members of the profession from malpractice monitoring services?

- What are the (estimated) utilization rates for the profession? How many client/patient visits are made to members of the profession per defined time period? Provide geographic variations as available.

- Do hospitals, clinics and other health care institutions recognize members of the profession with admitting or other privileges?

- Are jobs available for members of the profession?

- Do any private sector (including national professional association) entities provide credentialing services for members of the profession? Who sets the standards that are used?

- What needs has the profession identified to further progress in these areas?

D Education and Training

Questions regarding the education and training of members of a profession are often high on the list of inquiries from consumers, legislators, other health care professionals and would-be members of the profession. What does it take to become a member of the profession?

Most mainstream health professions (and many of the complementary, alternative and non-allopathic fields) rely on traditional education routes, such as university, professional school and clinical practice to prepare entering professionals. Accreditation mechanisms, which are often associated with traditional education programs offer significant benefits but can also be perceived as stifling of innovation. Other preparatory models include apprenticeships, oral tradition and novel non-linear, non-degree based approaches. Regardless of the particular track one follows or portal one uses to enter a profession, the profession should be able to demonstrate (through clearly described methods) that its members are *competent* to provide the care they offer when they enter the profession.

Various education and preparation programs not only provide the training individuals need to provide health care. The institutions themselves serve as pipelines for the profession. Thus, recruiting and admissions policies for example will largely define the profession's composition in terms of gender balance, racial and ethnic representation, and character.

Education programs also often provide the grounds for developing a profession's research capacity. Science-based research on the safety and efficacy of treatments and modalities, on policy directions, and on public health impacts can often more easily be accomplished in the institutional setting than in the individual's office or practice setting. And budding researchers can be properly trained, supported and mentored by more learned members of the profession.

Finally, education and training programs can serve as leverage points in the ongoing evolution of health care generally and a profession specifically. Inter-professional training for successful

team or collaborative work, new technologies and practice goals such as culturally competent care are just a few examples of the opportunities for health care improvement educational institutions can offer.

Questions to answer regarding an emerging profession's education and training processes:

- Are education, clinical training or apprenticeships available to train would-be members of the profession? What is the range of opportunities? How many programs are offered? For each opportunity (degree program, apprenticeship, etc), what are the pre-requisites, requirements (by topic, credit or contact hour, and/or other quantitative measure such as number of procedures/events attended/managed), supervision and financial costs? What are the didactic and clinical components of the training opportunities? For any clinical practicum, what is the level of supervision, length of program, and level of patient/client base (primary care, specialty, acute, average)? How are students tested for competence during and at completion of all didactic and clinical programs? An example of the levels of education opportunities and criteria in a biomedical profession might include:

  Admissions

  Pre-clinical (philosophy and basic sciences)

  Clinical

  Board exams

  Graduate education

  Continuing education

- Are educational opportunities standardized across the states for the profession? For example, do faculty members in different institutions rely on standard curricula established by the profession? If so, how were curricula standardized? What agency or institution oversees maintenance of standards?

- For apprenticeship models, describe the components, competency assessment, and supervision and mentoring elements.

- Does the profession seek to recognize, through some sort of verification process, the credibility of education and training programs? If so, how? For many professions, accreditation of programs is the tool of choice. If this is the case, which of the education opportunities are accredited and by whom (including indication of recognition of the accrediting body(ies) by the U.S. Department of Education, state, regional or other governmental or private sector institutions)?

- If accreditation mechanisms are not used, does the profession employ other means to verify the competence of an individual entering into the profession? Examples might include standard reviews of portfolios that include verified assessments of an individual's competence and skills, experience and successful passing of a national examination. What organizations or institutions oversee such alternative competence verifications?

- Does the profession have standard tests individuals can take to demonstrate their knowledge, skills and judgment in the profession?

- Do the profession's certifying mechanisms give credit for health care experience? If so, describe mechanism and standards.

- Does the competence (garnered through the education and training system available) of an individual entering the profession match the legal scope of practice for that profession? How is the training and assessment model matched to the professional scope of practice? Are individuals sufficiently prepared to be competent to provide the care they will provide? How is competence determined?

- Do the education and training systems provide orientation in both the biomedical and non-allopathic fields of health care?

- What, if any, "graduate" or post-professional education opportunities exist?

- Are specialties in the profession offered? How are these taught and tested?

- How does the profession's faculty promote curriculum review and revision?

- Does the profession offer/encourage/require continuing education and life-long learning opportunities to members of the profession?

E Proactive Practice Model & Viability of Profession

Health care is an extremely dynamic endeavor. Its continually changing nature challenges the health care professions to adapt and evolve, sometimes at a near-frenetic pace, as has been the case over the past decade. Just a few of the changes include technological developments, research findings, new financing and delivery models, changing demographics and new and changing professions. The ability of a profession to understand and adapt to change is an indication of its viability. A profession's role in leading positive change is an indication of its strength in defining and improving health care.

One of the more promising developments in health care is attention to quality improvement. Health care professionals are increasingly exploring the use of practice guidelines, treatment protocols, and outcomes feedback as ways to improve the quality of care provided. Although still in its infancy in some health care fields, the quality improvement movement appears to be growing steadily.

Another leading edge activity in health care includes efforts to work meaningfully in teams of health care providers. Closely related are efforts to develop strong and reliable systems for consultation, collaboration, and referral between health care professionals. As the number of professions continues to increase along with ever-growing numbers of specialties and areas of expertise, patients and clients need to rely on working infrastructures concerning the relationships among health care professionals so that continuity of care is maintained. At the very forefront of work in this area are discussions to write *interprofessional* practice guidelines that could be used for specified conditions or diseases where a number of modalities and members of different professions provide elements of care.

To continue to grow, all professions must find ways to support the development of new techniques and modalities while maintaining safeguards for the public. Professions must also seek to understand and use technological inventions and developments, including those found in information technology and "high-tech" communications. Professional efforts to improve provider/patient relationships are also indicators of the long-term viability of the profession. These may include quantitative and qualitative research on patient satisfaction and requests.

The current health care system has been criticized for limiting access, being too expensive, and not being of high enough quality. In addition, today's changing demographics demand that today's health care providers pay particular attention to culturally competent and culturally appropriate care. Health care professions that address these elements of care stand to see benefits for both the profession and the public it serves.

Questions to answer when describing a profession's proactive practice efforts

- What efforts has the profession made to develop practice guidelines and treatment protocols for clinical care? Has the profession endorsed standards of care that members of the profession can access and use? Does the profession encourage the use peer review meetings and outcomes and treatment measures as feedback for individual practitioners? If so, what was the process for developing the mechanisms? Are procedures in place to update and improve the mechanisms?

- What guidelines have the profession developed and encouraged for work in interprofessional teams and consulting and referral arrangements? Do members of the profession participate in interprofessional conferences and joint publication of position papers? Has the profession participated in the development of any interprofessional practice guidelines? Does the profession provide, through initial and continuing education, information about other health care professions so that members of the profession can make informed decisions about collaboration and referrals?

- What is the profession's record in terms of patient satisfaction and provider/patient relationships? What commitment has the profession made to ensure that care provided by its members is culturally appropriate? How diverse (by sex, race and ethnicity) is the profession?

- How does the profession support and encourage new modalities and therapies within the profession? How is the profession working to secure the financial support for safe innovations? How is the profession incorporating new technologies and communications capacity into its practice?

- How accessible are members of the profession to the public for health care? How much do services cost? How is the profession addressing issues of access and cost? Will the profession survive increased costs (that will be passed on to consumers) that will accompany research and quality improvement efforts?

- What groups, including national and state professional and trade associations, are working for the profession? What are their membership numbers and criteria for membership? What are their goals and current policy agendas? Do they provide infrastructure for committees, research support and conferences to proactively evolve the profession?

Appendix

Twenty-one Competencies for the Twenty-First Century. Pew Health Professions Commission 1998.

- Embrace a personal ethic of social responsibility and service.
- Exhibit ethical behavior in all professional activities.
- Provide evidence-based, clinically competent care.
- Incorporate the multiple determinants of health in clinical care.
- Apply knowledge of the new sciences.
- Demonstrate critical thinking, reflection, and problem-solving skills.
- Understand the role of primary care.
- Rigorously practice preventive health care.
- Integrate population-based care and services into practice.
- Improve access to health care for those with unmet health needs.
- Practice relationship-centered care with individuals and families.
- Provide culturally sensitive care to a diverse society.
- Partner with communities in health care decisions.
- Use communication and information technology effectively and appropriately.
- Work in interdisciplinary teams.
- Ensure care that balances individual, professional, system and societal needs.
- Practice leadership.
- Take responsibility for quality of care and health outcomes at all levels.
- Contribute to continuous improvement of the health care system.
- Advocate for public policy that promotes and protects the health of the public.
- Continue to learn and help others learn.

Source: O'Neil EH, and the Pew Health Professions Commission. *Recreating Health Professional Practice for a New Century: The Fourth Report of the Pew Health Professions Commission*. San Francisco, CA: Pew Health Professions Commission. December 1998.